



MSTCVS Quality Collaborative
2025 VBR Quality Improvement Initiatives
General Thoracic Final Report
Due to the Coordinating Center December 1, 2025

Hospital Name:	
Submitted by:	
Date:	

2025 MSTCVS VBR Measure #1

**Reimbursement will not be awarded without evidence that a plan was implemented and/or if no reports are submitted*

VBR Quality Initiative:	Pathologic sampling of 3 mediastinal and 1 hilar lymph node station at the time of lung cancer resection			
Target Patient Population:	New primary lung cancer patients undergoing lobectomy, segmentectomy, pneumonectomy, or therapeutic wedge resection			
Baseline Data:				
2025 Goal:	=>82%			
Results:	Q1 2025:	Q2 2025:	Q3 2025:	Jan-Sept 2025:
Was the progress of this QI reviewed by a multidisciplinary team? If yes, please list disciplines:				
Please describe all interventions and strategies and when they were implemented:				
Please describe any challenges or barriers that were encountered and how your team overcame them:				
Additional information, comments, or observations:				

For assistance completing this form, contact Elise Hollenbeck: hollenbm@med.umich.edu
 Please return completed report to the MSTCVS-QC Coordinating Center through your REDCap Account – QI

2025 MSTCVS VBR Measure #2

**Reimbursement will not be awarded without evidence that a plan was implemented and/or if no reports are submitted*

VBR Quality Initiative:	Decrease number of days from surgeon consult to therapeutic lung resection			
Target Patient Population:	Clinical stage \leq T1N0, never or past smokers, undergoing lobectomy, segmentectomy, pneumonectomy, and therapeutic wedge resection (excludes preoperative chemoradiation for same disease)			
Baseline Data:				
2025 Goal:	\leq 28 days			
Results:	Q1 2025:	Q2 2025:	Q3 2025:	Jan-Sept 2025:
Was the progress of this QI reviewed by a multidisciplinary team? If yes, please list disciplines:				
Please describe all interventions and strategies and when they were implemented:				
Please describe any challenges or barriers that were encountered and how your team overcame them:				
Additional information, comments, or observations:				

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2025 MSTCVS VBR Measure #3

**Reimbursement will not be awarded without evidence that a plan was implemented and/or if no reports are submitted*

VBR Quality Initiative:	Postoperative referral to medical oncology for patients with NSCLC pathologic stage IB-IIIa			
Target Patient Population:	Lobectomy, segmentectomy, pneumonectomy and therapeutic wedge resection with NSCLC pathologic stage IB-IIIa			
Baseline Data:	N/A			
2025 Goal:	≥90%			
Results:	Q1 2025:	Q2 2025:	Q3 2025:	Jan-Sept 2025:
Was the progress of this QI reviewed by a multidisciplinary team? If yes, please list disciplines:				
Please describe all interventions and strategies and when they were implemented:				
Please describe any challenges or barriers that were encountered and how your team overcame them:				
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2025 MSTCVS VBR Measure #4

**Reimbursement will not be awarded without evidence that a plan was implemented and/or if no reports are submitted*

VBR Quality Initiative:	15 or more lymph nodes sampled at time of esophagectomy for primary esophageal cancer <i>(applicable only for sites performing esophageal cancer cases)</i>			
Target Patient Population:	Patients who underwent esophageal resection for a new primary esophageal cancer.			
Baseline Data:	60.4%			
2025 Goal:	<=60%			
Results:	Q1 2025:	Q2 2025:	Q3 2025:	Jan-Sept 2025:
Was the progress of this QI reviewed by a multidisciplinary team? If yes, please list disciplines:				
Please describe all interventions and strategies and when they were implemented:				
Please describe any challenges or barriers that were encountered and how your team overcame them:				
Additional information, comments, or observations:				

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