Southeastern Vascular Study Group
Fall 2015 Meeting Minutes
October 29, 2015

**Attendee (Surgeons):**

<table>
<thead>
<tr>
<th>Name</th>
<th>Institution</th>
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<tr>
<td>Ginger Manos, MD</td>
<td>Artery and Vein Specialists of the Emerald Coast, Inc.</td>
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<tr>
<td>Yazan Duwayri, MD</td>
<td>Emory University</td>
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<td>Jon Molnar, MD</td>
<td>Harbin clinic</td>
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<td>Siddharth Patel, MD</td>
<td>Northside Hospital</td>
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<td>Jon Wesley, MD</td>
<td>Orlando Health</td>
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<td>Jim McClintic, MD</td>
<td>St Anthony's</td>
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<td>Jeffrey Edwards, MD</td>
<td>Tampa General Hospital/USF</td>
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<td>Brad Johnson, MD</td>
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<td>Peter Nelson, MD, MS</td>
<td>Tampa General Hospital/USF</td>
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<td>Murray Shames, MD</td>
<td>Tampa General Hospital/USF</td>
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<td>Laura Haubner, MD</td>
<td>Tampa General Hospital/USF</td>
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<td>Jeff Edwards, MD</td>
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<td>Adam Beck, MD</td>
<td>University of Florida</td>
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<td>Rodney Bensley, M.D.</td>
<td>University of Florida</td>
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<td>Kristina Giles, MD</td>
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<td>Sal Scali, M.D.</td>
<td>University of Florida</td>
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<td>Igor Voskresensky, MD</td>
<td>University of Florida</td>
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<td>Michael M McNally, MD</td>
<td>University of Tennessee</td>
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**Attendee (Others):**

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<tr>
<td>Kellie Hatcher, Quality Coordinator</td>
<td>Albany Vascular Specialist Center</td>
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<td>Maureen Martin, RN</td>
<td>Baycare Health Systems</td>
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<td>Marilyn Mendez, Quality Data Coordinator</td>
<td>Baycare Health Systems</td>
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<td>Mark Ranson, MD</td>
<td>Florida Hospital Orlando</td>
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<td>Kimberly McGlawn</td>
<td>Lucas Surgical Group</td>
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<td>Betti Kerrigan, MBA, LSSBB</td>
<td>M2S</td>
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<td>Maggie Heath, RN</td>
<td>Mayo Clinic</td>
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<td>Lisa Peterson, MAN, RN</td>
<td>Mayo Clinic</td>
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<td>Rhonda Iverson, RN</td>
<td>Mayo Clinic</td>
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<td>Mary Wanzek, RN</td>
<td>Mayo Clinic</td>
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<td>Merri Goodman, RN BSN MSL LHRM</td>
<td>Memorial Regional Hospital</td>
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<td>Susan Johnson, RN</td>
<td>Memorial Regional Hospital</td>
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<td>Jody Henderson, RN</td>
<td>Memorial University Medical Center</td>
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<td>Patty Black, RN, cardiovascular data</td>
<td>Northside Hospital</td>
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Welcome and FGVSG Update

The group introduced themselves and Dr. Beck reviewed the current data for the national VQI. The VQI is now comprised of 18 regional quality groups, 354 medical centers, 46 states and 230,281 procedures, a sizable increase from our spring 2015 meeting. The group then went through their packets and reviewed their own respective data while Dr. Beck pointed out the current FGVSG collective data.

Dr. Beck also reviewed the VQI Participation Awards program with group. The VQI Participation Awards will begin in January 2016 and the point system will be calculated using 2015 data. Please contact Carrie Bosela if you have questions about the award program (c.bosela@svsypo.org). VQI will have the Recognition Awards will be based on the following:

1. Completeness of long term follow-up reporting
2. Physician attendance at regional quality group meetings
3. Participation in multiple procedure registries

The group also reviewed the ongoing registry improvements in VQI as well as the recent updates for M2S Pathways. In addition, the group discussed the following VQI deliverables:

- VQI Physician Push Reporting: Attendees discussed the issues that many surgeons have not received a push report. Merri Goodman suggested having report distribute to data manager to help surgeons to receive the message. Also, many surgeons mentioned that they do not use their work email often, which is the email that is most commonly kept in the VQI email list. We will work
regionally to update everyone’s emails, and Dan Neal and Yuming Lin will follow up on the possibility of distributing data to each site's data manager.

- Discharge Medications report
- Long term follow up rate report
- COPI (Center Opportunity Profile for Improvement)
  - Infra LOS sent June 2015
  - Plan to alternate with push reports with a quarterly COPI report goal
  - Align with QCDR measures approved by CMS specifically for VQI
- EPIC Update
- EVAR Cost Pilot: MedAssets

Dr. Beck also went over the Post-Approval Device Surveillance in the Vascular Quality Initiative; the benefits to VQI participants were addressed. Changes in data forms were addressed. Statistical Audits were introduced as well. National QI projects were listed:

- Statin/AP therapy
- Follow-up imaging after EVAR
- Appropriateness of care

In addition, the Research Advisory Council (RAC) Update was reviewed: approved Project list on line: [http://www.vascularqualityinitiative.org/wp-content/uploads/VQI_Approved_Projects_List_February-11-2015.pdf](http://www.vascularqualityinitiative.org/wp-content/uploads/VQI_Approved_Projects_List_February-11-2015.pdf)

**M2S/Pathways update**

Betti Kerrigan, from M2S was able to join us from New Hampshire, and gave a demo on how to drill down from analytics tool to patient list to patient form. She also highlighted the new features incoming:

- Pathways Share report
- Download option Text/Numeric
- Batched data downloads for hospital systems

Betti introduced the VQI Data Abstraction Partners to the group, and we discussed that there are a number of centers that are actually using these services very successfully. Orlando Health shared their experience with group.

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The Society of Vascular Quality Performance and Measures Committee and the VQI

Dr. Johnson from USF presented an overview of the SVS quality performance and measures committee (QPMC). He went over the QPMC scope of work, history of quality reporting and highlighted the followings for group:

- VQI Approved as QCDR for 2015 Reporting to Medicare – PQRS and VBM
- QCDRs will be allowed for 2016 Reporting to report for individuals and Groups.
- So real penalty for not reporting quality, large practice – 6% of all Medicare money
- USF Vascular Surgery Medicare Collections last year-$1,750,00 x 6% = $105,000

Dr. Johnson pointed that Quality Improvement can lead to a reduction in cost and encouraged everyone in the Southeastern Vascular Study Group to provide VQI with accurate data (with good long term follow-up!) that QPMC can present to CMS. Merit Incentive Payment System (MIPS) was introduced as well.

Participation in quality registries and the effect on quality of care

Dr. Duwayri from Emory reviewed recent publications regarding the effect on quality of participating in quality organizations such as NSQIP. He drew the following conclusions through this review:

- The effectiveness of a surgical quality registry depends on the accuracy of the collected data. We have to accept that accurate data collection can be resource intensive.
- Reliability of selected outcome measures is essential for consistency.
- Participation in a quality registry should also provide a mechanism for utilization of data in QI projects.
- Clinical effectiveness of quality measures should be carefully assessed before wide implementation.
- Emphasis should move from process implementation, which is the current focus of QI projects, to include outcome measurement and improvement.

Participation in the VQI, does it make a difference?

Dan Neal, VQI Director of Analytics presented data for an ongoing project looking at whether participation in the VQI improves processes of care and outcomes.

Dan also presented statistical analyses regarding the following.

- Effect of number of years in the VQI
- First two years in VQI vs. most recent two years
- Effects of VQI “star system” metrics.

Smoking Cessation for the Vascular Specialist
Barbara Richardson and Kathy Nichols from AHEC presented data regarding smoking cessation. 5 A’s model for treating tobacco use and dependence were introduced. Group discussed how to effective communication with people who want to quit as well as what AHEC offers.

Unfortunately we were unable to view the videos suggested by Barbara and Kathy regarding proper methods for smoking cessation counseling. These two videos are available for Youtube and demonstrate an ineffective method of patient discussion and an effective method of patient discussion:

Ineffective: www.youtube.com/watch?v=80XyNE89eCs

Effective: www.youtube.com/watch?v=URiKA7CKtfc

Engaging patients in their care: A patient’s perspective

Ed Wainwright, Mended Hearts Representative shared stories on how to engaging patients in their care, and Dr. Beck asked the group to think about ways to engage patients in their care through the VQI. All agreed that the VQI may be able to find ways to effectively involve patients in the quality and outcomes of their care.

Lunch

Lunch Presentations and Discussion:
The quality of our quality measures: PQRS measures and their ability to determine quality of care

Dr. Bensley from UF Health reviewed the quality measurements from CMS/PQRS and concluded:

- When excluding complications, patients with a prolonged length of stay and discharge disposition other than home have greater 1-year mortality.
- Proper patient selection is required to avoid complications and unhelpful procedures.
- Proper patient selection is required to avoid complications and unhelpful procedures.
- Current PQRS measures do effectively measure quality of outcomes and are a reasonable method of comparing surgeons/centers.
- Physicians should make every effort to be involved in the development of PQRS and QCDR measures because these will be used by CMS to determine our reimbursement in the future.

Cardiac Risk Assessment Models in the VQI

Dr. Scali from UF Health went over cardiac risk assessment and concerns. Group discussed the impacted of procedure type and time and concluded:

- POMI is an important cause of postoperative morbidity and mortality in vascular surgery patients
- Cardiac risk indices derived from non-VQI data is not as reliable as VQI generated models
• VQI-CRI can be a useful and valid clinical-decision making tool to predict POMI after vascular surgery
• Procedure-specific models improve accuracy when they include unique risk factors
• These models will be available in the future through the smartphone app QxMD for use clinically.

ICD-10 for the Vascular Surgeon
Dr. Ginger Manos presented information about ICD-10 for the vascular surgeon (www.roadto10.org). Group reviewed following and recommended to communicate with Coders.
- Code co-morbidities associated with primary vascular diagnosis
- Code patient compliance
- Example: Patient discontinued coumadin and presented to office with recurrent DVT
- Audit claim denials and accept claims

Data Abstractor Breakout
Your Data is a Valuable Asset
Merri Goodman, CVI Data Manager from Memorial Regional Hospital demonstrated how to using your quantify outcomes and benchmark against the regional or national level outcomes to impact patient care.

VQI & Epic Electronic Health Record Integration and/or the data import service
Betti Kerrigan, VQI Representative went over the data import service and how this applies to the medical center. Orlando Health shared their experience with attendees. Next steps of EPIC integration project were addressed in the meeting as well.

Data Manager Meeting Update
Yuming Lin from UF Health went over the 2016 data entry cutoff date with group. She also reviewed a VQI frequently asked questions and answers. Attendees discussed on how to obtain long-term follow-up and difficult Data points and physician engagement in the meeting. Yuming also surveyed all attendees if they would like to share the data collection sheets which are currently used in UF Health. The data collection sheets will be shared with the group after meeting.

Open Discussion Concerns:
1. Follow up timing – when is it pulled? Not comparing apples and apples on outcomes. For the incentive – the percentage is not correct at 9 months vs 2 years; and then phone vs face to face; no other registries have such a long follow up period; needs to be a point in time, not a range.
2. Star program – varying opinions of if this will effect participation; need to better communicate why the STAR award program cannot be evaluated around outcomes.
3. No current data audit, but methods for statistical auditing are being piloted currently.
4. Data dictionary can be improved and efforts to improve are ongoing. Yuming mentioned that the last update was in October 2015.
5. Imaging study time frame. Is there a best practice around how recent the imaging needs to be entered?
6. A lot of interpretation left up to the individual system; how does Pathways disseminate the information?
7. How often is the data dictionary updated? No communication when the data dictionary was updated? Sometimes what was said by Pathways is different than the data dictionary.
8. Questions about post op complication of newMI in OAAA and EVAR. How audits impacted VQI regarding individual patients?
9. CMEs? Who within VQI is awarding CMEs? How does that work? Can we start now to prepare the next fall meeting CME credits?

Yuming Lin will follow up with PSO and get these answers back in the December conference call.

Closing Remarks
Dr. Beck concluded the meeting by expressing enthusiasm for the future research studies, thanked everyone for their attendance, and the group agreed that the next meeting should be held in 6 months, and location will be announced later.

Meeting Adjourned.