

ILLINOIS VASCULAR STUDY GROUP

Date: April 13, 2015 at 1015

Presiding: Joseph Schneider, MD

Present: Victor Bernhard, MD, Cynthia Bik, David Chew, MD, Jeff Cook, MD, Sapan Desai, MD, John Goddard, Kim Hodgson, MD, Andy Hoel, MD, Marlene Huntman, Breana Lovel, Matt Regan, TJ Schneider, MD, Robert Steppacher, MD, David Sutton, Jesse Vanle, MD, Tiffany Whitaker, Morgan White, Kimberly Zamor, MD.

Via GoToMeeting: Carrie Bosela, Patricia Brady, Sara Draper, Laura Sheppard

Guest: Amy Hoene (Midwest Vascular Regional Group)

Recording: Cheryl Jackson

Topic	Discussion	Action/ Responsible Person	Timeline/Status
Introductions/ Attendees	Self-introductions of all present. Representation from Northwestern Medicine – Central DuPage Hospital and Northwestern Hospital, UofC, OSF, Rockford Health System, Mercy Medical, SSM Health, SIU, and Unity Point.	None needed	N/A
Review minutes from September 3, 2014	Minutes were reviewed. Motion to approve made by TJ Schneider, 2 nd by Andy Hoel, approved by all.	None needed	N/A
Old Business	None brought forward	None needed	N/A
National Update – Carrie Bosela and Matt Regan	<p>Please see attached slides for details. Recap:</p> <ul style="list-style-type: none"> • 18 regional groups, 326 centers in 45 states and Ontario. • As of 3/1/15 there were 203,850 total procedures captured. • Two new positions: Dan Neal – SVS PSO Analytic Director and Megan Mathy – SVS PSO Admin. • New features in the Analytics Engine reviewed. • TEVAR Project – if interested, see slide #16. • Lombard Aorfix Project – if interested, see slides 17-22. • Discussion on CME or Self-Assessment credit for regional meetings. Most thought CME was a good idea. MOC credits are best earned at VSAP • Matt shared a list of hospitals in IL, IA, and MO that have shown an interest in MAVSG. 	Carrie and Matt to update at the fall meeting	Fall meeting

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<p>Medical Director – Joe Schneider</p>	<p>Review of regional data. Please see slides for details. Recap:</p> <ul style="list-style-type: none"> • Two new reports – <ul style="list-style-type: none"> ○ IVC filters - % placed for prophylactic indications. Denominator = All patients undergoing IVC filter. Numerator = of those patients, with lower extremity DVT = no AND PE = No (both of these variables are in history). ○ Variation in operation times for CEA ○ Suggestion – Ultrasound guidance slide should be shown with puncture site complications ○ Time for CEA needs to be drilled down more (i.e., academic vs. nonacademic center) • Lengthy discussion on one year follow-up issues: <ul style="list-style-type: none"> ○ See slides 28 – 44 ○ Questions brought forth <ul style="list-style-type: none"> ▪ Why is there no 30 day f/u? ▪ Are there data to recommend 6 month f/u? ▪ Where did the 80% benchmark originate? ▪ New standards may be coming out for 30 day f/u. Should VQI embrace the Medicare f/u of 6 weeks, 6 months, and one year intervals? ▪ Should we have mandated fields for phone call f/u or for f/u to be accepted? Should the required fields align with regulatory agencies to alleviate gathering different information? ▪ How do we get primary care physicians involved (PCP) ▪ Vote for GC: <ul style="list-style-type: none"> • Cannot comment on correct % of f/u without some statistical evidence to support 80% • Telephone follow up better than no follow up as long as there are required fields • Align the required fields with Reporting Standards • Low Performers: will cause attrition need to help them improve then if they don't improve after XX amount of time enforce some penalties like no research data • High Performers: reward them for reaching the benchmark 90% too high • Discussion about dues. According to the by-laws (attached) which were 	<p>Dr. Jesse Vanle (OSF) and John Goddard (OSF) will look at 6 month f/u best practice.</p> <p>Carrie to get some stats as to why 80% is the goal?</p> <p>Dues – Each site</p>	<p>September meeting</p> <p>Will revisit in</p>
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	<p>provided when agreements were signed – the possibility of collecting dues exists. We may need to collect dues to offset meeting rooms, food at meetings, the project manager position (if not absorbed by the hospital she/he is employed), statistician, etc. The most any hospital would pay would be \$800/ year.</p> <ul style="list-style-type: none"> • If you have any suggestions for QI projects, please contact Joe Schneider. 	<p>should include MAVSG dues in their budgets going forward. Carrie to provide a line item list of potential expenses.</p>	<p>September</p>
<p>Robert Steppacher – Arterial Quality Chair</p>	<ul style="list-style-type: none"> • See slides 62 – 72. • Bob requested that centers who use Epic make requests to their IT departments to request Epic work on templates for VQI data fields. If enough centers start requesting this, Epic will have to address it. This will help with the data capture aspect and decrease completion times. • D/C medications – the SVS is recommending 95% adherence for statins and/or antiplatelets at D/C. MAVSG is at 73%. Bob Steppacher has letter templates to send to PCP when a provider prescribes a new statin and or antiplatelet for f/u care. One of the barriers encountered has been patient refusal to take statins. • Bob Steppacher completed a PI project showing that the dialysis patient population, being discharged on a statin &/or antiplatelet showed no improvement (this repeated DeMartino’s findings). 		
<p>Andy Hoel - Research Committee Chair</p>	<p>Please see slide 79 for a list of RAC VQI approved projects.</p> <ul style="list-style-type: none"> • Great PI presentations: <ul style="list-style-type: none"> ○ Joe Schneider, MD – eversion vs conventional CEA. Manuscript accepted to JVS. ○ David Chew, MD – <i>Role of type II endoleak in sac regression after endovascular repair of infrarenal abdominal aortic aneurysms</i> (attached). Published in the April JVS • Kimberly Zamor, MD - <i>Patency and survival after direct, extra-anatomic, and hybrid techniques for treatment of severe aortoiliac occlusive disease in the Vascular Quality Initiative</i> – not accepted to Vascular Annual Meeting (attached). Submission to Midwestern Vascular. • Andy Hoel, MD - Readmission after AAA repair. Project approved by VQI-RAC. Preliminary work focused on refining Medicare matching of VQI data. <p>Sapan Desai, MD – Quality of care for CEA. Preliminary discussion of proposal for submission to VQI-RAC.</p>		

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<p>Venous Quality Committee</p>	<p>Presented by Carrie Bosela. See slides 80 – 83. Heather Hall, MD is no longer able to Chair this committee. Thanks to Heather for serving as Chair. If you're interested, please contact Joe Schneider.</p>		
<p>Round table</p>	<p>Joe Schneider – September will be three years for MAVSG and the position for Medical Director will need to be voted on.</p>	<p>Carrie to send out an email for nominations</p>	<p>Before the fall meeting.</p>
<p>Next meeting</p>	<p>Tentative – Sept 8, 2015 at the Westin Hotel Chicago. To precede the MVSS meeting. Details to follow soon.</p>	<p>Joe and Cheryl</p>	

Meeting adjourned at 3:15pm

Respectfully submitted,

Cheryl Jackson