

## Rocky Mountain Vascular Quality Initiative

Winter 2015 Regional Meeting  
University of Colorado Anschutz Medical Campus  
Aurora Colorado  
March 6, 2015

### Meeting Minutes:

Attended:

Dr. Omid Jazaeri	UC Denver
Dr. David Kuwayama	UC Denver
Dr. Mark Nehler	UC Denver
Dr. Natalia Glebova	UC Denver
Doug Gibula, Admin	UC Denver
Darci Dreiling, Admin	UC Denver
Dr. Magdiel Trinidad	Penrose
Christine Tavenner, database admin	Penrose
Dr. Gregory Carlson	Memorial Hospital Central
Aaron Ness, database admin	Memorial Hospital Central
Dr. Kevin Bruen	St. Vincent Healthcare
Dr. Benjamin Brooke	University of Utah
Dr. Larry Kraiss	University of Utah
Julie Thelen, database admin	University of Utah
Dr. Karl Dittrich	Presbyterian Hospital
Dr. Alan Synn	Presbyterian/ St. Luke's
Megan Cundiff, database admin	Carondelet Heart and Vascular
Dr. Jeffrey Gilbertson, Medical Director	St. Luke's Regional Medical Center
Carrie Bosela, RN	SVS PSO Administrative Director

**Welcome and Introduction:** Dr. Jeff Gilbertson

**National VQI Update (see slides):** Carrie Bosela

Discussed how there are currently 323 center not enrolled in VQI in 46 different states. Over 200,000 procedures entered as of the first of March.

Announced new PSO staff:

- Dan Neal, M.S. as SVS PSO Analytic Director
- Megan Mathy, PSO Admin support

Demonstrated new reporting feature in the analytics engine: The M2S PATHWAYS Analytic Engine can now display variation across centers **in the entire VQI or in a Regional Quality Group** for the variables in each procedure type, including risk-adjusted outcomes where appropriate.

Still looking for TEVAR Type B dissection participants for the 1 year study, pays \$400 per patient with no additional data entry.

Announced recent requests for participant in the Aorfix™ Prospective, Non-Randomized, Multi-Center Evaluation of the Long-Term Safety and Effectiveness of the Lombard Medical Aorfix™ AAA Flexible Stent Graft System. 5 year commitment reimbursed @ \$4000 per patient.

Discussion about receiving CME or Self-Assessment MOC credits for regional meeting attendance. 90 CME required every 3 years for MOC 60 have to be from self-assessment credits. Group agreed self-assessment credits may be more beneficial since the Journal is considering not offering them on line anymore.

**Regional Data Review(see slides):** Dr. Jeff Gilbertson

LTFU discussion (\* Carrie announced that the data for their region is not accurate but it was identified too late to fix, new reports will be issued) Looking two years back the meeting focused on the 2012 data.

LTFU group consensus:

- 80% is the right benchmark but focus 2 years back due to the 21 month window
- NsQip defines # of cases per FTE, maybe we need to consider doing this as a best practice not mandatory like NsQip
- Key to success is establishing a process in the office and take the physicians out of it
- Like the “other source” added to the TEVAR and EVAR forms, need to have that added to other forms soon to help with documenting LTFU accurately
- Agree with required fields for each registry to be considered “complete” follow up
- Low performers: exclude from JVS and Research projects but not from VQI reports and not from committees, otherwise they will totally lose interest and it’s counter productive
- High performers: 90% is a good benchmark but not telephone

D/C meds report: High performers not present at the meeting. Struggle with compliance with statins due to the need to f/u with bloodwork. Best practice described as giving the patient an 30 day RX for the statin and ask them to f/u with their PCP. Some sites even send a letter to the PCP to notify them that they prescribed this to their patient (sample level available).

Questions about reports:

1. Infra "N" for the region different for the two Infra reports.

Answer: two different inclusion/exclusion criteria

In-hospital Death, Major Amputation or Graft Occlusion after INFRA for CLI (as of 6/2014)

Excludes missing in composite outcome, indication on operated side for asymptomatic, claudication, acute ischemia and not treated

Chlorhexadine Use (chlorhexadine or chlor+alcohol) for Skin Prep after INFRA (as of 1/2015)

Excludes missing in Skin Prep

2. oAAA "N" for the region different for the two oAAA reports:

Answer: two different inclusion/exclusion criteria

In-hospital Death Rate after Non-ruptured OAAA (as of 6/2014)

Excludes ruptured and weekend procedures

Excludes region with less than 3 centers

Procedures were deleted due to missing values for the outcome or risk factors

Adjusted for: Age(60-69, 70-79, 80 or Above), Any CAD, Any CABG/PCI, COPD(Not Treated, On Meds, On Home Oxygen), Creatinine 1.8 or Above, Prior Bypass, Maximum AP AAA Diameter(55-59mm, >=60mm)

Length of Stay > 8 Days (Same Day Surgery to Discharge) Rate after Non-ruptured OAAA (as of 6/2014)

Excludes ruptured, in-hospital deaths with LOS<=8 days, Non-same day procedures and weekend procedures

Excludes region with less than 3 centers

Procedures were deleted due to missing values for the outcome or risk factors

Adjusted for: Non-white Race, Age(60-69, 70-79, 80 or above), COPD(Not Treated, On Meds, On Home Oxygen), Creatinine 1.8 or Above, Prior Bypass, Prior PVI, Max AP AAA Diameter(55-59mm, >=60mm)

3. Regional PSV higher than center PSV: Coding problem, will be corrected on the next version of reports to be sent that will include the updated LTFU and the two new reports
  - a. IVC filters, % placed for prophylactic indications
  - b. Variation in operation time for carotid endarterectomy

**Quality Improvement Project Discussion:** Dr. Ben Brooke

I have been working on a project with my fellow coauthors looking at the use of measures captured within VSGNE designed to prevent contrast induced nephropathy. My talk is entitled

Contrast-Induced Nephropathy Following Peripheral Angiography: Are We Doing Enough to Prevent These “Never Events”? (see attached slides)

- These data highlight the need for quality improvement efforts to standardize indications and use of CIN prevention measures.
- CIN should be evaluated following PVI for high-risk patients.
- This could be a QI project for RMVS

Dr. Brooke to work with Carrie on a survey to the RMVQI membership.

**Arterial Quality Committee Update:** Dr. Magdiel Trinidad

M2S was approved by CMS to be a QCDR: Qualified Clinical Data Registry. This will allow VQI members to meet PQRS requirements for Part B Medicare to avoid payment penalties by using measures not approved for PQRS but specifically for VQI. See attached approved list.

COPI (Center Opportunity Profile for Improvement)

Infra LOS to be released this Spring. Next two in development:

- 1-One year stroke/mortality after elective CEA/CAS for asymptomatic carotid stenosis
- 2-One year mortality after open AAA/EVAR for elective AAA less than 6cm

National QI projects:

1. Regional variation in postoperative myocardial infarction, Dr. Dan Bertges
2. Survival for patients discharged on Antiplatelets and Statins, Dr. Randall DeMartino

**Research Advisory Committee (RAC) Update:** Dr. Magdiel Trinidad

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)

80 National Projects

80 Regional Projects (VSGNE, Carolina's, Virginia's and Mid-Atlantic )

**Venous Quality Committee Update:** Dr. David Kuwayama

IVC Filter registry:

- 2312 procedures
- 56 centers

Varicose Vein Registry: launched January 2015

- 56 procedures in first month
- 14 centers contracted
- Focus on vein centers, integrate with vein-specific EMR vendors
  - VeinSpec
  - SonoSoft
  - StreamlineMD
  - MedStreaming
- Includes Quality of Life variables

**Governing Council Committee Update:** Dr. Larry Kraiss for Dr. Scott Berman

Primary focus and Quality Initiative is improving Long Term Follow Up.

Update on Industry support, TEVAR dissection project, Lombard project, changes being made to PVI registry due to Industry requests. Great funding source to help improve VQI.

**Committee Appointments:** Dr. Jeff Gilbertson

Dr. Gilbertson pointed out that per our bylaws we need to take nominations for the following positions/committee chairs:

- Medical Director
- AQC chair
- VQC chair
- RAC regional representative

The Executive Committee of RMVQI will review the nominations and vote on the appointments. We will formalize this at the Fall meeting but wanted to make an announcement now to get the group thinking about their possible nominations.

**Dues and website :** Carrie Bosela

**Do we need to start charging dues?**

Other regions:

- 20% of PSO Fee capped at \$4000, not as of 2014
- State/Regional Vascular Society funding
- Entry fee at the meeting: \$30/head
- Incorporate to accept Industry funding (attorney fees)
- Hosting hospital funds meeting

RMVQI agreed to have the meeting in conjunction with the Rocky Mountain Vascular Society in the summer and rotate hosting hospital in early spring. No dues at this time.

**SVS support regional group websites**

- Darci and Megan volunteered to help with building and helping maintain content

**Expanding Participation:** List of “interested” centers in the region included in the slide deck, current RMVQI members encouraged to reach out to any peers at those centers to help increase membership in the group.

Next Meeting and Adjourn:

Next Meeting: date/time TBD

**RMVS 36th Annual Meeting  
Hilton/Doubletree Hotel  
Breckenridge, CO  
July 22 – 26, 2015**