Florida-Georgia-Mississippi Vascular Study Group
Spring 2015 Meeting Minutes
May 7, 2015

Attendee (Surgeons):

Shipra Arya, MD	Emory
William Ashwander, MD	Emory
Adam Beck, MD	UF Health
Yazan Duwayri , MD	Emory
Javairiah Fatima, MD	UF Health
Kristina Giles, MD	UF Health
Laura Haubner, MD	Tampa General Hospital
Thomas Huber, MD	UF Health
Brad Johnson, MD	Tampa General Hospital
William Jordan, MD	University of Alabama at Birmingham
Dan Kaelin , MD	Tallahassee University
William Kaiser, MD	Tift Regional Medical Center
John Lucas III, MD	Greenwood Leflore Hospital
Ginger Manos, MD	Eglin Air Force Base
Jon Molnar, MD	Redmond Regional Medical Center
Siddharth Patel, MD, RPVI	Northside Hospital
Ravi Rajani, MD	Emory
J Mark Rheudasil, MD	Emory

Attendee (Others):

Denise Barham, RN	Orlando Health
Tina Caron, RN	Redmond Regional Medical Center
Melissa Conrad, RN	Redmond Regional Medical Center
Amy Fisher, RN	Tampa General Hospital
Shawna Freeman, M2S	M2S
Merri Goodman, RN BSN MSL LHRM	Memorial Regional Hospital
Kellie Hatcher, Vascular Quality Coordinator	Vascular Health and Wellness
Kellie Hatcher, Quality Coordinator	Albany Vascular Specialist
Jody Henderson, RN	Memorial Hospital
Susan Johnson, RN	Memorial Regional Hospital
Anna Jones, RN	Tift Regional Medical Center
Betti Kerrigan, M2S	M2S
Pat Kidd, Office Manager	Redmond Regional Medical Center
Yuming Lin, MSM	UF Health
Rebecca McGlawn, RN	Greenwood Leflore Hospital
Kim McGuire, RN	Redmond Regional Medical Center
Brittney Miller, MS	UF Health

Roberta Moore, NP	Tampa Cardiovascular Associates
Marti Mumma, RT R CV CCRP	Sarasota Memorial Hospital
Dan Neal, MS	UF Health
Jean Ott, RT R CV CVT	Sarasota Memorial Hospital
Susan Pouliot, RN	Coastal Vascular and Interventional
Stephanie Reavis, RN	Tampa General Hospital
Jennifer Rembisz, PAC	UF Health
Cynthia Ritter, BSN MS CPHQ	Orlando Health
Theresa Thompson, RN	Northside Hospital
Lisa Thornhill, RN, BSN, MPH	Northside Hospital

Guest: Rohena, Mikeko

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, over 300 medical centers, 45 states and 203,850 procedures, a sizable increase from our fall 2014 meeting. The group then went through their packets and reviewed their own respective data while Dr. Beck pointed out the current FGVSG collective data.

The group also reviewed the ongoing registry improvements in VQI as well as the M2S Pathways recent updates. Dr. Beck asked attendees to vote for the new official name through survey. He also asked if attendees would like to have CME or self-assessment credits for our next regional meeting. In addition, the group discussed the following upcoming VQI projects:

- Prospective, Non-Randomized, Multi-Center Evaluation of the long-term safety and effectiveness of the Lombard Medical Aorfix™ AAA Flexible Stent Graft System
- TEVAR Aortic Dissection Project-Gore and Medtronic PAS approved by FDA. Inclusive of both Acute (defined as <30 days) or Chronic Descending Aortic Dissections, the Non-identifiable data shared with FDA and Industry. Chaired by Dr. Richard Cambria; Project Manager: Nadine McLeod; please contact via TEVARproject@m2s.com if you interested in.

Dr. Beck requested the attendees to suggest the quality improvement projects in the future. The proposed QI initiatives are following:

a. Statin/Antiplatelet therapy at discharge
b. Smoking Cessation
c. Standardized (but Self-generated) Monthly regional VQI report provided to each surgeon

Dr. Beck reviewed the regional data since our last meeting, and everyone was encouraged to review their own local data as we reviewed each of the regional registry reports. Dr. Beck will provide the University of Florida's statin letters to patients/physicians for general use.

Update on M2S Analytics and Report Engine: Interactive Demonstration

Betti Kerrigan, from M2S was able to join us from New Hampshire, and gave an update on the SVS VQI at the national level.

Ms. Kerrigan went over the new improvements to the Analytics and Reporting Engine, highlighting the recently released advanced filter operators that are available in real time. Also, Ms. Kerrigan demonstrated on how to run Analytics and Reporting Engine reports.

Attendees raised the concern on VQI data validation, which was discussed with the group.

Ms. Kerrigan explained that the SVS PSO Governing Council has announced a change to the annual claims validation requirement for Vascular Quality Initiative (VQI) participants. Effective for the validation of 2013 procedures and going forward:

- All new centers, who began collecting procedures in the prior calendar year, will be required to participate in the annual claims audit occurring during the following year.
- A random number of previously reporting VQI centers will be selected annually to participate in the claims audit. Selected centers will be notified in the first quarter of the calendar year, if they have been chosen to validate data entered for the prior year.
- To successfully complete the claims validation process, centers are expected to attain, at a minimum, 85% of audited procedure data captured correctly in VQI, and less than 2% of procedure records identified as missing from the VQI, at the conclusion of the reconciliation process.

For the last two years has shown that the majority of centers establish procedures within their institution to reliably capture all eligible cases within the VQI, and successfully pass the validation criteria during their first year of participation. Of those who are not successful during their first year, almost all make modifications to their data collection efforts to be successful the second year. The decision by the SVS PSO Governing Council recognizes the effort put forth by current participants to ensure comprehensive data capture and is intended to decrease the burden for participation in the VQI while ensuring continued commitment to maintaining unbiased, consecutive procedure capture in the VQI.

Yuming Lin from UF Health also explained the deadline of the data validation has been revised to May 8, 2015 instead of April 17, 2015 due to a email glitch happened in VQI on March 10, 2015. If you have any concerns about VQI data validation, please contact: pathwayssupport@m2s.com .

Venous interventions and the VQI

Dr. Rheudasil from Emory presented about the new Varicose Vein Registry, in which 14 centers have contracted to participate. The registry will collect procedural and follow-up data (30 days and 1 year), and will include many types of ablation treatments.

Reality of Clinical Health Information Exchange

Dr. Dan Kaelin presented about Clinical Health Information Exchange (HIE) and the difficulties in building an effective HIE infrastructure that would allow quick exchange of information, in a HIPAA compliant manner.

He discussed the issues of Clinical HIE, such as the poorly defined interfaces and standards that prevent progress. The goal has been the same for the past decade, which is to transform the cumbersome paper-based communication into a system with one login that provides electronic access to patient information that can be shared within the health community.

The transformation requires both electronic and clinical standards, which have yet to be fully developed. As an ending note, Dr. Kaelin stated that the VQI is an excellent starting point for standardizing clinical data fields.

Lunch

Lunch Presentations and Discussion:

Key papers from the VQI: 2014-2015

Dr. Shipra Arya from Emory Univerisity reviewed the VQI Publications in 2014-2015 with the group. She explained the goals, methods as well as results for following three papers:

- Perioperative management with antiplatelet and statin medication is associated with reduced mortality following vascular surgery
- Outcomes reported by the Vascular Quality Initiative and the National Surgical Quality Improvement Program are not comparable
- Routine use of ultrasound guidance in femoral arterial access for peripheral vascular intervention decreases groin hematoma rates

Dr. Fatima from UF Health reviewed the VQI Publications in 2014-2015 with the group. She explained the goals, methods as well as results for following two papers:

- Factors associated with surgical site infection after lower extremity bypass in the Society for Vascular Surgery (SVS) Vascular Quality Initiative (VQI)
- Participation in the VQI is associated with improved perioperative medication use, which is associated with longer patient survival

Smoking Cessation and PVI Ultrasound Guidance in the VQI

Dan Neal, M.S., Analytics Director SVS VQI

Dan presented data regarding smoking cessation across centers and VQI procedures. Dan completed a multivariable model to determine predictors for quitting, but there is still quite a bit of uncertainty about which patients will quit.

Dan also presented statistical analyses regarding the use of ultrasound (US) guidance in PVI femoral access. There was a minor statistically significant difference when comparing physicians who use US guidance at least 80% of the time and those who use it less than 80%. Those who used US at least 80% had slightly lower hematoma rates.

The attendees discussed which quality initiatives were worth pursuing as a regional group, including the following:

1) Use of chlorohexidine instead of iodine

2) Decreasing length of stay for CEA
3) Smoking Cessation
4) Higher usage of ultrasound guidance
5) Discharge medications (statin/antiplatelet)

Dr. Beck stated that the survey will include options based on this discussion that the attendees can vote on for quality improvement measures. The most popular options for regional quality efforts including: 1) smoking cessation, 2) improving the prescription of statin/antiplatelet therapy at discharge and 3) creation of a "dashboard" using templated queries on the analytics and reporting engine for practitioners to review monthly.

ACOs and their Impact on Surgical Quality Improvement

Dr. Ginger Manos presented information about Accountable Care Organizations, and the Pioneer ACO Model. She presented the financial performance across centers that participated, as well as how the ACO established their benchmarks. The attendees discussed the role that the VQI has in establishing benchmarks.

Improving pre- and post-CEA care: Processes of Care from a high-volume, high-performing center

Dr. Sid Patel presented about reducing the length of stay (LOS) after carotid endarterectomy. He presented a retrospective review that identified risk factors associated with prolonged LOS. These included procedural complications, age >79 y, female sex, diabetes, and intravenous vasodilator requirement. He also presented another retrospective review that found predictors of extended LOS (ELOS) after CEA. Patients with ELOS had less freedom from readmission compared to those with shorter LOS.

Dr. Patel also discussed the financial losses of for patients with ELOS. He showed that any MAE, low volume surgeon, and IV medication for hypertension or hypotension were predictive for LOS > 1 day.

Defining and Improving Quality in HD Access: Outcomes of 1000 Consecutive AVFs and AVGs by a Single Surgeon

Dr. John F. Lucas, III, presented his success with hemodialysis access, and provided suggestions for improvement in both the outcomes of AVFs and AVGs, and the hemodialysis registry.

Data Abstractor Breakout
Arterial anatomy and disease for the data abstractor
Troubleshooting the EVAR and Complex EVAR/TEVAR Registeries

Dr. Ashwander from Emory reviewed the inclusion and exclusions criteria for each registry in VQI with data abstractors.

Attendees agreed that abstractors could benefit from some formal education when they begin. The ACS provides a formal education and testing of all its new abstractors something similar perhaps not as detailed but something. Monthly calls where abstractors could ask questions of someone from Pathways would be beneficial. Several registries do this: STS thoracic, MBSAQIP and so on. A google group where folks can ask questions of one another would be helpful too. Attendees also asked if they can have a more formalized data dictionary. Ms. Kerrigan will follow up on these concerns.

Attendees were also request to get an e-mail list of all folks in the meeting, so that they could possibly communicate with one another. Yuming asked attendee to e-mail group if they do not want their name on the distribution list and will follow up on this.

Two other concerns raised during the meeting were:

1) How to document a secondary intervention for EVAR when the patient is lost to follow-up prior to the 9-month follow-up visit.
Dr. Ashwander followed up: There is currently no way to capture these complications/interventions, and this may be something that needs to be addressed.

Dr. Beck pointed out later that any and all follow-ups can be entered in the database (you are not limited to just one short and one long-term follow-up), so any reintervention can be entered and will be stored in the system.

2) How to document patency of outflow vessels following PVI if they are not specifically addressed in the operative report.
Dr. Ashwander followed up: In this case, the abstractor will need to contact the surgeon to obtain this information.

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.

<u>Closing Remarks</u>

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.

Questions from the meeting and follow-up:

1. Are procedures that are "submitted without validation" included in the PATHWAYS database analytics reporting results?
    a. Yes, Procedures that are "submitted without validation" are included in standard and custom reports run in PATHWAYS.
    b. Note that if a procedure is "submitted without validation" and the missing data element is required for the report definition, then it would not be included in the report. For example, if you ran a "LOS greater than 1 Day after Primary Isolated Elective CEA" report and a procedure had a missing data element of "urgency", than that procedure would not be included in the report.

2. Can M2S assist the region with a dashboard for standard reports across regional team members?
    a. The "shared variables" feature is currently in development. It is the first step to "shared reports" Pathways Support will be able to work with the region to develop the dashboard. Timing will be later in the year.

3. Can the PSO biannual reports be created and run in the analytics tool?
    a. Some of the reports can be created in the analytics engine. Reports that are "region to region" comparisons or results over time cannot be created as that functionality currently does not exist in the tool. If you have specific report needs that you are needing assistance, contact Pathways Support.

4. When will VQI claims be validated on ICD10 codes?
    a. 2015 claims validation (conducted in 2016) will use both ICD9 and ICD10 codes
    b. 2016 claims validation (conducted in 2017) will use ICD10 codes

5. When will we be able to drill down from current report results to patient level data?
    a. I'm excited to say…the drill down feature should be available by the end of the summer!