

**Upper Midwest Vascular Network
April 10, 2015 10:00 am – 2:00 pm
Jointly sponsored Minnesota Vascular Society
St. Paul Hotel, St. Paul, MN
Minutes**

Attended:

Adam Beck(Guest) University of Florida, Gainesville	Steve Kappes- Aurora Health Care
Tracey Arndt- Aurora Health Care	Wendy Galonski- Aurora Health Care
Mia Stone- Aurora Health Care	Dr. Mewissen- Aurora Health Care
Lisa G. Peterson- Mayo	Randall Demartino-Mayo
Maggie Heath- Mayo	Tina DeGroot-Prevea
John Graber- Allina	Rumi Faizer- UMN
Rachael Firminger- UWN-Fairview	Jill Johnstone- Fairview Southdale
CJ Lee- Froedert	Pat Kelly- Sioux Falls
Mary Kandels- Allina	Barb Chacko- Allina
Danielle Stewart- Allina	Elliot Stephenson- Allina
Bill McMillan - Allina	

Agenda

Welcome and introductions:
Steve Kappes, MD, Medical Director
State of the regional group:
Steve Kappes, MD for Carrie Bosela
National update:
Steve Kappes, MD
Regional Data Review:
Steve Kappes, MD
Research Advisory:
Mark Mewissen, MD
Arterial Quality Committee update:
CJ Lee, MD
Venous Quality Committee update:
Steve Kappes, MD for Chad Laurich, MD
Open Forum:
All
Next Meeting

I. Steve Kappes, MD: Welcome, Introductions, History of Regional Development

The concept of measuring quality of care and “evidence-based medicine” is an old idea. In recent times, this concept has been emphasized and has been used to form both regional and national study groups of which VQI is a major national database of peripheral vascular procedures. Doctor Cronenwett summarizes the goal of VQI by stating the goal is “improving care by reducing variation.” The Art of Medicine should not be forgotten, as there is a subjective portion of measuring quality of care.

In April 2011, Aurora health Care began entering data into VQI. The Vascular Network of Wisconsin was established in 2012, and recently expanded to include Minnesota, North Dakota, South Dakota, and Wisconsin. The name was changed to Upper Midwest Vascular Network. This is the first “face-to-face” meeting of this regional group.

The executive committee consists of Steven Kappes, William McMillan, Rrumi Fazier, Cheong Jun Lee, Randy DeMartino, & Pat Kelly.

New participants of VQI [Prohealth and Rapid City Regional Hospital] became members of the Upper Midwest Vascular Network by unanimous vote of the executive committee. The regional group was advised that many possible new members are considering joining VQI. Doctors Chris Davies and Paul Orecchia will be added to the executive committee.

The data analysts from participating centers met prior to this meeting. They described the meeting as being very productive.

II. National Update:

- a. The national update of VQI was presented by Steve Kappes, with assistance from Adam Beck, MD. Carrie Bosela had transportation issues which precluded her from joining the meeting. The rapid growth of VQI was shared with the group. Both the number of participating centers and the volume of procedures being recorded has increased dramatically of recent. Over 200,000 cases have now been captured in VQI.
- b. An introduction into new analytic quality reports was given, with timely comments by Doctor Beck. Examples of these reports were shown to the group.
- c. Megan Mathy has joined the SVS PSO full time and will support Ms. Bosela.
- d. Information on the TEVAR Project was introduced to the group as well as a brief discussion of the Lombard Aortic Surveillance Project.
- e. The concept of obtaining CME for regional meetings was discussed. The majority of the group felt that CME would be beneficial. If self-assessment could be added to the CME without significant work at the regional level, it was felt that this would be desirable as well. The group agreed with Doctor Seabrook, MCW, that the purpose of VQI should be grounded in data collection and management of that data rather than in CME. The concept of CME was endorsed however.

III. Regional Data Review:

The Upper Midwest Vascular Network is an immature region, and therefore we are only beginning to obtain data for review. The regional data was reviewed by Doctor Kappes and Ms Bosela prior to the meeting, and it was felt that no institution’s data would be transparent to the group. Accordingly, reports were presented.

The group was advised that two new national reports are being given to regional groups. These involve IVC filter placement [percentage placed for prophylactic indications] and variation in operative time for carotid endarterectomy.

The point of emphasis this year, at the national level, is for improving long-term follow-up. Our regional group has good results in this regard. The data was presented and strategies for continued improvement were discussed by the group. The good results to date have been for the most part related to the tenacity of the data analysts, who have been persistent in calling patients to get them into their doctors for follow-up. It is hoped that this trend will continue. Our group endorsed the concept of not utilizing data from regions that have poor long-term follow-up. While an exact number was not agreed upon, greater than 50% follow-up would seem appropriate as a benchmark. We also endorse a concept of financial incentives for regional groups with greater than 90% follow-up. Members of the group were informed by Doctor Beck that longer term follow-up in one year can be placed into the data bank.

Reports regarding discharge medications [statins and aspirin], use of chlorhexidine for skin prep, percentage of complications after infra-inguinal bypass, mean preoperative peak systolic velocity for patients undergoing asymptomatic carotid endarterectomy, percentage of ultrasound guidance in PVI procedures, carotid endarterectomy stroke and death report, open aneurysm repair mortality, length of stay data for carotid endarterectomy and aneurysm repair, and operative time for carotid endarterectomy were discussed in detail.

The group felt that focusing on improving long-term follow-up, use of chlorhexidine, & the use of platelets and statins in patients with peripheral vascular disease would be emphasized during the following year.

IV. RAC Update:

Doctor Mark Mewissen invited members of the regional group to join him on the research committee. He explained that research projects involving VQ I data require an affirmation by the research committee. Additionally, he went through the process of presenting a research project to the national RAC. He informed the group that a project done through our region, utilizing national data, would be presented at tomorrow's scientific session.

V. Arterial Quality Committee (AQC) Update:

Doctor CJ Lee, head of the arterial quality committee, addressed the group. He invited members of the regional group to join him on the arterial quality committee. He discussed the Qualified Clinical Data Registry and the ongoing work of setting up measures not currently covered by PQRS. This process is in its final status. He presented information on regional variation in postoperative myocardial infarction. The group was made aware that risk adjustment of this data is in process. To date, the study shows regional variation in postoperative MI, there is regional variation in regards to specific procedures, and the methodology for diagnosis varies as well. Further analysis is necessary.

Doctor DeMartino presented work that he has been involved with regarding antiplatelet therapy and statin therapy. He notes that the number of years her participation in VQ I correlates with the improvement in utilizing statins and antiplatelet drugs.

If the data analysts have suggestions for improving the modules, Doctor Lee would be their primary point person for interacting with the national VQ I.

VI. Venous Quality Committee (VQC) Update:

Doctor Chad Laurich has agreed to head up the venous quality committee. Unfortunately, he was unable to attend this meeting. Doctor Kappes reviewed information on IVC filters and varicose vein Registry briefly. He also invited members of the region to join Doctor Laurich on this committee.

VII. General Discussion:

The members present discussed the options for future meetings. Currently, the hosting institution will cover the cost of the meeting. The group will look into having a fall meeting in conjunction with the Midwest vascular. Hopefully this meeting can be a call and meeting for those that are unable to attend the Midwestern Vascular Surgical Society meeting in Chicago. The next formal meeting of the regional group will be held in spring. Exact location will be further discussed. Currently, Milwaukee is the leading candidate.

The meeting was adjourned on time. Special thanks to Doctor Adam Beck who brought a long-term perspective of VQI and had several excellent suggestions.