

## **2013 Fall FGVSG Meeting Minutes**

### Welcome and FGVSG Update

Dr. Winter began the meeting by reviewing our group history, and giving a brief history of Florida Hospital.

The group introduced themselves and Dr. Beck reviewed the current data for the FGVSG. The FGVSG is now comprised of 19 medical centers, 104 surgeons and 4645 procedures, a sizable increase from our May, 2013 meeting. The group then went through their packets and reviewed their own respective data while Dr. Beck pointed out the current FGVSG collective data. An area of possible quality improvement was recognized in the CEA length of stay given our region's current performance. The group discussed the possibility of implementing a regional protocol for post-CEA care, similar to the Carolinas Study Group.

### VQI Pathways Update & Value of Participation

Anne Parker from M2S was able to join us from New Hampshire, and gave an update on the SVS VQI at the national level. She began with introducing the workflow and stating the SVS VQI goal of having SVS an integral part of Quality Improvement at each participating center. She spoke about how VQI can help centers, noting that VQI can help with their CMS requirements and is certified to submit to PQRS. She also stated that CMS finalized in its 2012 Medicare Physician Fee Schedule and that 2015 program penalties will be based on 2013 performance. Therefore, those physicians who elect not to participate or are found unsuccessful during the 2013 program year, will receive a 1.5 percent payment penalty, and 2 percent thereafter.

Ms. Parker also gave an update for the national VQI effort, noting that the SVS VQI has continued to grow, and is now comprised of 253 participating centers and 1498 physicians. Just before our FGVSG meeting, the SVS VQI database had a total of 109644 procedures. Ms. Parker went over the new improvements to the Analytics and Reporting Engine, highlighting the risk adjusted reports that are available in real time. The SVS VQI is also working on providing charts and graphs in addition to the downloadable reports that have regional and national benchmarking capabilities.

Finally, Ms. Parker pointed out that 15 societies have formally endorsed the SVS VQI, including the Florida Vascular Society, the Georgia Vascular Society and the South Florida Society for Vascular Surgeons.

### OVERPAR Trial and FDA collaboration with SVS VQI

Dr. Beck began by showing the background for the OVERPAR Trial (Open Versus Endovascular Popliteal Aneurysm Repair Trial), which is the first randomized trial that has been initiated using the framework of the SVS VQI. 21 VQI sites have agreed to participate so far, but the investigators would like to increase that number. Reimbursement for enrollment/randomization of patients is provided, and this provides an opportunity for involvement in research with little institutional research infrastructure, which may help offset some of the cost involved in participation in the VQI. If your site is interested in participating in the OVERPAR trial, please contact Dr. Mo Eslami at Boston University Medical Center at: (508) 320-7660.

Dr. Beck also elaborated on the FDA's partnership with VQI, noting that FDA and industry are interested in using VQI data for post approval device studies, and linking Medicare claims to capture outcomes at one-year post procedure. He also showed the attendees the future modules for data collection, and discussed the possibility that Industry partners may purchase data related to their devices from the VQI, which may help offset the cost of participation. He emphasized that any data shared with industry cannot be used for competitive marketing, and will be distributed in aggregate non-identifiable form.

#### Regional and National Dataset Proposals

Dr. Beck reviewed the process through which national data can be requested for QI and research purposes. A formal research proposal should be submitted to the Research Advisory Committee (RAC), which meets every two months to discuss research proposals. Dr. Beck briefly reviewed the research proposals that have been approved by the RAC so far, many of which will be presented at the Vascular Annual Meeting in Boston, June 2014.

#### SVS PSO Quality Update: Surgical Site Infection QI & One-Page Report

Karen Homa, the SVS PSO Quality Directed was able to join us from New Hampshire, and gave an update on the SVS PSO Quality efforts. She outlined the "one-page report" and discussed length of stay after CEA again with reference to national data, and the ongoing surgical Site Infection Project.

The group had an open discussion regarding length of stay after CEA, and agreed that the major impediments to decreasing length of stay are long-standing institution-specific processes of care. Some groups reported that they admit patients to the ICU, and some to the step-down unit or even the regular nursing ward, all of which have their pros and cons. Ms. Homa showed all the centers who have improved their LOS over time after CEA, and the group discussed the possibility of implementing a quality initiative in our region to protocolize post-operative CEA care. Ms. Homa reported that she would discuss with the SVS leadership the possibility of asking high performers for short post-operative stays after CEA to share their processes of care with the rest of the VQI.

Ms. Homa stated the PSO mission: To improve patient safety and the quality of health care delivery by providing web-based collection, aggregation, and analysis of clinical data submitted in registry format for all patients undergoing specific vascular treatments. Then she demonstrated the Surgical Site Infection Project (SSI) results step by step using control charts. The results indicate 11 centers changed the Chlorhexidine usage from 16% to 93% which decreased in SSI rate from 4.7% to 1.2%. In addition, 3 centers reduced the transfusion too. This prevented 31 SSI and each would cost for \$400 to \$30000.

She also reviewed the one page report printed for each center. 9 month or greater Follow-up for 2011 Procedures chart was reviewed and 80% mandatory compliance were highlighted. She also went over the In-hospital SSI after Infra-inguinal Bypass chart, the Discharge Medications chart and the Smoking Cessation chart with attendees.

A 10 minute break was given.

## **Physician Breakout**

### **Update on Preoperative Beta-Blockade QI**

Dr. Duwayri presented the current literature regarding beta-blocker usage in vascular patients, and discussed recent literature suggesting that beta-blockers used in the perioperative period could be harmful to our vascular patients. The group agreed that further research within the VQI is warranted to determine future directions for the VQI regarding beta-blocker therapy in vascular patients.

Dr. Beck presented the current data available from the VQI heart rate working group, which he and Dr. Salvatore Scali at the University of Florida are leading. This group was formed to determine if arrival and intra-operative heart rate data should continue to be collected in the VQI database, and has led to a national VQI proposal to fully investigate heart rate/beta-blocker usage in our vascular patients. The data analysis have demonstrated some interesting data regarding links between heart rate and outcomes, which are not surprisingly inextricably linked to beta-blocker therapy. The relationship of beta-blockers to outcome in the VQI is currently undergoing further analysis, and the results will be distributed to the group once the analysis is complete.

### **Research proposal discussion:**

Dr. Arya discussed the research proposals that were present in her slides. The group decided that she should proceed with putting together regional proposals for her two projects and generate preliminary data using the regional data, which could be used as a framework in the future for a national VQI proposal.

### **Influence of Gender Differences in Perioperative Morbidity and Mortality:**

Dr. Velasquez presented the results of her preliminary review of gender differences in outcomes after lower extremity bypass and aneurysm repair. Using the data available to date, there were few differences in outcomes, but some interesting trends that might warrant a national VQI proposal.

### **IVC Filter Removal and VTE Incidence Post-Retrieval QI:**

Dr. Winter discussed the current usage of IVC filters and the known poor rates of appropriate filter retrieval. He suggested that a regional quality initiative may be warranted to improve filter retrieval rates in our region, and the group agreed that this would be a worthwhile project. Currently, there is only one center in the region participating in the IVC Filter module, but several others reported that they are planning on joining this module.

The University of Florida group reported that they have begun a local quality initiative to improve filter retrieval rates, and would plan on changing some of their materials, such as the patient pamphlet, to include FGVSG branding and distribute electronically to the group.

## **Data Abstractor Breakout**

### **General Questions, Follow-Up Practices, and Procedural Abstraction**

Vida Rivera began by stating a few general questions and answers. Then she grouped the data managers to fill the procedures forms by the provided information in the handouts. There is a concern about part of the information were not documented in the

PVI procedure OP notes. Ms. Parker stated although VQI did not validate the entry information right now but it's always better to have the information available in your medical records. The attendees requested Ms. Rivera to post the handout on fall meeting website. Also they requested the answer sheets for all the questions. We agreed to send the answer to them by e-mail.

Then, she went over the current follow up rate for the region and the nation, which was well below the mandatory 80% compliance. She continued by detailing the challenges to follow-up that are commonly faced including geography of the Southeast region, lack of patient willingness to return for an appointment when they feel fine, differences in clinical standard of care follow up from M2S requirements, particularly for HD Access and Open AAA repair modules, and patients losing their insurance and therefore their ability to pay for clinic appointments and CT scans. Attendees shared their experiences. Questions about: how the self-practice physicians get the long term follow up when they have no clinic; why VQI set 9-21 months as their long term follow-up? Anne Parker and Dr. Beck agreed discuss the 9-21 month follow-up currently required with the SVS VQI leadership, and whether it was possible to change this requirement.

#### Data Entry Methods:

Anne Parker demonstrated the workflow and how to run reports in VQI. Attendees have no questions raised.

#### Data Management

Yuming Lin surveyed the attendees. The most of attendees either use EPIC or Cerner to find their medical records. There were 2 offices that struggled with paper documentation, and the group had an open discussion regarding methods to improve data collection.

Ms. Lin also demonstrated on how to verify and update the registry cases in VQI, how to submit the registered cases on time and how to prepare the long term follow up in processes. The group agreed that if an electronic medical record is used, getting your local IT support to generate a template is a great way to improve the data collection process. As mentioned previously, several groups within our region use Cerner and EPIC, and templates are available if any center would like access. Emory has Cerner templates that they are happy to share, and the University of Florida has templates that they are willing to share. If you wish to obtain Cerner templates, please contact Dr. Yazan Duwayri at Emory ([yazan.duwayri@emory.edu](mailto:yazan.duwayri@emory.edu)), and if you would like EPIC templates, please contact Ms. Yuming Lin at the University of Florida ([Yuming.Lin@surgery.ufl.edu](mailto:Yuming.Lin@surgery.ufl.edu)).

#### Closing Remarks

Dr. Beck and Dr. Winter 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 will likely be held in Gainesville, FL or at Emory, in Atlanta, GA.

Meeting Adjourned.