Vascular Study Group of Greater New York
Meeting Minutes

Thursday, June 18, 2015
McCormick Place, West Building
2301 South Indiana St.
Chicago, Illinois, 60616
Room W179

Attendees:

 Welcomes and Introductions for attendees

Patient Safety Organization (PSO) Update (See Slides): Carrie Bosela
- 334 centers currently enrolled in 45 states + Ontario, 18 Regional Quality Groups
- 216,105 procedures entered as of June 1st
- Strongly encourage to use this national and regional data for studies

New PSO Staff Announcement:
- Dan Neal, SVS PSO Analytic Director
- Nadine Caputo, Quality Director: Regulatory
- Megan Mathy, PSO Admin. Support

Analytic Engine: New Report Feature: look at your internal data and utilize for strategies for improvement
- Raw data and real time

5 Year TEVAR Type B Dissection Project:
- 50 sites, currently closed for new sites

1 Year TEVAR Type B Dissection Project:
- 200 patients enrolled
- One year follow-up only: Strongly encourage to sign on
- Reimbursement opportunities
- Contact information: TEVARProject@m2s.com

Lombard Aorfix Surveillance Project
- 50 sites-currently have 23 sites enrolled
- Strongly encourage to sign on
- Contact information: Aorfixproject@m2s.com or call Elizabeth at 603.298.5503 ext. 337

Attendance Participation Biannual Meetings
- Tele meeting was held for lead physicians to discuss strategies to increase attendance
- CME for regional meeting
- Maintenance of certification (MOC) for meetings: Our group agreed for MOC instead of CME
Regional Data Review: Dr. Tassiopoulos and Carrie Bosela

2 additional bi annual reports:
- IVC Filters: Insertion % for prophylactic indications
- Elective Carotid Endarterectomy: Mean proc. Time (min)-Facilities who have residents will alter timing

Long Term Follow up (LTFU) Discussion:
- Range within our region from 0-88%. 2012 mean of 55% and decreased to 26% in 2013 2013 percentage is reflected for a 12 month period-not true value (9-21 months criteria)
- 1 year timeframe follow up was agreed by group was not long enough for validity
- Stony Brook Medical Center implemented strategies to improve their LTFU rates:
  - RN has capability of making appointments for pts
  - Pull monthly follow up reports from M2S database
  - Print out follow up forms to be filled out by NP/PA/Physician on the day Pt is in office
  - Developed database to pull Aneurysm size, imaging modality, expected follow up appt with a courtesy reminder phone call if missed or neglected to make the appt
  - 80% benchmark criteria agreed by group
  - Suggestion for compliance- ▪ Quality incorporated into annual evaluation appointment- increase motivation
     ▪ Starting up with a few modules
     ▪ M2S working with EMR vendors for compliance solutions

Governing council meeting to discuss LTFU compliance strategies: (for institutions with low rates) utilize the best practice tool kit, has 1 year to increase rates. Rates after 1 year are still low then the institution will not be permitted to use data for research.

Telephone Abuse Discussion:
- Suggestion to exclude patients who have imaging and telephone interview-i.e. Pts live in Florida and have imaging that were reviewed
- Suggestion to pull the HD Pts and look at the telephone percentage
- Suggestion to add “intervention” to the follow up data field
- VQI strongly discourages telephone follow ups
- Go back to your institution for review on how your LTFUs are being completed

Clarification: The Statin and Platelet Data are based on the arterial modules only
- Centers varies from 33%-84%; our region is second lowest nationally

Chlorhexidine Scrub Data:
- Opportunity to speak with the data abstractors- IN OR: Wounds are painted with betadine and the surgical site is scrubbed with chlorhexidine. Possible documentation issue
Mean Peak Velocity for Elective CEA:
- Each institution must examine their own data for documentation errors or low sample number.
  If the data is correct then must change practice
- Must examine outliers in your data
- Region has mean Peak Velocity of 373

Percentage of Major Complications after Infrainguinal Bypass:
- One center needs to examine sample size
- Centers varies from 0%-8%

Percentage of Percutaneous Femoral Procedures Using Ultrasound Guidance:
- Centers varies from 0%-88%
- Insurance reimbursement (with saved image) and decreases complications

Carotid Endarterectomy Stroke or Death in Hospital:
- Region observed below expected

Carotid Artery Stent Stroke or Death in Hospital:
- Region observed below expected

EVAR >2 Days LOS:
- Examine your center’s data: wide variation
- Region observed below expected

Open Non-Ruptured AAA in Hospital Mortality:
- Region is greater than expected; 3 centers within our region are higher than expected
- Examine your center’s data

Carotid Endarterectomy >1 day LOS:
- Region greater than expected; 5 centers within our region are higher than expected
- Examine your center’s data
- Target this quality measure: surgeon preference, region location, lack of support

Open AAA Repair >8 days LOS:
- Region as expected; 3 centers greater than expected-please review sample size and data

Mean Operation Time for Elective CEA:
- Variations within each institution-residency, Pts on Plavix, EBL and Plavix association with OR time is more relevant
Vein Centers: strongly suggested to participate in venous modules

Prophylactic IVC Filters %:
- Range 7%-15%
- One center of 67%-please examine data
- Region second lowest nationally

Arterial Quality Committee Update: Darren Schneider

M2S was approved QCDR (Qualified Clinical Data Registry):
- Allowing 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
- 14 measures approved
- Finalized white paper of measures after CMS approval

COPI Report (Center Opportunity Profile for Improvement):
- Infra Bypass LOS to be released this June: please check your “share a file” tab for report
- Approved QCDR measures
- On deck currently: 1 yr Stroke/mortality after elective CEA/CAS for asymptomatic carotid stenosis; 1 yr mortality after open AAA/EVAR for elective AAA less than 6 cm diameter

Regional variation in postoperative myocardial infarction, Daniel Bertges, MD
- Regional variation exists in unadjusted POMI rates
- Regional and procedural variation exists in type of MI/method of dx
- As expected regional variation in POMI rates varies by procedure: OAAA>Supra>Infra>EVAR=CEA
- Next steps in analysis: Risk adjusted using VQI cardiac risk index for control for procedure type and patient factors
- Explore center and volume affects
- Explore temporal changes procedure specific POMI rates

Antiplatelets and statins, Randy DeMartino, MD
- Data demonstrated that medical management is associated with improved survival after a number of vascular procedures.
- VQI participation improves the use of medical management, demonstrating that involvement in an organized quality effort can affect patient outcomes

Research Advisory Committee (RAC) Update: Darren Schneider
- Approved project list online:
- 42 National Projects; 80 Regional Projects
• Goals: to help assist in the acquisition of datasets for specific research questions; help with study design, application process
• Process as follows: Complete/revise application-forward to research committee for review-submit to VQI Research Advisory Committee-approval and transfer of dataset
• Preparing and submitting a research proposal:
  1) Formulate research question
  2) Review VSG variables and outcomes (example CEA dataset)
  3) Develop RAC proposal (VQI resource library: http://www.vascularqualityinitiative.org/resources)
  4) Assemble project team: analytic roles, consultation roles, supervisory roles
  5) Generate mock tables/figures-discuss-interpret-revise
  6) Complete univariate analysis-discuss-interpret-revise
  7) Subsequent/multivariable analysis
  8) Circulate populated tables-discuss-interpret-revise
  9) Assemble manuscript
  10) Revisions, edits, submissions

Venous Quality Committee Update: Krish Soundarajan, MD, Carrie Bosela RN
IVC Filter Registry: 2658 procedures; 56 centers
• CMS Quality Measure: Appropriate management of Retrievable IVC filters
Varicose vein Registry:
• 272 procedures in first month; 21 centers contracted
• focus on vein centers with vein specific EMR vendors
• Includes QOL variables
• Collecting procedural and follow up data (30 days and 1 year)
• Data on ablation treatments

EMR “Smart Texts”: VQI Data abstraction at the University of Rochester, Lisa Spellman RN & Michael Stoner, MD
• Problem: Data dispersed or not documented
• VQI Smart Text structured documentation that can be inserted into any note
• Facilitates accurate, efficient VQI data collection at each stage of Pts care: procedure, DC & FU
• Surgeons trained on how to pull smart texts into their notes
• Follow up reports are run
• Visit notes are looked up and data is entered
• Challenges: Training and reminders; importance of leadership; VQI changes/keeping smart text up to date
• Contact Resource: Lisa Spellman RN  lisa_spellman@urmc.rochchester.edu
Pathways Development & Expanding Participation, Matt Regan

- Center/Physician Variation Charting
- Developing additional technology to share reporting matrix
- Drill down functionality
- Varicose Vein HER Integrations
- Reporting on follow up data within analytics engine
- Decoding raw data download
- Developing PAD medically managed registry

Post Meeting Survey
http://www.surveymonkey.com/s/89299LH