



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:

Olympia Christoforatos, Kristen Probeck, Carrie Bosela, Apostolos Tassiopoulos, Glen Jacobowitz, Evan Lipsitz, Darren Schneider, Krish Soundararajan, Lisa Spellman, Matt Regan, Marcie Cortez, K. Amankwah, Atul Rao, Sateesh Babu, George Hines, Angela Kokkosis, Maciej Dryjski, Linda Harris, Michael Stoner.

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:
<http://www.vascularqualityintitiative.org/wp-content/uploads/vqiapprovedprojectslistfebruary-11-2015.pdf>
- 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.rochester.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>