Southeastern Vascular Study Group  
Spring 2016 Meeting Minutes  
May 12, 2016  

**Attendee (Surgeons):**

<table>
<thead>
<tr>
<th>Name</th>
<th>Institution</th>
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<tr>
<td>Ginger Manos, MD</td>
<td>Artery and Vein Specialists</td>
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<td>Shipra Arya, MD</td>
<td>Emory University Hospital</td>
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<td>William Jordan, MD</td>
<td>Emory University Hospital</td>
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<td>Yazan Duwayri, MD</td>
<td>Emory University Hospital</td>
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<td>Ravi Rajani, MD</td>
<td>Grady Memorial Hospital / Emory University</td>
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<td>W. Andrew Oldenburg, M.D.</td>
<td>Mayo Clinic</td>
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<td>Siddharth Patel, MD</td>
<td>Northside Hospital</td>
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<td>Charles Thompson, M.D., FACS</td>
<td>Orlando Regional Medical Center</td>
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<td>Andrew Unzeitig, Vascular &amp; Endovascular Surgery</td>
<td>Piedmont Heart Institute</td>
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<td>Jon Molnar, MD</td>
<td>Redmond Regional Medical Center</td>
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<td>Adam Beck, MD</td>
<td>UF Health</td>
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<td>Kristina Giles, MD</td>
<td>UF Health</td>
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<td>Salvatore Scali, MD</td>
<td>UF Health</td>
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<tr>
<td>Benjamin Pearce, MD</td>
<td>University of Alabama at Birmingham</td>
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<td>Mark Patterson, MD</td>
<td>University of Alabama at Birmingham</td>
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<td>Marc Passman, MD</td>
<td>University of Alabama at Birmingham</td>
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<tr>
<td>Brad Johnson, MD</td>
<td>Tampa General Hospital/USF</td>
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**Attendee (Others):**

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<tr>
<td>Kellie Hatcher, Quality Coordinator</td>
<td>Albany Vascular Specialist</td>
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<td>Karen Cerny, RN, BSN</td>
<td>Data Abstraction Specialists, LLC</td>
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<td>Alexis Neill, RN MSN</td>
<td>Emory University Hospital</td>
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<td>Chandler Long, MD</td>
<td>Emory University Hospital</td>
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<td>Iman Aziz, M.B.Bch, MBA</td>
<td>Emory University Hospital</td>
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<td>William Ashwander, MD</td>
<td>Emory University Hospital</td>
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<td>Patrick Green, Exec Dir Cardiovascular Svcs, Diagnostic Cardiology</td>
<td>Grady Health System</td>
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<tr>
<td>Jody Henderson, RN</td>
<td>Memorial Health University Medical Center</td>
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<tr>
<td>Kellie Cummings, RN, BSN, MS</td>
<td>Memorial Healthcare System</td>
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<tr>
<td>Merri Goodman, RN BSn MSL LHRM</td>
<td>Memorial Regional Hospital</td>
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<tr>
<td>Karen Cerny, RN</td>
<td>None - Data Abtractor</td>
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<tr>
<td>Michelle Streukens, B.S.</td>
<td>North Florida Regional Medical Center</td>
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<td>Lisa Thornhill, RN</td>
<td>Northside Hospital</td>
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<td>Patty Black, RN</td>
<td>Northside Hospital</td>
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Welcome and SEVSG Update

The group introduced themselves and Dr. Beck reviewed the current data for the national VQI. The VQI is now comprised of 17 regional quality groups, 377 medical centers, 46 states and 292,117 procedures, a sizable increase from our fall 2015 meeting. The group then went through their packets and reviewed their own respective data while Dr. Beck pointed out the current SEVSG collective data.

Dr. Beck also highlighted the 79 sites in Southeastern Region interested in VQI. He encouraged the group to reach out to sites where they know a possible physician champion. He also went over the regional group with the lessons that we learned:

1. Comparative feedback stimulates practice change-
   - Large dataset can answer important clinical questions
   - Trusted analyses, reports can rapidly change practice
   - Changed practice can improve outcomes

2. Most vascular patients should be on a statin pre-op

The Current QI Projects in VQI Regional Groups were discussed. Dr. Beck also shared the QI efforts from UF health with the attendees.

The group reviewed the ongoing registry improvements in VQI as well as the recent updates for M2S Pathways. In addition, the group discussed the following VQI deliverables:

- COPI (Center Opportunity Profile for Improvement)
- New VQI Initiative- Evaluating appropriateness of treatment
- Research Advisory Council (RAC)

Approved Project list on line:


- Research Advisory Council (RAC)

National Proposals New Portal for Submission: http://abstracts123.com/svs1/

Finally, Dr. Beck requested attendees to vote on Transparency with Long Term Follow Up after meeting.
M2S/Pathways update

Carrie Bosela, Administrative Director SVS PSO was able to join us from Chicago, remaindered the group that the VQI 1st Annual Meeting is coming, and we will not have the remote access to the meeting. We will, however, have all the presentations after the conference. They are also negotiating to get all the sessions recorded, so we can have them after the conference. If this can be accomplished, it will be far more beneficial than just sending out slides.

June 8, 2016
8:00am to 12:00 pm Data Managers Session
Interactive Panel Discussion on Key Registry Topics
PVI case abstraction
Producing and Interpreting Reports

12:00pm to 5:00pm All VQI Participants
Key Note Speaker: Dr. Englesbe
Utilizing Registries for QI Opportunities: Dr. Ted James
VQI QI success stories: Memorial South Bend, Carolinas Vascular Quality Initiative, Beaumont Health System, El Camino

You are able to register for the event online via this link: https://vascular.org/meetings/2016-vascular-annual-meeting

The group also reviewed the followings:
- Participation Award
- Long Term Follow UP
- Medicine Registry Update
- Physician and COPI Reports
- EVAR Cost Pilot: MedAssets
- EPIC update

Attendance would like to know if centers reported the real graft costs regarding the EVAR cost pilot project. Carrie mentioned that it’s a mix of the real cost and the cost ratio.

Group also had the Pathways Development Updated:
- Develop new PVI registry
- Add IDE devices on EVAR and TEVAR registries
- TEVAR Dissection Postmarket Surveillance
- Lombard Aorfix Postmarket Surveillance
- CREST 2 Registry Project

Update on the SVS Quality and Performance Committee

Dr. Johnson from USF updated the SVS quality performance and measures committee (QPMC). He went over the followings for group:
• CMS released proposed rule to implement the Medicare Access and CHIP Reauthorization Act (MACRA) of 2015 on April 27th. Renamed it the “Quality Payment Program.”
• Proposed rule establishes framework for transitioning to the Merit-based Incentive Payment System (MIPS), which consolidates the existing PQRS, Electronic Health Record Meaningful Use, and Value-Based Payment Modifier programs under the current Medicare Physician Fee Schedule.
• Proposed rule also provides technical specifics on how CMS will determine whether payment models meet the “Advanced Alternative Payment Model” (APM) criteria needed for receiving bonus payments and exemption from MIPS.
• Public comments on the proposed rule are due June 27th.

In addition, Dr. Johnson highlighted that for the Advancing care requirement, the data has to transmit directly from the EHR to the receiving entity (what entity). You can't double dip. So, if you use VQI to report quality, whatever you report for the quality requirement cannot also be used for the advancing care requirement. The data you report for the two have to be separate.

Aligning coders with caregivers: the importance of accurate data entry

Dr. Jordan from Emory pointed to group that bad data creates more problems and recommended that ways to improve data entry, communication as well as the data collection. He also recommended how to align data collection with providers.

Lunch
Lunch Presentations and Discussion:
Smoking Cessation videos

Unfortunately we were short of time and unable to view the videos regarding proper methods for smoking cessation counseling. These two videos are available for YouTube and demonstrate an ineffective method of patient discussion and an effective method of patient discussion:
• Ineffective: www.youtube.com/watch?v=80XyNE89eCs
• Effective: www.youtube.com/watch?v=URiKA7CKtfc

Perioperative moderate hypothermia in vascular surgery

Dr. Ashwander from Emory reviewed on how do perioperative core body temperature affect outcomes in open vascular surgery. He concluded that proactive in determining which measures make a difference in our patients.

Perioperative hyperglycemia in vascular surgery patients

Dr. Long from Emory reviewed the study regarding Perioperative Glycemic Control in Vascular Surgery Patients. He drew the following conclusions through this review:
• This study demonstrates a correlation between perioperative glucose levels and post-operative outcomes in vascular patients.
• We show a strong association between poor post-operative glycemic control and 30-day mortality (both hyper- and hypoglycemia)
  – Hyperglycemia has a stronger association with 30-day mortality
• Hypoglycemia has stronger association with post-operative readmission, ARF, and wound complications

Identifying frailty in vascular surgery patients
Dr. Arya from Emory reviewed the study regarding Identifying Frailty In Vascular Surgery Patients. She drew the following conclusions through this review:
• Frailty is a predictor of poor surgical outcomes in vascular surgery patients
• Implementation of frailty screening is feasible in a busy vascular surgery clinic

How we use the VQI for Quality Improvement (and discussion)
Dr. Thompson from Orlando Regional Medical Center gave a presentation regarding his group’s involvement in VQI and the impact it has had on the quality of care at his institution. He also reported a good relationship with the hospital administration related to quality improvement and his group’s efforts. This has been improved by feeding back information to the hospital administration and including them in the VQI efforts and reports.

Data Abstractor Breakout
VQI PVI demo
Carrie Bosela, SVS PSO Representative walked through one PVI case with the attendees by using the de-identified op notes. Attendees shared experiences and expressed that would like to have more of this in the future. Carrie also shared the new updates in our regional website with group. Yuming will follow up on this in the June conference call.

Complex EVAR/Complex PVI Case discussion
Dr. Ashwander from Emory reviewed TEVAR procedure with attendees, the group shared experiences and asked if more physicians could involve in this session in the future. Yuming encouraged the attendees to vote on the post meeting survey for this request. She also mentioned that UF Health is using the OR-Personal form to track the TEVAR device by sticking the device bar code on a diagram. She will update this form on our website after this meeting.

Closing Remarks
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. Dr. Beck also discussed the pre-meeting SEVSG Executive Committee meeting where he informed the EC that he would like to step down as Medical Director of the SEVSG and offer the opportunity to lead the group to others. Nominations for a new Medical Director will be solicited from
the group as a separate post-meeting survey and the EC will appoint a new Medical Director based on those nominations.

Dr. Beck also asked that everyone attending the meeting fill out the post-meeting survey regarding future directions and meetings.

Meeting Adjourned.