

VASCULAR MEDICINE CONSULT REGISTRY

The Society for Vascular Surgery Patient Safety Organization® (SVS PSO) and the Society for Vascular Medicine (SVM), in collaboration with the American Heart Association® (AHA), are excited to introduce the SVS Vascular Quality Initiative's Vascular Medicine Consult (VMC) Registry. This Registry will target the management of NEW Outpatient Consults who are being treated medically for:

- Atherosclerotic carotid artery occlusive disease
- Abdominal Aortic aneurysm
- Peripheral lower extremity arterial disease due to atherosclerosis or true aneurysm

The Vascular Medicine Consult Registry provides a unique opportunity to look at the natural history of a disease and what factors impact the progression. The emphasis of this Registry will be medication details and dosages, risk factor and lifestyle modifications such as exercise and diet, and non-operative treatments and counseling. The value of this Registry centers on the comparative effectiveness of surgery vs. medically managing these vascular diseases.

Physicians from the SVS, SVM, and the AHA served on a committee dedicated to developing the VQI VMC Registry. This collaborative effort created a registry that provides physicians great detail regarding management of cardiovascular risk factors and the resulting impacts on patient outcomes.

Excluded from the Vascular Medicine Consult Registry

- Evaluation/diagnosis of pseudo or neurogenic claudication, peripheral arterial disease due to trauma, popliteal entrapment, medial adventitious cystic disease, chronic compartment syndrome
- Carotid disease due to dissection, infection, aneurysm, tumor, isolated common carotid lesion not thought to involve the bifurcation, disease of the carotid bifurcation due solely to vasculitis, and moyamoya disease, and fibromuscular dysplasia
- Isolated aortic dissection without aneurysm
- Thoracic, thoracoabdominal, and mycotic aneurysms

Key Features of the Vascular Medicine Consult Registry

- Web-based data registry with real-time reporting
- Compares your patients, processes of care and outcomes anonymously with others in the VQI network
- Incorporates the Wifl and PARC classification systems for peripheral arterial disease
- Enhanced medication tracking including doses
- Allows participants to rapidly report specific detailed outcomes from medical management



**American
Heart
Association®**

SVS VQI®

The SVS Vascular Quality Initiative is a distributed network of regional groups that use a Patient Safety Organization and the M2S PATHWAYS cloud based system to collect and analyze data to improve the quality of vascular health care.

SVS PSO

The Society for Vascular Surgery Patient Safety Organizations houses the data registries used by VQI and collaborates with the FDA and medical device companies to evaluate the safety and effectiveness of vascular devices.

AMERICAN HEART ASSOCIATION

The American Heart Association is a relentless force for a world of longer, healthier lives. With nearly a century of lifesaving work, the Dallas-based association is dedicated to ensuring equitable health for all.

M2S, INC.

M2S is the technology partner for the SVS PSO, providing the M2S PATHWAYS cloud-based platform for the collection and analysis of clinical quality improvement data.

CONTACT US

vqi@m2s.com
(603) 298-6717
www.vqi.org
www.m2s.com

VASCULAR MEDICINE CONSULT REGISTRY

How does this help physicians?

- Analyze management practices and follow-up data
- Benchmark processes in medical treatment and outcomes regionally and nationally
- Participate in regional quality improvement groups
- Improve outcomes by developing best practices
- Help meet board certification
- Comparative effectiveness of medical vs. surgical treatment
- Determine appropriateness of care assessments, including the right time to make the decision for surgery. the optimal medical treatment prior to that decision, etc.
- Outcome reports including: Use of Statin/Antiplatelet and Progression of disease and symptoms with Long Term Follow up

VQI REGISTRIES

- Carotid Endarterectomy
- Carotid Artery Stenting
- Open AAA Repair
- Endovascular AAA Repair
- TEVAR and Complex EVAR
- Infra-Inguinal Bypass
- Supra-Inguinal Bypass
- Lower Extremity Amputation
- Peripheral Vascular Intervention
- Hemodialysis Access
- Inferior Vena Cava Filter
- Varicose Vein
- Vascular Medicine Consult Registry*
- Venous Stent Registry*
- Vascular Ultrasound**

*to be released in 2019
 **pilot is in progress

FREQUENTLY ASKED QUESTIONS

Q: Will follow up data be collected in the Registry?

A: Yes. The Registry data includes patient demographic, history, initial office consultation data, and 1-year office-based follow up.

Q: Do all cases have to be entered?

A: Yes. Under the SVS PSO agreement, consecutive cases must be entered.

Q: What is the importance of joining the VQI?

The VQI allows real-time tracking of patients and outcomes that can be used for quality improvement at a practitioner and institutional level. Outcomes can be evaluated against regional and national benchmarks. In addition, providers have access to a large database for local, regional and national analysis. The VQI is organized as part of a Patient Safety Organization (PSO), which provides protection against discovery of comparative data in legal proceedings. Providers can submit outcome data without fear of reprisal. Data are only used for quality improvement and cannot be publicly reported. Regular audits help ensure data integrity and prevent selective reporting.

FRAMINGHAM HEART STUDY

Beginning in 1948, the Framingham Heart Study, under the direction of the National Heart, Lung and Blood Institute (NHLBI), formerly known as the National Heart Institute, has been committed to identifying the common factors or characteristics that contribute to cardiovascular disease (CVD). The study has followed CVD development over a long period of time in three generations of participants.

An Original Cohort of 5,209 men and women between the ages of 30 and 62 from the town of Framingham, Massachusetts, who had not yet developed overt symptoms of cardiovascular disease or suffered a heart attack or stroke were recruited in 1948. Since that time, the Study has added an Offspring Cohort in 1971, the Omni Cohort in 1994, a Third Generation Cohort in 2002, a New Offspring Spouse Cohort in 2003, and a Second Generation Omni Cohort in 2003.

Over the years, careful monitoring of the Framingham Study population has led to the identification of major CVD risk factors, as well as valuable information on the effects of these factors such as blood pressure, blood triglyceride and cholesterol levels, age, gender, and psychosocial issues. Risk factors for other physiological conditions such as dementia have been and continue to be investigated. In addition, the relationships between physical traits and genetic patterns are being studied. What began decades ago, is still going strong today.