Vascular Study Group Greater New York Spring 2020 Meeting Minutes
June 4, 2020
3PM-5PM
Remote Meeting

Agenda

Welcome and Introduction	Apostolos Tassiopoulos, MD
National VQI Update	Cheryl Jackson, SVS PSO
VQC Update	Glenn Jacobowitz, MD
RAC Update	Isaam Koleilat, MD
AQC Update	Angela Kokkosis, MD
GC Committee Update	Apostolos Tassiopoulos, MD
Regional Data Review	Apostolos Tassiopoulos, MD
Regional QI Proposals	Apostolos Tassiopoulos, MD
Meeting Evaluation	Apostolos Tassiopoulos, MD

National VQI Update: Cheryl Jackson, SVS PSO

There are 683 VQI Centers – 682 in North America and 1 center in Singapore

There are 18 **Regional** Quality Groups

As of May 1, 2020, the total amount of procedures captured was 704,619 (since January 2014)

VQI @ VAM has been cancelled:

- Visit https://vascular.org/vam for registration refunds or rollover of registration fees.
- Virtual Education will be from 6/23/20 – 7/28/20 and will be recorded for later viewing. Register on VQI website for the sessions. Susan Nappo, data manager from our region, will be presenting.
- VQI will do their best to assure that any temporary workflow disruption due to COVID-19 will not have a negative impact on SVS VQI work or subsequent participation awards. There will be a 2 year completion period for the sites undergoing 2019 Claims Validation. There will be credit given for attending the regional meeting remotely.

Quality Improvement Activities:

- VQI National Initiatives: How do we move the bar on Imaging Sac Diameter at LTFU for EVAR's, and Statin and Antiplatelet medications prescribed at discharge?
- 2019 Quality Improvement: 37 Charters submitted (LTFU-9, discharge medications-20, clinical-3, and documentation-5). Email Cheryl Jackson @ cjackson@svspso.org or QI@svspso.org with your Charter ideas. There are four QI webinars with presentations from five different data managers. Visit the VQI Members Only Website for webinars and presentations on VQI Quality Improvement Projects @ www.vqi.org.

- 2020 Participation Award Criteria **(**Approved by the SVS PSO Executive Board):
  LTFU:

<70%	-	0 points
> = 70%	-	2 points
> = 80%	-	4 points
> = 90%	-	6 points

Centers having a LTFU rate of less than 50% for two consecutive years will be placed on probation. Additionally, the center cannot obtain research datasets or participate in industry studies for the specific registries with a LTFU rate of <50%.

Current Regional Meeting attendance: Each regional meeting will be scored on a 0-3 point scale. For centers with 3 or more MDs, 1 point for each MD attending, up to a max of 3 points. If site has only 2 MDs and 1 attends, 2 points given. If site has <3 MDs and all attend, 3 points. If total score for both meetings is <6 points, the center can receive an additional point if any non-physician staff member attends the Annual VQI meeting at VAM.

Changes/Additions

- Regional physician leaders and regional lead data managers will get one extra point
- The host site will get 1 extra point
- Support staff will receive a maximum of 1 point regardless of MD attendance. Ex – if 1, 3, or 5… support staff at a center attended a meeting, the center will get 1 point.
- NO star award if no one from a center attends either meeting (Spring and Fall), regardless of total points
- NO star award for centers at <50% for LTFU, regardless of total points

Marketing Your Participation Award
- Not allowed to publicly report any outcomes data, which is the primary reason we have Participation Awards and not a Quality/Outcomes Award
- The participation Award is linked to critical activities that show a center's commitment to quality improvement and patient engagement, but the award is not and cannot be referenced as an indicator directly tied to quality of care
- Cannot be used for competitive marketing purposes
- We provide a standard press release when the awards are released
- Each site now receives a Participation Award certificate for 1, 2, and 3 star recipients. 3 star recipients receive award at regional/national meeting. 1 & 2 start recipients get a PDF file sent to the center's lead physician and lead data manager.
- This is a Participation Award and should not be interpreted or positioned as a direct indicator of the Quality of Care provided by your institution
- Data from the SVS VQI/SVS PSO can never be used for punitive purposes

3 Star Award Recipient : University of Rochester Medical Center

New Registries: Venous Stent and Vascular Medicine - see slides for details

2020 Planned Revisions: Infra, Supra, and Open AAA including thoracoabdominal

Paclitaxel, Mortality and VQI – See slides

VQI used Data Extraction and Longitudinal Trend Analysis (DELTA), a risk adjusted software application designed for signal detection in clinical registries, to evaluate mortality of Paclitaxel devices in PVI registry. Full details about the study are available at clinicaltrials.gov under the identifier NCT04110288.

Your Data Matters

- In VQI, there was no difference in mortality when it comes to Balloon vs. DCB, and Stent vs. DES
- Society for Vascular Surgery PSO Survellance of Paclitaxel Mortality in the VQI. Authors: Daniel Bertges, MD, Jens Eldrup-Jorgensen, MD, Fred Resnic, MD, et.al.

In December, 2018, a meta-analysis of randomized trials of paclitaxel devices for the treatment of femoral-popliteal disease reported higher 2 and 5 year mortality in patients treated with paclitaxel devices.1 These findings were subsequently validated by an FDA analysis – a potentially concerning signal of increased long term mortality in study subjects treated with paclitaxel-coated products compared to patients treated with uncoated devices prompting 3 letters of notification to providers. For further information please see the 3 prior FDA communications and the executive summary of the June 2019 Circulatory System Devices Panel Meeting.2-5 In response to this mortality signal, the SVSPSO has conducted surveillance of mortality in VQI PVI registry. The analysis was conducted in collaboration with Dr. Fred Resnic at the Lahey Clnic using Data Extraction and Longitudinal Trend Analysis (DELTA), a risk adjusted sorftware application designed for signal detection in clinical registries. Full details about the study are available at clinicaltrials.gov under the identifier NCT04110288.

Summary

- Compliance was measurable using VQI registries
- Compliance was quite variable – even guidelines with 97% centers with compliance that ranged 51-100%
- Compliance with guidelines (especially high quality) was associated with improved patient outcomes
- Antibiotic – EVAR – Decreased SSI, MACE, and in-hospital mortality
- Internal Iliac Artery – OAAA – Marginally decreased in-hospital and one year mortality
- Cell Salvage – OAAA – Decreased one year mortality
- Tobacco cessation – EVAR – Decreased respiratory complications and in-hospital and one year mortality
- Tobacco cessation – OAAA - Decreased respiratory complications and one year mortality

Conclusions

- The degree and impact of compliance with AAA guidelines is dependent on the grade of evidence
- Registry assessment may confirm value of a guideline and help inform guideline writing committees
- Guidelines may also be used to inform content of clinical registries

- Registry participation provides an objective assessment of compliance and performance
- Registry reports may be used as a focus for quality improvement efforts
- Claudication Guidelines Work Group currently working on gap analysis with VQI data
- On-going work with SVS Clinical Practice Guidelines Committee to align with VQI data collection

Venous Quality Council: Glenn Jacobowitz, MD (Cheryl Jackson presented due to technical issues)
- Dr. Marc Passman is the new Chair for 2020.
- Continued interest from United Healthcare on collaborating on Appropriateness for Ablations. This could eliminate the need for pre-authorizations.
- The IVC Filter Retrieval Report is a tool to identify IVC Filter procedures which require filter removal. If an IVC Filter procedure recorded the use of a temporary filter, the procedure will be listed on the report as requiring filter retrieval. If a follow up form has been created recording either that the filter has been retrieved, attempt at retrieval or the decision was made not to retrieve it, then the procedure will be excluded from the report. Sites can set up 30, 60, & 90 day automated email notification reminders to be sent for all temporary filters.
- Contact VQI@M2S.com to join the registry.

Research Advisory Council: Isaam Koleilat, MD
- Changes in RAC policy related to industry studies.
- Policy on product identification for approved RAC requests, & conflict of interest policies revised based on these new policies are all posted on the VQI website.
- August 2020 proposal submissions due July 20, 2020.
- Meeting is August 10, 2020.
- No restriction of data release based on similar projects.
- Only one refresh of data within 24 months of initial approval.
- Industry related projects need to collaborate with the steering committee(s) – review policy and industry charters on the web.
- Review Product Identification Policy on the web before submitting proposal. To submit a proposal to be considered for the national RAC, please follow the link http://abstracts123.com/svs1/meetinglogin.

Arterial Quality Council: Angela Kokkosis, MD
- Opioid workgroup is formed and charged with putting forth recommendations on how the VQI can be used to track, monitor and benchmark opioid utilization.
- Pilot planned with Infra-inguinal bypass module
- Continued refinement to Global Unique Device Identification Database (GUDID) integration in PVI. Initiating future registry updates by harmonizing common variables across all registries, updating Infra/Supra registries, and updating OAAA.
- Use the structured note as a standard for all providers, hospital, EMR's, societies, registries to be used as a template.
- Collaborative workgroup: SVS, STS, SNIS, ACS, Vascunet, SVS document oversight committee, SVS clinical practice council SVS, EPIC, Cerner, Medstreaming/M2S – technology partner.
- Pilot project: brief operative note for carotid endarterectomy.

- Patient reported outcomes for PAD increasingly recognized as a valuable measure of our patient care. VQI is developing a plan to provide patient reported data to members.
- VQI and SVS committees have recommended Vascu-Qol 6 (VQ6) and EQ5D. Exploring options for PAD PRO implementation which may be less burdensome, from patient directly, and a multi-modal collection (mobile, PC).

Governing Council meeting at VEITH 2019: Apostolos Tassiopoulos, MD

Approved New RAC Policies:
- DUA updated – data can only be shared with individuals directly accountable to the Primary Investigator
- Non-VQI members cannot have access to VQI BDS
- Expedited RAC review process - A score >=2.7 without special requests are automatically approved, and a score <=1.7 are automatically rejected or requests for modifications

Regional RAC Policies:
- SVS PSO staff will review to ensure all regional studies have at least 3 centers with greater than 10 procedures.
- Regions cannot apply for product identification; only considered at National RAC

Associate Medical Directors:
- Technical Associate Medical Director is Leila Mureebe, MD
- Quality Improvement Associate Medical Director is Gary Lemmon, MD
- Report to current SVS PSO Medical Director, Jens Jorgensen, MD
- 2 year term, as of April 2020-can be renewed for 1 additional year

Regional Data Review: Apostolos Tassiopoulos, MD

- In 2019, our region had the second highest procedure volume
- Follow ups (for 2017 procedures) within 9-21 mos. - 65%
- Discharge Medications for procedures performed in 2019 - 80%
- Hemodialysis Access - Percentage of Primary AVF vs. Graft - 89%
- Transfemoral Carotid Artery Stent: Stroke or Death in Hospital - 0%
- TransCarotid Artery Revascularization: Stroke or Death in Hospital - 0.5%
- CEA: *Asymptomatic* Stroke or Death in Hospital – 0.6%
- CEA: *Symptomatic* Stroke or Death in Hospital – 2.1%
- CEA: Percentage of Asymptomatic Patients with LOS>1 Day – 23%
- CEA: Percentage of Symptomatic Patients with LOS>1 Day – 26%
- EVAR: Percentage of patients with LOS>2 days – 10%
- EVAR: Rate of sac diameter at LTFU – 50%

- Infra-inguinal Bypass: Rate of Major Complications – 6.2%
- IVCF: Percentage of Temporary Filters w/Retrieval or Attempt at Retrieval procedures performed between 7/1/18 and 6/30/19 – 39%. We need a system in place to track IVF patients and which patients weren't clinically indicated to have filter removed.
- LEAMP: Rate of Postop Complications – 10%
- Non-ruptured OAAA – In-hospital Mortality – N/A (less than 3 centers)
- PVI: Percentage of claudicants with ABI/Toe pressure reported before procedure – 60%
- Suprainguinal Bypass: Rate of Major Complications – N/A (less than 3 centers)

- TEVAR: Rate of sac diameter at LTFU – 40%
- EVAR: Percentage of elective patients w/AAA diameter within SVS guideline – 62%
- OAAA: Percentage of Patients Meeting Cell-Saver Guidelines – N/A (less than 3 centers)
- OAAA: Percentage of Procedures Meeting SVS Internal Iliac Inflow Guideline – N/A

Regional Improvement Projects: Apostolos Tassiopoulos, MD

- VQI Technology: HDA revision – 10/17/19, new Venous Stent registry – 10/24/19, EVAR registry revision II – 12/12/19, Infra registry revision II 12/12/19, Supra registry revision II – 12/12/19, and 30 day follow up form for HDA and venous stent registry – 11/20/19. In 2020, a new vascular medicine consult registry was released on 2/5/20, a drilldown feature for follow-up completion rate report was released on 1/15/20, and a varicose vein registry revision was released on 2/5/20.
- In progress are: HDA minor revision, multi-registry revision (on hypertension harmonization, AB harmonization, and adding 'other' free text fields to device fields), TEVAR registry revision to collect closure device details and change post p complications fields to be access side specific, and adding PVI procedure context variables to follow up data download file.

PATHWAYS Support Projects:

- Quarterly help text updates, and webinars are recorded and posted to the Resources in PATHWAYS along with the associated Q&A

Meeting Evaluation:

- Greater than 40 people were at the meeting at a one point
- Doodle poll for the next meeting to see which dates would work best for members