MidAtlantic Vascular Study Group

September 15, 2016
7:00-9:00 am
The Westin Philadelphia, PA
(in conjunction with EVS)
Agenda:
I. Welcome and Introduction
II. Minute review spring
III. National VQI Update
IV. Regional Data Review
V. RAC Update
V. Quality Improvement and Research projects
VI. AQC Update
VII. VQC Update
VIII. Governing Council Committee Update
IX. M2S: Development Update
X. Expanding Participation
XI. Next Meeting and Adjourn
Welcome and Introductions

Abington Memorial Hospital
Bayshore Community Hospital
Beebe Healthcare
Carroll Hospital Center
Christiana Care Health System
Cooper University Hospital
Geisinger Community Medical Center
Geisinger Medical Center
Geisinger Wyoming Valley Medical Center
Guthrie Clinic
Horizon Vascular Specialists
Jersey Shore University Medical Center
Johns Hopkins Bayview Medical Center
Johns Hopkins Hospital
Maryland Vascular - Greater Baltimore
Maryland Vascular - Northwest Hospital
Maryland Vascular - Saint Joseph Medical
Maryland Vascular - Sinai Hospital
Medical Faculty Associates- Inc
Mercy Medical Center
Monmouth Medical Center
Newark Beth Israel Medical Center
Ocean Medical Center
Overlook Medical Center
Penn State Milton S. Hershey Medical
Riverview Medical Center
Saint Barnabas Medical Center
Southern Ocean Medical Center
St. Luke's Allentown Hospital
St. Luke's Bethlehem Hospital
The Reading Hospital and Medical Center
University of Maryland Medical Center
University of Pennsylvania
Washington Hospital Center
Action Items from Spring Meeting (review minutes)
National VQI Update:
Carrie Bosela, SVS PSO
Participating Center Growth

VQI Participating Centers

385 Centers, 46 States + Ontario
# Vascular Quality Initiative®

## Total Procedures Captured

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peripheral Vascular Intervention</td>
<td>96,618</td>
</tr>
<tr>
<td>Carotid Endarterectomy</td>
<td>69,824</td>
</tr>
<tr>
<td>Infra-Inguinal Bypass</td>
<td>31,542</td>
</tr>
<tr>
<td>Endovascular AAA Repair</td>
<td>27,911</td>
</tr>
<tr>
<td>Hemodialysis Access</td>
<td>26,210</td>
</tr>
<tr>
<td>Carotid Artery Stent</td>
<td>11,499</td>
</tr>
<tr>
<td>Supra-Inguinal Bypass</td>
<td>10,709</td>
</tr>
<tr>
<td>Open AAA Repair</td>
<td>8,431</td>
</tr>
<tr>
<td>Thoracic and Complex EVAR</td>
<td>6,648</td>
</tr>
<tr>
<td>IVC Filter</td>
<td>5,714</td>
</tr>
<tr>
<td>Lower Extremity Amputations</td>
<td>5,550</td>
</tr>
<tr>
<td>Varicose Vein</td>
<td>5,274</td>
</tr>
</tbody>
</table>

(as of 7/1/2016)  

**VQI Total Procedure Volume**

![Graph showing the total procedure volume over time, with an upward trend from April 2014 to June 2016.](chart.png)
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VQI 1st Annual Meeting

• Feedback from survey
  – Longer, more interactive sessions
  – Networking time needed
  – Very informative and useful meeting

• Suggestions for next year?
  – 1 ½ days with full day for data managers
  – Topic requests?
Annual meeting slides

http://www.vascularqualityinitiative.org/successful-inaugural-vqi-annual-meeting-svs-psn-row-planning-next-year/
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VQI Participation Award
Participation Award

- Results to be released early 2017
- One change: Remote attendance awarded for Spring 2016 but not the Fall 2016 or going forward

Meeting-Participation Score*

- No MD from site attends = 0 points
- 1 MD from site attends = 1 point
- 2 MDs attend (or 1 MD if site has only 2 MDs) = 2 points
- 3 MDs attend (or all MDs if site has <3 MDs) = 3 points

*Additional health professional staff attendance (Data Manager, Admin, NP, PA, Fellow, etc.,) = one additional point if 1 MD attended
PVI registry update

• Public comment VEITH 2015-VAM 2016
• Release scheduled August 31, 2016
• Specs and revisions sent July 25, 2016
  – Allow time to review for any workflow changes
• Educational webinar to review all the changes mid August 2016
• Lessoned Learned from EVAR!!!!
Medicine Registry Update
Medicine Registry

• Scope
  – Medical management of:
    • Lower extremity PAD
    • Carotid stenosis
    • AAA
  – New outpatient consults that require follow up
  – One year follow up required, longer possible
Medicine Registry

– Webinar for final comments September 2016

– Release Q1 2017
Inclusion Criteria:
This registry only includes New Outpatient Consults who are being treated medically for:
• Peripheral arterial disease due to atherosclerosis
• Atherosclerotic carotid artery occlusive disease
• Abdominal aortic aneurysm

Exclusion Criteria:
• 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, thoraco-abdominal, and mycotic aneurysms
Vascular Medicine Registry

• **Purpose**
  – Registry to focus on non-operative medical management of these conditions
  – Medication details and dosages, along with lifestyle modifications and counseling will be the emphasis of this registry

• **Opportunities**
  – Identify patterns/variation of treatment and pre-intervention management
  – Identify QI initiatives
  – Opportunities in comparative effectiveness research
Webinar Schedule 2016

- August: PVI registry changes (release Sept 1)
- September: Medicine Registry demo
- October: QI Guide Implementation series
- November: TEVAR/Complex EVAR vs. EVAR
- December: QI Guide Implementation series
SVS PSO QI Guide: Volunteer to complete charter and follow guide?

Identify data manager and physician leader to initiate QI process. Schedule of webinars on QI implementation to be released.
Note: In all reports, regional data are not shown for regions with <3 centers participating in the applicable registry. In "by Center" bar charts, unless noted, data are not shown for centers with <10 cases.
# Vascular Quality Initiative®

## Total Procedure Volume, All Years (2003-May 2016)

<table>
<thead>
<tr>
<th>Your region</th>
<th>Total procedures</th>
<th>VQI Total procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAS</td>
<td>1088</td>
<td>10850</td>
</tr>
<tr>
<td>CEA</td>
<td>4689</td>
<td>65763</td>
</tr>
<tr>
<td>EVAR</td>
<td>2052</td>
<td>26031</td>
</tr>
<tr>
<td>HEMO</td>
<td>887</td>
<td>23762</td>
</tr>
<tr>
<td>INFRA</td>
<td>1752</td>
<td>29387</td>
</tr>
<tr>
<td>OAAA</td>
<td>406</td>
<td>7967</td>
</tr>
<tr>
<td>PVI</td>
<td>7089</td>
<td>88151</td>
</tr>
<tr>
<td>SUPRA</td>
<td>620</td>
<td>9843</td>
</tr>
<tr>
<td>TEVAR</td>
<td>647</td>
<td>5777</td>
</tr>
<tr>
<td>IVCF</td>
<td>192</td>
<td>2088</td>
</tr>
<tr>
<td>Varicose Veins</td>
<td>0</td>
<td>4229</td>
</tr>
<tr>
<td>LEAMP</td>
<td>254</td>
<td>5166</td>
</tr>
<tr>
<td><strong>Overall</strong></td>
<td><strong>19676</strong></td>
<td><strong>279014</strong></td>
</tr>
</tbody>
</table>
### Percentage of Procedures Submitted With Missing Data (Jan 2015-May 2016)

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Your region</th>
<th>VQI</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total procedures (% missing data)</td>
<td>Total procedures (% missing data)</td>
</tr>
<tr>
<td>CAS</td>
<td>284 (20%)</td>
<td>3777 (51%)</td>
</tr>
<tr>
<td>CEA</td>
<td>1234 (25%)</td>
<td>19909 (33%)</td>
</tr>
<tr>
<td>EVAR</td>
<td>507 (42%)</td>
<td>7773 (60%)</td>
</tr>
<tr>
<td>HEMO</td>
<td>306 (30%)</td>
<td>9198 (26%)</td>
</tr>
<tr>
<td>INFRA</td>
<td>441 (90%)</td>
<td>8048 (82%)</td>
</tr>
<tr>
<td>OAAA</td>
<td>92 (21%)</td>
<td>1825 (29%)</td>
</tr>
<tr>
<td>PVI</td>
<td>1987 (48%)</td>
<td>30123 (56%)</td>
</tr>
<tr>
<td>SUPRA</td>
<td>144 (90%)</td>
<td>2755 (80%)</td>
</tr>
<tr>
<td>TEVAR</td>
<td>247 (33%)</td>
<td>2337 (28%)</td>
</tr>
<tr>
<td>IVCF</td>
<td>56 (4%)</td>
<td>1133 (23%)</td>
</tr>
<tr>
<td>Varicose Veins</td>
<td></td>
<td>4228 (29%)</td>
</tr>
<tr>
<td>LEAMP</td>
<td>81 (52%)</td>
<td>2684 (73%)</td>
</tr>
<tr>
<td>2015 overall</td>
<td>5379 (42%)</td>
<td>93790 (49%)</td>
</tr>
<tr>
<td>2014 overall</td>
<td>4414 (40%)</td>
<td>67064 (48%)</td>
</tr>
</tbody>
</table>
Percentage of Procedures Submitted With Missing Data (Jan 2015-May 2016)

Percentage Submitted With Missing Data in Your Region
(Jan 2015-May 2016)

Percentage Submitted With Missing Data across VQI
(Jan 2015-May 2016)

* Indicates region’s rate is significantly different than overall VQI rate. “Others” indicates centers that do not belong to a regional group.
<table>
<thead>
<tr>
<th>Your region</th>
<th>Follow-up rate (N)</th>
<th>VQI</th>
<th>Follow-up rate (N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAS</td>
<td>54% (239)</td>
<td></td>
<td>54% (2331)</td>
</tr>
<tr>
<td>CEA</td>
<td>55% (1058)</td>
<td></td>
<td>56% (14511)</td>
</tr>
<tr>
<td>EVAR</td>
<td>53% (421)</td>
<td></td>
<td>56% (5757)</td>
</tr>
<tr>
<td>HEMO</td>
<td>25% (228)</td>
<td></td>
<td>55% (6584)</td>
</tr>
<tr>
<td>INFRA</td>
<td>49% (353)</td>
<td></td>
<td>60% (5865)</td>
</tr>
<tr>
<td>OAAA</td>
<td>55% (88)</td>
<td></td>
<td>62% (1414)</td>
</tr>
<tr>
<td>PVI</td>
<td>52% (1336)</td>
<td></td>
<td>53% (21120)</td>
</tr>
<tr>
<td>SUPRA</td>
<td>62% (129)</td>
<td></td>
<td>61% (2096)</td>
</tr>
<tr>
<td>TEVAR</td>
<td>62% (141)</td>
<td></td>
<td>54% (1456)</td>
</tr>
<tr>
<td>IVCF*</td>
<td>0% (54)</td>
<td></td>
<td>44% (686)</td>
</tr>
<tr>
<td>2013 overall</td>
<td>51% (4047)</td>
<td></td>
<td>55% (61820)</td>
</tr>
<tr>
<td>2012 overall</td>
<td>65% (4161)</td>
<td></td>
<td>68% (45345)</td>
</tr>
</tbody>
</table>
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LTFU Reports

LTFU by Center in Your Region (2014)

LTFU by Region across VQI (2014)

* Indicates region's rate is significantly different than overall VQI rate. "Others" indicates centers that do not belong to a regional group.
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Discharge Medications Antiplatelet and Statin
(Jan 2015-May 2016)
Excludes missing, not treated for medical reason and non-compliant

A+S Rate by Center in Your Region
(Jan 2015-May 2016)

A+S Rate by Region across VQI
(Jan 2015-May 2016)

* Indicates region’s rate is significantly different than overall VQI rate
"Others" indicates centers that do not belong to a regional group
Varicose Veins: Percentage of Procedures with Complete Patient-Reported Outcome Measures Recorded at Follow Up (Jan 2015-May 2016)

procedures; includes only patients with any follow-up visit recorded. All regional data omitted because most regions have <3 centers. Patient-reported outcome measures (PROMs) include heaviness, achiness, swelling, throbbing, itching, appearance and impact on work in side of operation.
Percentage of Infrainguinal Bypass Procedures with Chlorhexidine or Chlorhexidine + Alcohol Skin Prep (Jan 2015-May 2016)

Chlorhexidine Rate by Center in Your Region (Jan 2015-May 2016)

Chlorhexidine Rate by Region across VQI (Jan 2015-May 2016)

* Indicates region's rate is significantly different than overall VQI rate. "Others" indicates centers that do not belong to a regional group.
Infrainguinal Bypass: Percentage of Procedures with In-Hospital Surgical Site Infection (Jan 2015-May 2016)

In-Hospital Infection Rate by Center in Your Region
(Jan 2015-May 2016)

In-Hospital Infection Rate by Region across VQI
(Jan 2015-May 2016)

* Indicates region’s rate is significantly different than overall VQI rate.
"Others" indicates centers that do not belong to a regional group.
Percentage of Percutaneous Femoral PVI Procedures Using Ultrasound Guidance (Jan 2015-May 2016) Excludes cut-down

Rate of US Guidance by Center in Your Region
(Jan 2015-May 2016)

Rate of US Guidance by Region across VQI
(Jan 2015-May 2016)

* Indicates region's rate is significantly different than overall VQI rate.
Rate of Hematoma After PVI (Jan 2015-May 2016)

Excluding cut-down access guidance
PVI: Percent of Patients with ABI or TBI Assessed Before Procedure  
(Jan 2015-May 2016)

“ABI or TBI Assessed” indicates at least one measure was recorded for the side of the procedure, or on both sides for bilateral and aortic procedures.
EVAR: Rate of Sac Diameter Reporting at Long-Term Follow Up 2014, excluding patients without at least 9 month follow up
TEVAR: Rate of Sac Diameter Reporting at Long-Term Follow Up 2014, excluding patients without at least 9 month follow up

Sac Diameter Reporting by Center in Your Region (2014)

Sac Diameter Reporting by Region across VQI (2014)

* Indicates region's rate is significantly different than overall VQI rate.
Carotid Endarterectomy

Percentage of Patients with Length of Stay > 1 Day
(Jan 2015 - May 2016)

elective procedures, excluding prior ipsilateral CEA, concomitant CABG, proximal endovascular or other arterial operation, in hospital death with LOS <= 1 day, procedures done on weekends or not done on admission day
Open AAA Repair:
Percentage of Patients with Length of Stay \(\geq 8\) Days
(Jan 2015-May 2016)

procedures, excluding ruptured aneurysms and in hospital deaths with LOS\(\leq 8\) days, procedures not done on day of admission and weekend procedures
(your region did not have at least 3 centers with 10 procedures)
Endovascular AAA Repair:
Percentage of Patients with Length of Stay > 2 Days
(Jan 2015-May 2016)

procedures, Excluding symptomatic, ruptured, prior aortic surgery, in hospital deaths with LOS
Hemodialysis Access: Percentage of Primary AVF vs. Graft
(Jan 2015-May 2016)
procedures, excludes patients receiving AVF access who have received previous access in the forearm, upper arm or basilic vein on the same side.
IVC Filter: Percentage of Temporary Filters with Retrieval or Attempt at Retrieval
(Jan 2015-May 2016)
procedures, excluding patients who have died since discharge
(your region did not have at least 3 centers with 10 procedures)
Carotid Artery Stent: Stroke or Death in Hospital (Jan 2015-May 2016) procedures, elective, excluding prior ipsilateral CAS

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CAS Stroke or Death by Center in Your Region (Jan 2015-May 2016)

CAS Stroke or Death by Region across VQI (Jan 2015-May 2016)

YR=Your Region; *= Region's rate is significantly different than expected
Carotid Endarterectomy: Stroke or Death in Hospital
(Jan 2015-May 2016)
procedures, elective, excluding prior ipsilateral CEA
and concomitant CABG
Infrainguinal Bypass: Percentage of Major Complications
(Jan 2015-May 2016)

procedures, Major complications= In hospital death, ipsilateral amputation or graft occlusion. Includes only patients with Indication=Rest Pain or Tissue Loss.
Open Non-ruptured AAA: In-hospital Mortality (Jan 2015-May 2016) procedures, excluding weekend procedures (your region did not have at least 3 centers with 10 procedures)
Research Advisory Council Update: Faisal Aziz, MD
National Research Projects:

• This year the SVS PSO Research Advisory Committee (RAC) approved 64 national research projects submitted by 51 unique VQI investigators in 26 centers, representing diverse topics across multiple procedures. In addition, multiple research projects using regional data were performed at VQI sites.

• http://www.vascularqualityinitiative.org/vqi-resource-library/research-advisory-committee/
Regional Research Projects:
Arterial Quality Council Update: Grace Wang, MD
Physician-level Reporting: these comparisons allow sites to analyse blinded physician results between physicians at the same site as well as between facilities to understand detailed results and best practices.

Site-level Reporting (Center Opportunity Profile for Improvement Reports): Similar to the physician data, the COPI Reports provide detailed national and regional benchmarking on quality improvement such as length of stay.
In addition to the spring and fall regional reports, this year we have published two COPI reports:
- 30-day stroke and 1-year mortality after CEA
- 30-day stroke or 1-year mortality after CAS

We have also published two surgeon-level reports:
- Percentage of high-risk patients receiving CEA
- Percentage of patients receiving follow-up imaging after EVAR

At least two additional reports are planned for this year:
- COPI report on hematoma after PVI
- Surgeon-level report on percentage of high-risk patients receiving CAS
Cardiac Risk Calculators:

Current ongoing AQC work:

- Finalized PVI registry updates (release Sept 1, 2016)
- Updating CAS registry
- Determining variables per registry that negate the need for LTFU
- Continued assessment of Data Audits
Venous Quality Council Update:
Faisal Aziz, MD
Venous Quality Council

- Less active Council only two registries
- Considering combining AQC and VQC
- To be discussed at the PSO retreat September 12, 2016
- Opinions/thoughts of combining and only one representative from each region?
- Increase activity and participation of each registry workgroup that is arterial and venous specific
Governing Council Update:
Grace Wang, MD
The Governing Council approved the policy of un-blinding LTFU Reporting Rates, if a majority of members of the regional group agree to un-blind the LTFU data.

M2S and Medstreaming provided the Committee with an overview on what the acquisition might afford VQI members:

- Enhanced Analytics
- Experience with data integration from EMRs
- Extensive experience with outpatient data that complements M2S experience with inpatient data.

Announcement of the new PSO Communications Committee

- Glen Jacobowitz from NYU Langone, Chair
- Leila Mureebe from Duke University Medical Center, Vice Chair
Pathways Development Update
Drill down – Stroke Rate

In-hospital Stroke after Primary Isolated Elective CEA

Expected Stroke Rate

Observed Stroke Rate

* * * Observed values are not significantly higher or lower than Expected values

Adjusted for: Hypertension, Prior CABG / Prior PQ, Pre-op ASA / Pre-op P2Y12 Antagonist, Pre-op Ipsilateral ICA Stenosis, Pre-op Contralateral ICA Stenosis, Ipsilateral Cortical Symptoms

Notice: Missing value of predictors or outcome variables will cause a procedure to be excluded from the calculation, which will cause the total number of procedures, N, to be different from the actual number of procedures used for the calculation.
Drill down – Stroke Rate
# Vascular Quality Initiative®

## Drill Down – Stroke Rate

**Report Name:** Report 024  
**Procedure Type:** In-hospital Stroke after Primary Isolated Elective CEA  
**Variable:** Expected Stroke Rate

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### Patient Information

- **Hispanic or Latino:** Yes  
- **Height (inches):** 66.0  
- **Weight (lbs):** 112.0  
- **Visit Code:** 0001  
- **Admit Date:** 09/06/2012  
- **Did Primary Physician bill to Medicare Part B?:** Yes  
- **Primary Insurer:** Medicare  
- **Smoking:** Prior  
- **Hypertension:** No  
- **CAD Symptoms:** Prior CAD  
- **Prior CHF:** No  
- **Dialysis:** None  
- **Creatinine (umol/L):** 213.5  
- **Living Status:** Home  
- **ASA Class:** 3  
- **Pre-op Hemoglobin (g/L):** 10.0  
- **CEA (retired since 9/12/2012):** No  
- **Prior Angioplasty Repair:** No  
- **Prior Major Amp:** No  
- **Pre-op P2Y12 Antagonist:** No  
- **Pre-op Beta Blocker:** No

### General-Demographics

- **Race:** American Indian or Alaska Native  
- **Height (cm):** 152.0  
- **Weight (kg):** 54.0  
- **Primary Physician:** Dr. Brown  
- **Procedure Date:** 11/12/2012  
- **Procedure:** Open Carotid  
- **Assistant:** None  
- **Transferred From:** None  
- **Quit Smoking Date:** None  
- **Diabetes:** None  
- **Prior PCT:** None

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Drill Down Permissions

- Physicians can only drill down to their own patient level data.
- Hospital Manager and all other non-physician users can only drill down if they have permissions to the “procedure and follow up download reports” privilege (granted by M2S with hospital manager approval).
# Vascular Quality Initiative®

## Shared Reports

<table>
<thead>
<tr>
<th>Report Name</th>
<th>Type</th>
<th>Created on</th>
<th>Updated on</th>
<th>Shared</th>
<th>Retired</th>
<th>Shared by</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAS Post Op Complications</td>
<td>Carotid Artery Stent</td>
<td>06/14/2016</td>
<td>06/24/2016</td>
<td>✓</td>
<td></td>
<td>WHEADAN-ADMIN</td>
</tr>
<tr>
<td>Elective TEVAR Aneurysm for All Complications Except Death</td>
<td>Thoracic and Complex EVAR</td>
<td>01/07/2016</td>
<td>06/15/2016</td>
<td>✓</td>
<td></td>
<td>WHEADAN-ADMIN</td>
</tr>
<tr>
<td>Hemo AVF vs Graft</td>
<td>Hemodialysis Access</td>
<td>01/07/2016</td>
<td>06/24/2016</td>
<td>✓</td>
<td></td>
<td>WHEADAN-ADMIN</td>
</tr>
<tr>
<td>Major Amputations Requiring Revision Prior to Discharge</td>
<td>Lower Extremity Amputation</td>
<td>01/11/2016</td>
<td>06/15/2016</td>
<td>✓</td>
<td></td>
<td>WHEADAN-ADMIN</td>
</tr>
<tr>
<td>Major Complications for Supra Bypass Origin at the Aorta</td>
<td>Supra-inguinal Bypass</td>
<td>06/09/2016</td>
<td>06/24/2016</td>
<td>✓</td>
<td></td>
<td>WHEADAN-ADMIN</td>
</tr>
<tr>
<td>Major Complications for Supra Bypass Origin at the Axillary</td>
<td>Supra-inguinal Bypass</td>
<td>06/10/2016</td>
<td>06/24/2016</td>
<td>✓</td>
<td></td>
<td>WHEADAN-ADMIN</td>
</tr>
<tr>
<td>Major Complications for Supra Bypass Origin at the Femoral</td>
<td>Supra-inguinal Bypass</td>
<td>06/10/2016</td>
<td>06/24/2016</td>
<td>✓</td>
<td></td>
<td>WHEADAN-ADMIN</td>
</tr>
<tr>
<td>Major Complications for Supra Bypass Origin at the Iliac</td>
<td>Supra-inguinal Bypass</td>
<td>06/10/2016</td>
<td>06/24/2016</td>
<td>✓</td>
<td></td>
<td>WHEADAN-ADMIN</td>
</tr>
<tr>
<td>Procedures with Both Statin and Antiplatelet Agents Prescribed at Discharge</td>
<td>Common Variables</td>
<td>03/22/2016</td>
<td>06/15/2016</td>
<td>✓</td>
<td></td>
<td>WHEADAN-ADMIN</td>
</tr>
<tr>
<td>Supra Graft Complications Aorta Origin</td>
<td>Supra-inguinal Bypass</td>
<td>04/28/2016</td>
<td>06/24/2016</td>
<td>✓</td>
<td></td>
<td>WHEADAN-ADMIN</td>
</tr>
<tr>
<td>Supra Graft Complications Axillary Origin</td>
<td>Supra-inguinal Bypass</td>
<td>06/09/2016</td>
<td>06/24/2016</td>
<td>✓</td>
<td></td>
<td>WHEADAN-ADMIN</td>
</tr>
<tr>
<td>Supra Graft Complications Femoral Origin</td>
<td>Supra-inguinal Bypass</td>
<td>06/09/2016</td>
<td>06/24/2016</td>
<td>✓</td>
<td></td>
<td>WHEADAN-ADMIN</td>
</tr>
<tr>
<td>Supra Graft Complications Iliac Origin</td>
<td>Supra-inguinal Bypass</td>
<td>06/09/2016</td>
<td>06/24/2016</td>
<td>✓</td>
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<td>WHEADAN-ADMIN</td>
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</table>

### My Saved Reports

<table>
<thead>
<tr>
<th>Report Name</th>
<th>Type</th>
<th>Created on</th>
<th>Updated on</th>
<th>Shared</th>
<th>Retired</th>
</tr>
</thead>
<tbody>
<tr>
<td>CEA LOS</td>
<td>Carotid Endarterectomy</td>
<td>01/11/2016</td>
<td>06/08/2016</td>
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<tr>
<td>PVI ABI/TBI</td>
<td>Peripheral Vascular Intervention</td>
<td>03/29/2016</td>
<td>03/28/2016</td>
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</tbody>
</table>
# Vascular Quality Initiative

## Shared Reports

### Report 004

**Procedure Type:** LIMA to Aorta Repair

---

### Total Number of Procedures: N=0

<table>
<thead>
<tr>
<th>Variable Name</th>
<th>Tab</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Discharged Home</td>
<td>Procedure Calculated Variables</td>
<td>Patient's standard of living has deteriorated since admission. For detailed calculation, please refer to Calculated Variables appendix in the user manual.</td>
</tr>
<tr>
<td>Post-op LOS &gt; 2 Possibility</td>
<td>Procedure Calculated Variables</td>
<td>Possibility a subject will stay in hospital more than 2 days</td>
</tr>
<tr>
<td>Post-op Length of Stay</td>
<td>Procedure Calculated Variables</td>
<td>Discharge Date - Surgery Date</td>
</tr>
<tr>
<td>Post-op Length of Stay &gt; 2</td>
<td>Procedure Calculated Variables</td>
<td>Patient stayed in hospital more than 2 days</td>
</tr>
</tbody>
</table>
Physician-level Reporting

<table>
<thead>
<tr>
<th>Procedure Variable Name</th>
<th>My Center Results (N=100)</th>
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</thead>
<tbody>
<tr>
<td>Arterial Dissection</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>99.0% (99)</td>
</tr>
<tr>
<td>Iliac</td>
<td>1.0% (1)</td>
</tr>
<tr>
<td>Fem-pop</td>
<td>6.6% (5)</td>
</tr>
<tr>
<td>Tibial</td>
<td>0.0% (3)</td>
</tr>
<tr>
<td>Missing Value or N/A</td>
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</tr>
<tr>
<td>Arterial Perforation</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>98.0% (98)</td>
</tr>
<tr>
<td>Iliac</td>
<td>0.6% (3)</td>
</tr>
<tr>
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<td>0.6% (3)</td>
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<tr>
<td>Tibial</td>
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<tr>
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<tr>
<td>Distal Embolization</td>
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</tr>
<tr>
<td>No</td>
<td>97.0% (97)</td>
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<tr>
<td>Minor</td>
<td>0.6% (3)</td>
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### Physician-level Reporting

#### Procedure Type: Peripheral Vascular Intervention

<table>
<thead>
<tr>
<th>Procedure Variable</th>
<th>Physician 2913</th>
<th>Nicolette McDermott (N=1)</th>
<th>Hiram Kautzer (N=1)</th>
<th>Reynold Langworth (N=9)</th>
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</thead>
<tbody>
<tr>
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<td></td>
<td></td>
</tr>
<tr>
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<tr>
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<td>0.0% (0)</td>
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<tr>
<td>Fem-pop</td>
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<tr>
<td>Arterial Perforation</td>
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<td></td>
<td></td>
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</tr>
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<td>No</td>
<td></td>
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<td>100.0% (1)</td>
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</tr>
<tr>
<td>Iliac</td>
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</tr>
<tr>
<td>Fem-pop</td>
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<tr>
<td>Distal Embolization</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<td>100.0% (1)</td>
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#### Blind Physician Names?
- No
- Yes

4 selected
## Physician-level Reporting

### Table of Procedure Variables

<table>
<thead>
<tr>
<th>Procedure Variable Name</th>
<th>Kattyn McGlynn (N=1)</th>
<th>Nicolette McDermott (N=1)</th>
<th>Hiram Kautzer (N=1)</th>
<th>Reynold Langworth (N=5)</th>
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<tbody>
<tr>
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</tr>
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<td><strong>Arterial Perforation</strong></td>
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</table>
Release Order

- Shared Reporting (released)
- Drill Down (released)
- Physician-level Reporting Q3
- Modifying common variables – can be common across tabs Q3
- Common variable reports by procedure type Q3
- Ability to share reports and UCVs within a center Q4
CREST 2 Registry Project

- CAS Registry with Supplemental 1-page form
- Enrolling
- 64 Physicians are participating through VQI
- Objectives
  - Promote rapid initiation and completion of enrollment in the CREST-2 trial
  - Ensure that CAS is performed by adequately experienced operators within CREST-2 and C2R
  - Closely monitor clinical outcomes of C2R patients
  - Prevent inappropriate use of CAS outside of C2R
- C2R Investigators have received 10 reports
  - Patient-level data is non-identifiable per HIPAA
  - Physician and center names are transferred IAW project data sharing agreement
2016 QCDR Program

• A QCDR is a CMS-approved entity that collects medical and/or clinical data for the purpose of patient and disease tracking to foster improvement in the quality of care provided to patients.

• Individual EPs who satisfactorily participate in 2016 PQRS through a QCDR may avoid the 2018 negative payment adjustment.

26 Measures Available in 2016

• To successfully participate:
  – 9 measures
  – across 3 domains
  – 2 outcome measures
  – reporting rate > 50%
  – 2015 procedures must be followed up by 12/31/2016

• Information on 2016 program coming soon
Expanding Participation

• Waiting on list from M2S
Next Meeting