Mid-Atlantic Vascular Study Group

September 19, 2017
Univ. of Maryland Medical Center
Baltimore, MD
Agenda:

I. Welcome and Introduction
   Grace Wang, MD

II. Follow up on Spring meeting

III. National VQI Update
     Carrie Bosela

IV. Quality Improvement Project Discussion

V. AQC Update
   Grace Wang, MD

VI. VQC Update
    Faisal Aziz, MD

VII. RAC Update
    Faisal Aziz, MD

VIII. GC Committee Update
     Grace Wang, MD

IX. M2S: Development Update

X. Expanding Participation

XI. Next Meeting and Adjourn
<table>
<thead>
<tr>
<th>Abington Memorial Hospital</th>
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<tr>
<td>Bayshore Community Hospital</td>
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<td>Beebe Healthcare</td>
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<td>Christiana Care Health System</td>
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<td>Cooper University Hospital</td>
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<td>Geisinger Community Medical Center</td>
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<td>Geisinger Medical Center</td>
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<td>Geisinger Wyoming Valley Medical Center</td>
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<td>Guthrie Clinic</td>
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<td>Hackensack University Medical Center</td>
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<td>Holy Spirit - Geisinger</td>
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<td>Horizon Vascular Specialists</td>
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<td>Jersey Shore University Medical Center</td>
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<td>Johns Hopkins Bayview Medical Center</td>
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<td>Johns Hopkins Hospital</td>
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<td>Maryland Vascular Specialist</td>
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<td>Medical Faculty Associates- Inc</td>
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<td>Rutgers- The State University of New York</td>
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<td>Saint Barnabas Medical Center</td>
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<td>St. Luke's Bethlehem Hospital</td>
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<td>St. Mary Medical Center</td>
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<td>The Reading Hospital and Medical Center</td>
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<td>Thomas Jefferson University Hospital</td>
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<td>University of Maryland Medical Center</td>
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<td>University of Pennsylvania</td>
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<td>Washington Hospital Center</td>
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## Top Ten Potential Members

<table>
<thead>
<tr>
<th>Hospital Name</th>
<th>Location</th>
<th>Status</th>
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<tbody>
<tr>
<td>Walter Reed Army Medical Center</td>
<td>DC</td>
<td>Proposal</td>
</tr>
<tr>
<td>Medstar Health</td>
<td>MD</td>
<td>Awaiting Signoff</td>
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<tr>
<td>AtlantiCare Regional Medical Center</td>
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<td>Contracting</td>
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<tr>
<td>Deborah Heart and Lung Hospital</td>
<td>NJ</td>
<td>Proposal</td>
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<tr>
<td>Advanced Vascular Associates - Morristown</td>
<td>NJ</td>
<td>Proposal</td>
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<tr>
<td>Jersey City Medical Center</td>
<td>NJ</td>
<td>Proposal</td>
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<td>Clara Maass Medical Center</td>
<td>NJ</td>
<td>Proposal</td>
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<tr>
<td>Lankenau Hospital</td>
<td>PA</td>
<td>Contracting</td>
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<tr>
<td>Doylestown Hospital</td>
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<td>Contracting</td>
</tr>
<tr>
<td>WellSpan Good Samaritan Hospital</td>
<td>PA</td>
<td>Proposal</td>
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<tr>
<td>Good Samaritan Hospital</td>
<td>PA</td>
<td>Proposal</td>
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<tr>
<td>Presbyterian Hospital UPENN</td>
<td>PA</td>
<td>Proposal</td>
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<tr>
<td>Einstein Institute for Heart &amp; Vascular Health</td>
<td>PA</td>
<td>Proposal</td>
</tr>
<tr>
<td>Main Line HealthCare</td>
<td>PA</td>
<td>Proposal</td>
</tr>
<tr>
<td>Lehigh Valley Hospital and Health Network</td>
<td>PA</td>
<td>Proposal</td>
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</tbody>
</table>
• Vote to unblind LTFU report
National VQI Update:
Carrie Bosela, SVS PSO
Number of Participating Centers

Location of VQI Participating Centers

437 Centers, 46 States + Canada
18 Regional Quality Groups

- Canadian Vascular Quality Initiative
- Upper Midwest Vascular Network
- Pacific NW Vascular Study Group
- Northern California Vascular Study Group
- Southern California Vascular Outcomes Improvement Collaborative
- Rocky Mountain Vascular Quality Initiative
- Southern Vascular Outcomes Network
- Mid America Vascular Study Group
- Southeastern Vascular Outcomes Network
- Michigan Vascular Study Group
- Vascular Study Group of New England
- Vascular Study Group of Greater New York
- Mid-Atlantic Vascular Study Group
- Great Lakes Vascular Study Group
- Virginias Vascular Study Group
- Midwest Vascular Collaborative
- Carolinas Vascular Quality Group
- MidSouth Vascular Study Group
Total Procedures Captured (as of 9/1/2017) | 407,627
---|---
Peripheral Vascular Intervention | 129,169
Carotid Endarterectomy | 88,534
Infra-Inguinal Bypass | 39,850
Endovascular AAA Repair | 35,519
Hemodialysis Access | 33,755
Carotid Artery Stent | 16,816
Varicose Vein | 14,412
Supra-Inguinal Bypass | 13,364
Open AAA Repair | 9,994
Thoracic and Complex EVAR | 9,530
IVC Filter | 8,345
Lower Extremity Amputations | 8,339

VQI Total Procedure Volume

Total Procedure Volume tab reflects net procedures added to the registry for the month.
Mid-Atlantic Website:


Mid-Atlantic VSG Menu
- Home
- About Us
- VQI Risk Models
- Contact Us
- Data Elements
- Data Reports
- MAVSG General Meetings
- Participating Hospitals and Surgeons
- Data Management
- MAVSG Bylaws
- Vascular Quality Initiative Data Entry Portal

Mid-Atlantic VSG News

MAVSG Meetings 2017
Fall Meeting 2017 - SAVE THE DATE
Date: Tuesday, September 19, 2017 (in conjunction with DVVS)
Time: 8am - 1:00pm ET (Lunch included)
Location: Paca Pratt Learning Center, Univ. of Maryland Medical Center, Baltimore, MD
To register, please click here.
Click here for map and directions
See below for Minutes from Meeting:
2017 Spring Meeting - Minutes
Overall, the Meeting was well received with sessions being evaluated as having met/exceeded expectations.

Most Useful/Successful Sessions:
- Breakout sessions (Tuesday, Registry focus)
- Poster session
- LTFU
- Would like more on Analytics Engine

Areas for Improvement
- Breakout sessions – not enough detail, repetitive
- OBL – not relevant
- EPIC – not relevant to non-EPIC sites
- Would like more on Analytics Engine
- Would have preferred complex cases for Tues.
- More on PVI and TEVAR
• Resources are now in the VQI Members Only Website
• All PowerPoint Presentations and Poster Session PDFs
• Full Video from the Sessions on Wednesday
Two National QI Projects

The SVS PSO is launching two national initiatives together with implementation tools aimed squarely at using data to improve patient care.

✓ Prescribing anti-platelets and statins to appropriate patients to improve their long-term vascular health (discharge medications)
✓ Increasing follow-up imaging rates at one year for endovascular aneurysm repair patients

The goal for both of these initiatives is 100% compliance. To support increased compliance, the PSO, working with the Arterial Quality Council and the Quality Improvement Workgroup, is developing implementation tools for members, issuing comparative reports and data on improvements over time.
Discharge Medications (available at http://www.vascularqualityinitiative.org/vqi-resource-library/quality-improvement or the members only website)

- Feb. 2017 webinar slides and transcripts (Randy DeMartino from Mayo and Cheryl Jackson from Central DuPage/Northwestern)

- Posters (Gerard DuPrat/Catherine Bringedahl from Memorial Hospital South Bend, Yuming Lin from U of FL and Rosha Nodine from Baylor – winning poster)

EVAR LTFU Imaging (available at [http://www.vascularqualityinitiative.org/vqi-resource-library/quality-improvement](http://www.vascularqualityinitiative.org/vqi-resource-library/quality-improvement) or member only website)

- April 2017 webinar slides and transcripts (Adam Beck from UAB and Salvatore Scali from U of FL)
- Posters (Ali Arak/Fern Schwartz from UPMC and Nilima Lovekar and Olympia Christoforatos at Stonybrook)
- Transcripts and slides from June 2017 VQI@VAM panel session: Increasing Follow-up Imaging Rates at 1 Year for EVAR Patients – moderated by Adam Beck and Salvatore Scali and panelists: Julie Beckstrom (U of Utah) Karen Heany (Sharp) Carlos Moreno (Stanford) and Megan Pepin (Ohio State)
- Physician reports on EVAR LTFU: Sent on Aug. 2nd
Recorded and on the web:

- How to verify your 2017 participation status so you will know if you need to submit data to MIPS;
- How to report a quality measure via your Medicare claims form;
- Specifics on how to attest to having performed a clinical improvement activity;
- Information on the five activities that comprise the base score on use of electronic health records; and
- How all these step-by-step examples will help you to avoid a 4% penalty in 2019.
- Frequently Asked Questions (FAQ)s
- MIPS information that VQI can submit for you and how you can submit information for MIPS on your own
MIPS Proposed Timeline for 2019 Payment

Why I should care NOW

**PERFORMANCE YEAR**

**SUBMIT DATA**

**PAYMENT ADJUSTMENT**

JANUARY 1 – DECEMBER 31, 2017  MARCH 31, 2018  JANUARY 1, 2019

*What you do today, will impact your payment in 2019!*
Pick your Pace – A way to ease in and minimize impact

DON’T PARTICIPATE

If you don’t participate, you will receive a 4% negative payment adjustment

SUBMIT SOMETHING

• One Measure
• One Activity

Avoid a negative payment

SUBMIT A PARTIAL YEAR

• Submit 90 days of 2017 data to Medicare

You may earn a neutral or small positive payment adjustment

SUBMIT A FULL YEAR

You may earn a moderate payment adjustment

FINANCIAL IMPACT

Enrollment in 2017 MIPS, using M2S as your approved QCDR vendor, takes place between June 1st and October 1, 2017. Submission of PQRS data to CMS for 2017 MIPS Quality Component occurs in early March 2018.
Topics for the educational webinars in the second half of 2017 include:

**July:** MACRA/MIPS

**August:** IVCF Retrieval Report

**September:** MIPS/MACRA

**October:** Medicine Registry, Analytics Engine Basics

**November:** Changes to Participation Award, Analytics Engine Advanced

**December:** Difficult Case Abstraction (TBD)
Participation Award potential changes:

- There will be 4 categories scored, each on a 0-6 point scale:
  - LTFU
  - Meeting attendance
  - QI project involvement
  - Number of registry subscriptions
Participation Award potential changes:

- Scores for the categories will be weighted 4, 3, 2, 1 for LTFU, meeting attendance, QI projects, and # of registry subscriptions, respectively. Therefore, the final score will be calculated as follows:

- Total points = 4 x LTFU score + 3 x Attendance score + 2 x QI project score + 1 x Registry score
Participation Award potential changes:

**LTFU** (no change from present)

- <70% = 0 points
- >=70% = 2
- >=80% = 4
- >=90% = 6
Participation Award potential changes:

Meeting attendance

• Each regional meeting will be scored on a 0-3 point scale, the same way we are doing it now:
  – 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
  – If site has <3 MDs and all attend, 3 points
  – Extra point for support staff attending with an MD (but not if it pushes total for that meeting over 3 points).
  – If no MD attends, 0 points, regardless of support staff attendance. (will discuss with Participation Award Committee)

• 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
Participation Award potential changes:

Registry subscriptions

- 1-2 registries = 0 points
- 3-5 registries = 2
- 6-8 registries = 4
- ≥ 9 registries = 6

• If the center is a vein-only center (i.e. could only possibly subscribe to 1 registry) = 1 point
Participation Award potential changes:

QI project involvement
Scoring on 0 – 6 point scale to keep consistent with other measures.

- Initiation of a QI Project, evidenced by submitting a Project Charter
- Submitting two Progress Report on a QI Project
- Presenting a QI Project to Hospital C-suite, at a VQI Regional Meeting or at a VQI Annual Meeting Poster Session
- Presenting a QI Project at a National or Regional Vascular Meeting or in a Peer Reviewed Journal
- Submit a final or evaluation report
- Improvement of rates on National QI Initiatives, or maintaining excellent performance rates (Bonus Point)
Arterial Quality Council Update: Grace Wang, MD
• Clarify clinical issues for national QI initiatives, e.g., range of dates for EVAR LTFU (9 – 21 months)

• AQC members collaborating with SVS committee on appropriateness definitions, role of VQI and other specialties, links to reimbursement.
• VQI registry chairs submitted lists of essential variables for each registry.
• Maine Medical Center dashboard used as a guide
• Dan Neal will lead initiative to build center dashboards using essential variables
• Bi-annual dashboards planned for 2018; quarterly issuance for high volume registries TBD.
Venous Quality Council Update
Faisal Aziz, MD
Venous Quality Council

Venous Stent Registry: release 2018

Clinical Workgroup:
Marc Passman, MD (chair), William Marston MD, Tony Gasparis MD, Rabith Chaer MD, BK Lal MD, Lowell Kabnick MD

Industry and FDA Collaboration:
Bard, Cook, Gore, Medtronic, Veniti
Research Advisory Council Update  
Faisal Aziz, MD
National Research Process

Check Approved Project List:

To submit a proposal to be considered for the National RAC, please follow the link below:
http://abstracts123.com/svs1/meetinglogin
National Research Process

Proposal Submissions

**October 2017**

- **Call for Proposals:** August 15, 2017
- **Due Date:** September 25, 2017
- **Meeting:** October 9, 2017
- **Notifications Sent:** October 10, 2017

**December 2017**

- **Call for Proposals:** October 10, 2017
- **Due Date:** November 20, 2017
- **Meeting:** December 11, 2017
- **Notifications Sent:** December 12, 2017
Regional Research Projects:

• Any new ideas?
Governing Council Update
Grace Wang, MD
GC meeting at VAM

- Additional Committee members to be added to the PSO Executive Committee to provide representation for the Community Practice and Office-Based Endovascular Center communities.
- Update on the Clinical Indications Committee
- Update on Registry Development for Q3 and Q4 of 2017
  - PVI Mapping
  - CAS Mapping
  - IVC Filter Retrieval
  - Medicine Registry
  - Addition of Required Fields
  - PSO Audit Tools
– Update on the SVS exploring a Vascular Certification Program
– Possibility of incorporating Dues to support Regional Meetings, directly into Annual Registry Billing Invoice
– GC Approved the New Policy Governing the Release of data sets including identified Device Data
PATHWAYS Development Update
Debbie MacAulay, M2S
Page Is Now Shown As Interactive Report

Page layout includes break function which groups the list of procedure records by status.

To access the individual procedure records, click on the procedure date in the Procedure Date column.

A new “Follow-up” column has been added to the table. Incomplete procedures will only show a dash in this column. Complete procedures will display the “Create/View” link to access and create new follow-up records.

Using the Actions button, customize your view and add/remove columns displayed in the tables, save your view, and download the list of procedure records.
# PATHWAYS Patient Details

## Page Is Now Shown As Interactive Report

### Patient Information
- **Last Name:** Test6  
- **First Name:** TestT  
- **MI:**  
- **DOB:** 07/19/1943  
- **MRN:** 1000001  
- **SSN:** XXX-XX-XXXX

### Procedure Records

#### Procedure Status: Complete

<table>
<thead>
<tr>
<th>Procedure Date</th>
<th>Procedure</th>
<th>Surgery Side</th>
<th>Physician</th>
<th>Visit Code</th>
<th>Follow-up</th>
<th>PROs Collection</th>
<th>Delete</th>
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<tbody>
<tr>
<td>07/29/2009</td>
<td>Carotid Endarterectomy</td>
<td>Left</td>
<td>F43 L43</td>
<td>0001</td>
<td>Create/View</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>09/19/2011</td>
<td>Carotid Endarterectomy</td>
<td>Right</td>
<td>F43 L43</td>
<td>0001</td>
<td>Create/View</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

#### Procedure Status: Incomplete

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<thead>
<tr>
<th>Procedure Date</th>
<th>Procedure</th>
<th>Surgery Side</th>
<th>Physician</th>
<th>Visit Code</th>
<th>Follow-up</th>
<th>PROs Collection</th>
<th>Delete</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/06/2017</td>
<td>Carotid Artery Stent [new]</td>
<td>-</td>
<td>-</td>
<td>-</td>
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</tbody>
</table>
• Both scheduled for Q3

• Once mapping is complete, access to the old forms will be removed. Data collected in the VQI which had been captured on the former version of the form will be converted to the new version.

• Incomplete procedures that have been started on the old form, and are still incomplete at the time of the release, will be mapped to the new forms and require completion of the new data fields for successful submission.
• VQI is a 2017 Approved QCDR
  – 29 Quality Measures across the VQI registries

• If you, or your individual physicians, would like to participate in the 2017 Merit-based Incentive Payment System (MIPS) through the VQI QCDR, contact PATHWAYSSSupport@m2s.com
- Sponsors: Medtronic and W.L. Gore
- Sites have received $942,800 as of 6/30/2017 as compensation for their time.
- FDA has received 4 summary reports (non-identifiable data)
- Publications:
  - Innovative postmarket device evaluation using a quality registry to monitor thoracic endovascular aortic repair in the treatment of aortic dissection. JVS 2017
  - Thirty-Day Outcomes from The Society for Vascular Surgery Vascular Quality Initiative (SVS VQI) TEVAR for Type B Dissection Project. 2017 Vascular Annual Meeting

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<thead>
<tr>
<th>Cohort</th>
<th>Enrolling new sites</th>
<th>Number of Sites</th>
<th>Number of Patients</th>
<th>Follow Up</th>
<th>Reimbursement</th>
</tr>
</thead>
</table>
| 5 Year   | No                  | 50              | 400                | At 30 days and annually for 5 years                 | Per Subject: $4,000  
- $1300 Initial Treatment  
- $400 Each follow up visits  
- $700 Final 5 year follow up  
- $700 Add’l intervention |
| 1 Year   | No                  | Up to 50        | 200                | Annually for 1 year                                 | $400 for each procedure with a completed 1 year follow up |
- Sponsor: Lombard Medical
- EVAR Registry
- Sites have received $94,700 as of 6/30/2017 as compensation for their time.
- Lombard has received 6 data reports (non-identifiable data)

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<th>Enrolling</th>
<th>Number of Sites</th>
<th>Number of Patients</th>
<th>Follow Up</th>
<th>Reimbursement</th>
</tr>
</thead>
</table>
| Yes       | 50              | 234 (40 patients enrolled) | At 30 days and annually for 5 years | Per Subject: $4,000  
- $1300 Initial Treatment  
- $400 Each follow up visits  
- $700 Final 5 year follow up  
$700 Add’l intervention |
Post-market Surveillance

- Sponsor: Medtronic
- PVI Registry
- The Medtronic IN.PACT® Admiral® DCB ISR Project is a prospective, non-randomized, multi-center, single arm post market registry surveillance of the clinical use of the Medtronic IN.PACT® Admiral® Paclitaxel-Coated PTA Balloon
- The primary objective of this project is to assess the long-term safety and performance of the IN.PACT® Admiral® DCB in a U.S. population for the treatment of ISR lesions in the superficial femoral and popliteal arteries.

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<tr>
<th>Enrolling</th>
<th>Number of Sites</th>
<th>Number of Patients</th>
<th>Follow Up</th>
<th>Reimbursement</th>
</tr>
</thead>
</table>
| Yes       | 50 (18 patients enrolled) | 300 (7 patients enrolled) | At 12, 24 and 36 Months | Per Subject: $1,950  
- $350 Initial Treatment  
- $500 1 and 2 year FU visits  
- $600 Final 3 year FU visit |
Bard® LifeStent® Popliteal Artery Stent Project

• Sponsor: Bard Peripheral Vascular, Inc.
• PVI Registry
• Objective: to conduct long term post-market surveillance of the safety (including fractures assessed at revision) and effectiveness of the Bard® LifeStent® Vascular Stent Systems for the treatment of symptomatic de novo or restenotic lesions in the popliteal artery.

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<tr>
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<th>Number of Patients</th>
<th>Follow Up</th>
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</thead>
</table>
| Yes       | Up to 30 (9 currently enrolled) | 74 (3 currently enrolled) | 12 months and 24 months | Per Subject: $1400  
- $400 Initial Treatment  
- $500 Each follow up visits  
- $400 Additional TLR or TVR intervention |
Trans-Carotid Artery Revascularization Project

- Collaboration with CMS to provide reimbursement for TCAR in medical high risk symptomatic or asymptomatic patients if entered into VQI CAS Registry + 1 Yr follow-up
- Data will be compared with outcome of CEA procedures in VQI during the same time interval
- Goal is to generate real-world data for future decisions about coverage of TCAR as distinct from trans-femoral CAS
- Newly enhanced VQI CAS Registry!
- Enter TCAR case using FDA approved stent/flow-reversal into Registry, submit Medicare claim using NCT 02850588
CREST 2 Registry Project

• CAS Registry with Supplemental 1-page form
• Enrolling
• 97 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 49 reports
  – Patient-level data is non-identifiable per HIPAA
  – Physician and center names are transferred IAW project data sharing agreement
Next Meeting

• Agree Next Meeting Dates/Location