SVS | VQI

Pacific Northwest Vascular Study Group
Fall Meeting

November 3, 2017

The Nines

Portland, OR

SVS | Society for Vascular Surgery

m2s

Society for Vascular Medicine

VASA

Agenda:

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I.	Welcome and Introduction	Steven Murray, MD
II.	Expanding Participation	
III.	Follow up on Spring meeting	
IV.	National VQI Update	Carrie Bosela, SVS PSO
V.	Regional Data Review	Steven Murray, MD
VI.	QI Project Discussion	
VII.	AQC Update	Nam Tran, MD
VIII.	VQC Update	Timothy Liem, MD
IX.	RAC Update	
X.	GC Update	Steven Murray, MD
XI.	M2S: Development Update	Ryan Plasch, Medstreaming
XII.	Next Meeting and Adjourn	

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Welcome and Introductions

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Confluence Health
Good Samaritan Hospital
Harborview Medical Center
Inovia Vein Specialty Center
Kadlec Regional Medical Center
Northwest Hospital and Medical Center
Oregon Health & Science University
Oregon Vascular Specialists, LLC
Providence Alaska Medical Center
Providence Holy Family Hospital
Providence Medford Medical Center
Providence Portland Medical Center
Providence Regional Medical Center Everett
Providence Sacred Heart Medical Center
Providence St. Mary Medical Center
Providence St. Peter Hospital
Providence St. Vincent Medical Center
Seattle Vascular Surgery
Swedish Cherry Hill
Swedish Edmonds
Swedish First Hill
Tacoma General Hospital
University of Washington Medical
Virginia Mason

Top Potential Members

Straub Clinic & Hospital	Honolulu	HI	Demonstration
The Queens Medical Center	Honolulu	Hi	Proposal
St. Charles Medical Center		OR	Active Redline
Legacy Health		OR	Proposal
St. Joseph's Medical Center	Bellingham	WA	Contracting
Harrison Medical Center	Bremerton	WA	Contracting
St. Francis Medical Center	Federal Way	WA	Contracting
St. Anthony Medical Center	Gig Harbor	wa	Contracting
Vvivaa-Vein Vascular & Aesthetic Associates		WA	Proposal

National VQI Update:
Carrie Bosela, SVS PSO

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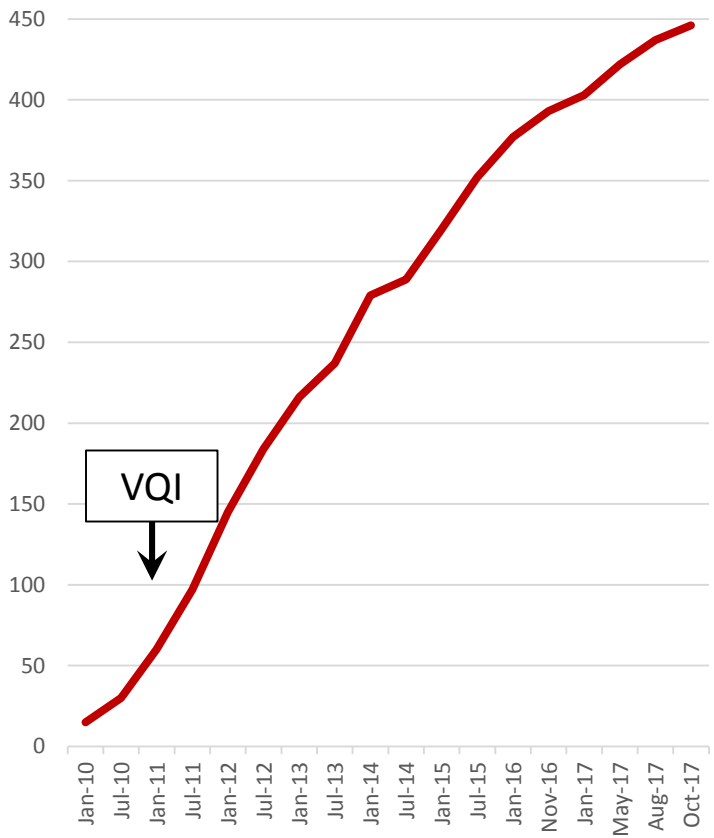
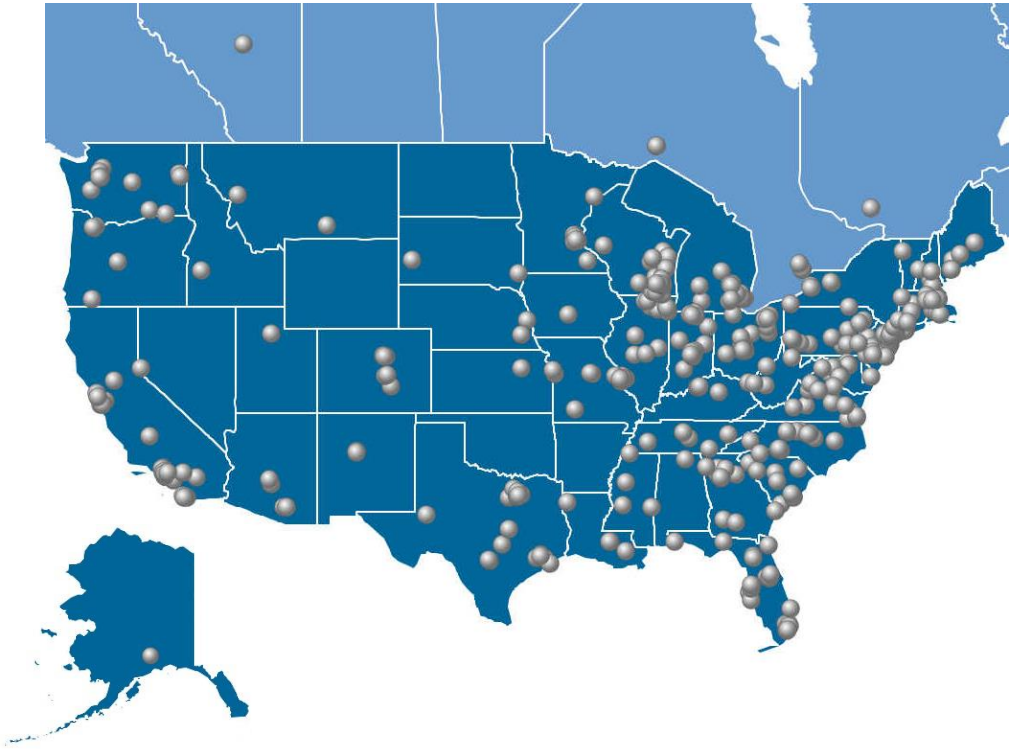
VASCULAR QUALITY INITIATIVE

Number of Participating Centers



Location of VQI Participating Centers



446 Centers, 46 States + Canada

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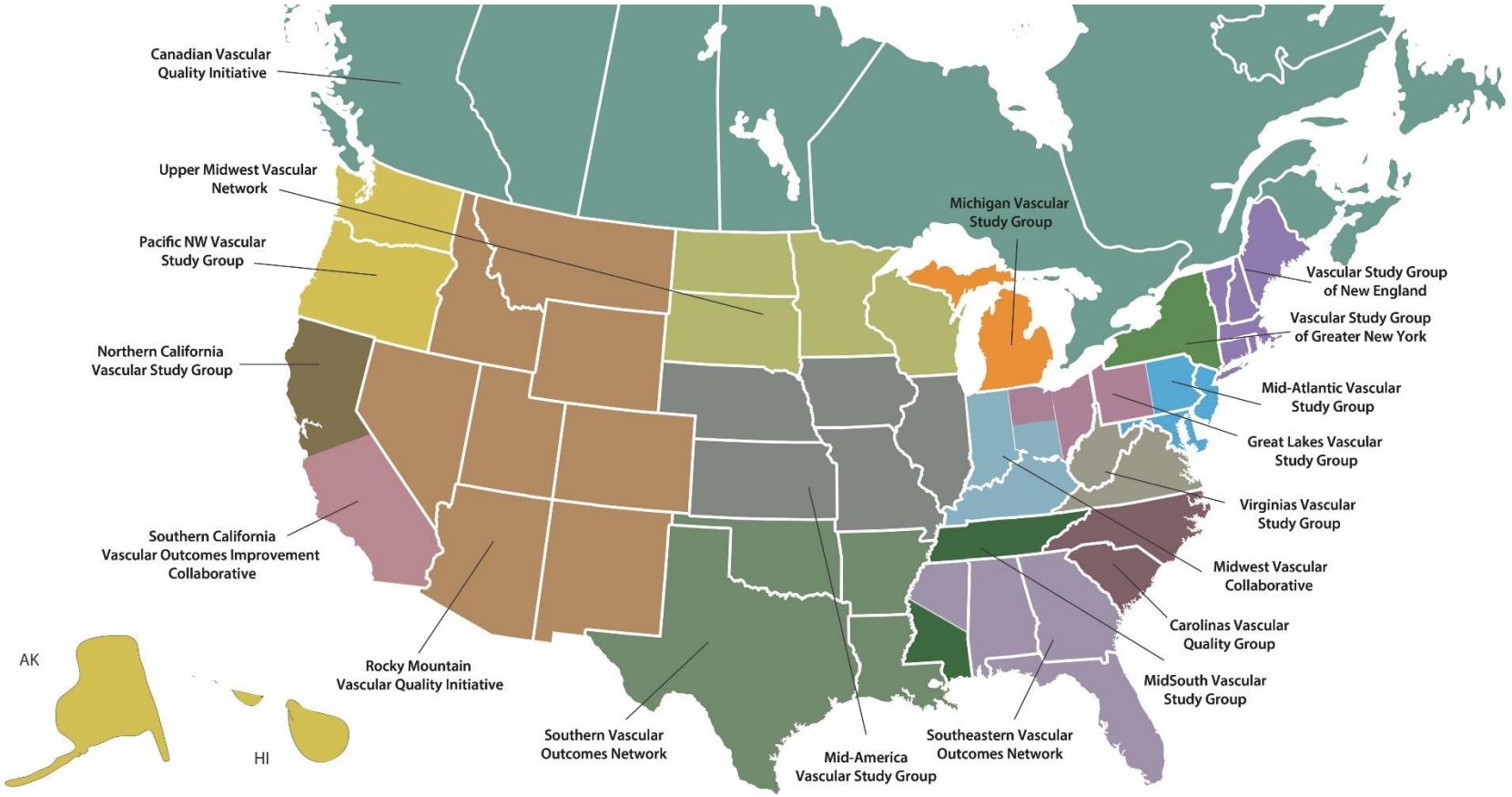
VASCULAR QUALITY INITIATIVE

18 Regional Quality Groups



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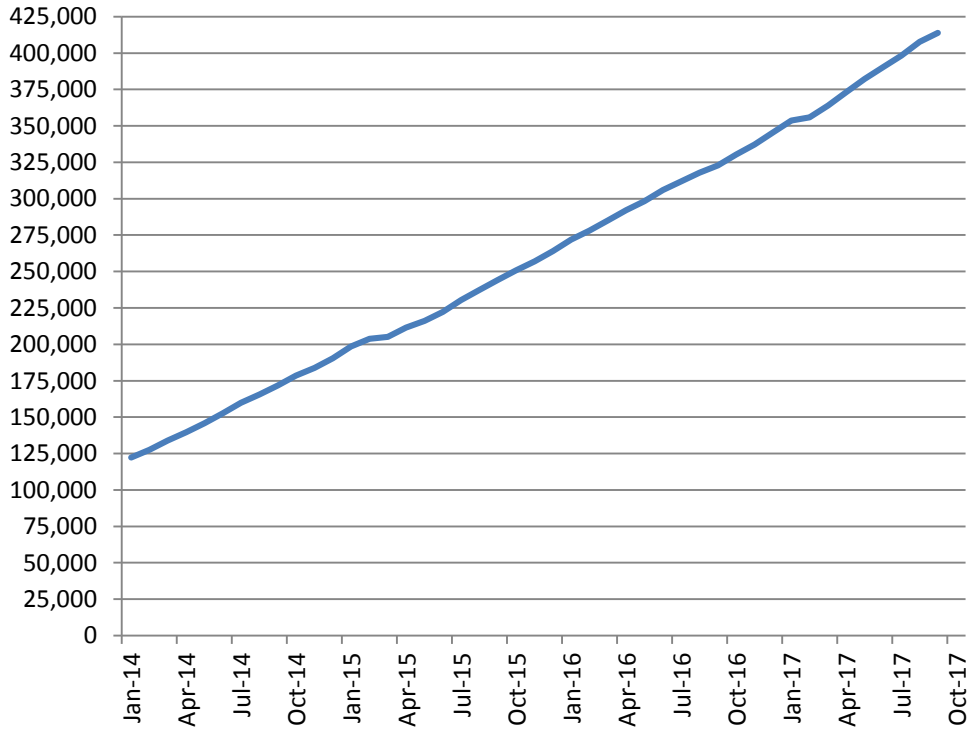
VASCULAR QUALITY INITIATIVE

Total Procedures Captured (as of 10/1/2017)	413,905
Peripheral Vascular Intervention	130,960
Carotid Endarterectomy	89,691
Infra-Inguinal Bypass	40,414
Endovascular AAA Repair	35,953
Hemodialysis Access	34,246
Carotid Artery Stent	17,240
Varicose Vein	15,011
Supra-Inguinal Bypass	13,550
Open AAA Repair	10,080
Thoracic and Complex EVAR	9,672
Lower Extremity Amputations	8,607
IVC Filter	8,481

VQI Total Procedure Volume



Total Procedure Volume tab reflects net procedures added to the registry for the month

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PNWVSG Website:

https://www.vqi.org/components-of-the-vqi/regional-quality-groups/current-regional-quality-groups/pacific-northwest-vascular-study-group/

PNWVSG Menu

- Pacific Northwest Vascular Study Group
- About Us
- PNWVSG Events
- PNWVSG Participating Facilities
- PNWVSG Bylaws
- PNWVSG Data Reports
- PNWVSG Data Elements
- PNWVSG Data Management
- VQI Risk Models
- VQI Data Entry Portal

Pacific Northwest Vascular Study Group

Join your **Pacific Northwest Vascular Study Group** peers in the VQI.

We are a group of hospitals and vascular specialists in Washington, Oregon, Alaska and Hawaii who have committed to collecting, sharing, and analyzing data related to vascular interventions and outcomes.

Our goal is to improve outcomes for our patients and to explore the factors that predict the best outcomes. We take advantage of the rapidly accumulating data that come from collaboration with other interested groups.

The Vascular Study Group of New England, and more recently other Regional Quality Groups, have shown us how much can be accomplished with such a regional collaboration.

If you perform vascular surgery or other vascular interventions and work in Washington, Oregon, Alaska or Hawaii, we would be delighted to talk with you about joining the PNVSG.

I would be happy to hear from you by email at starnes@uw.edu.

– Dr. Ben Starnes, MD
University of Washington Medical Center
Medical Director, Pacific Northwest Vascular Study Group

Get started

PNWVSG News and Events

Fall Meeting 2017 - Save the Date

DATE: Friday, November 3, 2017

TIME: 9:30am - 11:30am (PT)

LOCATION: The Nines, 525 SW Morrison Street, Portland, OR

For any questions on the Meeting, please contact Shauna Kruger at sskruger@uw.edu.

PNWVSG Spring Meeting 2017 - Minutes

VQI@VAM 2017 Feedback:

- **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

VQI@VAM 2017 Feedback

- **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.

Two National QI Project Resources

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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)
- Article highlighting poster winner – *The Right Meds for the Right Outcomes* in August 2017 *Vascular Specialist.*

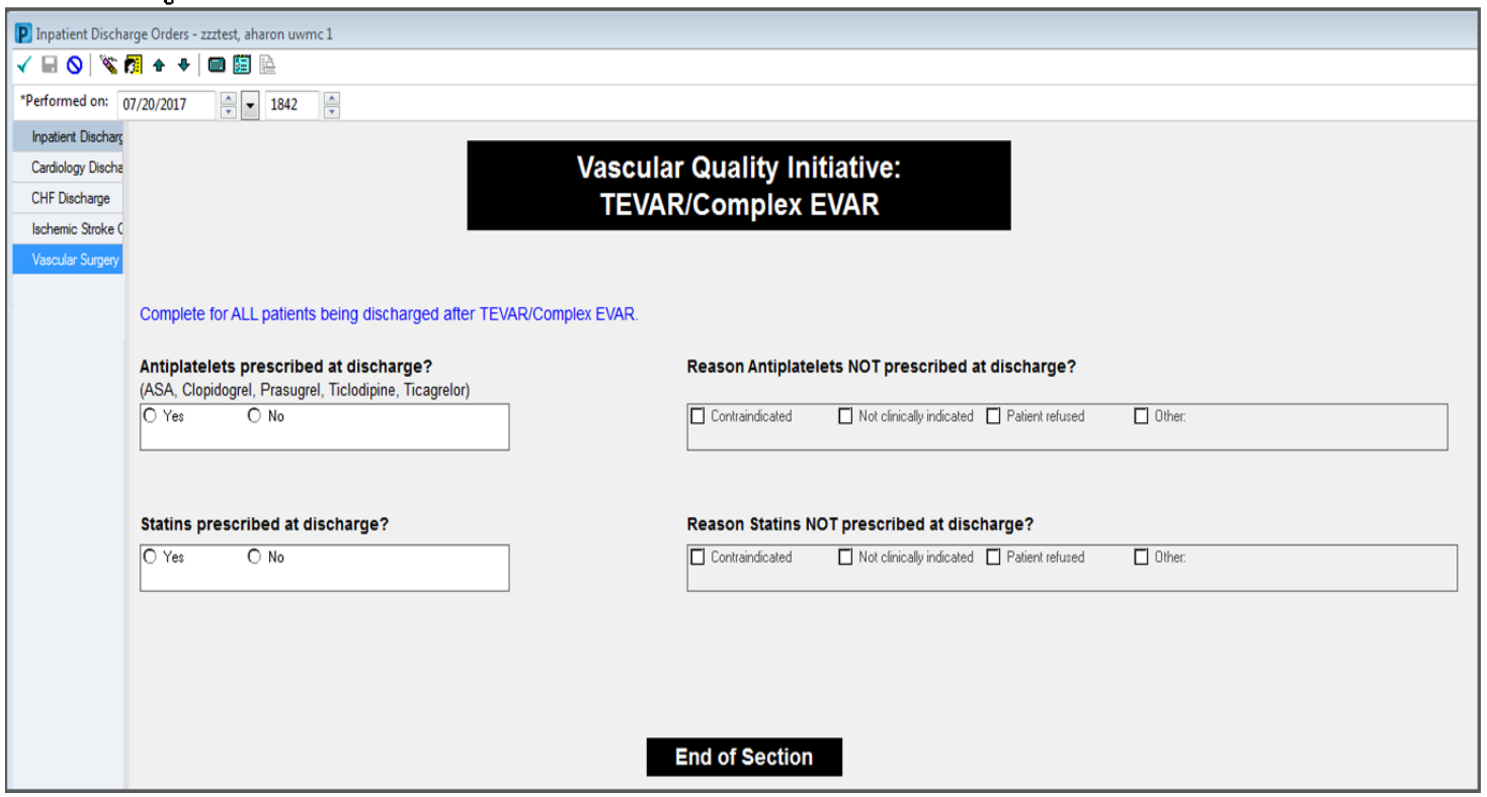
Harborview Medical Center
Discharge Medications Project

- Team: Surgeon champion, Discharge ARNP, IT Services, Quality Improvement Analyst, Vascular Residents
- Discharge Medications form went live in EMR in August 2017
- Workflow: Discharge ARNP places discharge orders including VQI Medications form, for patients undergoing TEVAR/Complex EVAR (elective or non-elective). Discharge provider completes VQI form.

CERNER Form Template

TEVAR/Complex EVAR Discharge Documentation

Form with nothing selected:



CERNER Form Template

Fields with YES selected:

Antiplatelets prescribed at discharge?
(ASA, Clopidogrel, Prasugrel, Ticlodipine, Ticagrelor)
(•) Yes ( ) No

Reason Antiplatelets NOT prescribed at discharge?
☐ Contraindicated ☐ Not clinically indicated ☐ Patient refused ☐ Other:

Statins prescribed at discharge?
(•) Yes ( ) No

Reason Statins NOT prescribed at discharge?
☐ Contraindicated ☐ Not clinically indicated ☐ Patient refused ☐ Other:

Fields with NO selected: "Reason" fields become required.

Complete for ALL patients being discharged after TEVAR/Complex EVAR.

Antiplatelets prescribed at discharge?
(ASA, Clopidogrel, Prasugrel, Ticlodipine, Ticagrelor)
( ) Yes (•) No

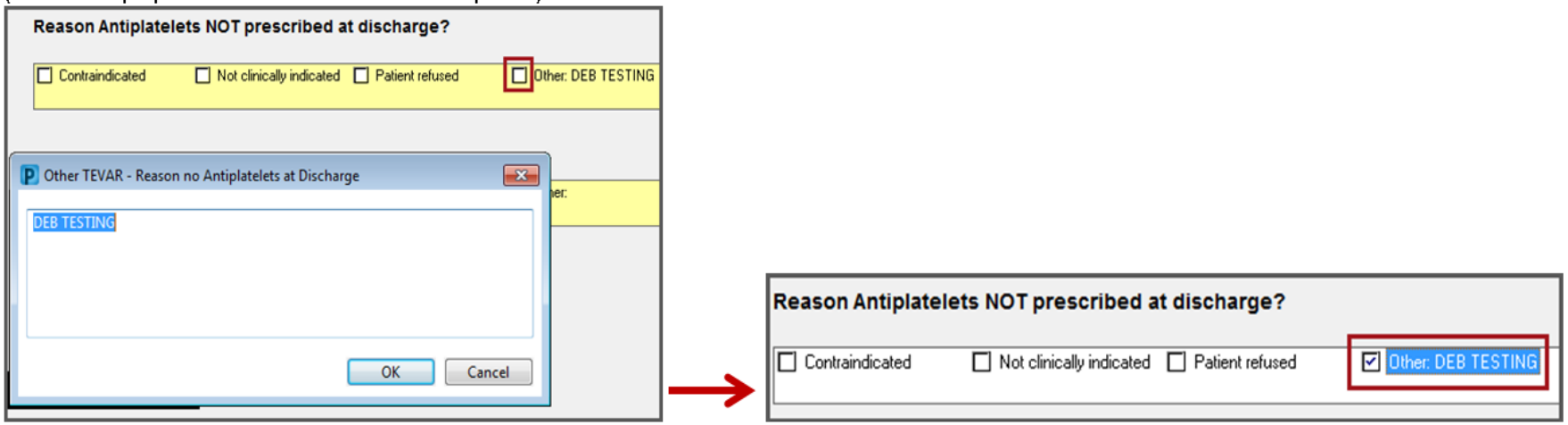
Reason Antiplatelets NOT prescribed at discharge?
☐ Contraindicated ☐ Not clinically indicated ☐ Patient refused ☐ Other:

Statins prescribed at discharge?
( ) Yes (•) No

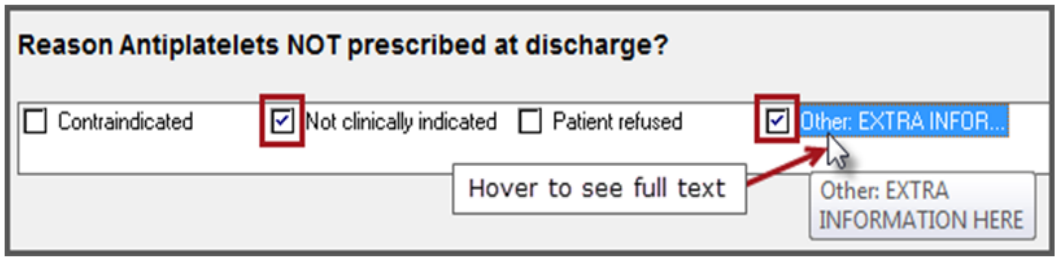
Reason Statins NOT prescribed at discharge?
☐ Contraindicated ☐ Not clinically indicated ☐ Patient refused ☐ Other:

CERNER Form Template

Selecting "Other" opens a free-text box
("Other" displays as checked after free-text completed):

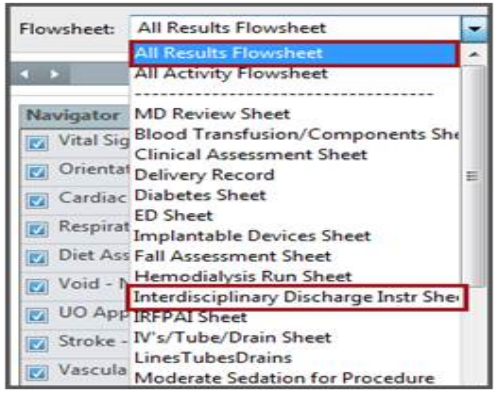


"Reason" fields are multi-select:

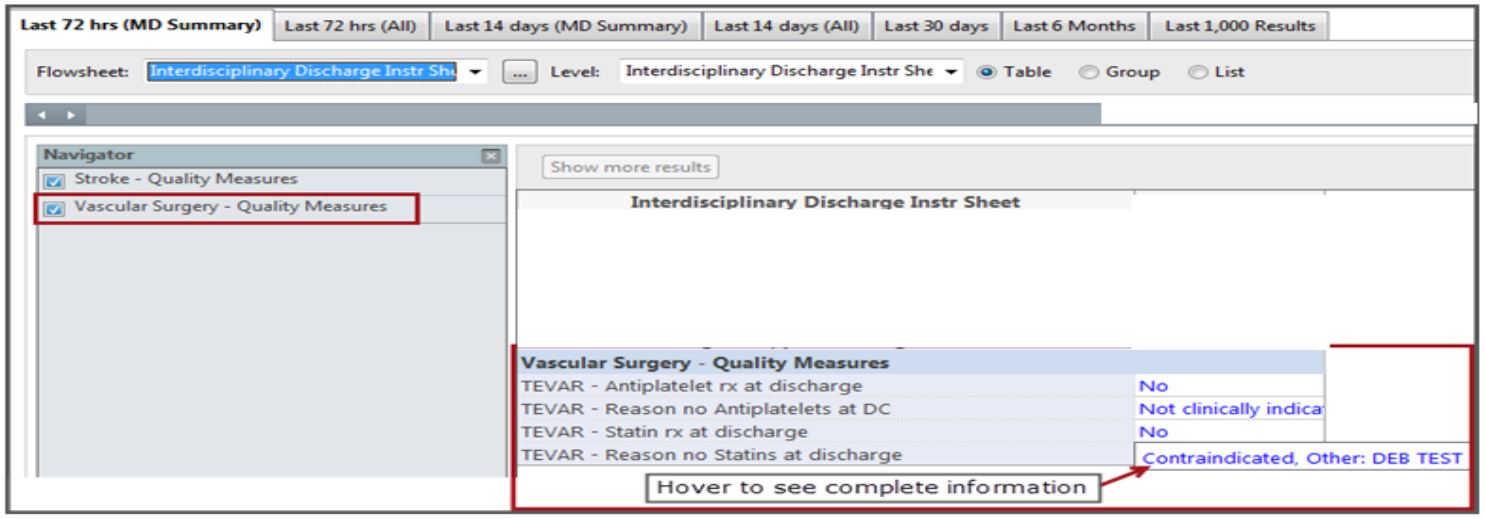


CERNER View in Flowsheets/Results Review

Flowsheets:



View in Results Review:



Two National QI Project Resources

EVAR LTFU Imaging (available at 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: By August 2nd, 2017

MACRA/MIPS Webinar:

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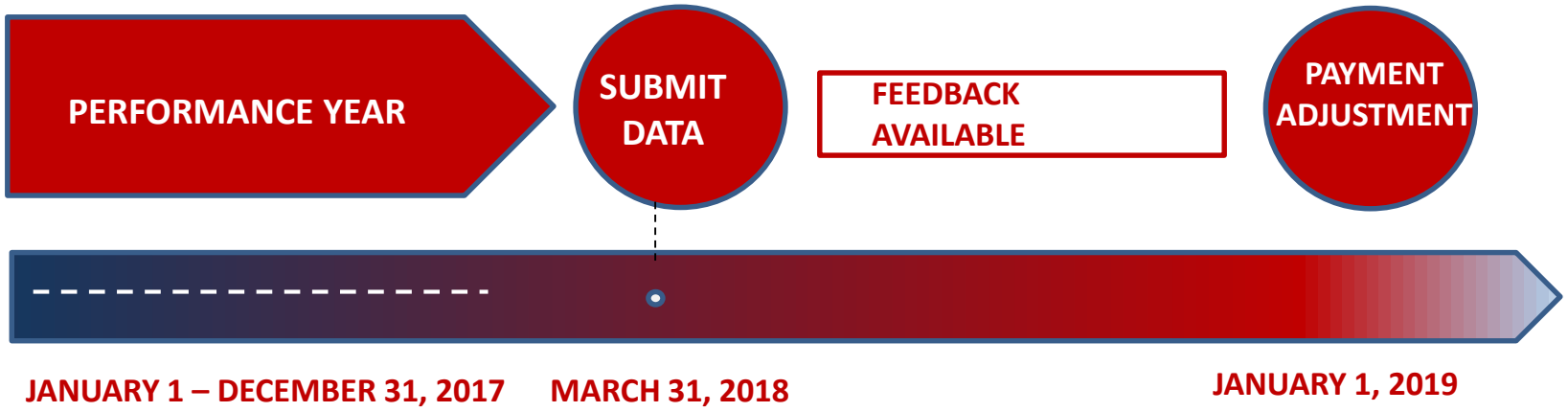
Wednesday, July 26, 2017 at 7PM Eastern
Thursday, July 27, 2017 at 1 PM Eastern

- 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



What you do today, will impact your payment in 2019!

Pick your Pace – A way to ease in and minimize impact

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DON'T PARTICIPATE	SUBMIT SOMETHING	SUBMIT A PARTIAL YEAR	SUBMIT A FULL YEAR
	• One Measure • One Activity	• Submit 90 days of 2017 data to Medicare	
If you don't participate, you will receive a 4% negative payment adjustment	Avoid a negative payment	You may earn a neutral or small positive payment adjustment	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.

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Educational Webinars 2017

Topics for the educational webinars in the second half of 2017 include:

July: MACRA/MIPS

August: Analytic Engine, IVCF Retrieval Report

September: MACRA/MIPS

October: Analytic Engine Basics

November: Changes to Participation Award, Analytic Engine Advanced

December: PVI device data entry best practice

Participation Award potential changes:

- **There will be 4 categories scored, each on a 0-6point 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

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)

Regional Reports:

Steve Murray, MD

Notes:
1) In all reports, regional data are not shown for regions with <3 centers participating in the applicable registry.
2) In “by Center” bar charts, unless noted, data are not shown for centers with <10 cases.
3) In all graphics, “*" indicates a p-value<.05.
4) This report includes all data that had been entered into the VQI as of June 30, 2017.

New Dashboard!!!!

Dashboard

The table below summarizes your center's results as presented in each of the subsequent reports and provides regional and national benchmarks for comparison. In the "Your Center" column, percentages represent the rate of cases with the noted outcome. Numbers in parentheses are the number of cases with the outcome/the total number of cases meeting the exclusion criteria (see the full report for details). In the "Region" and "VQI" columns, the numbers represent the 25th, 50th (median) and 75th percentiles for centers in your region and across all centers in the VQI.

Your center's results are highlighted in green if your center is at or above the top 25th percentile nationally, in yellow if your center is among the middle 50% of centers, and in red if at or below the bottom 25th percentile.

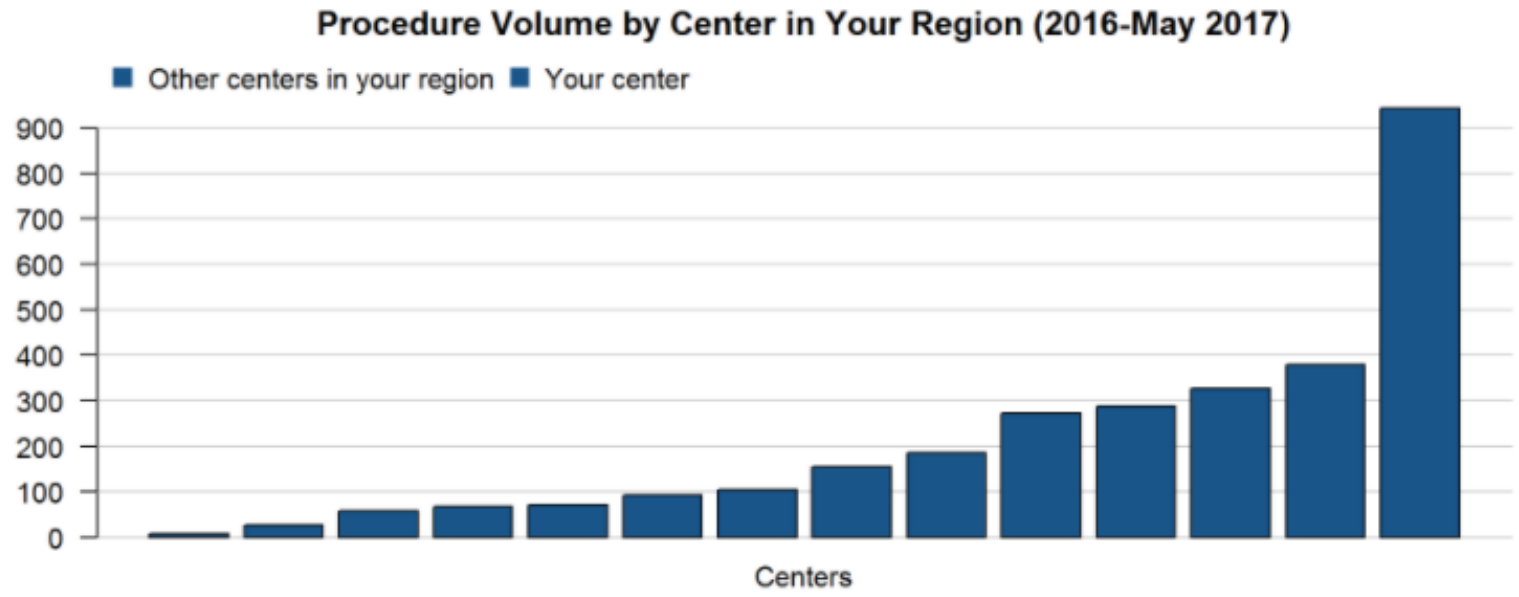
Unless otherwise noted, the timeframe for all outcomes is Jan. 1, 2016-May 31, 2017. For more details about each outcome, click on the name of report in the table of contents at left.

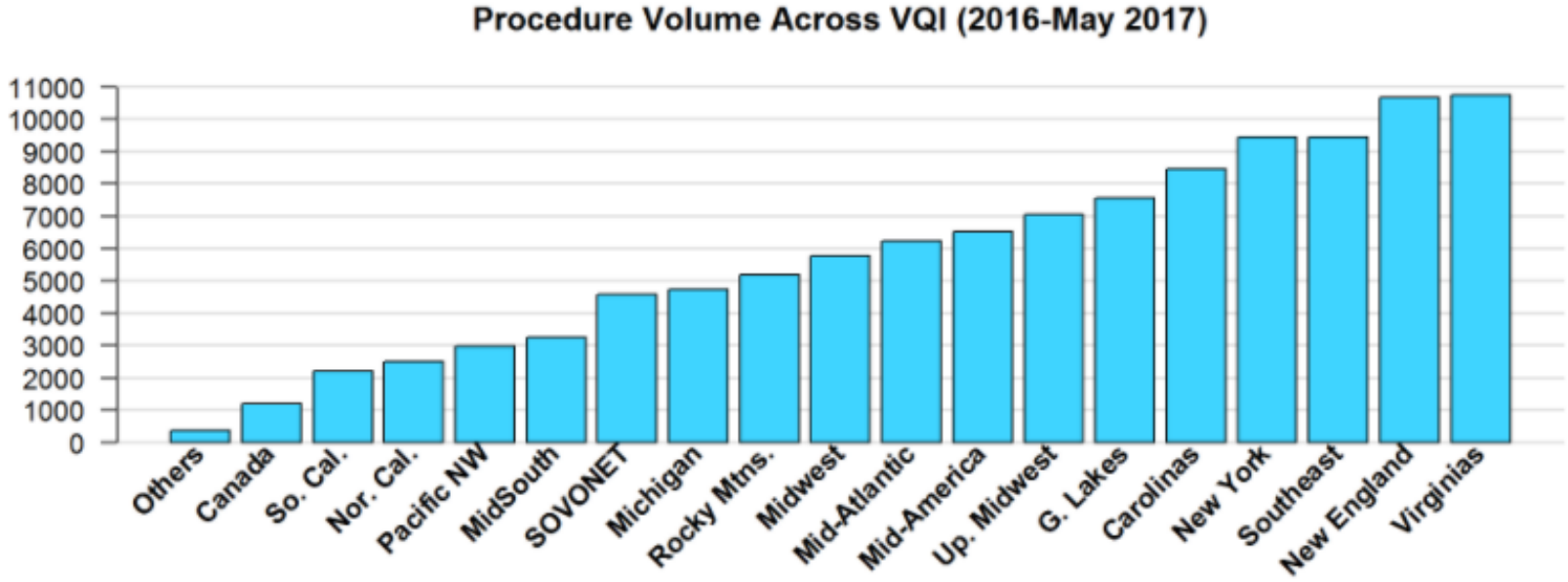
Legend: Green = Top 25th percentile | Yellow = Middle 50% | Red = Bottom 25th percentile

Registry	Outcome	Your Center, % (n/N)	Region [25p|50p|75p]	VQI [25p|50p|75p]
All	**Total Procedure Volume**		[68 | 130 | 284]	[55 | 196 | 434]
Multiple (2014-15)	**Long-Term Follow-Up**		[24% | 33% | 80%]	[43% | 70% | 86%]
Multiple	**Discharge Medications**		[68% | 75% | 81%]	[71% | 80% | 87%]
AVACCESS	**Primary AVF vs. Graft**		NA (<3 centers)	[78% | 85% | 94%]
CEA	**In-Hospital Stroke/Death**		[0% | 0% | 1%]	[0% | 0% | 1%]
CEA	**LOS>1 Day**		[21% | 22% | 29%]	[14% | 23% | 33%]
EVAR	**LOS>2 Days**		[8% | 14% | 17%]	[7% | 13% | 21%]
EVAR (2014-15)	**Sac Diameter at LTFU**		[14% | 27% | 46%]	[31% | 55% | 70%]
INFRA	**Chlorhexidine Skin Prep**		[100% | 100% | 100%]	[89% | 98% | 100%]
INFRA	**Major Complications**		[0% | 7% | 8%]	[0% | 0% | 6%]
IVCF (2016)	**Filter Retrieval**		NA (<3 centers)	[5% | 15% | 46%]
OAAA	**In-Hospital Mortality**			[0% | 0% | 0%]
OAAA	**Median LOS (Days)**		[0% | 0% | 0%]	[6 | 7 | 8]
PVI	**Ultrasound Guidance**		NA (<3 centers)	[55% | 86% | 97%]
PVI	**ABI/TBI Reported**		NA (<3 centers)	[60% | 75% | 89%]
VV (2015)	**PROMs at LTFU**		NA (<3 centers)	[61% | 100% | 100%]

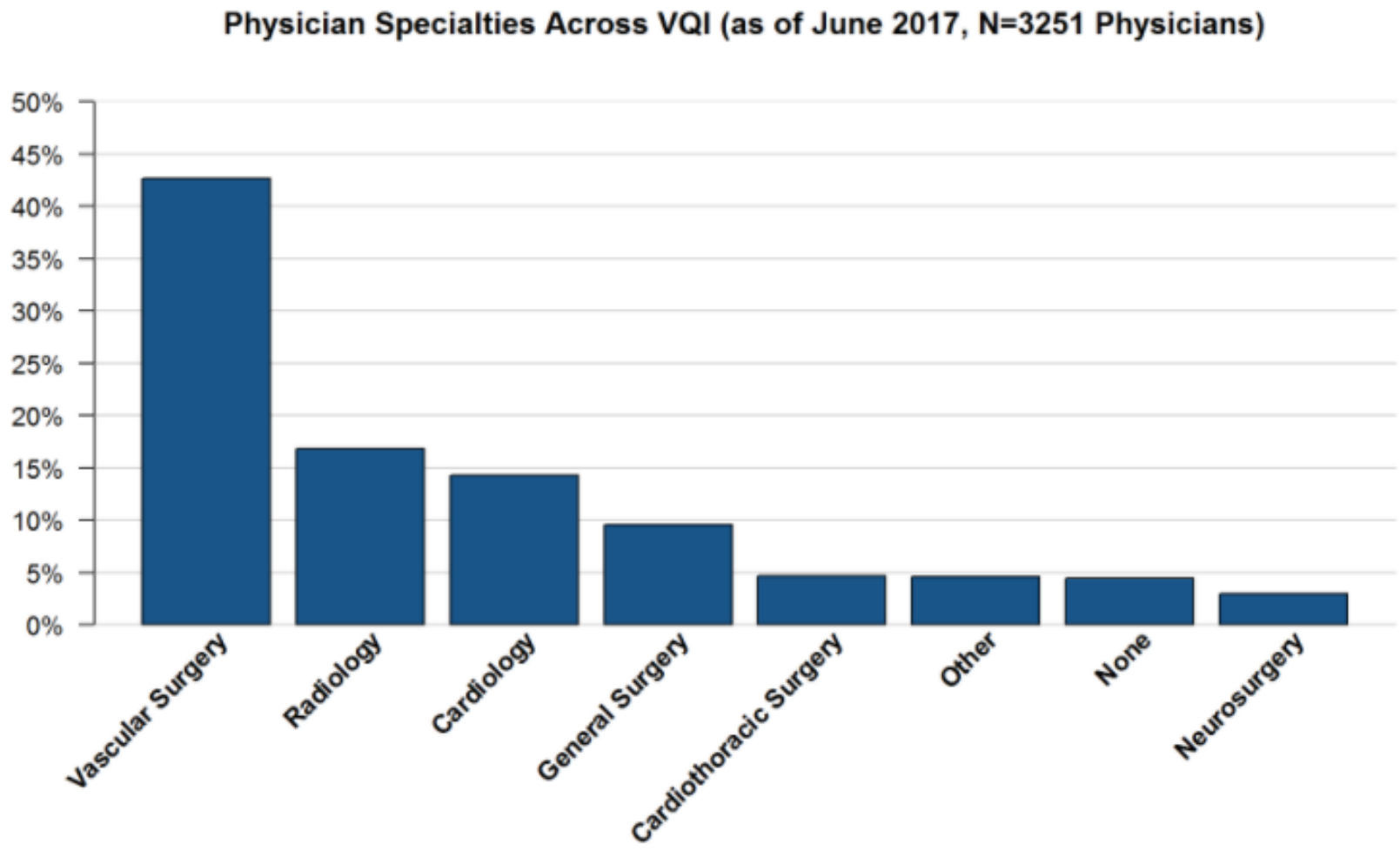
Total Procedure Volume, All Years (2003-May 2017)

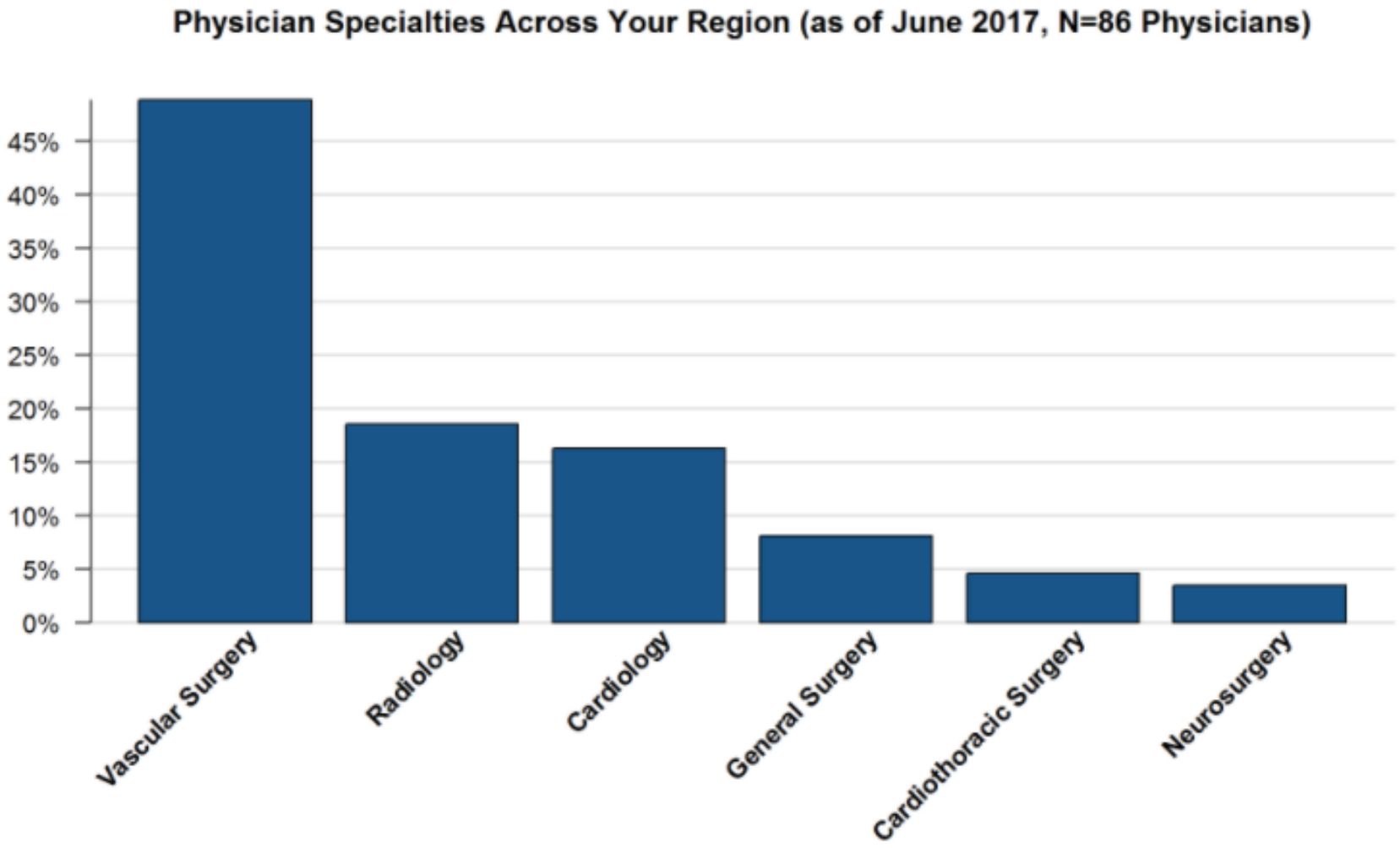
	Your Region (N)	VQI (N)
CAS	353	13944
CEA	1876	83624
EVAR	882	32428
HEMO	NA (<3 centers)	30201
INFRA	552	36687
OAAA	225	9312
PVI	NA (<3 centers)	116807
SUPRA	NA (<3 centers)	12227
TEVAR	258	8201
IVCF	NA (<3 centers)	7646
Varicose Veins	NA (<3 centers)	11949
LEAMP	NA (<3 centers)	7513
Overall	7760	370539


Procedure Volume by Center in Your Region (2016-May 2017)
Other centers in your region
Your center
900
800
700
600
500
400
300
200
100
0
Centers

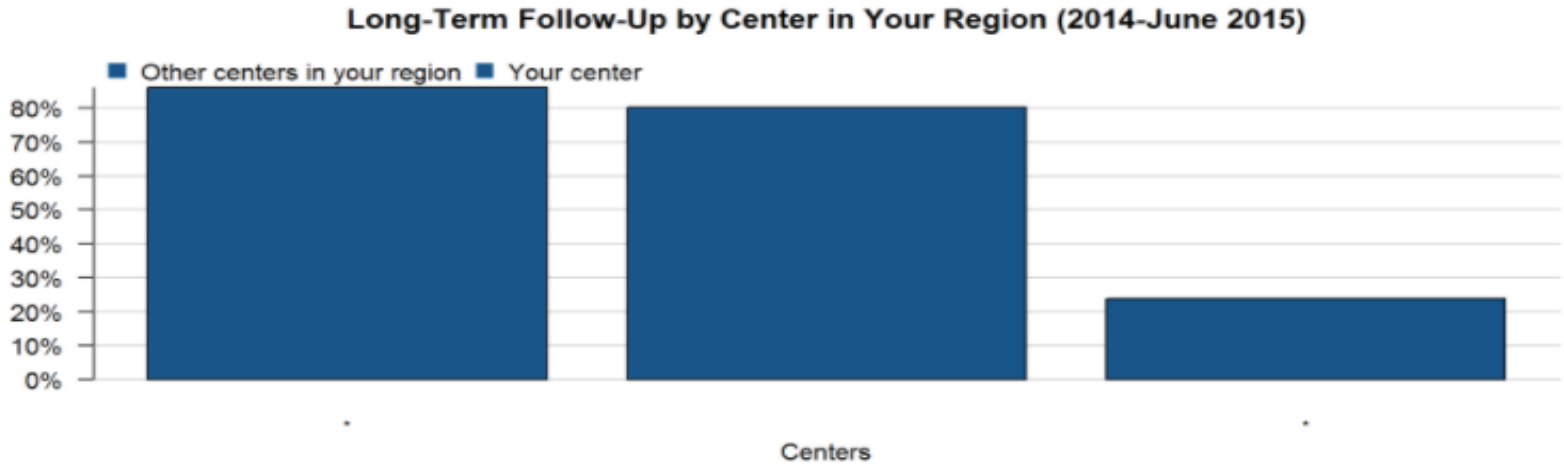

Procedure Volume Across VQI (2016-May 2017)
11000
10000
9000
8000
7000
6000
5000
4000
3000
2000
1000
0
Others
Canada
So. Cal.
Nor. Cal.
Pacific NW
MidSouth
SOVONET
Michigan
Rocky Mtns.
Midwest
Mid-Atlantic
Mid-America
Up. Midwest
G. Lakes
Carolinas
New York
Southeast
New England
Virginias

Physician Specialties by Region (As of June 30, 2017)

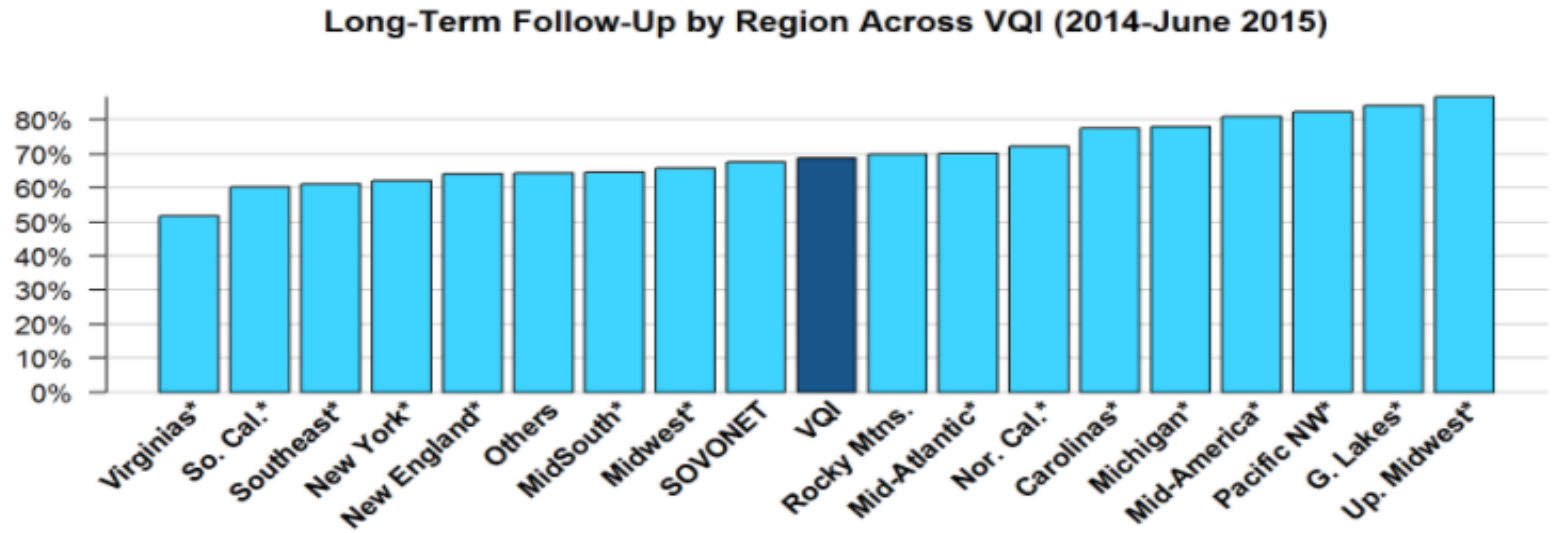


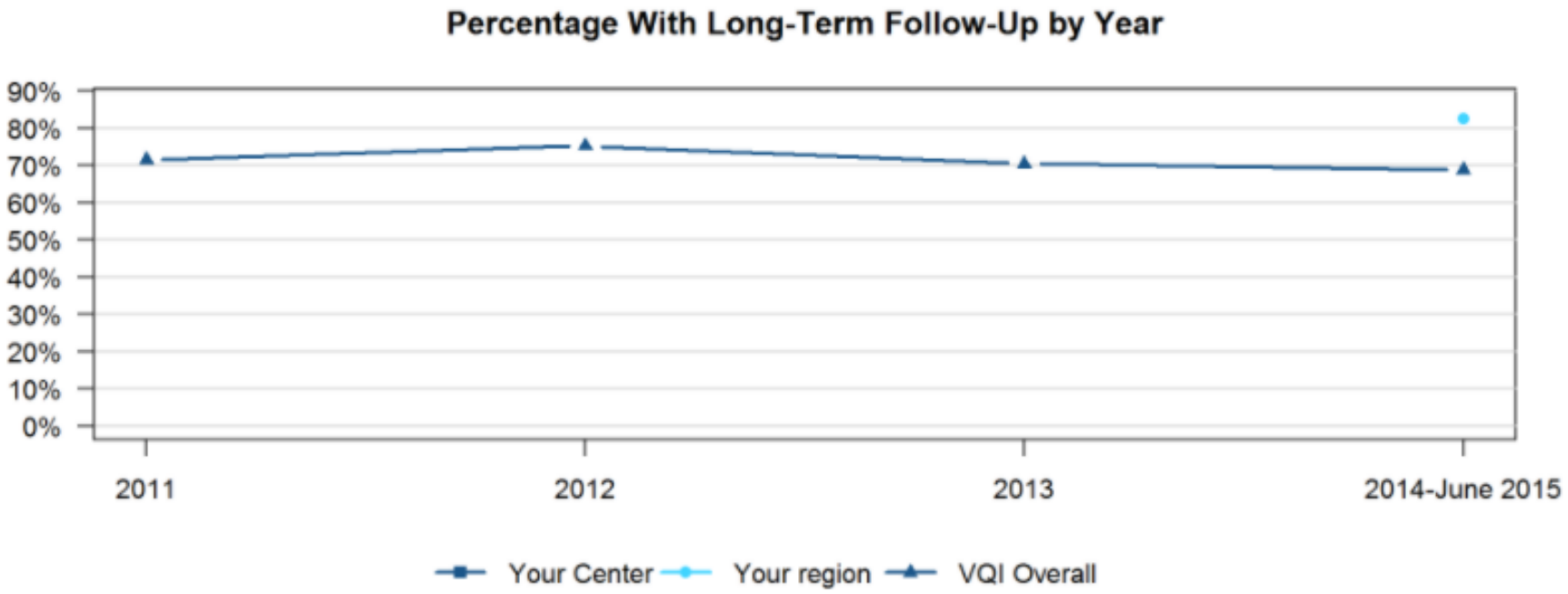

Physician Specialties Across Your Region (as of June 2017, N=86 Physicians)
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
Vascular Surgery
Radiology
Cardiology
General Surgery
Cardiothoracic Surgery
Neurosurgery

Percentage of Procedures With 9 Months or Greater Follow-Up
(Jan. 1, 2014-June 30, 2015)

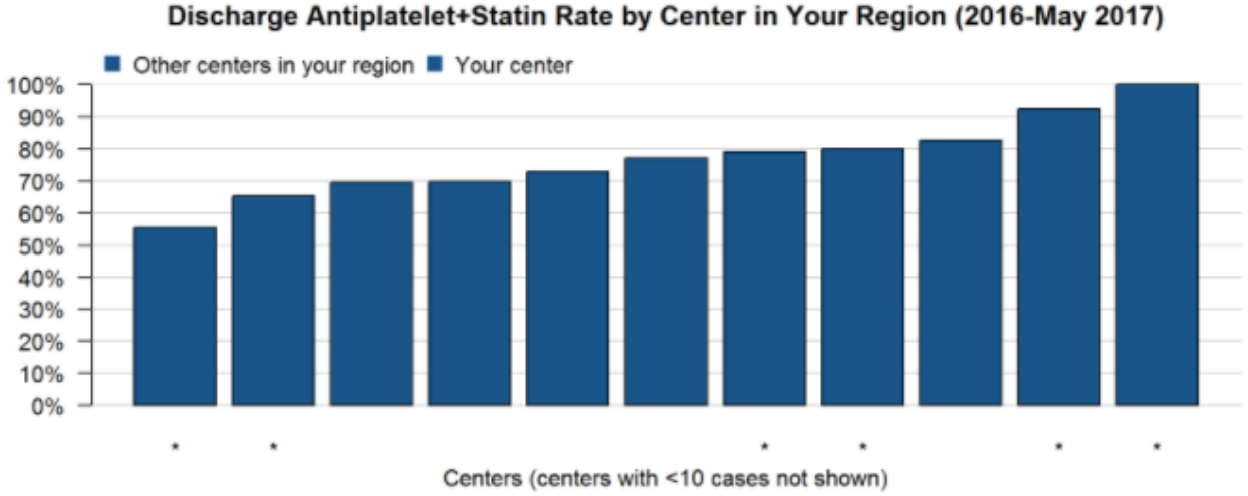


"*" indicates center's rate differs significantly from the regional rate.

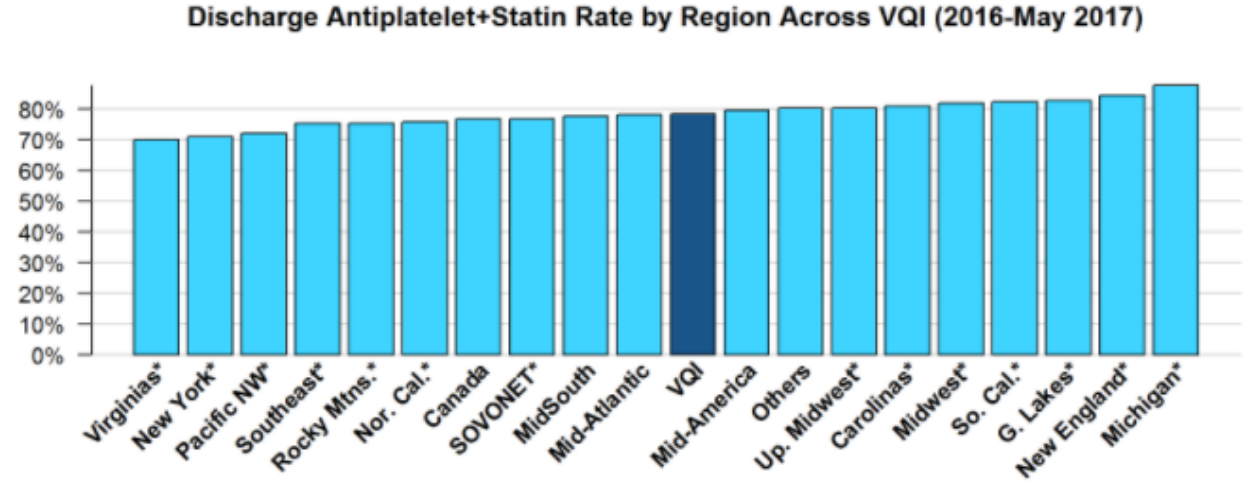



Percentage With Long-Term Follow-Up by Year
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
2011
2012
2013
2014-June 2015
Your Center
Your region
VQI Overall

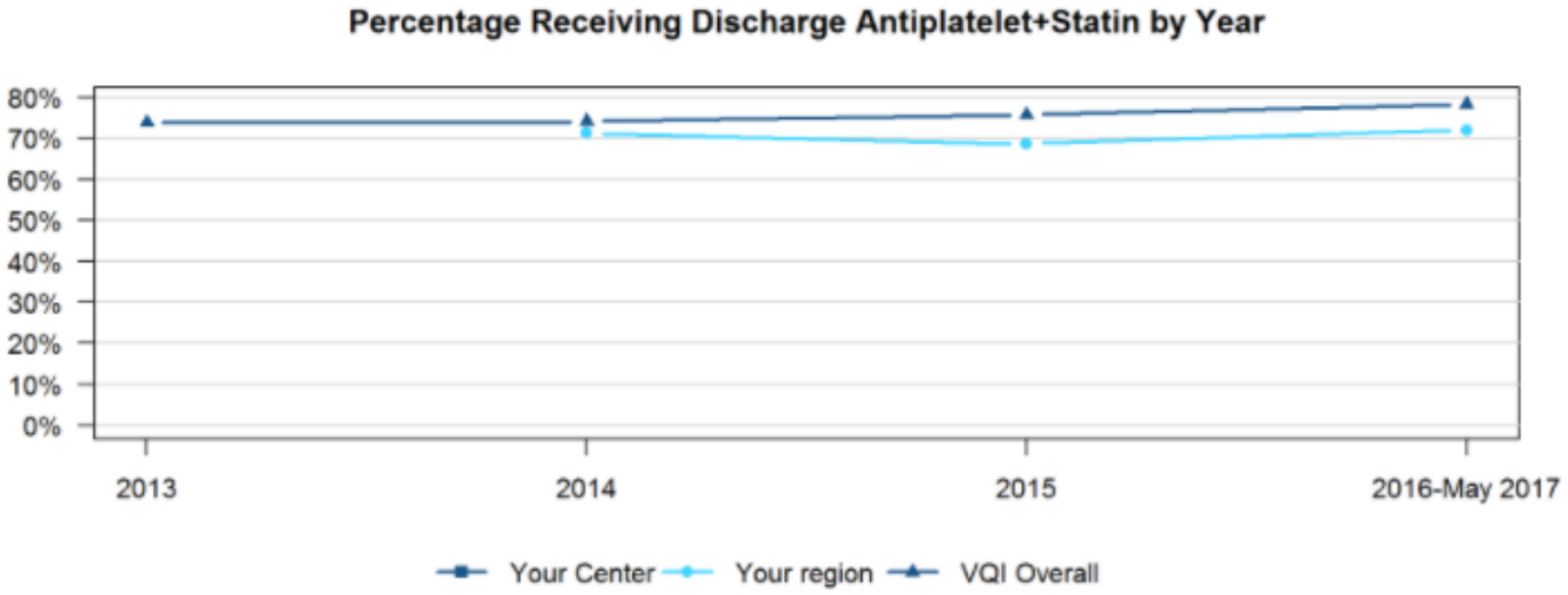
Discharge Medications (Jan. 1, 2016-May 31, 2017)
Excludes patients who died in hospital and patients who were not treated for medical reason or non-compliant



"*" indicates center's rate differs significantly from the regional rate.



"Others" indicates centers that do not belong to a regional group. "*" indicates region's rate differs significantly from the VQI rate.


Percentage Receiving Discharge Antiplatelet+Statin by Year
80%
70%
60%
50%
40%
30%
20%
10%
0%
2013
2014
2015
2016-May 2017
Your Center
Your region
VQI Overall

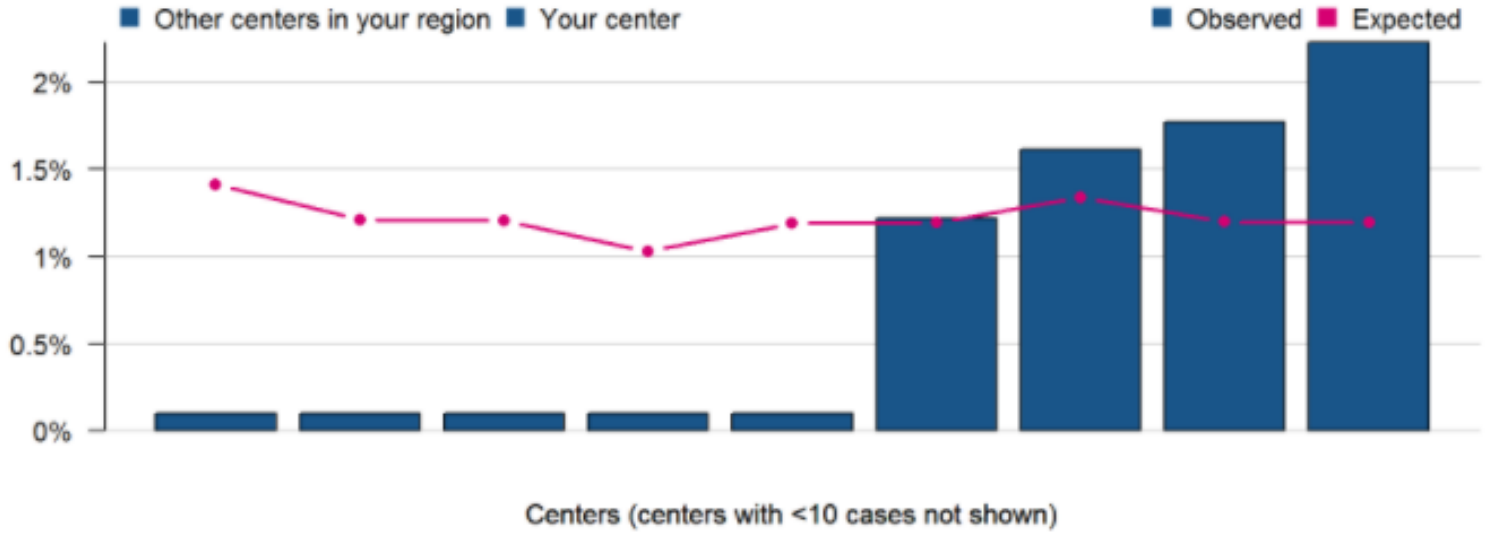
Carotid Endarterectomy: Stroke or Death in Hospital (Jan. 1, 2016-May 31, 2017)

Elective procedures, excluding prior ipsilateral CEA and concomitant CABG, endovascular or other arterial procedure

	Your center	Your Region	VQI Overall
Number of CEA procedures meeting inclusion criteria		649	18430
Observed rate of stroke or death among procedures meeting inclusion criteria		1.2%	1.2%
Number of procedures with complete data*		625	17342
Observed rate of stroke or death among cases with complete data		1.3%	1.2%
Expected rate of stroke or death among cases with complete data*		1.2%	NA
P-value for comparison of observed and expected rates		0.85	NA

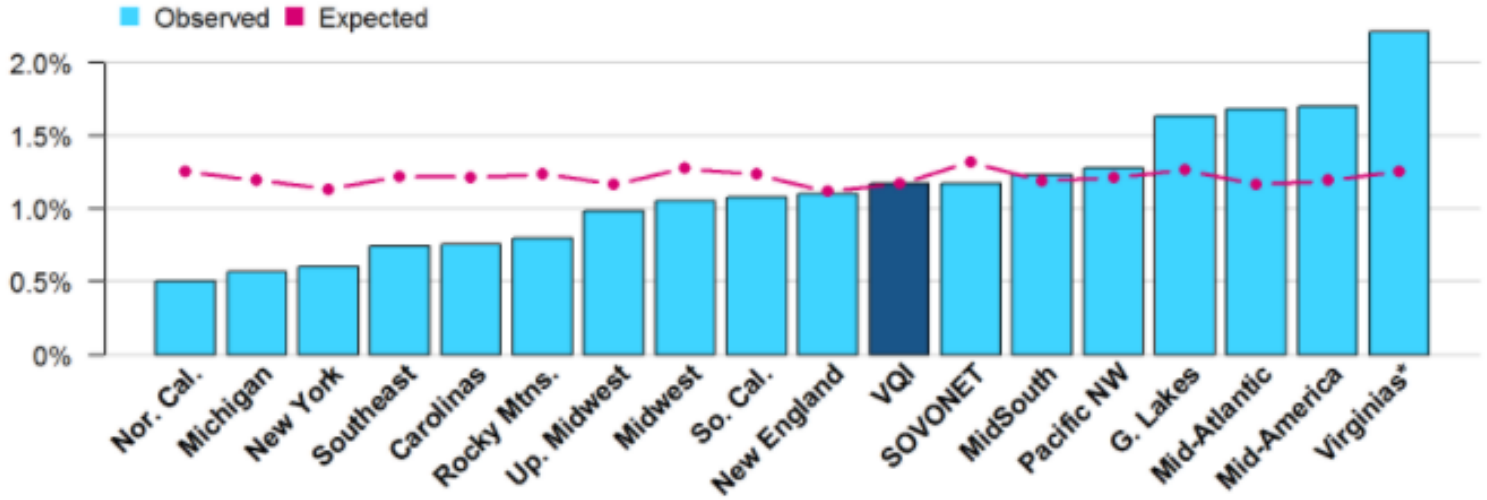
*"Expected rate" is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. "Cases with complete data" include patients who have data on all of those factors.

Rate of In-Hospital Stroke or Death After CEA in Your Region (2016-May 2017)

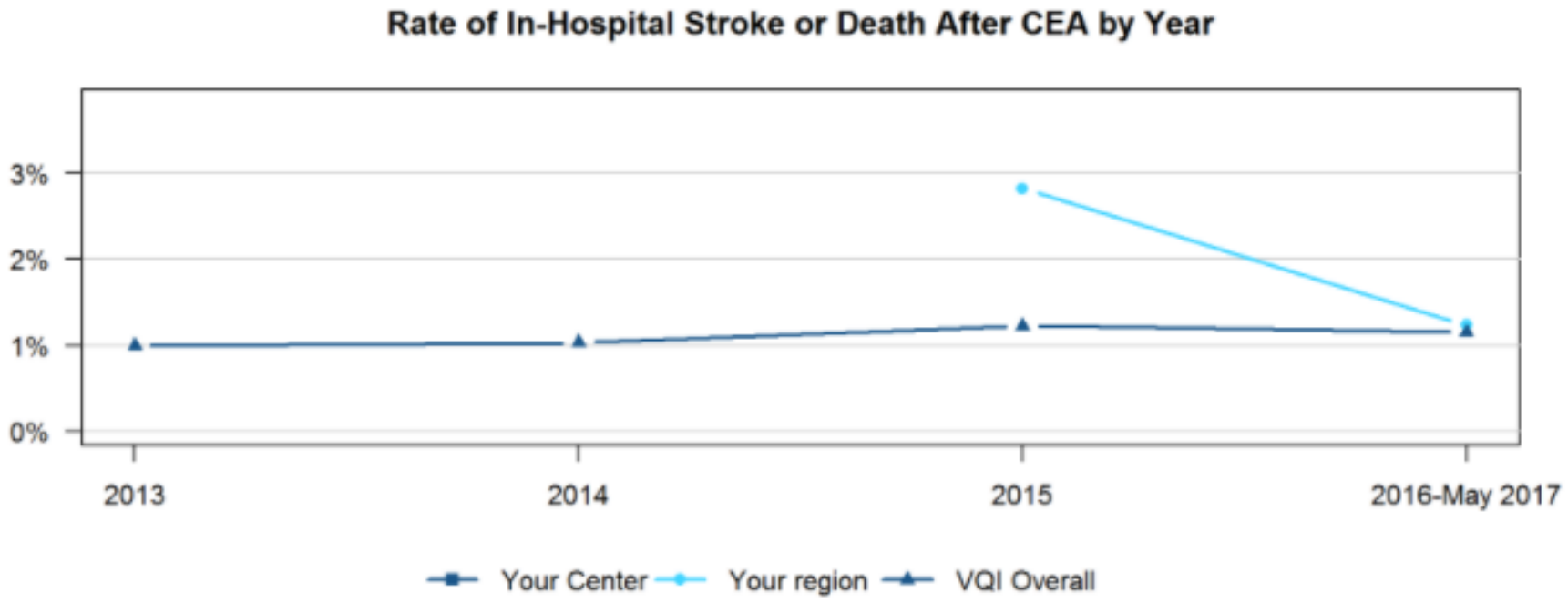


"*" indicates center's observed rate differs significantly from its expected rate.

Rate of In-Hospital Stroke or Death After CEA by Region Across VQI (2016-May 2017)



"Others" indicates centers that do not belong to a regional group. "*" indicates region's observed rate differs significantly from its expected rate.


Rate of In-Hospital Stroke or Death After CEA by Year
3%
2%
1%
0%
2013
2014
2015
2016-May 2017
Your Center
Your region
VQI Overall

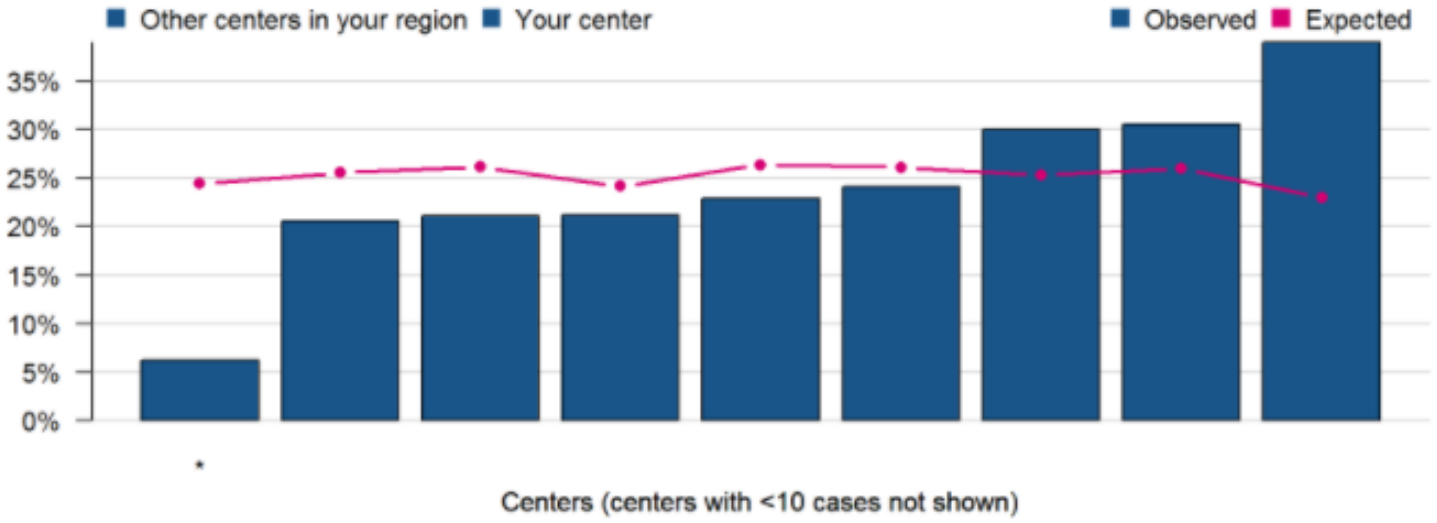
Carotid Endarterectomy: Percentage of Patients with LOS>1 Day (Jan. 1, 2016-May 31, 2017)

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.

	Your center	Your Region	VQI Overall
Number of CEA procedures meeting inclusion criteria		596	16490
Observed rate of LOS>1 day among procedures meeting inclusion criteria		22%	25%
Number of procedures with complete data*		577	15707
Observed rate of LOS>1 among cases with complete data		22%	25%
Expected rate of LOS>1 among cases with complete data*		25%	NA
P-value for comparison of observed and expected rates		0.1	NA

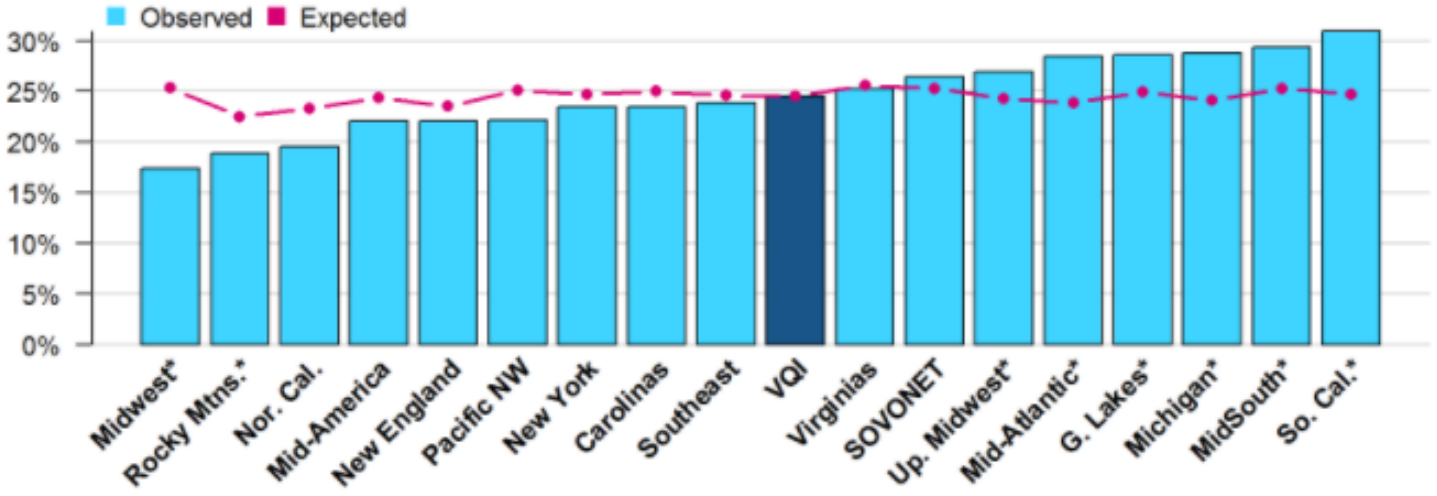
*"Expected rate" is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. "Cases with complete data" include patients who have data on all of those factors.

Rate of CEA Patients With LOS>1 Day in Your Region (2016-May 2017)



"*" indicates center's observed rate differs significantly from its expected rate.

Rate of CEA Patients With LOS>1 Day by Region Across VQI (2016-May 2017)



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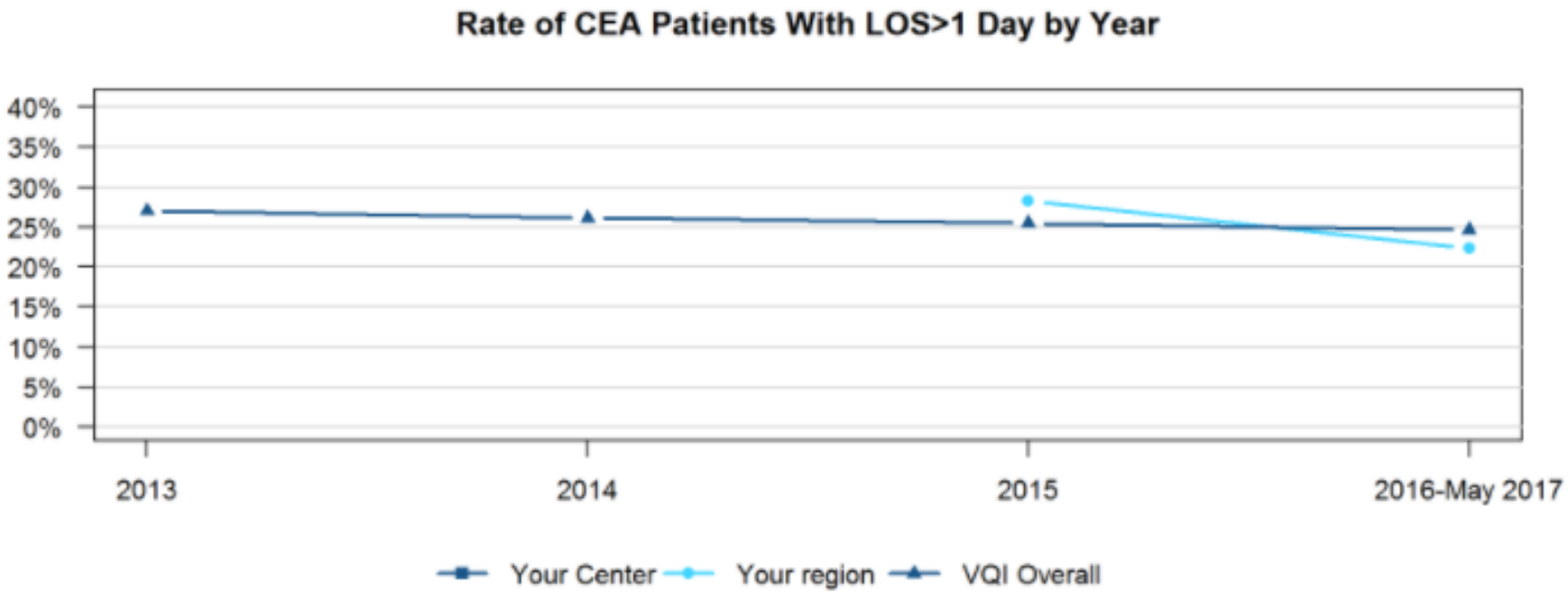

Rate of CEA Patients With LOS>1 Day by Year
40%
35%
30%
25%
20%
15%
10%
5%
0%
2013
2014
2015
2016-May 2017
Your Center
Your region
VQI Overall

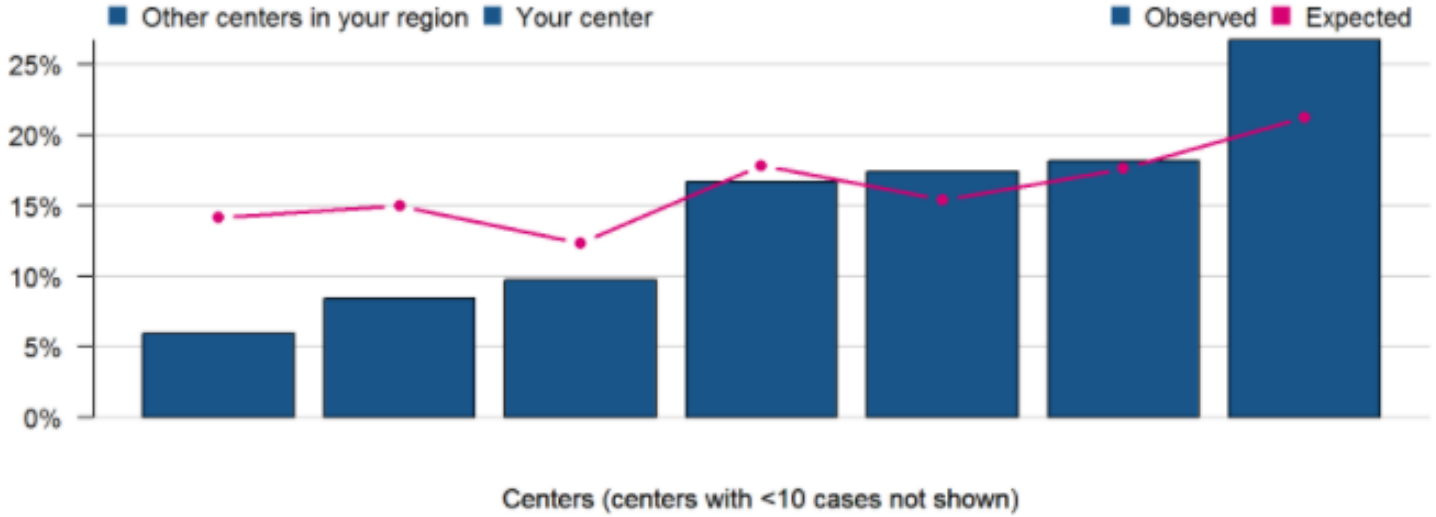
Endovascular AAA Repair: Percentage of Patients with LOS>2 Days (Jan. 1, 2016-May 31, 2017)

Excludes ruptured aneurysms and in-hospital deaths with LOS<=2 days, patients with prior aortic surgery, procedures not done on day of admission and weekend procedures

	Your center	Your Region	VQI Overall
Number of EVAR procedures meeting inclusion criteria		287	6525
Observed rate of LOS>2 days among procedures meeting inclusion criteria		11%	15%
Number of procedures with complete data*		280	6058
Observed rate of LOS>2 among cases with complete data		11%	15%
Expected rate of LOS>2 among cases with complete data*		15%	NA
P-value for comparison of observed and expected rates		0.08	NA

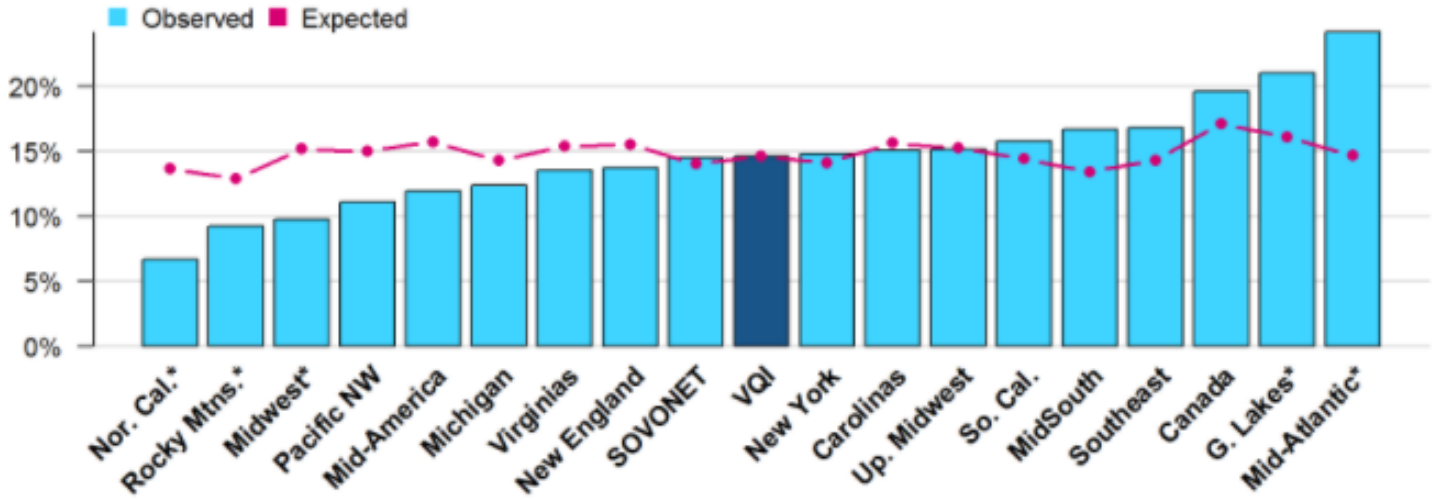
*"Expected rate" is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. "Cases with complete data" include patients who have data on all of those factors.

Rate of EVAR Patients With LOS>2 Days in Your Region (2016-May 2017)

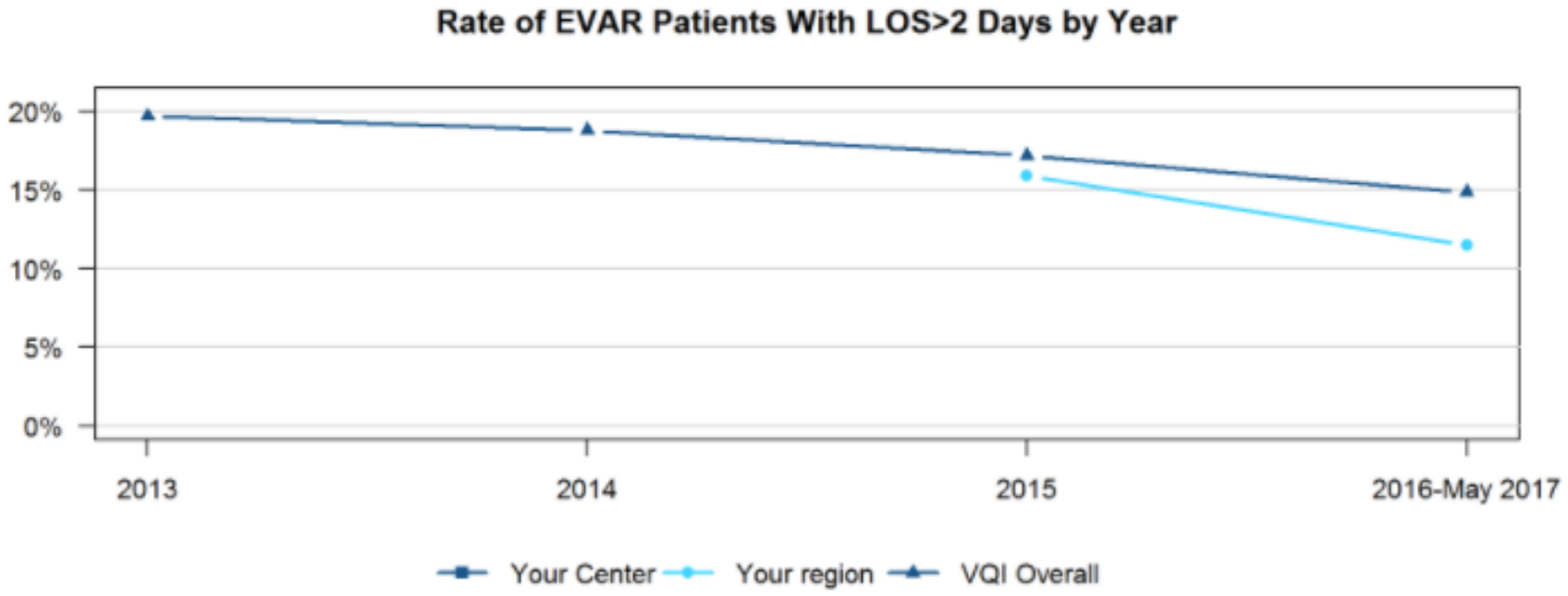


"*" indicates center's observed rate differs significantly from its expected rate.

Rate of EVAR Patients With LOS>2 Days by Region Across VQI (2016-May 2017)



"Others" indicates centers that do not belong to a regional group. "*" indicates region's observed rate differs significantly from its expected rate.

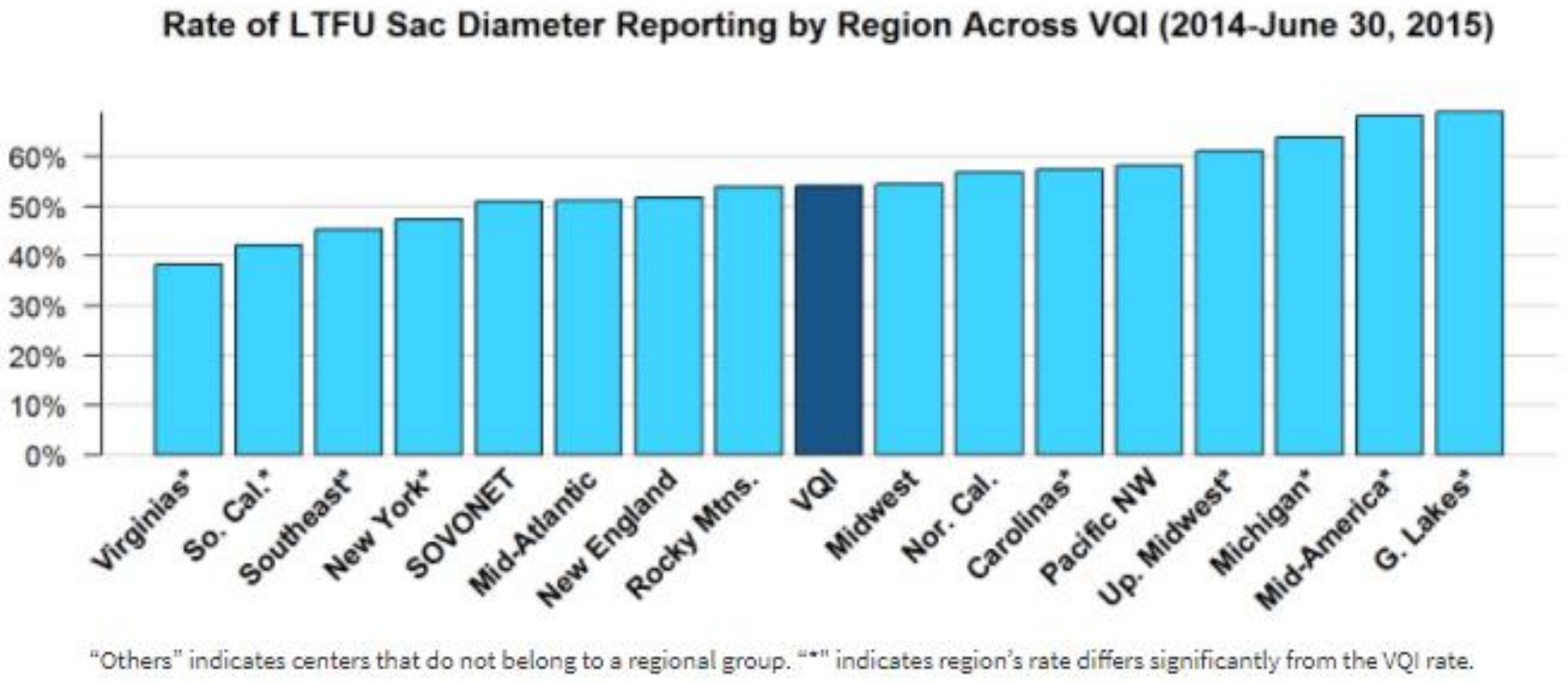

Rate of EVAR Patients With LOS>2 Days by Year
20%
15%
10%
5%
0%
2013
2014
2015
2016-May 2017
Your Center
Your region
VQI Overall

EVAR: Rate of Sac Diameter Reporting at Long-Term Follow-Up (Jan. 1, 2014-June 30, 2015)

percentage of those cases in which the patient had a follow-up visit between 9 and 21 months post-surgery at which a sac diameter was recorded

	Your Region	VQI Overall
Number of EVAR procedures	91	8621
Percentage with sac diameter recorded at follow-up	58%	54%

(PNWVSG did not have at least 3 centers with 10 procedures)

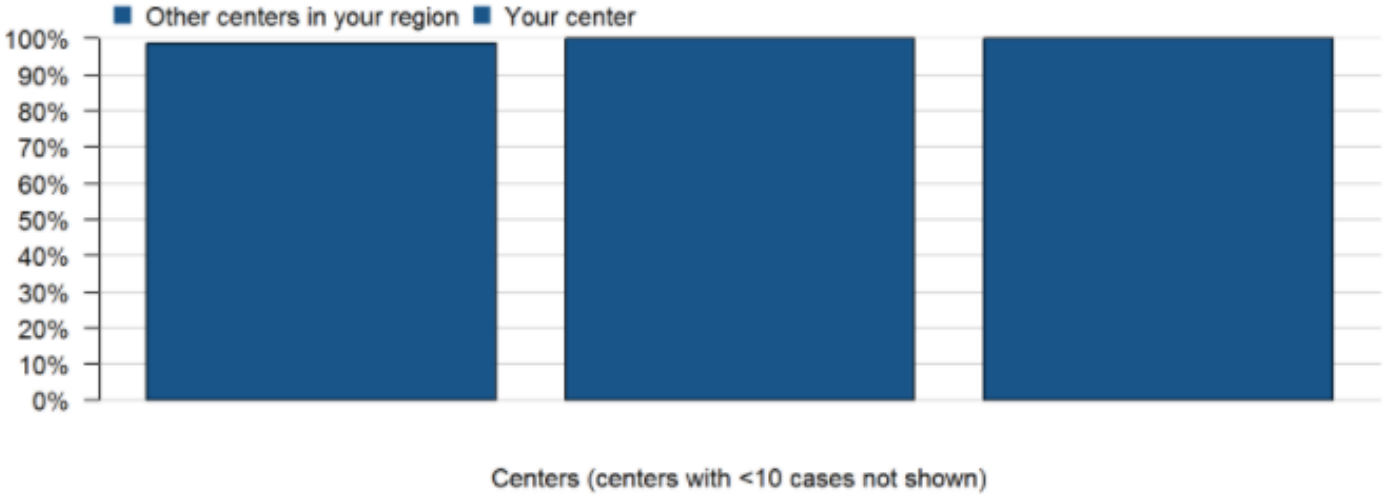


Infrainguinal Bypass: Percentage of Procedures with Chlorhexidine or Chlorhexidine+Alcohol Skin Prep (Jan. 1, 2016-May 31, 2017)

In VQI patients, chlorhexidine and chlorhexidine+alcohol skin preps have been shown to reduce the surgical-site infection rate by 50% compared to iodine-based skin prep. Chlorhexdine+iodine and chlorhexidine+iodine+alcohol skin preps have not been shown to reduce the infection rate, but rates of their use are also reported in the table below.

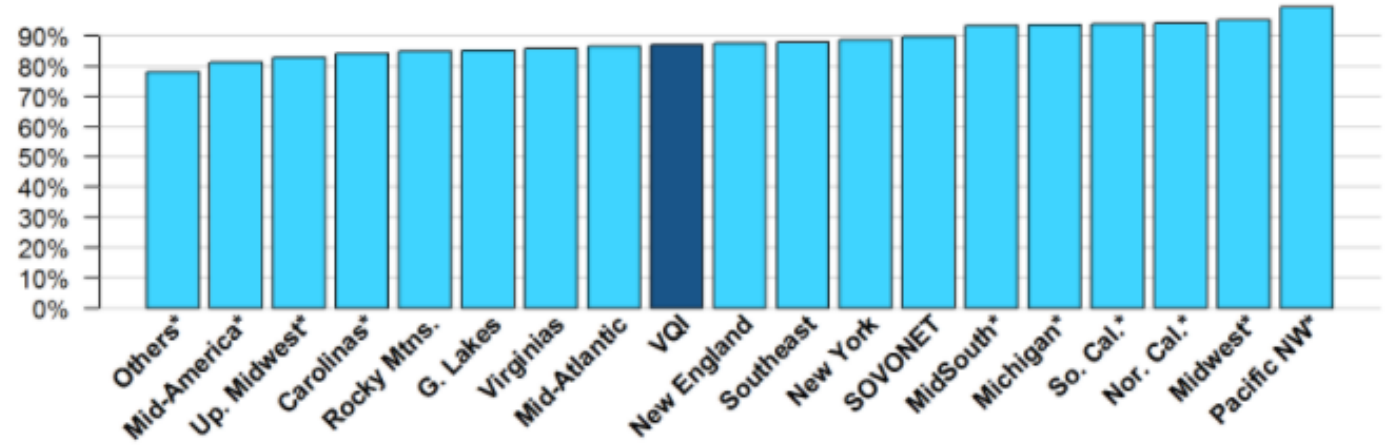
	Your Region	VQI Overall
Number of procedures	170	9019
Rate of chlorhexidine or chlorhexidine+alcohol skin prep	99%	87%
Rate of chlorhexidine+iodine or chlorhexidine+iodine+alcohol prep	1%	4%
Rate of in-hospital surgical-site infection	3%	3%

Percentage With Chlorhexidine or Chlorhexidine+Alcohol Skin Prep in Your Region (2016-May 2017)

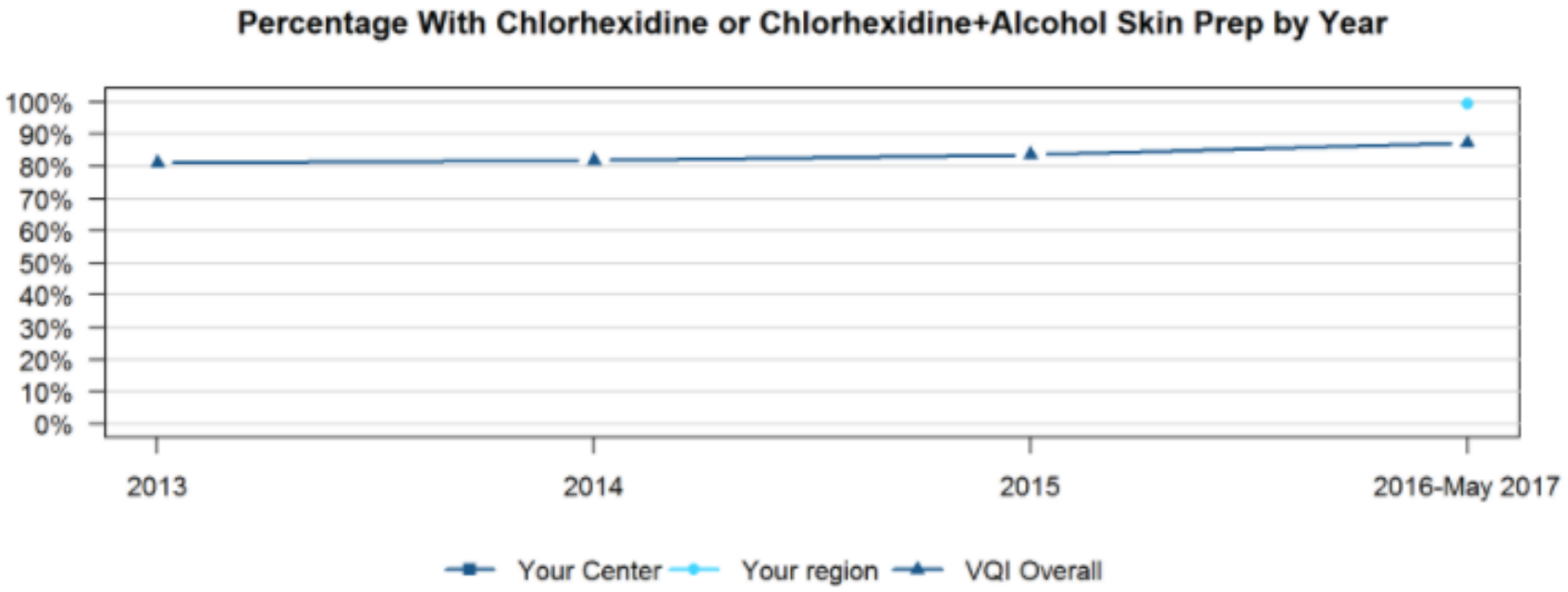


"*" indicates center's rate differs significantly from the regional rate.

Percentage With Chlorhexidine or Chlorhexidine+Alcohol Skin Prep by Region (2016-May 2017)



"Others" indicates centers that do not belong to a regional group. "*" indicates region's rate differs significantly from the VQI rate.

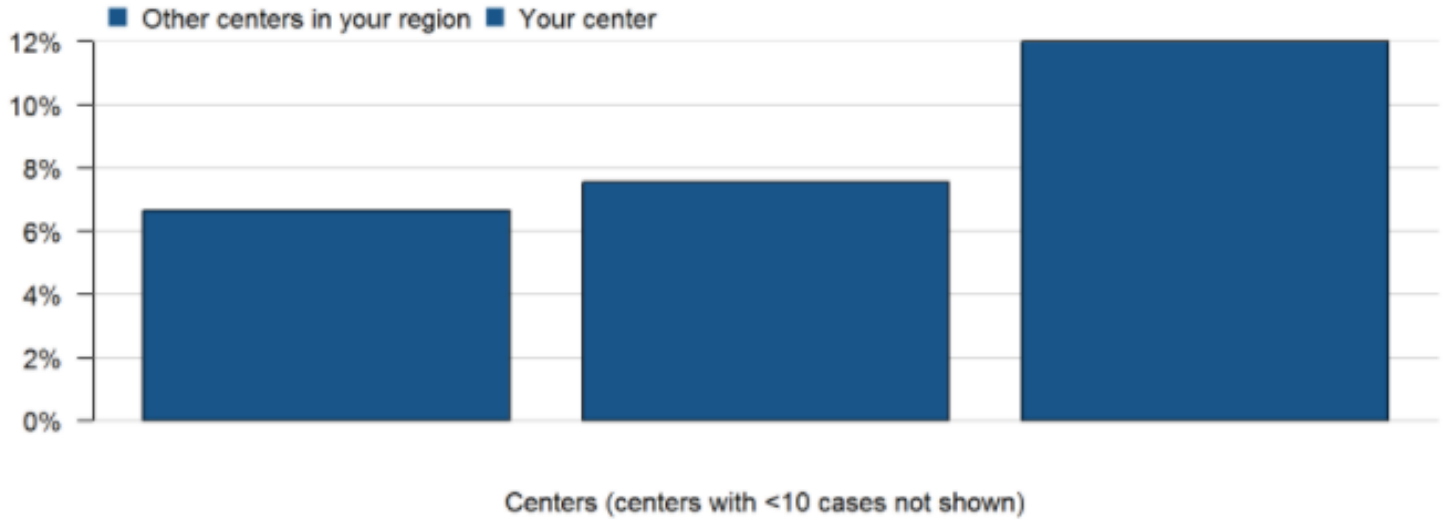

Percentage With Chlorhexidine or Chlorhexidine+Alcohol Skin Prep by Year
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
2013
2014
2015
2016-May 2017
Your Center
Your region
VQI Overall

Infrainguinal Bypass: Rate of Major Complications (Jan. 1, 2016-May 31, 2017)

Includes only patients with indication of rest pain or tissue loss. Major complications are defined as in-hospital death, ipsilateral BK or AK amputation or graft occlusion. percentage of those cases that resulted in in-hospital death, ipsilateral amputation or graft occlusion

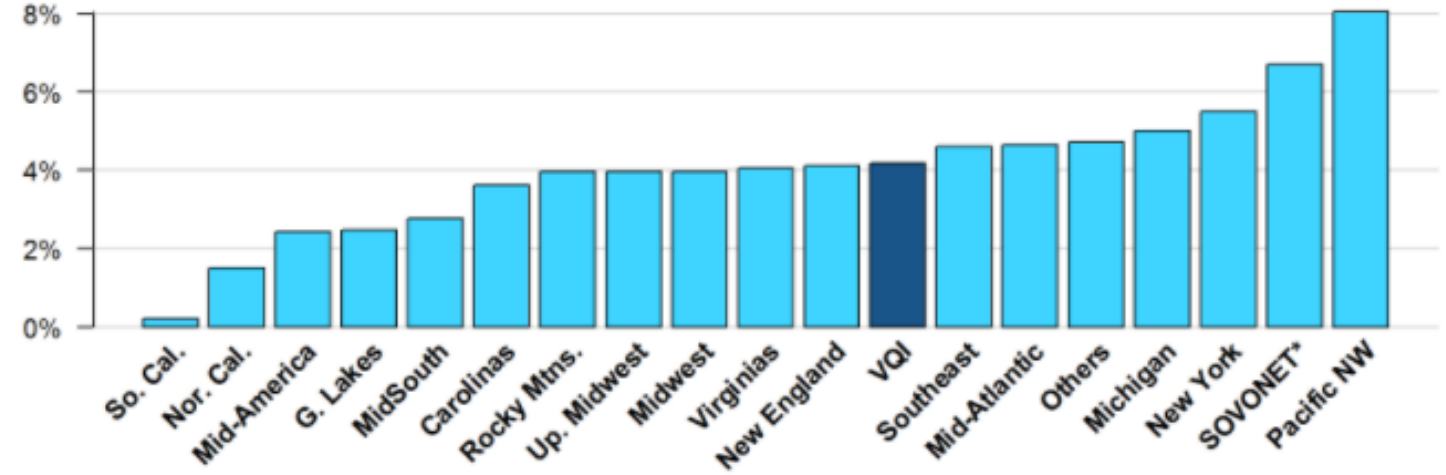
	Your Region	VQI Overall
Number of access procedures meeting inclusion criteria	112	5272
Percentage with major complications after INFRA	8%	4.2%

Rate of Major Complications After INFRA in Your Region (2016-May 2017)

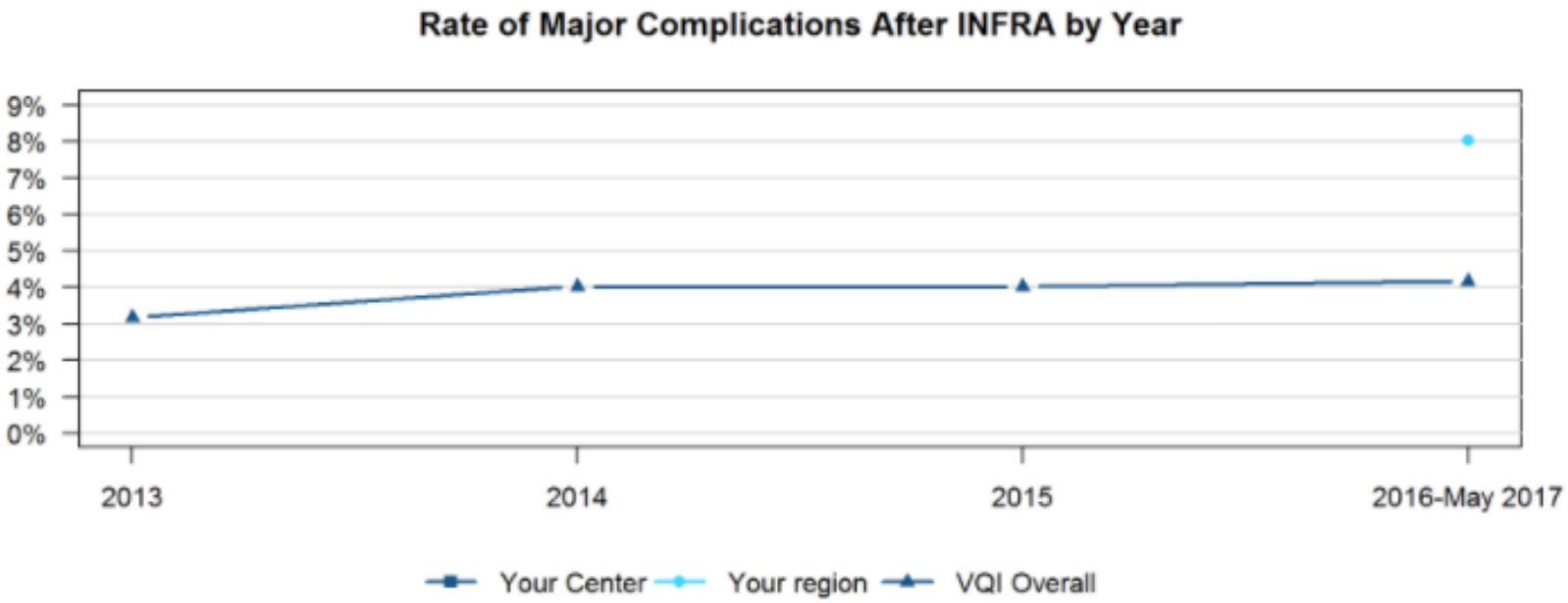


"*" indicates center's rate differs significantly from the regional rate.

Rate of Major Complications After INFRA by Region Across VQI (2016-May 2017)



"Others" indicates centers that do not belong to a regional group. "*" indicates region's rate differs significantly from the VQI rate.


Rate of Major Complications After INFRA by Year
9%
8%
7%
6%
5%
4%
3%
2%
1%
0%
2013
2014
2015
2016-May 2017
Your Center
Your region
VQI Overall

Non-Ruptured Open AAA: In-Hospital Mortality (Jan. 1, 2016-May 31, 2017)

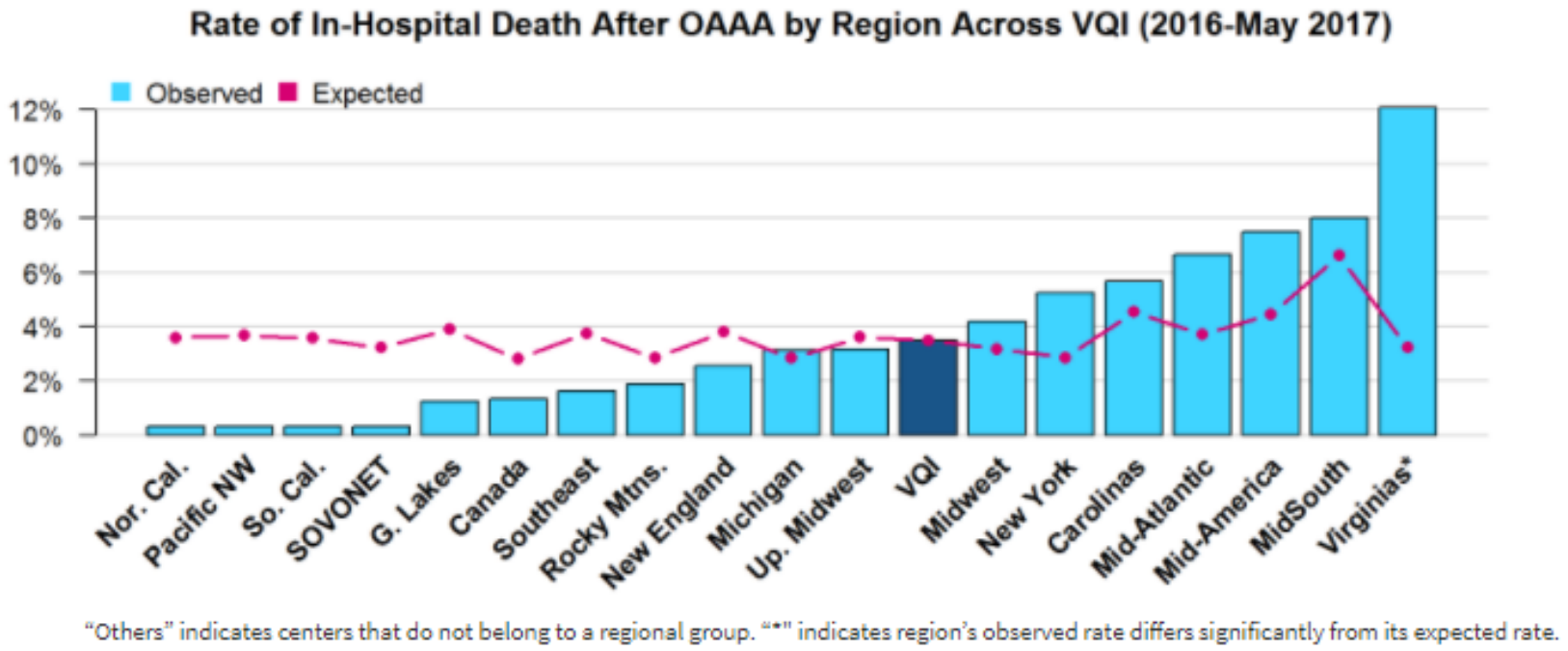
Excludes ruptured aneurysms

observed and expected rates of in-hospital death for those cases

	Your center	Your Region	VQI Overall
Number of OAAA procedures meeting inclusion criteria		44	1433
Observed rate of in-hospital death among procedures meeting inclusion criteria		0%	3.6%
Number of procedures with complete data*		43	1343
Observed rate of in-hospital death among cases with complete data		0%	3.5%
Expected rate of in-hospital death among cases with complete data*		3.7%	NA
P-value for comparison of observed and expected rates		0.41	NA
Observed rate of in-hospital death among procedures with infrarenal proximal clamp		0%	2.6%
Observed rate of in-hospital death among procedures with suprarenal proximal clamp		0%	4.5%

*"Expected rate" is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. "Cases with complete data" include patients who have data on all of those factors.

(PNWVSG did not have at least 3 centers with 10 procedures)



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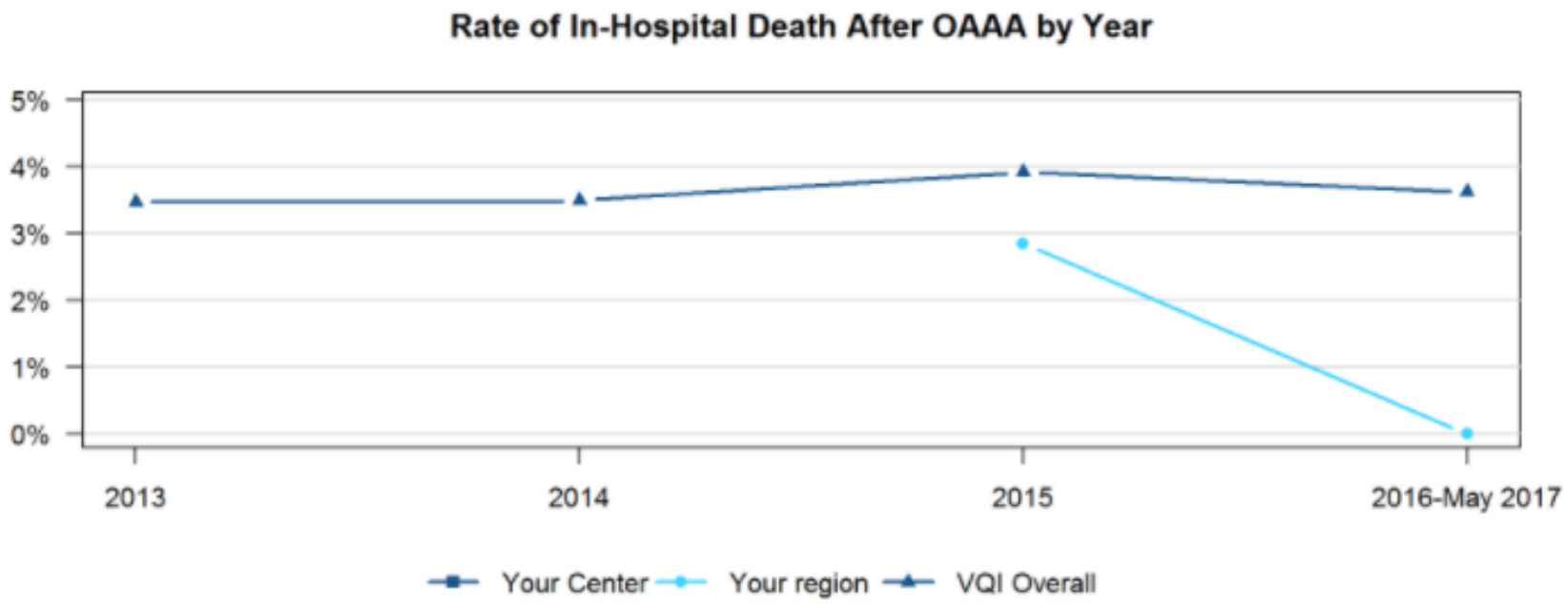

Rate of In-Hospital Death After OAAA by Year
5%
4%
3%
2%
1%
0%
2013
2014
2015
2016-May 2017
Your Center
Your region
VQI Overall

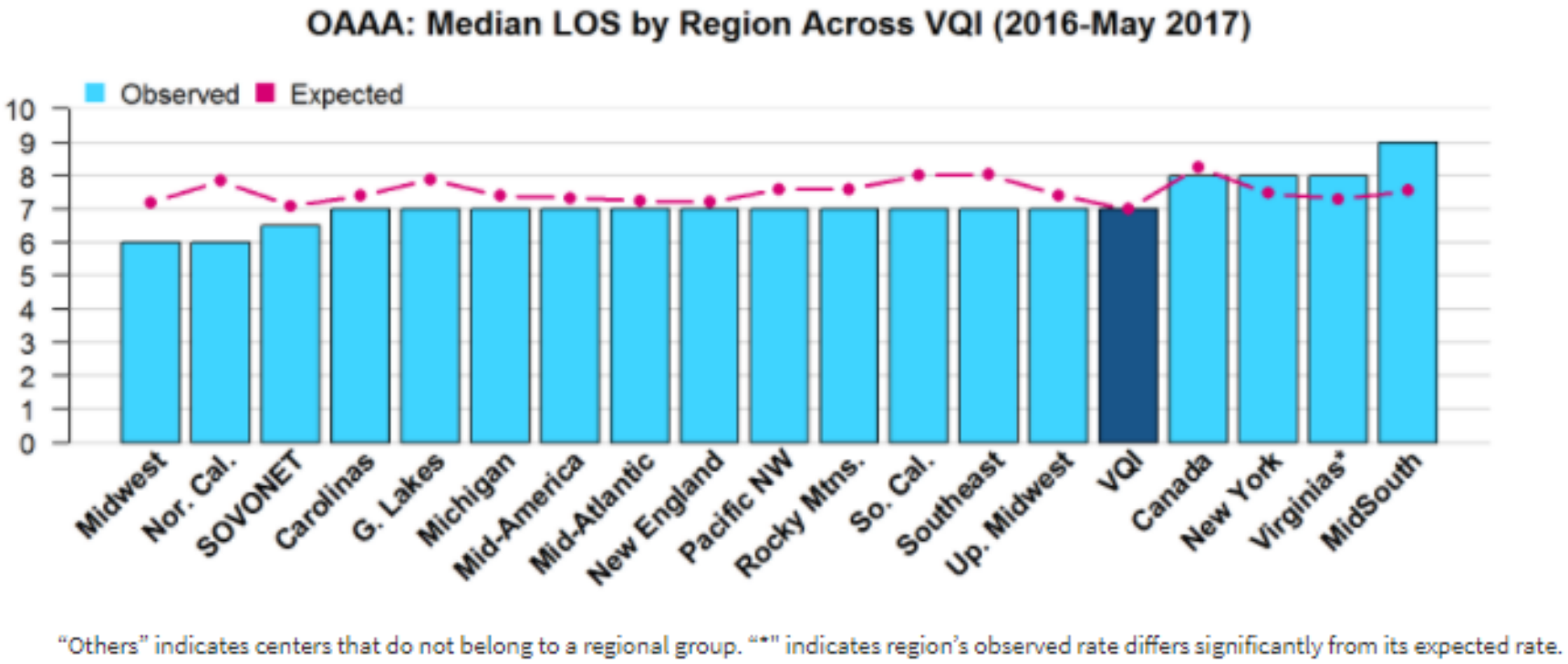
OAAA Repair: Observed vs. Expected Median LOS (Jan. 1, 2016-May 31, 2017)

Excludes ruptured aneurysms and in-hospital deaths with LOS<=8 days

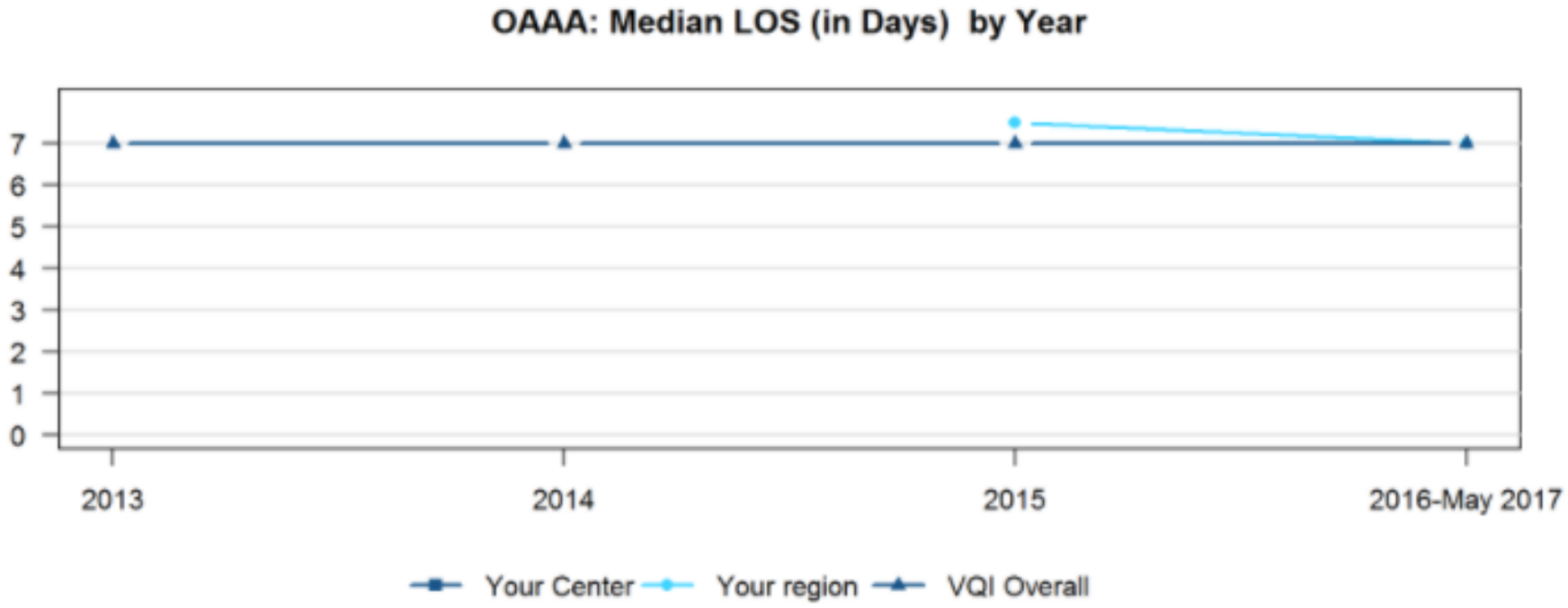
	Your center	Your Region	VQI Overall
Number of OAAA procedures meeting inclusion criteria		44	1399
Observed median LOS among procedures meeting inclusion criteria		7	7
Number of procedures with complete data*		43	1300
Observed median LOS among cases with complete data		7	7
Expected median LOS among cases with complete data*		7.6	NA
P-value for comparison of observed and expected medians		0.58	NA
Observed median LOS among cases involving infrarenal proximal clamp		6	7
Observed median LOS among cases involving suprarenal proximal clamp		8	7

*"Expected median" is the median LOS estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, concomitant procedures, medication and stroke and vascular history. "Cases with complete data" include patients who have data on all of those factors.

(PNWVSG did not have at least 3 centers with 10 procedures)



"Others" indicates centers that do not belong to a regional group. "*" indicates region's observed rate differs significantly from its expected rate.


OAAA: Median LOS (in Days) by Year
7
6
5
4
3
2
1
0
2013
2014
2015
2016-May 2017
Your Center
Your region
VQI Overall

Arterial Quality Council Update:
Nam Tran, MD

AQC: January – June 2017

SVS | VQI

- 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.

AQC: Focus on Dashboards

- VQI registry chairs submitted lists of essential variables for each registry.
- 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
Timothy Liem, MD

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

National Research Process

Check Approved Project List:

http://www.vascularqualityinitiative.org/wp-content/uploads/VQI_Approved_Projects_List-6.22.17-for-Publish.pdf

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

- **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
Carrie Bosela, 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

GC meeting at VAM

- 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

Ryan Plasch, Medstreaming

PATHWAYS Patient Details

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.

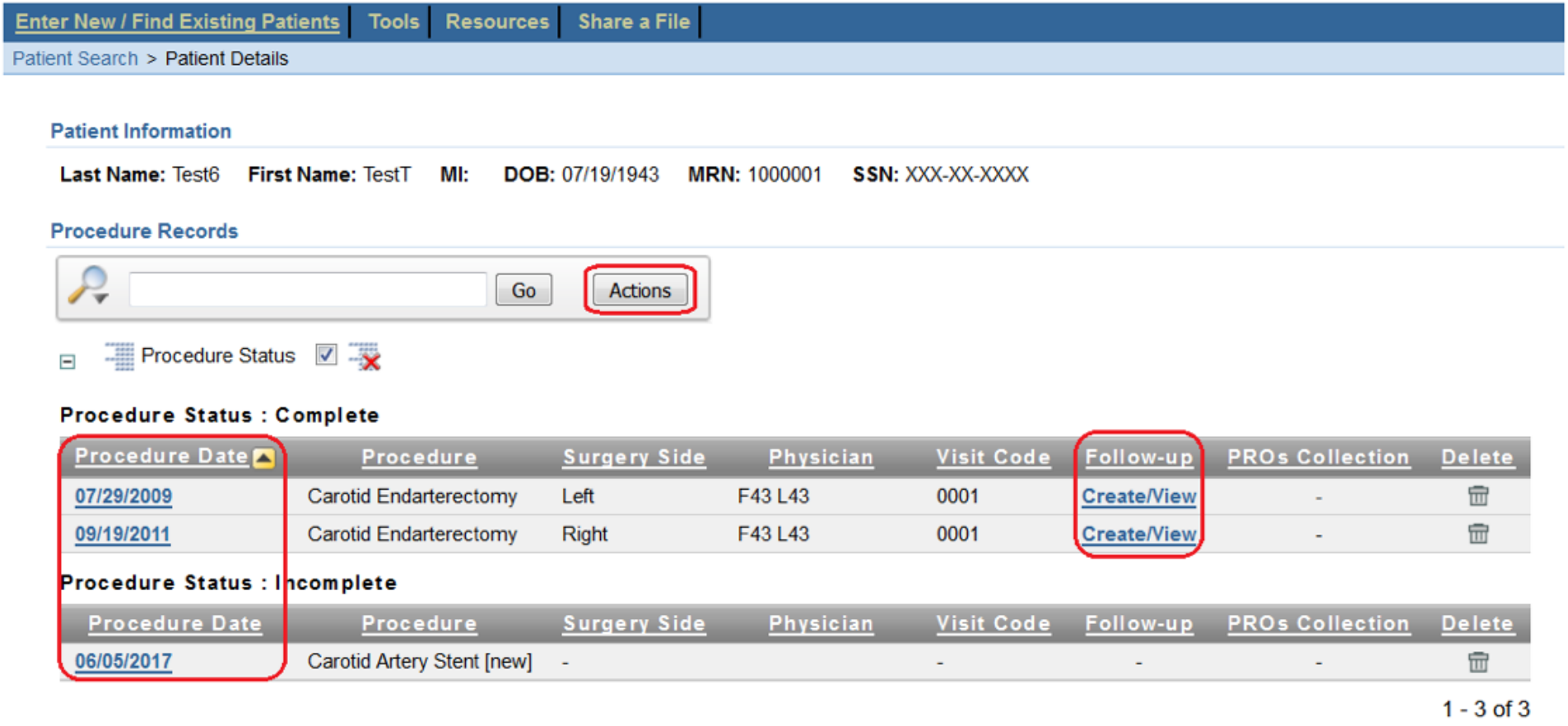
A new "Follow-up" column has been added to the table. Incomplete procedures will only show a dash in this column. Complete procedures will display the "Create/View" link to access and create new follow-up records.

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

SVS | VQI

Page Is Now Shown As Interactive Report



SVS Society for Vascular Surgery | m2s | Society for Vascular Medicine | VASA

PVI and CAS Data Mapping

- Both scheduled for Q3
- Once mapping is compete, 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.

MIPS Quality Component through the VQI

- 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 PATHWAYSSupport@m2s.com

TEVAR Dissection Post-market Surveillance

SVS | VQI

- 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

Cohort	Enrolling new sites	Number of Sites	Number of Patients	Follow Up	Reimbursement
5 Year	No	50	400 (397 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
1 Year	No	Up to 50	**200 (192 patients enrolled)**	**Annually for 1 year**	**$400 for each procedure with a completed 1 year follow up**

Lombard Aorfix Post-market Surveillance SVS | VQI

- 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)

Enrolling	Number of Sites	Number of Patients	Follow Up	Reimbursement
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

Medtronic IN.PACT DCB ISR

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**.

Enrolling	Number of Sites	Number of Patients	Follow Up	Reimbursement
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 SVS | VQI

- 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.

Enrolling	Number of Sites	Number of Patients	Follow Up	Reimbursement
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

SVS | VQI

- 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

Nominations

- Medical Director (currently Dr. Starnes),
- AQC (currently Dr. Tran),
- VQC (currently Dr. Liem)
- RAC (currently no one)

Next Meeting

- Agree Next Meeting Dates/Location

Spring 2018 VQI PNW Regional Group in conjunction with Pacific Northwest Endovascular Conference (PNEC) http://www.pnec-seattle.org/ on Friday, June 15, 2018

THE CONFERENCE CENTER AT CONVENTION PLACE

Corner of 8th Avenue & Pike Street (Entrance on Pike Street)

Seattle, WA 98101