

SoCal VOICe Fall Regional Meeting
November 2, 2018
UCLA
Los Angeles, CA

Welcome and Introductions - Ahmed Abou-Zamzam, MD

- New members – Long Beach Medical Center; Memorial Care Saddleback; Scripps Mercy Hospital

Review of regional data – Ahmed Abou-Zamzam, MD

- Dashboard Review
 - Regional data presented. Discussion during some of the data presented included: still issues with LTFU; doing relatively well with d/c statin/antiplatelet; the relatively high CAS stroke rate. Whether we could have push reports for time from event to CEA; Some relative outliers with the supra-inguinal outcomes in the VOICe compared to other regions – perhaps we could do a more in-depth review of these cases at next meeting.
- Asymptomatic TCAR now possible – need to be part of clinical trial and stroke center
- CAS – some systems have different order sets for transfemoral, need to standardize order sets to meet CMS requirements for Comprehensive Stroke Center certification
- Group requests identification of CAS providers by specialty
- CEA – region has lowest rate of in-hospital stroke or death for overall VQI (June 2017-May 2018)
 - Suggestions for future CEA LOS data include:
 1. Breakdown LOS into elective symptomatic and asymptomatic
 2. Impact of length of procedure on LOS
 3. Outcome data: # days from TIA/stroke to OR
- EVAR/TEVAR Sac Diameter LTFU – group would like push report for LTFU similar to IVCF report
- Group discussed complexities of EVAR/TEVAR data entry including determination of EVAR vs. complex EVAR and intended vs. unintended renal coverage. Recommends SVS plan an educational webinar on EVAR case abstraction
- ABI – ACC and SVS have highlighted, but numbers complete are still low
- PVI-Discussed future data to include LTFU surgical vs. EV re-intervention rates

Regional Study Update – Angiosome Project

- Louis Zhang, USC Keck – Gave an update on the project. Continuing to try to tease out important factors and ways of using the data to elucidate optimal treatments.

Drill-down on regional data:

Ahmed Abou-Zamzam presented three topics:

Reinterventions following PVI – 3857 procedures in 2899 patients; f/u in 2523; 1361 elective infrainguinal cases; mean f/u 407 days; Outcomes: 92% ambulatory, 2% amputation; 13% underwent repeat percutaneous intervention, 2% surgical reintervention; 93% patent (9 w primary asst, 1 w secondary); 7% occluded

Keeping with the guidelines on EVAR – size, iliac coverage, renal artery coverage: 515 patients, mean 57 mm, median 55 mm. Females mean 54 mm; 82% >50mm (within guidelines); Males mean 57 mm; 56% >55 mm, 87% >50mm. Iliac artery coverage – none 94%; bilateral, intended 1%; unintended 0.5%; renal artery coverage – overall 16/606 patients. 5 accessory, 5 unilateral main – all stented, 2 bilateral main – stented; 4 bilateral without stenting – 2 were on dialysis and 2 were ruptured.

Discussed the use of snorkel and questions arose over whether these should be complex EVAR/TEVAR or in standard EVAR.

MACRA/MIPS – Karen Woo, MD – Brief update; notes that these are rolling-in as years go by and various targets are set, met and phased out.

National VQI Update: Cheryl Jackson, SVS PSO

- **Data Audits starting in 2018!!**
 - **Inter-rater reliability exercise:** We asked for volunteers to abstract identical cases for selected registries to see how often they agree/disagree. This will let us identify problem data elements that we can improve with better help text and/or training.
 - **Random Center Audits:** We plan to audit random cases at selected centers in order to 1) estimate the overall VQI data-element error rate, and 2) identify areas for improvement. Details to come!
 - **New PSO-Center Communication Tool for Data Cleanup:** We will use our new web-based “Audit Tool” to ask centers to verify/correct suspicious data entries (out of range, improbable or impossible values in specific records).
- **Webinars**
 - August 22: TEVAR case abstraction
 - September: QI Webinar Validation Case Study! ROI
 - October: 30 day follow-up
 - November: Wrapping up a QI project, 2019 and Participation Award information
 - December: Hemodialysis Registry Changes and Stroke Webinar
- **Enhanced Reporting from the PSO 2018 reporting schedule**
 - **July:** Fall Regional Reports
 - **July:** Pilot System-Level Fall Reports for Inova and Ohio Health (**new!**)
 - **August:** COPI Report: INFRA LOS (**new!**)
 - **October:** QI Initiative Update
 - **November:** Cumulative Physician Dashboards (**new!**)
- **Registry Updates:**
 - **Hemodialysis Access:** Under major revision with release in 2019 (TBD)
 - **Vascular Medicine Registry:** Finalizing changes for release in 2019 (TBD)
 - **30-day Follow-up Measures**
 - **Varicose Vein:** Under revisions to only collect data on treated leg (shorten the form)

- **Venous Stent Registry:** Under development
- **PVI short form:** Under development
- **Social Security Numbers**
 - **Having the SSN in the record allows us to:**
 - Match patients with the Social Security Death Index which allows accurate assessment of mortality following vascular procedures
 - Match patients in VQI to their respective Medicare claims to assess long term outcomes which greatly enhances the length of follow up without requiring data entry
 - M2S has designed its security and privacy protocols to ensure PHI is safeguarded in accordance with HIPAA and HITECH. PHI is encrypted both while being transmitted and when data is at rest.
 - VQI is organized under the legal structure of a patient safety organization (PSO) which has greater data protection than most!!
- **VQI@VAM Highlights**
- **Introduction to the New Member Guide**
 - By: Nancy Heatley, Education and Research Projects Manager
- **Tools and Resources of the Vascular Quality Initiative**
 - By: Cheryl Jackson, Director of Quality
 - Links to the new Member Guide and the new QI Project Guide Supplement can be found on the Members Only section of the VQI website in the National Section:
 - <https://www.vqi.org/national-data/>
- **Cheryl taking back to PSO:**
- Can CAS and CEA be broken down to which physician specialty performed each procedure?
- Push reports
 - Time from symptom to surgery for CEA for symptomatic cases
 - Push reports with the potential to dive deeper on own to manipulate the data – click on deficiency and get patient identifier (MRN)
 - Have an interface to drill down. Don't want to have to manually drilldown who the patient is.
 - Who decides what the report covers?
 - Provide data on how VQI saved the hospital money (ex – decrease LOS by X, saved _\$)
 - 30 day reports for center-level if can't do it regionally or nationally.
 - Data on smoking status and treatments/outcomes – especially for claudication
 - Data managers want access to analytics
- Would like a webinar for EVAR covering intended/unintended
- If parameters are outside of limits for EVAR (5.0/5.5)– can there be a dropdown as to why – saccular, rapid growth?
- Inaudible ABI's – consensus of group was to mark as 0. When sent question to Pathways, they said to leave blank. What is correct?
- DM felt Pathways gave wrong answer when asked if >3 treatments – fill in devices instead of accounting for atherectomy. Physicians in room stated that atherectomy should be first since that's the order of events then include 2 devices.

- PCSK9 medication – should statin be marked as contra-indicated? Should there be a dropdown for contra, but receiving other treatment?
- DMs would like the ability to create a report and send to another center.
- Has VQI looked into “Blockchain Technology”?

VQI@VAM Highlights:

- Discussions, break-out session, poster sessions all felt to be quite informative for attendees.

Data Manager Update: Kelsi Ostenson, RN

- Developing a data manager job description
- Registry enhancements including “Share-a-file reports; efforts to harmonize the help text for all registries
- Webinars – recent TEVAR reviewed difficult clinical variables; offers validation case studies;
- New 30 day readmission module for follow up – goal to identify reasons and be in line with CMS – planned, unplanned, related, unrelated to procedure, etc
- Examples of LTFU mandatory fields which have been determined for each registry; entries missing the required fields will not count towards calculated LTFU.
- Discussed pathways support – always CC Carrie Bosela on any questions sent over

Research Advisory Council Update: Gregory Magee, MD

- Change in RAC Policy!
- Dropping the need to avoid overlap as a criteria for SVS PSO RAC approval.
- Research protocols now need only to demonstrate feasibility that the research can be accomplished using data available in the VQI dataset.
- Overlap with an existing project will not be used as grounds for rejection of a research protocol application.
- The Recipient agrees to present or publish approved project within 24 months. The SVS PSO RAC reserves the right to ask Recipient to return the dataset if no progress is demonstrated according to these guidelines.
- National Research Process
- Check Approved Project List:
- <https://www.vqi.org/vqi-resource-library/quality-research/rac-approved-project-search/>
- To submit a proposal to be considered for the National RAC, please follow the link below: <http://abstracts123.com/svs1/meetinglogin>
- National Research Process
- Medicare Matched Datasets:
- <https://www.vqi.org/vqi-resource-library/quality-research/blinded-datasets/>
- National Research Process
- Proposal Submissions
- **Arterial Quality Council Update: Ankur Chandra, MD**
 - Finalizing Common Variable select options and helptext amongst registries where applicable
 - Completing all “missing helptext”
 - Clinically reviewing all helptext to site scientific support where applicable

- LTFU required fields are complete and M2S is in the process of development for 2018 release
- **2018 Special Reports**
- **Physician and Center Dashboards:** Physician and center stats on critical outcomes by registry over the past year, including regional and VQI benchmarks. First physician reports delivered in February and will be updated in fall. Center-level dashboards planned for June.
- **Comparative COPI Reports:** We will update prior COPI reports with new data to check centers' improvement. EVAR LOS planned for May, INFRA LOS for August.
- **National QI Initiative Updates:** Reports will be issued quarterly starting in March tracking centers' progress on Discharge Medications and Follow-Up Imaging After EVAR.
- **Venous Quality Council Update: Isabella Kuo, MD**
 - **First Bi-Annual Varicose Vein Meeting at VAM!!!**
Plan to meet at AVF every year and hold a conference call every Fall (October 29, 2018 10am -12:00pm ET)
 - VQI Varicose Vein Registry (VVR). Significant participation in first 3 years
 - Total Procedures entered: 20,536. Entered by 36 sites in 20 states
 - VVR Approved Research Projects Increasing
 - Effects of age, gender, race and other patient factors on outcome of GSV ablation
 - Incidence and impact of EHIT after GSV ablation
 - Clinical and patient reported outcomes after different types of GSV ablation
 - Impact of truncal vein diameter on ablation outcomes
 - Factors associated with need for repeat treatment after GSV ablation
 - Increased opportunity with increasing data
 - **Venous Quality Council**
 - Venous Stent Registry: release 2018
 - Clinical Workgroup:
 - Marc Passman, MD (chair), William Marston MD, Tony Gasparis MD, Rabih Chaer MD, BK Lal MD, Lowell Kabnick MD
 - Industry and FDA Collaboration:
 - Bard, Cook, Gore, Medtronic, Boston Scientific, Veniti
 - **Governing Council Update: Ahmed Abou-Zamzam, MD**
 - Addition of members from the Society for Vascular Ultrasound
 - Dr. David Dawson; SVU Physician Director
 - Kelly Byrnes, BS, RTV, FSVU; NortonHealthcare; SVU Treasurer
 - Voted on new Executive Committee Members
 - Dr. Leila Mureebe, Duke
 - Dr. Randy DeMartino, Mayo
 - **SVS Guidelines & VQI**
 - AAA Guidelines published in January JVS
 - 119 recommendations/suggestions
 - 15 guidelines potentially measurable in VQI
 - Compliance with guideline
 - Quit smoking > 2 weeks before OAAA – 44%

- EVAR size threshold – 58%
- Preservation of IIA during EVAR – 98%
- Preop Stress Test
- Size guideline for AAA repair
- Using Cell Saver by Center
- **SVS Guidelines & VQI**
 - Adherence to use of cell saver had decreased inpatient and one year mortality following open AAA repair
 - Guideline compliance improves outcomes
- **SVS Guidelines & VQI Next Steps:**
 - Consideration of creation of center level reports for OAAA in Spring of 2019
 - Dr. Forbes authoring a manuscript on initial findings
 - VQI using the Guidelines to inform registry variables
- Potential to expand this exercise to other procedures

Medical Directors Meeting at VAM

- Reviewed use of GTM at meeting; success/failures; “crow and confess”
- Widely using presentations of VQI papers to encourage resident/fellow participation
- Important aspects of meetings that seem to work – Regional studies based on regional data; and pairing the meeting with annual regional meeting (such as spring VOICe and SCVSS)
- **Presentations - Key Papers from VQI**
 - Lois Zhang, USC Keck – Vital health; Blockchain; Discussed the use of blockchain and its potential adoption to research efforts.
 - Narek Veranyan, USC Keck – CEA vs stenting in pts with prior ipsilateral CAS
 - Anastasia Plotkin, USC Keck – Open vs Endovascular Supra/infra-inguinal
 - Beatriz Leong, Loma Linda – Aorto-Iliac Occlusive Disease
- **Closing Remarks and Next meetings**
 - Will invite northern California members to attend Spring meetings
 - Spring 2019 – May 3, 2019 in association with Southern California Vascular Surgery Society
 - Volunteers for hosting fall meeting?