

WELCOME

VASCULAR STUDY GROUP OF GREATER NEW YORK

November 15, 2023

3:30 – 5:30pm ET

New York, NY

Hybrid

In-Person Regional Registration QR Code

REMOTE ATTENDEES - DO NOT USE THE QR CODE



Remote Meeting Attendance Credit

Before we get started, please sign in.

- 1 Click “Participants” in the box at the top or bottom of your screen.
- 2 If your full name is not listed, hover next to your name and look for “rename”. Select & sign in.
- 3 Can’t sign in? Email Angela Churilla at achurilla@svspso.org & include the identifier you were signed in under (ex: LM7832) or phone number.

***NOTE: Credit is NOT given to any attendee or speaker that does not have an ACTIVE PATHWAYS user account.**

Appreciation and Thanks

Thank you to everyone who helped make this event possible:

Michael Stoner, MD - Regional Medical Director

Igor Laskowski, MD - Regional Associate Medical Director

Stacey Esposito - Regional Lead Data Manager

Kaity Sullivan - SVS PSO Analytics Team

Angela Churilla - SVS PSO Education & Quality Manager

Jennifer Correa – SVS PSO Marketing Manager

SVS PSO Staff

Today's Agenda

3:30 pm

Welcome

Regional Data Review – Michael Stoner, MD, Regional Medical Director

Learning Objectives:

- Use the VQI regional reports to establish quality improvement goals for the vascular patients (outcomes) and for their center (process).
- Interpret and compare each centers' VQI results to regional and national benchmarked data.
- Learn, through group discussion the VQI regional results to improve the quality of vascular health care by monitoring measurable performance indicators, SVS PSO evidence-based research, and outcomes.
- Identify high performing regional vascular centers to discuss variations in care and clinical practice patterns to improve outcomes and prompt quality improvement recommendations for vascular care patients. Sharing of best practices/pathways of care.

CE Credit

4:15 pm

Regional QI Proposal – Michael Stoner, MD, Regional Medical Director

Learning Objectives:

- Use the VQI regional reports to establish quality improvement goals for the vascular patients (outcomes) and for their center (process).
- Interpret and compare each centers' VQI results to regional and national benchmarked data.
- Learn, through group discussion the VQI regional results to improve the quality of vascular health care by monitoring measurable performance indicators, SVS PSO evidence-based research, and outcomes.
- Identify high performing regional vascular centers to discuss variations in care and clinical practice patterns to improve outcomes and prompt quality improvement recommendations for vascular care patients. Sharing of best practices/pathways of care.

CE Credit

Today's Agenda - Continued

4:45 pm	<p>National VQI Update – Caroline Morgan, RN, SVS PSO Director of Clinical Operations</p> <p>Learning Objectives:</p> <ul style="list-style-type: none">• Use the VQI regional reports to establish quality improvement goals for the vascular patients (outcomes) and for their center (process).• Identify high performing regional vascular centers to discuss variations in care and clinical practice patterns to improve outcomes and prompt quality improvement recommendations for vascular care patients. Sharing of best practices/pathways of care.	CE Credit
5:15 pm	<p>Council / Committee Updates</p> <ul style="list-style-type: none">• AQC – Igor Laskowski, MD• VQC – Glenn Jacobowitz, MD• RAC – Richard Schutzer, MD / Mikel Sadek, MD• Governing Council – Michael Stoner, MD	No CE Credit
5:30 pm	<p>Open Discussion/Next Meeting/Meeting Evaluation</p>	No CE Credit

Disclosures

Dr. Stoner
Silkroad

Welcome and Introductions

Albany Medical Center
Arnot Health
Bassett Medical Center
Beth Israel Medical Center
Brooklyn Methodist Hospital
Buffalo General Medical Center
Catholic Health Mercy Hospital of Buffalo
Catholic Health Sister of Charity Hospital
Columbia University Irving Medical Center
Crouse Hospital
Danbury Hospital
East Tremont Vascular Health Care, PLLC
Ellis Hospital
Glens Falls Hospital
Good Samaritan Hospital Medical Center
Good Samaritan Hospital of Suffern, N.Y.

Lenox Hill Hospital
Long Island Jewish Medical Center
Maimonides Medical Center
Mid Hudson Regional Hospital
Montefiore Medical Center
Mount Sinai Hospital
Mount Sinai South Nassau Hospital
North Shore University Hospital
Norwalk Hospital
NYU Langone Hospital - Brooklyn
NYU Langone Hospital - Long Island
NYU Langone Medical Center
Orange Regional Medical Center
Our Lady of Lourdes Memorial
Queens
Southside Hospital

St. Anthony Community Hospital
St. Charles Hospital
St. Francis Hospital
St. Luke's Campus
St. Luke's-Roosevelt Hospital Center
St. Peter's Hospital
Staten Island University Hospital - North Site
Stony Brook University Medical Center
United Health Services Hospitals, Inc.
University of Rochester Medical Center
Upstate University Medical Center
Vassar Brothers Medical Center
Weill Cornell University Medical Center
Westchester Medical Center
White Plains Hospital

Health System Contracting

Anne A. Parker

Fivos Health
National Director, Registry Business Development
VQI & NVQI-QOD

Fall 2023 SVS VQI Regional Report Slides

The VQI Regional Quality Report is produced semiannually to provide centers and regions targeted, comparative results and benchmarks for a variety of procedures, process measures, and postoperative outcomes.

Please note the following updates have been implemented to enhance and improve the report:

- Ability to Download/Print Dashboard

The dashboard summary can now be downloaded as an Excel file or printed directly using buttons included above the dashboard table. Please note that printing allows you to save as PDF with the “Print to PDF” feature in your browser.

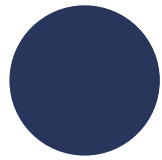
- Interactive Plots

All graphics are now interactive.

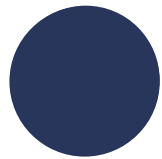
https://www.vqi.org/wp-content/uploads/FALL_2023_REGIONAL_REPORT_SLIDES_REGION_VSGGNY.html

CE/CME Meeting Attendance Credit

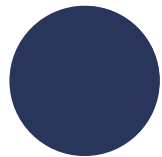
7 days to submit; no email reminder



PUT your FULL NAME in Zoom for remote attendees. Record of meeting attendance is required for CME/CE credit (no exceptions will be made)



SEND an email to achurilla@svspsso.org with names of group members that are sharing 1 device



OFFICIALLY apply for CME/CE credit by clicking the URL or QR code provided



[November 15, 2023 - Greater New York](#)

Final CMS Determination

Effective October 11, 2023:

The final CMS determination was that participation in a registry is not mandated for coverage purposes, CMS has put in place several carotid stenting standards required for reimbursement.

Asymp and Symp Carotid Treatment

1. First-line evaluation Neurological assessment by a neurologist or NIH stroke scale (NIHSS) certified health professional before and after carotid artery stenting (CAS) must be performed
2. First line evaluation of carotid artery stenosis must use duplex ultrasound
3. Computed Tomography angiography or magnetic resonance angiography, if not contraindicated, must be used to confirm the degree of stenosis and provide additional information about the aortic arch, and extra- and intracranial circulation
4. Intra-arterial digital subtraction (catheter) angiography may be used only when there is significant discrepancy between non-invasive imaging results, or in lieu of computed tomography angiography or magnetic resonance angiography if these are contraindicated

Shared Decision Making

As mandated by CMS, the shared decision-making interaction should include:

1. Discussion of all treatment options for carotid stenosis to ensure the patient is familiar with and aware of all treatment options. Including Carotid Endarterectomy and endovascular Carotid Artery Stenting (Transfemoral and TCAR) and optimal medical therapy
2. Explanation of risks and benefits for each option specific to the beneficiary's clinical condition.
3. Integration of clinical guidelines (e.g., patient comorbidities and concomitant treatments).
4. Discussion and incorporation of the patient's personal preferences and priorities in choosing a treatment plan.

REMINDER: Per CMS mandate "The NCD requirement that a formal SDM interaction must take place prior to CAS is a binding requirement for Medicare coverage of CAS. This means that failure to fulfill this requirement as directed in the NCD would result in subsequent CAS procedures being noncompliant with mandatory coverage requirements. CMS's Center for Program Integrity has various tools for addressing situations of noncompliance which may result in recoupment of Medicare payments. When providers submit claims to Medicare for services or procedures it is expected that all Medicare requirements, including but not limited to any applicable NCDs, are met when the service or procedure is furnished."

Summary

1. Expanding coverage to individuals previously only eligible for coverage in clinical trials
2. Expanding coverage to standard surgical risk individuals by removing the limitation of coverage to only high surgical risk individuals
3. Removing facility approval requirement
4. Adding formal shared decision-making with the individual prior to furnishing CAS
5. Allowing MAC discretion for all other coverage of PTA of the carotid artery concurrent with stenting not otherwise addressed in NCD 20.7.

Polling Question #1

With the recent NCD 20.7 changes, are any of the following changes anticipated at your site?

1. All operators will use VQI to track CAS outcomes
2. Some operators will use VQI to track CAS outcomes
3. Will stop using VQI for CAS outcomes
4. Don't know if we will change anything

Polling Question #2

How to implement new requirement for SDM tool in CMS patients:

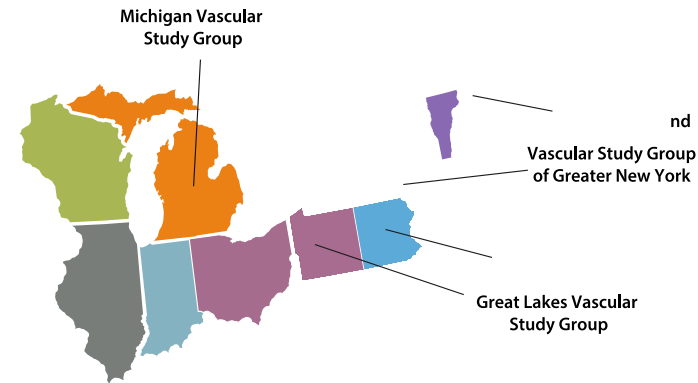
1. We already do this
2. Plan to develop a document and process on our own
3. National societies should develop a SDM tool
4. Have not made a plan yet

VQI National Update

Caroline Morgan, RN
Director of Clinical Operations, SVS PSO

VQI Participation

Canadian Vascular Quality Initiative



(VOICE)

AK

HI

Puerto Rico

Regional Breakdown

Canadian Vascular Quality Initiative | 7 Centers

Carolinas Vascular Quality Group | 41 Centers

Great Lakes Vascular Study Group | 64 Centers

Michigan Vascular Study Group | 37 Centers

Mid-America Vascular Study Group | 74 Centers

Mid-Atlantic Vascular Study Group | 91 Centers

MidSouth Vascular Study Group | 27 Centers

Midwest Vascular Collaborative | 50 Centers

Northern California Vascular Study Group | 26 Centers

Pacific NW Vascular Study Group | 41 Centers

Rocky Mountain Vascular Quality Initiative | 57 Centers

Southeastern Vascular Study Group | 142 Centers

Southern California VOICE | 42 Centers

Southern Vascular Outcomes Network | 114 Centers

Upper Midwest Vascular Network | 66 Centers

Vascular Study Group of Greater New York | 47 Centers

Vascular Study Group of New England | 51 Centers

Virginias Vascular Study Group | 44 Centers

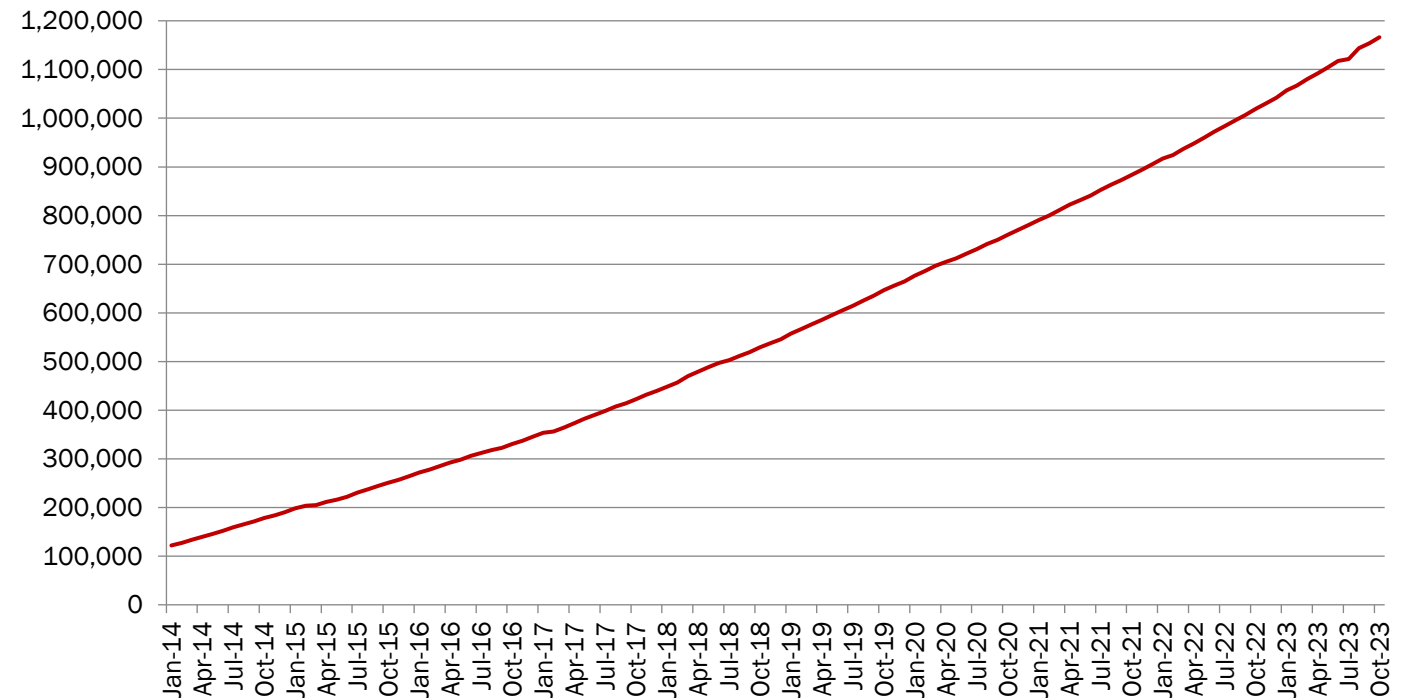
Singapore | 1 Center

TOTAL CENTERS | 1,024 Centers

Procedures Captured

TOTAL PROCEDURES CAPTURED	
(as of 11/1/2023)	
	1,166,243
Peripheral Vascular Intervention	403,625
Carotid Endarterectomy	204,937
Infra-Inguinal Bypass	85,351
Endovascular AAA Repair	85,219
Hemodialysis Access	80,182
Carotid Artery Stent	113,565
Varicose Vein	64,638
Supra-Inguinal Bypass	27,230
Thoracic and Complex EVAR	31,430
Lower Extremity Amputations	30,725
IVC Filter	18,894
Open AAA Repair	18,606
Vascular Medicine Consult	1,597
Venous Stent	244

VQI Total Procedure Volume



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

Regional Meeting CME/CE Credit



Des Moines University is the continuing education provider for this activity.



The attendance roster will be cross-referenced with those applying for CME/CE. Sign in correctly.



Each participant **MUST COMPLETE BOTH** the attendance attestation and the meeting evaluation from the URL site – one form.



You will have 7 days from the date of the meeting to complete the forms and **SUBMIT**.



Approximately 14 days from the meeting, Des Moines University will email you instructions on how to access your certificate.



PSO leadership is providing continuing education credit to you at no charge!

2023 VQI@VAM Wrap Up

- Recordings & slides available on the VQI@VAM Planner
 - Log into the Planner <https://2023svsvam.eventscribe.net/>
 - Select Full Schedule
 - Select your preferred day
 - Select your session

Tuesday, June 14, 2022

12:00 PM – 5:00 PM EDT VQI Annual Meeting  

Location:312

VQI Annual Meeting

PSO Reporting and Analytics: Drilling into Quarterly Dashboards

 Tuesday, June 14, 2022  12:15 PM – 12:45 PM EDT

Presenter(s)

 **Leila Mureebe, MD**
Duke University Medical Center
Durham

 Video 

 Slides 

Have you checked out the new VQI Website?

If not, here's just a peek at what you're missing!

- 1 Registry specific pages – deeper dive into each of the SVS VQI's 14 registries
- 2 The ability to view the VQI.org website in your preferred language! Don't see your preferred language, reach out to see about getting it added to the site
- 3 New webinars & presentations added regularly – either on the main events page, or in Members Only

For more information about the VQI website, contact Jen Correa, SVS PSO Marketing Manager, at jcorrea@svspsso.org.

“Participation in the Vascular Quality Initiative is the best way to study our outcomes, and make sure we provide the highest quality care possible to our patients with vascular disease.”

Dr. Phillip Goodney – Dartmouth Health

IMPORTANCE OF REGIONAL GROUPS

Through regional quality group meetings, participants share and analyze collected data to initiate quality improvement projects to reduce complications, readmissions, and length of stay. Quality improvement projects can translate directly to hospital cost reduction. With continued expansion of the SVS VQI and regional quality groups, data will more rapidly accumulate and can be leveraged for benchmarking and quality improvement initiatives.

Benefits of regional quality group participation include:

- Anonymous, benchmarked reports for comparison
- Increasing power and ability to detect root causes of outcomes
- Facilitating & initiating quality improvement projects
- Access to blinded datasets for data analysis at regional and national level
- Improving long-term patient surveillance

[FIND YOUR REGIONAL GROUP](#) →



QUALITY IMPROVEMENT – MEMBERS ONLY



VQI Members Only

Access to information exclusively available to members of the SVS VQI

- Find information that is not publicly shared on the VQI Website (ex: Quality Guide, Specific Registry Webinars, etc....)
- Find links and other information for upcoming Regional Group meetings
- Remember, access to the Members Only area of the VQI Website requires a different login than your PATHWAYS user account
- For account access, email Jen Correa at: jcorrea@svspsso.org to receive your username and temporary password

FDA Communications

<https://www.vqi.org/resources/fda-communication/>

FDA COMMUNICATIONS

NEWS/UPDATES FROM THE U.S. FOOD AND DRUG ADMINISTRATION

September 12, 2022

FDA Advisory Panel Recommendations on Lifelong Surveillance and Long-Term Postmarket Data Collection for Patients with AAA Endovascular Aortic Repair – Letter to Health Care Providers

March 9, 2022

Medtronic Recalls TurboHawk Plus Directional Atherectomy System Due to Risk of Tip Damage During Use

Readmission Study University of Rochester

- 30d Readmission rates
 - Review of readmission cost
 - Frequency of readmissions
 - Frequency of reoperations & cost
- Univ Rochester piloting 30D readmission project
- To join the pilot or for questions contact Stacey Esposito at:

Stacey_Esposito@URMC.Rochester.edu

Benefits determined by the study include:

- More accurate capture of complications after discharge/use of LTFU form for complications prior to 9 mos.
- Track & trend unplanned readmissions
- Identify the reason for unplanned readmissions
- Evidence based data to identify at risk patient populations
- Benchmark against Region and All VQI

Participating Centers

- University of Rochester
- Queens
- Columbia Univ, Irving Medical Center
- Weill Cornell University Medical Center
- Brooklyn Methodist Hospital

To Date: 18 Total Centers

- West Virginia University Hospital
- Salem Health
- University of Kansas Hospital Authority
- Wake Forest University Baptist Health Medical Center
- Providence Sacred Heart Medical Center
- Jobst Vascular Institute
- UnityPoint Health - Meriter Hospital
- Saint Luke's Hospital of Kansas City
- Toronto General Hospital
- Froedtert Health
- UPMC Pinnacle Harrisburg Hospital
- UPMC West Shore Hospital
- Cleveland Clinic

- Smoking Cessation launched as a new NQI June 2023 w/ variables added to all Arterial Registries – Early Q3 2023
- Help Text Enhancement Tool – May 2023
- Interactive plots for the Biannual Center and Regional Level Reports
- Retirement of most COVID Variables
- Retirement of >500 Opioid variables
- Collection of Exercise Program variables in Lower Extremity Registries
- In Development:
 - Open Aorta Registry
 - Infrainguinal/Suprainguinal Registry Follow-up reports
 - Continued efforts for harmonization across registries
 - Enhanced reporting measure for biannual reports
 - EPIC integration into VQI. *Looking for Center volunteers*

what's next?

Cardiac Risk Index

SVS | VQI
*In collaboration with NCDR**

Home Calculators About FAQ

Suprainguinal Bypass (SUPRA)

Applicable to any primary, non-emergent suprainguinal bypass for aneurysmal or occlusive disease for indications of claudication, rest pain, tissue loss, or acute ischemia

Generate report

Age ⁱ
Under 60

Graft Origin ⁱ
Axillary

ASA Class ⁱ
1, 2, or 3

History of Coronary Artery Disease ⁱ
None

Results of Stress Test within Past 2 Years ⁱ
Not Done

Indication for Surgery ⁱ
Claudication

Risk of In-Hospital Postoperative Myocardial Infarction:

1.1 %

Average Risk

Your Risk: 1.1% **Average Risk: 2%**

Your risk value falls within the 1st quartile (0-25th percentile) of risk.

How to interpret figure:

Black bar represents your risk value based on input variables

Average Risk → Black vertical line represents median risk of patients undergoing SUPRA procedure

Your Risk: 4.4% **Average Risk: 2%**

Maximum possible risk based on highest risk category of all input variables

Background shaded by risk quartile:
First Quartile (0 – 25th percentile)
Second Quartile (25th – 50th percentile)
Third Quartile (50th – 75th percentile)
Fourth Quartile (75th – 100th percentile)

<https://www.vqi.org/risk-calculators/>

The VQI-CRI is also available in a mobile-friendly format

Welcome to the VQI Cardiac Risk Index

Last updated: February 2023

This calculator estimates a patient's risk of in-hospital postoperative myocardial infarction for five primary vascular procedures based on the input of preoperative patient characteristics and planned procedure details.

Disclaimer:

The VQI Cardiac Risk Index (VQI-CRI) estimates the chance of an adverse outcome based on preoperative patient and procedure information entered into the calculator. These estimates are calculated using VQI data collected from a large number of patients who had a procedure similar to the one for which the patient may be a candidate.

It is important to note that VQI-CRI risk estimates only take certain information into account. There may be other factors that are not used in the estimate which may increase or decrease the risk of an adverse outcome. Estimates obtained are not a guarantee of results. An adverse outcome may occur even if the risk is low. Similarly, an adverse outcome may not occur even if the risk is high.

The information presented by the VQI-CRI is not meant to replace the advice of a physician or healthcare provider regarding diagnosis, treatment, or potential

AA | svq-vqi.shinyapps.io

Suprainguinal Bypass (SUPRA)

Applicable to any primary, non-emergent suprainguinal bypass for aneurysmal or occlusive disease for indications of claudication, rest pain, tissue loss, or acute ischemia

Age ⓘ
Under 60

Graft Origin ⓘ
Axillary

ASA Class ⓘ
1, 2, or 3

History of Coronary Artery Disease ⓘ
None

Results of Stress Test within Past 2 Years ⓘ
Not Done

AA | svq-vqi.shinyapps.io

Results of Stress Test within Past 2 Years ⓘ
Not Done

Indication for Surgery ⓘ
Claudication

Risk of In-Hospital Postoperative Myocardial Infarction:

1.1 %

Your risk value falls within the 1st quartile (0-25th percentile) of risk.

GENERATE REPORT

AA | svq-vqi.shinyapps.io



Physician Snapshot Report Discussion

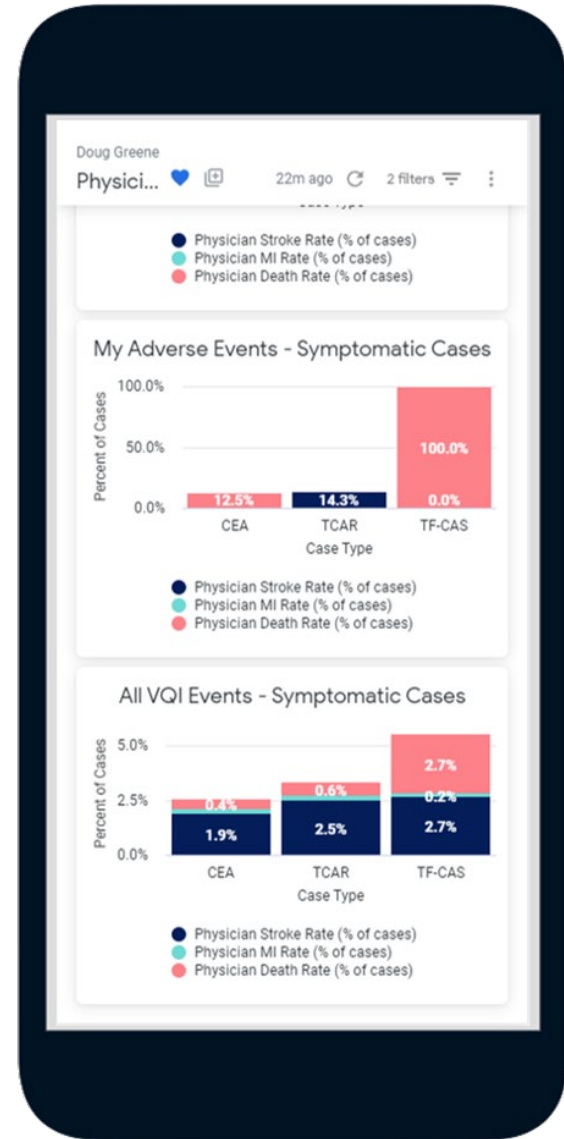
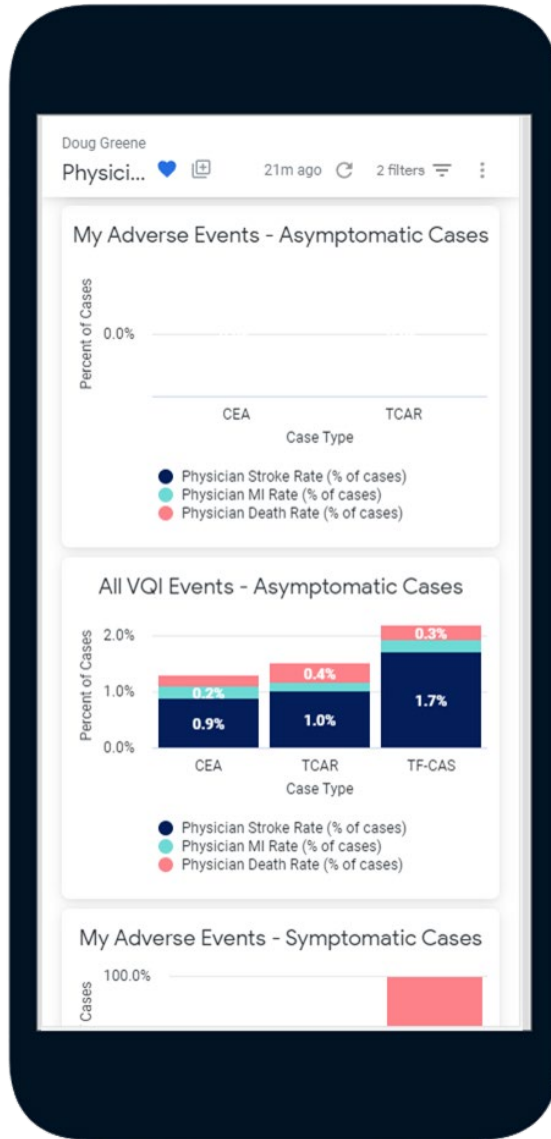
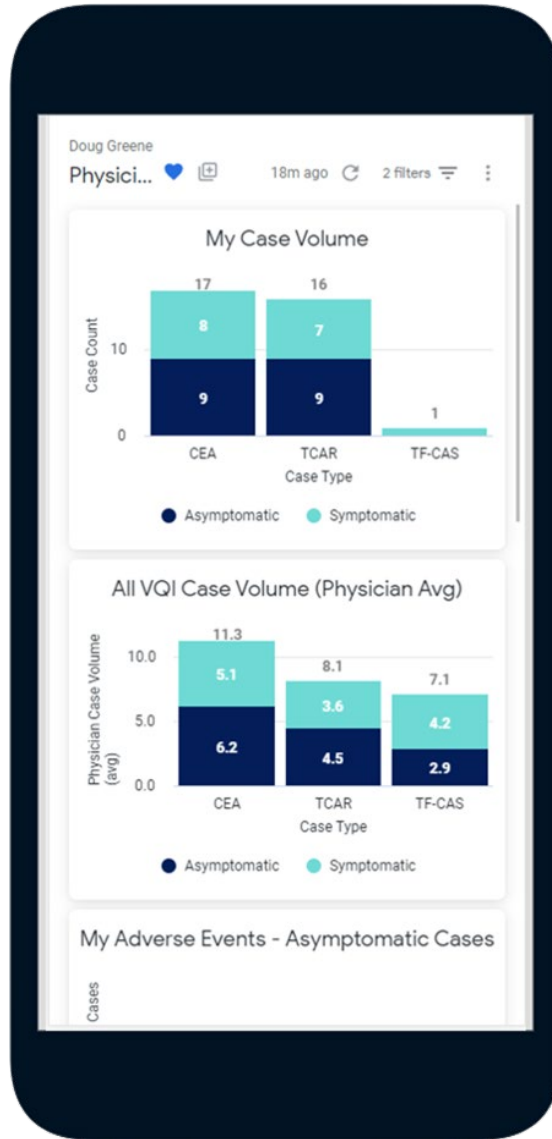
Introducing Physician Snapshot Reports for Carotid Treatment

- Individual Physician Reporting for individual physicians to compare key outcomes against all VQI cases
- Key features
 - Flexible access: Available on your smart phone or through Pathways reports on your desktop
 - Near real time data with nightly updates
 - CEA, TCAR and TF-CAS available on the same report
 - Flexible time interval views- default view is the last 365 days with options to adjust the date range
 - Secured- viewable only by **you** via your VQI PATHWAYS password



Compare Physician with VQI Average Annual Case Volume and Key Outcomes

CEA vs TCAR vs TF-CAS, Asymptomatic vs Symptomatic Cases, Stroke, Death, MI

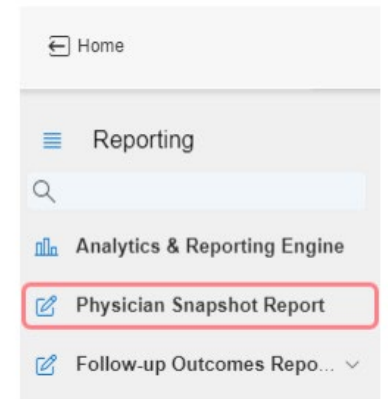


How do I access my Carotid snapshot?



Two Options:

1. An email with your URL entitled **View my Carotid Snapshot** was sent to the email on file for you in PATHWAYS- simply click the link and enter your PATHWAYS password
2. From a desktop computer- URL Access: <https://pathways.m2s.com>
-From the reporting menu in the top right, click the option for the Physician Snapshot Report



Note: You will need your VQI PATHWAYS password to view the report

- If you do not know your VQI PATHWAYS password, please see your VQI hospital manager
- You may also email PATHWAYS support for assistance at PATHWAYSsupport@fivoshealth.com

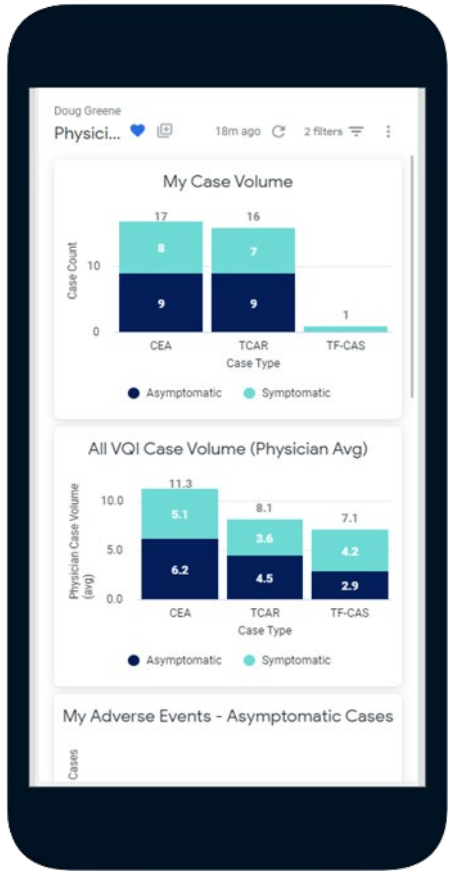
Physician Snapshot Report Feedback



Polling Questions:

- How many of you have viewed your report?
- If you have not viewed the report, why?
- Can you share your initial reaction or feedback if you have used it?

Note: In order to obtain future feedback, we may send a very brief email survey. Your participation is greatly appreciated!





General RAC Submission Guidelines

- Active Pathways Account w/ 'Share a File' privileges
- Center Registry Subscription
- Regional RAC approval required for all regional proposals



General RAC Submission Guidelines Cont.

- Check email for approval status from Melissa Latus
mlatus@svspso.org
- Check email notification from FIVOS health that data set is available in 'Share A File'
- Data in 'Share A File' will expire after 30 days of receipt

2022 VSGGNY Participation Award Winners



NYU Langone Medical Center
Stony Brook University Medical Center
University of Rochester Medical Center



Columbia University Irving Medical Center
Maimonides Medical Center
Montefiore Medical Center
Queens
St. Luke's Campus
St. Peter's Hospital
Upstate University Medical Center
Weill Cornell University Medical Center



Brooklyn Methodist Hospital
Catholic Health Mercy
Hospital of Buffalo
Danbury Hospital
Long Island Jewish Medical
Center
North Shore University
Hospital
Norwalk Hospital
Westchester Medical Center

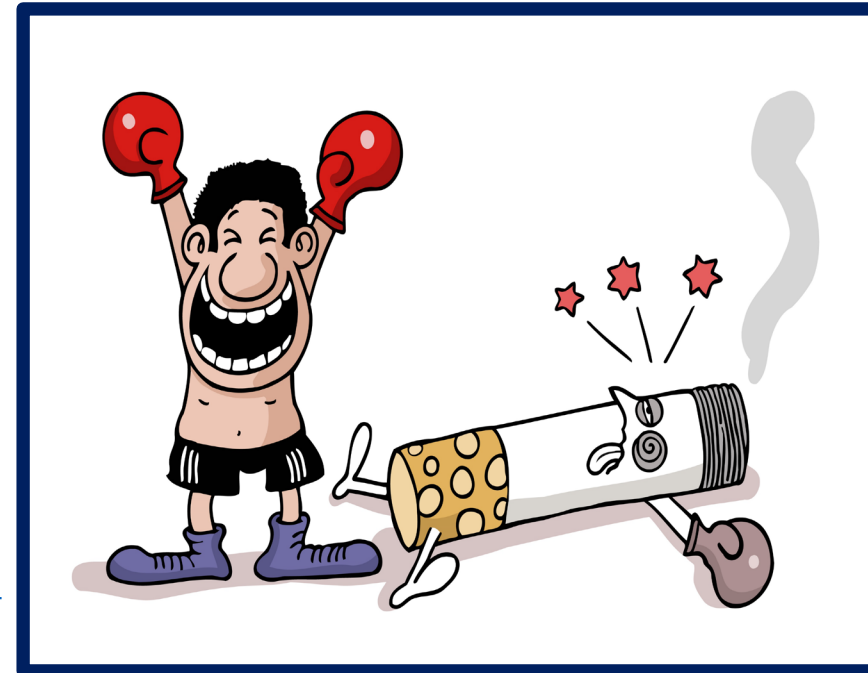
Congratulations!

Quality Improvement Updates

Betsy Wymer, DNP, RN, CV-BC
Director of Quality, SVS PSO

Quality Improvement: National Quality Initiative - Smoking Cessation

- Introduced at VQI@VAM 2023
- CAN-DO Program
 - Choosing Against combustible Nicotine Despite Obstacles
- Arterial registries only
- Reporting measures added Spring 2023
 - Preop Smoking – Elective procedures
 - Smoking Cessation – Elective, Urgent, Emergent procedures
- Currently have smoking variables
 - Minimal addition of variables
 - Go LIVE August 2023
- Webinars
 - July and August (register at www.vqi.org)
- Education <https://www.vqi.org/quality-improvement/national-qi-initiatives/>
 - Physician and Patient
 - Toolkits
 - Billable codes and sample dictation
 - Resources



Quality Improvement – Participation Points

The following is a list of the four domains for the 2023 Participation Awards criteria:

- **Domain 1 – LTFU – 40% weighted**
- **Domain 2 – Regional Meeting Attendance – 30% weighted**
- **Domain 3 – QI Project – 25% weighted** 
- **Domain 4 – Registry Subscriptions – 5% weighted**

Quality Improvement – Participation Points

QI Project Domain

Domain – Quality Improvement Project – 25% weighted

Scoring on 0 – 6-point scale to keep consistent with other measures. This gives centers options for getting **6 maximum QI points**.

- Initiation of a QI Project, evidenced by submitting a Project Charter to QI@SVSPSO.ORG or bwymmer@svspso.org (2 points). **One charter per year.**
- Presenting a QI Project (presentation or poster) at a Regional VQI, *Regional Society Meeting, or ***Hospital Board and/or C Suite** meeting (2 points) *When presenting at succinct regional meetings, project slides must reflect a change or update in status.*
- Presenting a QI Project (presentation or poster) at the National VQI or *Vascular Annual Meeting (2 points)
- *Publish a **VQI quality improvement** article in a Peer Reviewed Journal (2 points)
- Centers with significant improvement or excellent performance rates on National QI Initiatives will receive one additional point (per initiative), for a maximum of 6 QI points

* Please send attestation (proof) to bwymmer@svspso.org on or before December 31, 2023.

Quality Improvement – QI Project Domain Requirements

- Present VQI data to C-Suite (leadership, CNO, COO, Chief Vascular Surgeon, etc.)
- Contact Betsy at bwymmer@svspso.org
- Provide the following
 - Agenda/Meeting Minutes (date, your name and presentation, attendees)
 - Copy of presentation (feel free to cover center data)
 - Maximum of 2 presentations per year – slides must present a change or an update in status
- You will receive an email confirmation from Betsy which verifies participation points

Fellows in Training (FIT) Program 2022-2023

Jack Cronenwett Scholarship Winners

Quality

Dr. Christine Kariya

FIT Mentor Dr. Danny Bertges

University of Vermont Medical Center

Dr. Hanna Dakour Aridi

FIT Mentor Dr. Michael Murphy

Indiana University Health – Methodist

Research

Dr. Ben Li

FIT Mentor Dr. Graham Roche-Nagle

Toronto General Hospital

Dr. Brianna Krafcik

FIT Mentor Dr. Phil Goodney

Dartmouth Hitchcock Medical Center

Dr. Caronae Howell

FIT Mentor Dr. Benjamin Brooks

University of Utah Hospital and Clinics/The University of Arizona



Quality – Fellows in Training (FIT) Program 2023-2024 FIT Mentor, FIT Fellow, and Center

FIT Mentor	FIT Fellow	Center
Michael Costanza	Deena Chihade	University Hospital
Samantha Minc	Paul Rothenberg	WVU
Nikolaos Zacharias	Mitri Khoury	Massachusetts General Hospital
Nikolaos Zacharias	Tiffany Bellomo	Massachusetts General Hospital
Arash Bornack	Christopher Chow	University of Miami
Michael Madigan/Mohammed Eslami	Mikayla Lowenkamp	UPMC
Thomas Brothers	Saranya Sundaram	Medical University in South Carolina
Benjamin Jacobs/Sal Scali	Michael Fassler	University of Florida
Adam Beck	Amanda Filiberto	University of Alabama Birmingham
Brian DeRubertis	Nakia Sarad	Weill Cornell Medical Center
Dan Newton	Syeda Ayesha Farooq	Virginia Commonwealth University

Improve Your Quality of Care in Vascular Surgery and Interventional Care

Introducing a new quality program developed by the American College of Surgeons and the Society for Vascular Surgery: a standards-based framework designed to meet the unique needs of vascular programs



facs.org/vascular

Email vascular@facs.org for information

Polling Question #6 and #7

What is the status of ACS/SVS certification at your site:

1. Already certified (pilot site)
2. Planning on certification in the next 1-2 years
3. Unsure but would like more information
4. No plans

Should the NY study group form a work group of sites working on certification to share materials and process?

1. Yes
2. No

Committee Updates

AQC Update

Open

- Committee meets every other month
 - Jan, March, May.....
- Re-engagement of registry committees
 - New reporting measures for ea. registry
 - Review of variables for possible retirement
 - One committee each Mtg. will give progress update
- Review & discussion of proposed registry revisions
 - LE/VMC SET variables to align w/guidelines
 - Pilot ERAS Variables
 - Initial discussion of required vs non-required procedure variables

VQC Update

Glenn Jacobowitz, MD

- Committee meets bi-annually
- Re-engagement of registry committees
 - New reporting measures for each registry
 - Review of variables for possible retirement
 - Each committee will give updates during the VQC meetings
- Active review of Venous Stent to decrease registry burden
- Discussion on how to increase venous registry presence w/in the venous community
- Next Meeting VEITH (hybrid)
 - November 12-17, 2023

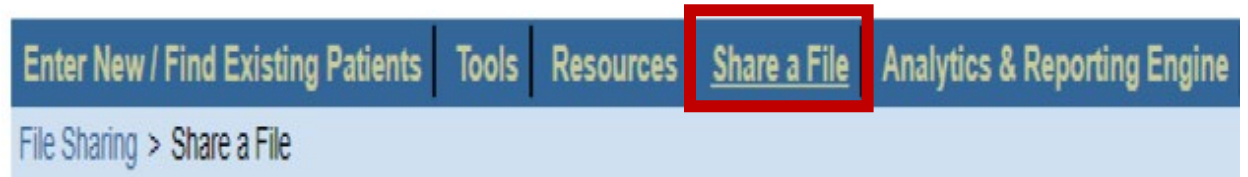
Arterial RAC Update

Richard Schutzer, MD

- The proposal review committee meets quarterly
- Comprises of all RAC chairs nationally and some other members
- Reviews about 20-30 abstracts each cycle
- The process is fair and open with the aim of approving most proposals
- The committee advises investigators on how to improve the proposals

Arterial RAC

- When requesting a Data Set, the investigator must have an ACTIVE PATHWAYS account.
- Once approved, the Data Set will be transferred through the “SHARE a FILE” function in PATHWAYS.



- The Data Set will be available through “Share a File” for 30 days

Arterial RAC

- Components of a VQI proposal.
- For more information:
 - Podcast: Requesting Data presented by Dr. Leila Mureebe, MD
https://drive.google.com/file/d/1tBsYrzhOPu-Oz5gu_eHhMmrVvyEtk5i2/view

- Abstract
- Research question/Hypothesis
- Background/significance
- Approach
- Analytic plan
- Mock Tables
- Potential problems/solutions
- IRB approval/exemptions.

RAC Data Use Agreement

The Data Use Agreement needs to be signed by the Attending Physician when submitting in Abstract 123

<https://abstracts123.com/svs1/>

Data Use Agreement

Data Use Agreement

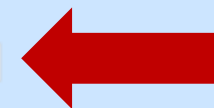
Below are the terms of the Data Use Agreement for the Society for Vascular acknowledging the terms below.

1. The Recipient shall not use or further disclose the data set other than as required to complete T
2. The Recipient shall allow access to the data only to individuals directly accountable to the Recip
3. The Recipient shall use appropriate safeguards to prevent use or disclosure of the data set oth
4. The recipient agrees that this study must be approved by the IRB of the institution that takes res
5. Upon completion of the project, or should this Agreement be terminated for any reason, includin
6. The Recipient agrees to present or publish approved project within 24 months with one refresh

I acknowledge I have read and understood the Data Use Agreement.

I have received approval from my regional RAC, only applicable for those regions that
(required answer)

Signature:



Select Today's Date:

RAC Proposal Process

1. Review list of projects:

<https://www.vqi.org/data-analysis/rac-approved-project-search/>

2. Submit proposal online:

<http://abstracts123.com/svs1/meetinglogin>

3. Deadlines for submissions:

<https://www.vqi.org/svs-vqi-national-arterial-rac-schedule/>

- Your Regional RAC chair is available to help answer questions or help with proposal writing

Venous RAC Update

Mikel Sadek, MD

- The July Venous RAC had 4 venous proposals submitted
- Podcast: Requesting Data presented by Dr. Leila Mureebe, MD. Follow link below
 - https://drive.google.com/file/d/1tBsYrzh0Pu-Oz5gu_eHhMmrVvyEtk5i2/view
- The current venous registries with blinded data sets
 - Varicose Vein
 - IVC Filter
- Types of information available:
 - Demographics
 - Comorbidities
 - Operative characteristics
 - Post-operative characteristics
 - Follow-up

Governing Council Update

Michael Stoner, MD

- Meets twice a year
- Last meeting: June 16, 2023
- Committee designation:
 - Each region represented by the Regional Lead Medical Directors
- Adam Beck – newly appointed GC Chair; Grace Wang – newly appointed Vice Chair
- All Regional RAC requests must have regional RAC approval; committee highly recommends that the Regional RAC also approve national requests
- Next meeting VEITH; November 2023



Updates for Fall 2023 VQI Regional Meetings



2023 Technology Updates for VQI

- TEVAR Fenestration Treatment Minor Revision
 - “Fenestration Type”, a new field was added to the nine different branches in the branches tab
- CAS Minor Revision
 - Modified the “Approach” field and dependencies
 - Updated “Lesion 2 Side” to auto-populate the value entered for “Lesion 1 Side”
- PVI Minor Revision
 - The PVI registry was modified to align with changes made during the INFRA/SUPRA major revision
- Infra-inguinal Bypass and Supra-inguinal Bypass Revision
 - Major revisions were made to the lower extremity bypass registries




Same Registry Cloning for Infra/Supra-inguinal Bypass

- The ability to copy data from existing procedure records to a new procedure record for the same patient and registry has been added

The screenshot shows a web interface for patient details. At the top, there are navigation tabs: "Enter New Patient / Find Existing Patient", "Tools", "Resources", "Share a File", and "Analytics & Reporting Engine". Below this is the "Patient Details" section, which includes "Patient Information" (Last Name: Testss, First Name: sunil, MI: Sdfs, DOB: 12/01/1996, MRN: 98765421, SSN: XXX-XX-4321, MBI:) and "Procedure Records". The "Procedure Records" section has a search bar and a list of filters: "Procedure = 'Infra-inguinal Bypass'" and "Procedure Status". Below the filters is a table titled "Procedure Status : Complete" with one record: "11/01/2022", "Infra-inguinal Bypass", "19974633", "-", "AYA AKL", "-", "Create/View", and "-". At the bottom, the "Create Procedure" section is visible, with "Procedure Type" set to "New". A list of procedure types is shown, with "Infra-inguinal Bypass" selected. A "Clone Procedure" button is located at the bottom left of the "Create Procedure" section.

Follow-up Outcome Report Drilldowns

- Drilldown option has been provided to list the PRIMRPCID for procedures included in the calculator for My Center. This option is available for outcomes employing Mean/ STD and Median/IQR calculations.
- Outcomes reports impacted include:
 - CEA
 - HDA
 - VV



CEA Follow-up Outcomes Report

Follow-Up Rate Download

CEA PDT (7 Filters) ▾

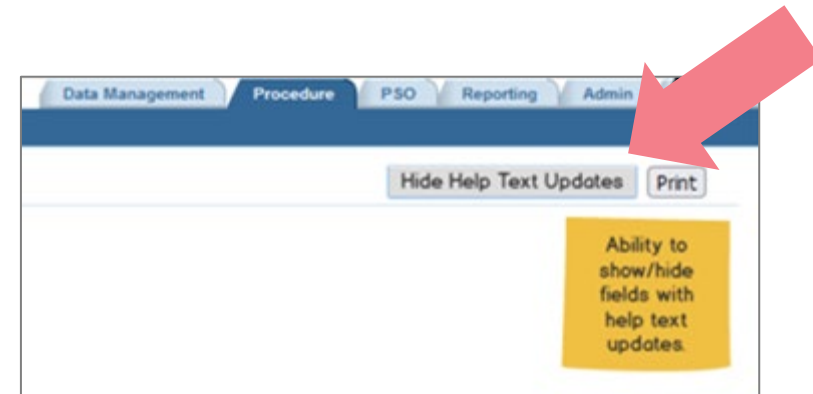
	PRIMRPCID
1	2559725
2	2561458

Released in Q2 2023



Help Text

- Enhancement to highlight fields with recently updated help text to alert abstractors to revised definitions

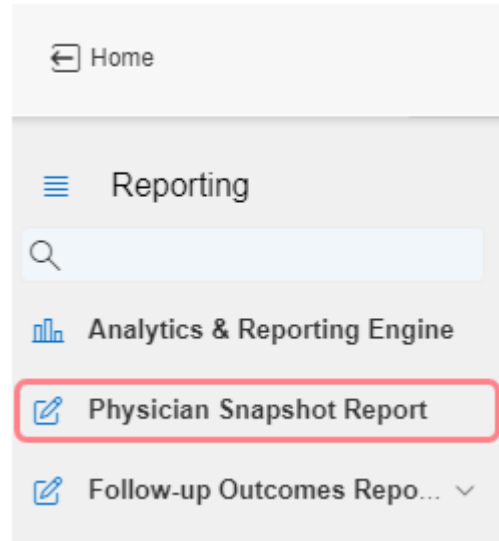


Support Tab Enhancements

- Addition of "Useful Links" section
- "Training Schedule" page has been renamed to "Upcoming Trainings"
- "Video Library" added on the Support tab

Physician Snapshot Report

- Introduced new Carotid Physician Snapshot Report.
 - New report privilege added to the Users and Permissions Report



Released in Q2 2023



Claims Validation

- Sort by Response Provided in the Unmatched Claims – You can now sort or filter the “Unmatched Claims” report by the Response column

Claims Validation Year : 2015

Q Go 3. Unmatched Claims Actions Save Changes

Response in 'Exclude from PATHWAYS, Miscoded in Billing, To be added in PATHWAYS, To be updated in PATHWAYS, Wrong Identifier in Billing' x

Status = 'Unmatched Claims' x

1 - 14 of 14

Filename	Status	Response	Mismatch Reason	Claims NPI	Claims Provider First Name
claim-07.csv	Unmatched Claims	Miscoded in Billing	Claims record didnt match PATHWAYS record	1122112233	Coco
claim-08.csv	Unmatched Claims	Wrong Identifier in Billing	Claims record didnt match PATHWAYS record	1122112233	Coco



PATHWAYS Support

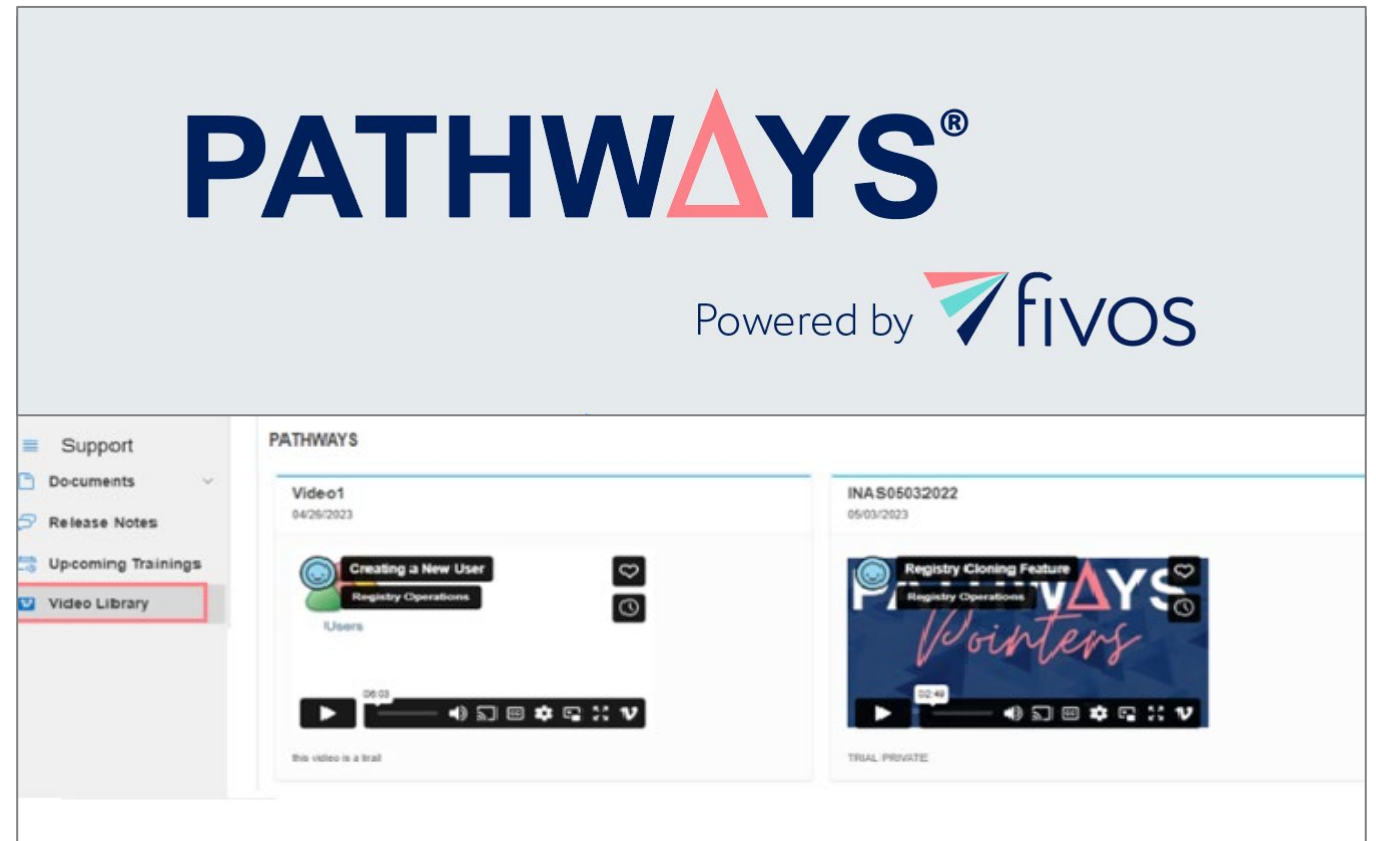
PATHWAYS Support



Need help?

Check out the PATHWAYS Support tab.

- **Documents** – List of essential documents necessary for new staff and experienced abstractors to assist with data abstraction.
- **Release Notes** – Listing of release announcements highlighting changes and improvements to the registries.
- **Upcoming Trainings**– List of upcoming training opportunities with registration links for new staff and experienced abstractors.
- **Video Library** – Listing of video tutorials to help you learn at your convenience.



PATHWAYS Support Updates



Announced in the spring:

PATHWAYS Hospital Manager Guide

- Added to the Resources Tab
- Helps users better understand role responsibilities

NEW announcement:

PATHWAYS Administrative Training Video

- Added to the Support Tab Video Library
- Provide even more support to assist new centers and new HMs
- In beta > we welcome feedback on its usefulness during onboarding

PATHWAYS Support Updates



Claims Validation

Recent news:

- The **2022** Claims Validation process was launched in April 2023 and closed in July
- Powerful testimonials about ROI projects during VQI at VAM
 - Direct result of the claims validation audit
- This process can provide even more centers with opportunities to expose revenue leakage and mitigate financial loss (a great opportunity to **WOW** your administrative team)

Up next:

We are looking forward to launching the **2023** Claims Validation cycle in the **Spring of 2024!**



Coming Soon

The Support Team continues to develop brief training videos to assist with specific functionality and tasks.

We appreciate feedback we received during our recent VQI@VAM Support Update webinar. We will be sure to use this information for future development!

PATHWAYS Support – A Closing Note



A friendly reminder...

The following registries are all available in VQI. Reach out to our Sales team for assistance with additional VQI registry opportunities at your center.

Carotid Artery Stent
Carotid Endarterectomy
Endovascular AAA Repair
Hemodialysis Access
Infra-Inguinal Bypass
IVC Filter
Lower Extremity Amputations

Open AAA Repair
Peripheral Vascular Intervention
Supra-Inguinal Bypass
Thoracic and Complex EVAR
Varicose Vein
Vascular Medicine Consult
Venous Stent



Registry Projects

SVS Post-Market Surveillance Projects



- The following projects are conducted within the SVS PSO, and only non-identifiable data (removal of patient, center and physician information) will be provided to Medtronic/BARD/Cook/Gore or the FDA. Only standard of care practice is being evaluated. For such PSO activities, patient informed consent and Institutional Review Board review are not required.
- Sites must follow their institutional guidelines.

TEVAR Dissection Surveillance Project



- The SVS PSO is excited to announce the continuation of the TEVAR Dissection Surveillance Project to evaluate the Cook Zenith Dissection Endovascular System. FDA approval was granted for this device after safety and effectiveness were demonstrated in pre-market studies of complicated dissection with the proviso that the efficacy of TEVAR treatment of descending aortic dissection would be more fully analyzed through post-market surveillance, as was done through VQI for the W. L. Gore and Medtronic devices after their approval.
- Patients will have 30 day, and annual visits for 5 years.
- Total reimbursement of \$4,000 per patient for a patient followed annually for 5 years.

For enrollment information: Sarah Van Muyden | sarah.vanmuyden@fivoshealth.com

TEVAR Dissection Surveillance Project – Cook Only



- 122 of the 180 required patients enrolled (14 potential cases in process)
- 60 Chronic Cases Enrolled - Enrollment Complete
- 62 Acute Cases Enrolled Currently -52% of total Acute Cases Enrolled
- Retrospective enrollment allowed- All eligible cases from December 31, 2018 (protocol FDA approval date)
- (76) 30-Day visits completed, (66) 1-year follow-up visits completed, (40) 2-year follow-up visit completed and (12) 3-year follow up visits completed
- 28 sites currently participating
- This project is conducted within the SVS PSO and only non-identifiable data (removal of patient, center and physician information) will be provided to Cook or the FDA. Only standard of care practice is being evaluated. For such PSO activities, patient informed consent and Institutional Review Board review are not required.



Gore TBE Project



Gore is collaborating with the Society for Vascular Surgery Vascular Quality Initiative (VQI) to collect data and images from the **TEVAR** registry for a 10-year follow-up project.

Project Objective: To ensure that the clinical outcomes during the commercial use of the GORE® TAG® Thoracic Branch Endoprosthesis are as anticipated.

Patient Population: Patients who undergo treatment with the GORE® TAG® Thoracic Branch Endoprosthesis device.

Number of Patients

- Max number of patients: 350
- Start Date 01/15/2023



About the Gore TBE Project



Project specific dynamic content has been added to the TEVAR registry.

Project Timeline:

- **Phase I:** Start-up, development, enrollment (3 years) Current Phase
- **Phase II:** Surveillance period (10 years)
- Total expected duration of the project: (13 years)

Project Imaging Requirements: Procedure + 1 Month + Annually



Gore TBE Project



- 23 fully executed addendums
- 22 sites full trained
- Current enrollment as of 8/14/23 = 58 patients

For enrollment information:
Megan Henning
megan.henning@fivoshealth.com





Please contact
PATHWAYSSUPPORT@fivoshealth.com
for questions

Spring 2024 Regional Meeting

TBD



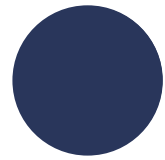
Fall Report Reminder

Reminder:

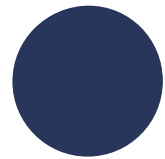
Spring 2024 Report Cut Date = **February 1, 2024**, for
procedures CY 2023

CE/CME Meeting Attendance Credit

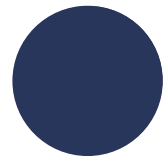
7 days to submit; no email reminder



PUT your FULL NAME in Zoom for remote attendees. Record of meeting attendance is required for CME/CE credit (no exceptions will be made)



SEND an email to achurilla@svspsso.org with names of group members that are sharing 1 device



OFFICIALLY apply for CME/CE credit by clicking the URL or QR code provided



[November 15, 2023 - Greater New York](#)

- Thank you to our members for your continued participation and support of VQI

- Thank you to COOK and GORE for your contributions and making these meetings possible
- Thank you to Des Moines University for providing CE/CME credit for today's meeting

Thank You

SVS | **VQI**
*In collaboration with NCDR**