VASCULAR STUDY GROUP OF GREATER NEW YORK
Fall 2018 Regional Meeting
November 14, 2018
12:00pm – 3:00pm
VEITH, Hilton Hotel Midtown, New York, NY

Supported by: New York Presbyterian Hospitals
W.L. Gore and Associates
Cook Medical LLC

AGENDA:

12:00- 12:10	**Lunch (Eat in)**	
12:10-12:15	**Welcome and Introduction**	**Apostolos Tassiopoulos, MD**
12:15- 12:20	**Spring Meeting follow-up**	**Apostolos Tassiopoulos, MD**
12:20-12:30	**National VQI Update**	**Carrie Bosela, RN**
12:30-12:45	**Regional Data Review**	**Apostolos Tassiopoulos, MD**
12:45-1:00	**VQI/VAM Poster presentation**	
	1) Association of Aneurysm Sac behavior with long-term survival Following EVAR **- Discussion Open TAAA module**	**Virendra Patel MD**
1:00-1:05	**Arterial Quality Committee Update**	**Angela Kokkosis, MD**
1:05- 1:15	**Post-Approval Safety and Efficacy of Transcarotid Arterial Revascularization**	**Angela Kokkosis MD Abstract Presentation**
1:15- 1:20	**Research Advisory Committee Update**	**Issam Koleilat, MD**
1:20- 1:30	**Participation in VQI improved outcomes VQI Research project**	**Issam Koleilat, MD**
1:30- 1:35	**Venous Quality Committee Update**	**Carrie Bosela RN**
1:35-1:40	**Governing Council Update**	**Evan Lipsitz MD**

1:40- 1:45	**Next meeting**	
1:45-2:00	**Challenges met for Onboarding**	**Nilima Lovekar MPH/Marcie Cortez MS**

Data Managers Meeting to continue

2:00- 2:10	**Challenges cont.…**	**Nilima Lovekar MPH/ Marcie Cortez MS**
2:10- 2:25	**QI Charter Project Initiation:** **Discharge Stains and Antiplatelet**	**Group discussion**
2:15- 2:20	**Questions and Answer on presentations**	
2:20-2:30	**Follow-up rates ups and downs:** **Catholic Health**	**Sue Nappo RVT MBA**
2:30- 2:40	**Module study: EVAR** **Where to look and How to capture** **Important Data points**	**Nilima Lovekar MPH**
2:45-3:00	**Open Forum**	

- **Welcoming Participants: Nilima Lovekar MPH**
  Congratulations !!! Dr. A. Tassiopoulos on being elected as the President New York Society for Vascular Surgery
- **Appreciation and Centers update: Apostolos Tassiopoulos MD FACS:**
  - **Thankful for our supporters:**
    NYP-CU and NYP-WC for supporting the 2018 VSGGNY Fall meeting
    W.L. Gore and Associates
    Cook Medical LLC
  - **27 centers and counting newly added**
    - **Arnott Health**
    - **Northwell/Southside**
    - **NYU/Winthrop will be added shortly.**

I. **National SVS PSO update:** Cheryl R Jackson, DNP, MS, RN, CNOR, CPHQ

- **Current Stats:**
  - 502 Centers, 46 States + Canada
  - 519,178 procedures as of 09/30/2018
  - 18 regional groups, including the newest one in Canada
- **VQI@VAM 2019:**
  - **Date: Tuesday , June 11th through Wednesday, June 12th , 2019**
  - **Place: Gaylord Convention Center National Harbour, MD,**
- **VQI Approved by CMS as a 2018 Qualified Clinical Data Registry (QCDR)**
  - MIPS Quality Component is 50% of the total MIPS score
  - VQI QCDR offers 25 measures
- **Data Audits starting in 2018!!**
  - Inter-rater reliability exercise: We had 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 data 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 follow.
  - 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).

- **Educational Webinars 2018:**
  - August: TEVAR case abstraction 30 day follow up
  - September: Validation Case Study! ROI: Failure modes and effects analysis
  - October: LTFU required fields
  - November: Wrapping up a QI project, 2019 Participation Award information
  - December: Hemodialysis Registry Changes
- **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/Physician Dashboards (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 Registry Projects**

Title	Registry	Enrolling	Targets	Follow-Up	Typical $ Per Patient
TCAR Surveillance Project	CAS	Yes	-	1 yr	NCD
Bard® LifeStent® Popliteal Artery Stent Project	PVI	Yes	74 pts 30 sites	1, 2 yr	$1400
Medtronic IN.PACT® Admiral® DCB ISR Project	PVI	Yes	300 pts 50 sites	1, 2, 3 yr	$1950
CREST 2 Registry	CAS	Yes	-	1 yr	-
TEVAR Dissection Surveillance Project	TEVAR	No*	600 pts 50 sites	30 day 1, 2, 3, 4, 5 yr	$4000
Lombard Aorfix Surveillance Project	EVAR	No	234 pts 50 sites	30 day 1, 2, 3, 4, 5 yr	$4000

- **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/

- **Winner of the Poster Competition: "Implementation of a Structured Protocol to Improve Rates of VQI Registry Vascular Patient Follow Up" from NY Presbyterian - Weill Cornell Medicine: Authors: Melissa R. Katzman, PA-C, Katherine E. Greger, PA-C, Ashley Graham, BS, Andrew J. Meltzer, MD, and Darren B. Schneider, MD**

- **Vascular Study Group Greater New York: Quality Improvement Project!**
  How to increase regional meeting attendance and participation?

- Lead physicians agreed to personally call centers that do not regularly attend
- Created a script of standardized questions (willing to share with other regions)
- Plan to publish results

- Regional Reports: Apostolos Tassiopoulos, MD
  - Dashboard:

Registry	Outcome	Your Center % (n/N)	Your Region [25p|50p|75p]	VQI Overall [25p|50p|75p]
All	**Total Procedure Volume**		[30 | 271 | 566]	[37 | 134 | 330]
Multiple (July 2015-June 2016)	**Long-Term Follow-Up**		[28% | 50% | 76%]	[44% | 72% | 86%]
Multiple	**Discharge Medications**		[70% | 77% | 85%]	[75% | 83% | 90%]
AVACCESS	**Primary AVF vs. Graft**		[81% | 88% | 92%]	[74% | 85% | 90%]
CAS	**In-Hospital Stroke/Death**		[11% | 0% | 0%]	[3% | 0% | 0%]
CEA	**In-Hospital Stroke/Death**		[1% | 0% | 0%]	[1% | 0% | 0%]
CEA	**LOS>1 Day**		[34% | 18% | 12%]	[33% | 22% | 14%]
EVAR	**LOS>2 Days**		[20% | 8% | 2%]	[18% | 11% | 3%]
EVAR (July 2015-June 2016)	**Sac Diameter at LTFU**		[45% | 55% | 63%]	[36% | 56% | 72%]
INFRA	**Chlorhexidine Skin Prep**		[80% | 95% | 100%]	[86% | 98% | 100%]
INFRA	**Major Complications**		[7% | 2% | 0%]	[6% | 0% | 0%]
IVCF (2017)	**Filter Retrieval**		[15% | 39% | 56%]	[1% | 27% | 45%]
LEAMP	**Postop Complications**		[29% | 25% | 25%]	[24% | 17% | 10%]
OAAA	**In-Hospital Mortality**		[0% | 0% | 0%]	[2% | 0% | 0%]
PVI	**Ultrasound Guidance**		[78% | 97% | 98%]	[74% | 93% | 98%]
PVI	**ABI/TBI Reported**		[52% | 67% | 92%]	[65% | 81% | 92%]
SUPRA	**Postop Complications**		[28% | 17% | 10%]	[33% | 23% | 11%]
TEVAR (July 2015-June 2016)	**Sac Diameter at LTFU**		[25% | 43% | 57%]	[25% | 43% | 56%]
VV (2017)	**PROMs at LTFU**		NA (<3 centers)	[38% | 97% | 100%]

    - Procedure Volumes: VSGGNY is currently on the third hghest center for procedures done at their centers. Vascular surgeons have highest input for procedures compared to General srurgery, Radiology, Cardiology,Neurosurgery, Cardiothoracic surgery and others surgeons.
    - Long Term Follow-ups: VSGGNY is the lowest performer when it coms to long term follow-ups. One of the reason that we have many new centers joining our group.
    - Discharge Medications Procedures: VSGGNY is at lower level when compared to other regions in prescribing Statins and Antiplatelets post op to patients.
    - Carotid Artery Stent: Stroke or Death in Hospital Procedures: Our regional center is slightly above the median when it comes to In hospital stroke or death.
    - Carotid Endarterectomy: Stroke or Death in Hospital Procedures performed between June 1, 2017 and May 31, 2018: VSGGNY stands at lower mark for reported stroke and death after CEA which is comparable.
    - Carotid Endarterectomy: Percentage of Patients with LOS>1 Day: VSGGNY has lower than percentage of LOS >1 compared to other regional groups.
    - Endovascular AAA Repair: Percentage of Patients with LOS>2 Days: VSGGNY as comparable rate to national average

- EVAR: Rate of Sac Diameter Reporting at Long-Term Follow-Up: few centers from our regional have less than 1% sac diameter reporting. Those centers are to reach out to regional coordinator for help and see why the sac diameter is not reported
- Lower-Extremity Amputation: Rate of Postop Complications: VSGGNY reports higher percentage of post op complications. LEAMP – reach out to high performing centers to see if they want to present at spring meeting. Planned amps need to be removed as a complication, because it is clinically correct to do them. Can VQI ask if staged or not, then put as complication if not.

- TEVAR: Rate of Sac Diameter Reporting at Long-Term Follow-Up: Our regional has higher reporting for sac diameter for follow-up visits

- Important points for regional centers to focus on:
    - Increase Long term follow-up rate
    - Increase IVC Filter retrieval
    - Focus on lowering LEAMP complications
    - Improve percentage t prescribe discharge statins and antiplatelets
    - Participation in regional meetings: Dr. Tass requested contact information (phone numbers) for Lead Physician at each center in region to call them to survey why they don't or do participate in regional meetings. He also wants to send out a questionnaire to members who were not in attendance to see what the challenges are for not attending

- **Arterial Quality Council Update: Angela Kokkosis, 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.

    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 and INFRA SSI in September.**

- **National QI Initiative Updates: Reports will be issued quarterly starting in March tracking centers' progress on Discharge Medications and Follow-Up Imaging After EVAR.**

- **Research Advisory Council Update Issam Koleilat, MD:**

  1) 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.**

  2) 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**
  - **Medicare Matched Datasets: https://www.vqi.org/vqi-resource-library/quality-research/blinded-datasets/**

- **Venous Quality Council Update: Cheryl Jackson/Glenn Jacobowitz, 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, Boston Scientific, Cook, Gore, Medtronic, Veniti

- **Governing Council Update: Apostolos Tassiopoulos, MD/Evan Lipsitz MD**
  - **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%**

  - **Adherence to use of cell saver had decreased inpatient and one year mortality following open AAA repair**
  - **Guideline compliance improves outcomes**

- **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**
- **Presentations:**
  1. Virendra Patel, MD (NYP/Columbia) – **Aortic Sac Behavior after EVAR**
  2. Angela Kokkosis, MD (Stony Brook Medical Center)- **Post-Approval Safety and Efficacy of Transcarotid Arterial Revascularization**
  3. Issam Koleilat MD (Montefiore NY): **How to increase regional meeting attendance and participation?**
- **Presentations: Data Mangers Meeting:**
  1. Nilima Lovekar MPH (NYP – New York) – **Challenges met onboarding**
  2. Marcie Cortez (Kalieda Health - Buffalo) – **The Challenges of Implementing the VQI**
  3. Sue Nappo RVT, MBA (Catholic Health – Buffalo) - **Follow-up Rates Ups & Downs**

Spring Meeting 2019:

- **Location: Gaylord Convention Center, National Harbor, MD**
- **Date: Tuesday June 11th and Wednesday 12th**
- **Time: 7:30 am- 9:30 am**
- **Data Managers meeting: 7:00am-7:30am (Tentative)**

Dr. Tassiopoulos thanked everyone who attended the 2018, Fall Regional meeting.