So Cal VOICe

12th Semi-Annual Meeting
May 5, 2017
Rancho Mirage, California

Minutes

Attendees:

A.Abou-Zamzam (Loma Linda), S. Berthiaume (Sharp Grossmont), C. Bianchi (Loma Linda), D. Bordwell (Hoag), A. Chandra (Scripps), A. Couvarrubias (Loma Linda), A. Devlin (Hoag), J. Fluke (Sharp Grossmont), V.Guzzetta (Sharp Grossmont), S.Ham (USC), K. Heaney (Sharp Grossmont), K. Ladd-Reeder (Providence St. Joseph), A.Parker (M2S), S. Perry (Providence Tarzana), C. Psahoulias (Sharp Memorial), J.Thomas (Cedars-Sinai), F.Weaver (USC), M.Wong (USC), K Woo (UCLA)

Special Guests: J.E. Jorgensen (Maine MC), T. Singh (Palo Alto)

Meeting called to order at 10:00 am

Welcome/Overview (Ahmed Abou-Zamzam)

Welcome and introduction of all attendees.

Regional Update (Ahmed Abou-Zamzam)

A list of participating centers was presented.

The data on the numbers of cases within the VOICe registry were presented. Currently there are 6840 cases with the majority being composed of PVI (2776) and CEA (1698). The monthly volume has appeared to plateau near 140.

Administrative Issues:

The fall meeting will be on November 3. A solicitation for host was made. Dr. Chandra has offered to host at Scripps.

Dr. Abou-Zamzam brought up the topic of soliciting for a member from the VOICe to serve as the representative on the VQI national arterial quality committee. Dr. Chandra has volunteered to participate as the AQC representative.

Expanding participation: New centers identified (either now participating or in the process of joining, or candidates for participation) were introduced: Henry may Newhall Memorial, UCMC-Irvine, Long Beach Memorial MC, Glendale Adventist, Bakersfield Memorial, Los Robles Hospital and MC, Santa Barbara Cottage, Santa Rosa Memorial, Saint Vincent MC, Valley Presbyterian

Data Review (Karen Woo)

Regional Quality Reports (Karen Woo)

Regional Quality Reports (new HTML format) showing all study groups and VQI averages were presented. Dr. Woo invited participants to comment on which reports were helpful and which were unnecessary.

(Regional reports: Overall volume; physician specialties; LTFU; VVs with patient reported outcomes at follow up; skin prep; U/s guidance for PVI; PVI percentage with ABI or TBI before procedure; EVAR/TEVAR sac diameter reporting; open AAA LOS≥8 days; EVAR LOS ≥2; CEA stroke/death;

Primary AVF vs AVG, retrieval of IVC filters, CAS stroke/death, LEB major comps; Open AAA mortality; – all not enough participants;

Much discussion was generated during the regional reports. The poor LTFU was again highlighted. Tips for improving were shared – the role of phone documentation and also the future of mandatory required fields.

(At the prior meeting the LOS following CEA was used to propose further survey and examination of the data. This was added to the current meeting agenda below.)

Missing Data (Karen Woo)

Overall, nearly 43% of submitted procedures have missing data in our region. This is slightly lower than the VQI national average (43% vs 49% in 2016). Within our region the percentage varies from single digit to nearly 90%. The issues of mandatory reporting fields were again reviewed.

Specifically; CAS balloon diameter - 29%; IB- Ipsilateral ABI -34%; CEA contra PSV, EDV, ICA/CCA in nearly 30%; TEVAR endoleak at completion 55%;

A discussion was held as far as opportunity for improvement. Some of these data elements may not be readily accessible to data extractors and need to be placed into dictations or supplied by physicians.

Medications: Antiplatelets and Statins (Karen Woo)

Dr. Woo reviewed data on the use of antiplatelets and statins that has been gathered by Dr. Martino from the VQI registry. There is a clear survival benefit with the use of these medications. For every 25 patients treated, there are 3.5 additional patients alive at five years. Dr. Woo reviewed an algorithm developed at USC for the initiation of statin therapy.

Dr. Woo presented regional data on preop and postop antiplatelet use in CEA, PVI and LEB patients over time in the VOICe. Similar data were seen for statin use over the past six years. Discharge antiplatelet use has improved over the past six years.

Discussion was held on the importance of documentation of aspirin use. Sometimes this might not be listed by the patient under "medication."

Open reconstruction for Supra-inguinal Disease (Karen Woo)

Dr. Woo presented data on the regional results of open reconstruction for suprainguinal PAD. About 29% with axillary inflow (ax-fem, or ax-fem-fem); 29% femoral-femoral; 35% with aortic inflow. The majority (72%) with common femoral outflow. The use of horizontal (53%) versus vertical femoral (47%) incisions was relatively equal. Mean LOS 8 days, ICU stay 3.4 days, mortality 4%.

Discussion was held on the general results and some discussion about potential studies such as examining specific issues such as fluid management following aortic operations and influence on outcomes.

Follow up CEA length of stay (Karen Woo and Ankur Chandra)

The new Center Opportunity Profile for Improvement (COPI) reports were reviewed. All centers received in-depth analysis of CEA LOS>1 day. Rare post-operative complications were strongly associated with increased LOS. Most of these events occurred rarely and only in one or two centers. The use of IV medications for hypertension or hypotension had an OR of 3.0. The regional rate was 19% while VQI was 25%. The changes in LOS >1 over time was noted to be generally improved.

Dr. Chandra then presented a review of the process used at Scripps for perioperative management of the CEA patients and a proposal for a region-wide protocol. This was based on input from participants solicited from members following our fall 2016 meeting.

Further discussion was held on the merits of various approaches, including longer times in recovery room to avoid ICU stays, oral medications for hypertension, and avoidance of urinary catheterization.

Lunch

Measuring Quality: VQI implications for your practice (Jens Jorgensen)

Registry participation is associated with overall improved patient survival. "Fifteen minutes could improve survival by 24%." Participation may: improve care of your patients; make you a better doctor; lead to better clinical care with evidence-based practice; and advance medical knowledge. Donabedian's principles of quality assessment were presented – structure, process, outcomes and cost-effectiveness. "Outcomes, by and large, remain the ultimate validation of the effectiveness and quality of health care," Avedis Donabedian. Outcomes measurements must take into account context and be risk-adjusted. The VQI allows for this. The development of the VSGNE included the promotion of physician ownership, collaboration, and the opportunity to translate data into practice change.

Dr. Jorgensen noted a few lessons: comparative feedback stimulates practice change; this was leveraged to effect better compliance with statin use. He reviewed how his own institution has used the information with physician-level reports.

The accomplishments of the VQI were presented. The data on overall presentations resulting from the VQI; important papers such as surgical site infections and skin prep; discharge medications and survival; and the role of COPI reports. Future initiatives including the complete documentation of AAA size with imaging during LTFU of EVAR was discussed.

Northern California Study Group Update (Tej Singh)

Dr. Singh presented an introduction to the Northern California study group. He explained its origins, current membership and the structure of its meetings. Dr. Singh discussed the possibility of a joint meeting with the Northern and Southern California study groups. A meeting is planned to occur at the VAM in San Diego to further discuss the potential for such a meeting with all members of both groups invited to attend.

Coffee Break

ACA/Quality Payment Program (QPP) Update (Karen Woo)

Dr. Woo gave a brief outline of MACRA – the Medicare Access & CHIP Reauthorization Act of 2015. This makes important changes to how Medicare pays providers: 1) Repeals the sustainable growth rate formula (SGR); 2) Makes a new framework for rewarding health care providers for giving better care not just more care and 3) Combines existing quality reporting programs into one new system. How this happens and is monitored is quite complex and will involve merit-based incentive (eventually penalties) payment systems (MIPS) and alternative payment models (APMs). The final rule was released on October 14, 2016 and is set to go into effect January 1, 2017. Separate payment adjustments under PQRS, the Value-based Payment Modifier and the Medicare Electronic Health Record incentive programs will end 12/31/18. On 1/1/19 the MIPS and APM incentive payments begin.

MIPS will include, initially, the components: Quality (60%), Advancing Care Information (25%), and Improvement Activities (15%). Resource Use (cost) will not initially be included in MIPS.

The Alternative Payment Models will involve aspects such as lump-sum incentives, increased transparencies, Accountable Care Organizations, Patient Centered Medical Homes and bundled payment models.

2017 is a transitional year. Practitioners must report for a minimum of 90 continuous days to be eligible for positive payment adjustment. To avoid negative adjustment, you must report one quality measure, one improvement activity or report measures in advancing care information.

In MIPS: **quality category** – 6 measures, including one outcome measure (several quality measures have been developed by the VQI including – percentage of patients prescribed statin after LEB, periop complications following AAA repair, etc.); **clinical improvement category**-support broad aims such as care coordination, beneficiary engagement, population management and health equity; **advancing care information** – e-prescribing, health information exchange, provide patient access, securing risk analysis. Cost will not be used in 2017 but will increase to 30% of the score by 2021.

The implications for payments – either positive or negative adjustments – will be 4% (2019), 5% (2020), 7% (2021) and 9% (2022). Additional adjustment with be allowed for "Exceptional Performance."

Practitioners can opt out of MIPS by participating in an Alternative Payment Model (APM). Providers in APMs may qualify for 5% annual bonus.

Remember the VQI is a Qualified Clinical Data Registry (QDCR). This may help centers meet measures of reporting as required for MIPS.

Data Managers Update (Shelley Berthiaume**)**

Ms. Berthiaume reviewed the activities of the data managers. There was an annual meeting for data managers at the VAM meeting this past June and there is another meeting planned for next month at the VAM in San Diego. The first meeting was felt to be quite productive.

Regional Data Managers Webinar has continued and is proving useful and informative.

Data extraction examples were presented at the national meeting and discussed in the regional webinar to clarify how to approach confusing scenarios to ensure standardized data extraction. In the upcoming meeting at the VAM there will be specific break-out sessions for each registry to discuss confusing case scenarios and to have an opportunity to discuss directly with registry chairs.

Ms. Berthiaume announced that she will be stepping asides as the regional lead data manager in the coming year and solicitation for interested parties was begun.

Research: National & Regional Update (Ankur Chandra)

The national RAQ has nearly 125 ongoing approved projects. These can be found at http://www.vascularqualityinitiative.org/vqi-resource-library/research-advisory-committee/. The application process has been streamlined and uses the Abstract123(AAG) abstract submission system.(http://abstracts123.com/svs1/)

Dr. Chandra reviewed the online process for submission.

Next submission cycle for national RAC:

Call for Proposals:	April 11. 2017
Due Date:	May 29, 2017
Meeting:	June 12, 2017
Notifications Sent:	June 13, 2017

VOICe members have a total of 16 ongoing projects in the VQI.

The VOICe has 2 ongoing approved projects.

An open discussion on research ideas was held. A suggestion for presentation of ongoing projects at future meetings was made.

National VQI Update (Jens Jorgensen)

Reviewed the information from the SVS VQI. There are 17 regional study groups. Overall 413 centers in 46 states + Ontario, Canada. Overall there are now over 355,900 procedures captured.

The SoCal VOICe website was revealed.

The member only website was discussed. This will allow members to share ideas and information. This will include a topical discussion forum. This has been piloted by lead regional data mangers.

The second annual VQI@VAM will be May 30-31 in San Diego. The 1st annual meeting was well-received.

The members were reminded of the online VQI pulse newsletter.

Two new National QI projects have been launched:

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

Goal is 100% compliance

Online resources were reviewed, including the "Digital QI Project Guide."

Participation awards results were released in early 2017. Potential changes: participation in VQI projects; credit for VAM meeting attendance; penalizing for lower than 50% LTFU;

The VQI datasets for research have been undergoing audits. There were found to be no significant errors in key outcome variables so far. There have been multiple new quality assurance measures instituted based on the audit.

Arterial Quality Council Update: (Karen Woo)

The AQC discussed term limits and succession planning for registry chairs. Registry chairs were requested to identify two to where quality improvement projects that may lead to best practice recommendations for procedures in each registry.

Three VQI committees are working on the national QI projects of discharge medication and EVAR LTFU imaging rates. The PSO National QI Project Committee Process: The AQC, Communications Committee and Quality Improvement Workgroup interact in this process.

In addition to the spring and fall regional reports, this year the council has published three COPI reports – 30-day stroke and 1-year mortality after CEA; 30-day stroke and 1-year mortality after CAS; COPI report on hematoma after PVI. They have also published three surgeon-level reports – percentage of high-risk patients receiving CEA; percentage of patients receiving follow-up imaging after EVAR; percentage of high-risk patients receiving CAS.

Plan to repeat CEA LOS in 2017.

Venous Quality Council Update: (Karen Woo)

We are seeking a member to participate on the VQC.

The venous stent registry will be released in 2018.

Governing Council Update (Vince Guzzetta)

Reviewed national quality projects; focused on defining the value of VQI to SVS members; need to ensure data integrity; focus on MIPS; work with SVS and clinical practice committee on "Appropriateness."

M2S update – some revisions to CAS, still work with Medstreaming on data integration, work with PSO on MIPS/MACRA

The council is developing a policy for the release of files with device identifiers.

Potential new projects: EVAR cost study with MedAssets/Visient; Venous Stenting Registry; US News and World Report publication

Pathways Development Update: (Anne Parker)

New function: PVI clone data will allow generation of a new PVI based on an existing PVI procedure to allow time-savings.

Revision of PVI post-procedure tab was demonstrated.

Post-market studies are still open – TEVAR dissection, Aorfix, IN.PACT surveillance, LifeStent popliteal study, CREST 2, T-CAR.

Wrap-up (Ahmed Abou-Zamzam)

A brief round table discussion was held for the last part of the meeting.

Several topics were again raised – soliciting more member involvement is the key to continued success of the study group.

The members present appeared to have a favorable impression of the current meeting format. Feedback was positive for beginning with the regional data and finishing with national information.

The follow-through and carry-over from the prior meetings was felt to be valuable.

Ideas for future meeting topics will be solicited in a post-meeting survey.

The meeting was adjourned at 4 pm.

The next meeting will be held on November 3, 2017 in the San Diego area hosted by Scripps.