

Great Lakes Vascular Study Group

March 11, 2016 1:00-4:00pm

Cleveland Clinic Foundation

Meeting Minutes:

Attended:

Name	Position	Center
Abu hamad Ghassan	MD	Alleghany General, Allegany Valley, Forbes, West Penn
Jeffrey Prem	MD	Aultman, Mercy
Michelle Edwards	Nurse	Cleveland Clinic
Donna Fleming	Nurse	Cleveland Clinic
Katie Lehtinen	Nurse	Cleveland Clinic
Marsha Lowrie	Nurse	Cleveland Clinic
Carla Duvall	Nurse	Cleveland Clinic
Sean Lyden	MD	Cleveland Clinic
Rebecca Kelso	MD	Cleveland Clinic
Jean Starr	MD, Medical Director	OSU Wexner
Michael Go	MD	OSU Wexner
Mounir Haurani	MD	OSU Wexner
Megan Pepin	Nurse	OSU Wexner
Michelle Farneman	Nurse	OSU Wexner
Patrick Vaccaro	MD	OSU Wexner
Susan Cartwright	Nurse	Ohio Health System (Dublin, Grady, Riverside)
Todd Cochran	Nurse	Ohio Health System (Riverside)
Gary Ansel	MD	Ohio Health System (Riverside)
Amy Jackson	Nurse	Ohio Health System (Doctors)
Sandy Jessberger	Nurse	Ohio Health System (Doctors, Dublin, Grady, Grant, Marion, Riverside)
Amy Morris	Nurse	Ohio Health System (Marion)
Lori Wiseman	Admin	Ohio Health System (??)
Lynette Cuteufello	Nurse	Summa Health System
John Moawad	MD	Summa Health System
Stacy O'Brien	Nurse	Summa Health System
Renee Brinker	Nurse	Summa Health System
Jason Wagner	MD	UPP Vascular Surgery
Theodore Yuo	MD	UPP Vascular Surgery
Michael Singh	MD	UPP Vascular Surgery
Fern Schwartz	Data Coordinator	UPP Vascular Surgery
Elizabeth Genovese	MD	UPP Vascular Surgery
Carrie Bosela	Nurse	SVS PSO

Deborah MacAulay	Sales	M2S
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Welcome and Introduction: Dr. Jean Starr, Medical Director

National VQI Update (see slides): Carrie Bosela, SVS PSO

First Annual VQ Meeting: June 8, 2016 National Harbor, MD (SVS annual meeting)

- 8:00am to 12:00 pm Data Managers Session
 - Anatomy
 - PVI case abstraction
 - Producing and Interpreting Reports
- 12:00pm to 4:30pm All VQI Participants
 - Key Note Speaker: QI process
 - VQI QI success stories
 - VQI Toolkit to assist with local QI efforts
 - Sustaining QI

Discussed how there are currently 376 center now enrolled in VQI in 46 different states. Over 270,000 procedures entered as of the first of the first of October.

2016 SVS PSO Recognition Award with points rewarded for: 1) physician and ancillary staff attendance at regional meetings; 2) long-term F/U percentage and 3) number of procedure groups the site participates in

- Centers with LTFU less than 50% will receive mentoring from a peer advisor and a LTFU toolkit from the PSO to assist then in improving their LTFU rates

Vascular Medicine Registry to be released by the end of 2016. Focus on Medical Management of Carotid, Aortic and Lower Extremity vascular disease.

EVAR Cost Project with MedAssets: 18 VQI sites participating in Pilot

- Understanding the economics of vascular procedures is critically important
- Combined hospital cost data (MedAssets) with detailed clinical data (VQI) to accurately benchmark similar procedures

EPIC Update:

- Dr. Michael Stoner and Lisa Spellman at University of Rochester
- Working with Epic to build CEA form that can be transferred via JSON file to M2S
- Work should be done and ready for testing end of April 2016
- “How to” documentation will be shared with all VQI EPIC users

- Presentation by Dr. Kelso on the EPIC templates they have created for more difficult variables to find in the chart (slides part of the attached master slide deck)

Meaningful Use:

VQI meets objective 10, measure 3: use of a specialized registry for meaningful use per CMS only if members subscribe and use “DATA IMPORT” feature of VQI. Contact Pathwayssupport@m2s.com for more information about data import.

MACRA

- MIPS and APMs are two payment alternatives that encourage value based rather than volume based reimbursement.
- Physicians who receive payment from Medicare are required to participate in MIPS or APMs.
- Specifications and requirements are still being finalized by CMS.

MIPS

- MIPS begins with payment adjustments in 2019 based on quality data reported in 2017. MIPS adjustments, either positive or negative will start at 4% up to 9% in 2022. MIPS scores will be based on 4 domains; quality of care, resource use, meaningful use of EHRs and participation in clinical practice improvement activities – these are still being finalized by CMS.

APM

- For APMs, beginning in 2019, physicians who successfully participate in an APM can receive incentive payments of 5% per year. It requires some financial risk for the provider and requirements can be met if a provider is in a patient centered medical home or ACO. Providers must meet increasing thresholds annually for percentage of revenue received through APMS.
- SVS is developing a *disease specific APM for vascular surgeons* in collaboration with ACS and researchers from Brandeis University who developed the original episode payment program for CMS.

Pathways development update:

- New health system reporting
- New ability to drill down to patient level data in the analytics engine
- Finishing changes to PVI registry to be released Q2
- Status of TEVAR, Lombard and Crest 2 trials

Regional Data Review (see slides): Jean Starr, MD

- I. 2013 regional Long Term follow up 59% for region: not a lot of regional sites participating in 2013
- II. Discharge Antiplatelet and Statin possible QI project; region currently at 75% Southern California created letters for their patients and primary care provider. Link below to edit and make personal to your site:
<http://www.vascularqualityinitiative.org/components-of-the-vqi/regional-quality-groups/current-regional-quality-groups/southern-california-voice/sc-voice-quality-initiatives/hospital-setting/>
- III. PVI ultrasound guided access variance of 0% to 75% in the region: would be an interesting regional study to determine if usage improves outcomes. This stemmed from discussion that technique is not the same amongst users and concern that it does not necessarily decrease access site complication rates.
- IV. ABI/TBI prior to PVI variance of 50% to 100%: may be an abstraction issue worth discussing with your data abstractors, especially if obtained at another facility. Data can be used even if just recorded in a practitioner progress note.
- V. EVAR and TEVAR sac diameter evaluation at follow up: discussion of radiologist vs independent read of the CT scan. Most agreed surgeon read more accurate, but this can be determined by individual institutions. Discussion was held about non-uniformity in obtaining the data. This is a limitation in this type of database.
- VI. CEA LOS > 1 day variance of 5% to 38%: High performers should examine their practices and consider presenting to the group how they achieve these results. Discussion was held about inaccurate data when patients are transferred from other centers and other factors that increase LOS, unrelated to CEA surgery.
- VII. CEA and CAS stroke/death O/E for the region the same. NOTE CAS stroke and death slide by center has an error in the observed bars and a new report will be issued.

Arterial Quality Committee Update: Jeff Prem, MD

PVI form being revised, minor and major revisions reviewed and discussed. Release in next couple of months. PSO has started data auditing using statistical methods of identifying out of range data, highly improbable data combinations (i.e. claudicant in a wheelchair). PSO staff is contacting sites to inquiry about these findings to review and possible update the data.

Venous Quality Committee Update: Carrie Bosela

IVC Filter: 4778 procedures

- Current workgroup developing an IVC filter retrieval reminder report/email notification
- CMS Quality Measure: Appropriate management of Retrievable IVC filters

Varicose Veins: 3245 procedures

- Focus on vein centers, integrate with vein-specific EMR vendors
 - VeinSpec
 - SonoSoft
 - StreamlineMD
 - MedStreaming
- Includes Quality of Life variables

Research Advisory Committee (RAC) Update: Carrie Bosela

National Proposals New Portal for Submission:

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

ACTION: the terms of the AQC, VQC and RAC positions are up for renewal. Request for Nominations will be in the post meeting survey. Dr. Starr will be the representative to the VQI Executive Council.

Expanding Participation: List of “interested” centers in the region included in the slide deck, current Great Lakes VSG members encouraged to reach out to any peers at those centers to help increase membership in the group. Dr. Starr and/or Carrie are willing to hold discussions with any interested centers.

Website: We will work on “beefing up” the Great Lakes website link on the VQI website.

Next Meeting: At the MidWest Vascular Society meeting September 8-10th in Columbus, OH

It was decided to hold Great Lakes VQI mtg in conjunction with MVSS Annual mtgs when held at a location that would be convenient to our mtg. Dr. Starr will pursue getting a grant to support the funding for the meeting room and food. Thereafter, we will consider rotating sites between PA and OH for convenience of all participants.