Highlights from Virginias Vascular Study Group Regional Meeting

Fall 2016 Regional Meeting
October 23, 2016
White Sulphur Springs, West Virginia

Overview

- Dr. Robinson noted that approximately 10% of all procedures in the VQI database across all procedures are from the Virginias, based on the procedure volume slide for 2003 – 2016.
- Concerns were raised about the delay in receiving a corrected blinded dataset for TEVAR and lower extremity amputations and the problems this creates with upcoming submission deadlines. Nadine Caputo emphasized that this issue has the highest priority; additional resources have been brought in to address this as quickly and completely as possible.

Topics for extended group discussion

Challenges of obtaining measurement data

- The need to have physicians provide data such as sac size and/or review the data manager's abstraction of this information was noted.
- The use of device company pre-surgical reports was discussed for those departments that use them; the report includes measurements and the physician only needs to review it and identify measurement that changes post-surgery. If the physician approves, the data abstractors could use the information from the industry sheets.

Quality Improvement Projects

- Discussed the advantages of collaboration on projects and support for hospitals beginning QI projects. Representatives from the academic centers indicated that they could help with statistical and data analysis and suggested partnerships between academic medical centers and community hospitals on QI projects, but maintaining the community hospital as project lead.
- Nadine Caputo will check with SVS leadership to find out if there are sources of funding for new investigators starting projects using VQI data. (Nadine can be contacted at ncaputo@svspso.org; 312.3342329)
- Dr Robinson recommended that this region form a QI committee. Each participating hospital should have a QI representative.

LTFU

- Many of the smaller hospitals do not have outpatient EMRs and this makes it more challenging to obtain LTFU. The importance of having more information that can be automated was discussed including the status of integration of VQI data with EPIC and Cerner.
- It was noted that it can be especially challenging to get non-vascular specialists to take the time to provide LTFU information.

Other

- Having a printed copy of the data elements would be helpful for some physicians – this information is available from the Pathways portal under the resource tab. The group noted that because of the dependencies, the print out may be lengthy.
- The issue of providing physician reports for physicians who practice in multiple hospitals – just having the Center ID without the name of each center is not sufficient. Deborah MacAuley indicated that this issue is being addressed by M2S.
- A survey will be sent out to all members regarding the unblinding of LTFU data to be polled on their interest in disclosing center level LTFU datya. It was noted that email addresses for these surveys may be outdated or incomplete; a previous survey yielded a low volume of responses.
- Participant were very interested in engaging members not at this meeting. They requested the names of centers and names of vascular surgeons at those centers who have not been actively participating and indicated their willingness to contact them.
- Dr. Campbell's hospital uses the Cerner EMR and he would like to see more information automated, similar to efforts being made with EPIC. There are physicians in other regions interested in Cerner integration with VQI data. Nadine Caputo will share the names and see if a working group can be formed.
- Dr. Shaw requested the latest information about the TCAR project – it is included in the email attachment.