

MID-AMERICA VASCULAR STUDY GROUP

Date: September 3, 2014

Presiding: Joseph Schneider, MD

Present: Cynthia Bik, Sapan Desai, James Ebaugh, Marsha Friedman, John Goddard, Rachael Hartman, Andrew Hoel, Deborah Horman, Matt Regan (M2S), TJ Schneider, Laura Sheppard, Robert Steppacher, Todd Vogel, Tiffany Whitaker

Via GoToMeeting: Carrie Bosela, Suzi Guignon, David Sutton

Guests: Jared Kray

Recording: Cheryl Jackson

Called to order: 11:05am

Topic	Discussion	Action/ Responsible Person	Timeline/Status
Introductions/ Attendees	Self introduction of all present. Representation from Cadence Health, UofC, OSF, Northwestern, Rockford Health System, Mercy Medical Center (Iowa), SSM Health, Univ of Missouri Hospitals and Clinic, and SIU.		N/A
Review minutes from March 30, 2012 meeting	Minutes were sent to members electronically before the meeting for review. A motion was made to accept the minutes, 2 nd by TJ Schneider II and all were in favor of approving.	None needed	N/A
Old Business	<p>MAVSG Website</p> <ul style="list-style-type: none"> - Is up and running!! Any suggestions for content – contact Cheryl Jackson. - http://www.vascularqualityinitiative.org/components-of-the-vqi/regional-quality-groups/current-regional-quality-groups/mid-america-vascular-study-group/ - Dues – short discussion. No dues will be collected presently. As long as hospitals will host and cover the cost of lunch, we should be able to defer collecting. One questions was raised as to how much dues would cost. No amount was stated. However, the MAVSG by-laws state that dues are capped at \$2000. 	None needed	
National Update	<p>Presented by Matt Regan from M2S. See attached PowerPoint.</p> <ul style="list-style-type: none"> - There are 16 regional groups. KS and NE are not part of a region. Joe Schneider to help Matt reach out to hospitals in KS and NE. - Total numbers of procedures as of 8/01/2014 in the national VQI registry is 165,609. - We have 19 centers in the MAVSG - Many interested centers in IL and MO - Reviewed the TEVAR Aortic Dissection Device Surveillance Project, Updates and improvements in Pathways, introduced the 	Matt Regan Carrie Bosela	N/A

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	<p>NeuroVascular Quality Initiative. If you have any questions, please contact Matt or Carrie Bosela.</p>		
<p>Medical Director – Joe Schneider</p>	<p>- The regional report was reviewed while attendees compared their individual center report.</p> <ul style="list-style-type: none"> ○ Better one year follow-up. Last year we were at an abysmal 23%. We’re currently at 57%. VQI is 67%. The target completion rate is 80%. Cheryl will present best practice follow-up tips later in the meeting. ○ Discharge medications is another target for us. Bob will share Epic letters and medication order sets. Cardiologists are at the 95% discharge medication threshold probably due it being reported. Bob stated that this is a PQRS measure for some. We’d like to be proactive instead of someone telling us we have to do it and that it may become a “meaningful use” item. ○ Discussion on complications – members would like to see a drill down of complications in the reports. Would like to see claudication separated out from CLI. ○ Joe would like to see more QI/research projects applied for through the VQI since we have more data and a large repository at our disposal. <ul style="list-style-type: none"> ▪ Possible QI projects – CEA LOS to be led by Sapan Desai (SIU). He will look at strategies to get patients discharged within one day. ▪ Link to the article Andy thought the group would be interested in “Institutional Differences in Carotid Artery Duplex Diagnostic Criteria Result in Significant Variability in Classification of Carotid Artery Stenoses and Likely Lead to Disparities in Care” http://circoutcomes.ahajournals.org/content/early/2014/04/15/CIRCOUTCOMES.113.000855 ▪ Pt characteristics and complication types of endo-vein harvest vs. open harvest. JS/AH to discuss lead on project. This may tie in to Verta’s project. Jared Kray (fellow at MU) may be interested. ▪ Members suggested discussing EVAR LOS at the next meeting. Please contact Cheryl if you’re willing to share best practices. ▪ Suggestion to M2S – would like to see the N or quartiles in variations displayed. Carrie to check into this. 	<p>Joe Schneider/Carrie Bosela</p>	<p>Next meeting</p>

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<p>Venous Quality Committee Report – Carrie Bosela</p>	<p>See attached PowerPoint. Comments – IAC requirements are too cumbersome and is not conducive to participation for those whose practice is arterial based.</p>	<p>Carrie Bosela</p>	<p>As needed</p>
<p>Arterial Quality Committee Report – Robert Steppacher</p>	<p>Discharge Medications</p> <ul style="list-style-type: none"> ○ See attached PowerPoint. The SVS Arterial Quality Committee has made the recommendation that all PAD/PVI patients are discharged on an anti-platelet and statin medication unless contra-indicated. ○ Bob has letters that can be incorporated into Epic that can be sent to the PCP alerting them that the patient has been started on an anti-platelet and/or statin and that follow up is needed. See attached. ○ Contact Bob if you have any questions or would like to discuss this topic with him. <p>Beta Blockers – suggestions that SVS should lobby to have CMS remove SCIP Card 2 from the measure.</p> <p>COPI EVAR Report – Day of week a factor (Monday and Friday)</p> <ul style="list-style-type: none"> - Need correct systems in place to optimize decreasing LOS (foley removal, etc.) <p>Ad hoc data process (#hashtags) with Carrie</p> <ul style="list-style-type: none"> - Review of hashtags – see attached. - Can be used with QI projects - Invited other regions to speak to #hashtags at the next meeting. 	<p>Bob Steppacher</p>	<p>As needed</p>
<p>Research Committee Report - Andy Hoel</p>	<p>Reviewed process for research projects. See attached PowerPoint. The Research Committee facilitates the process of applying for research/QI projects and will give guidance as needed. Joe Schneider (Cadence) presented the Eversion vs. Conventional CEA. To be presented tomorrow at the MVSS meeting. Bob Steppacher (U of C) reviewed his approved project – Medical management in vascular patients with ESRD. Dr. Ho has been approved for Open vs Endovascular for Supra-inguinal Procedures project. Dr. Verta (Cadence) has applied for Endoscopic vs Open Harvest for Vein Bypass project.</p>	<p>Andy Hoel</p>	<p>As needed</p>
<p>Data managers – Cheryl Jackson</p>	<p>Discussion included techniques to increase one year follow up. See attached.</p> <ul style="list-style-type: none"> - Utilize the following tools: <ul style="list-style-type: none"> ○ Pathways website – Tools tab – “Procedures Requiring 	<p>Cheryl Jackson</p>	<p>TBD</p>

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	<p>Follow-up”</p> <ul style="list-style-type: none"> ○ Pathways website – Tools tab – “Long-term Follow-up (>= 9 months) Completion Rate by Procedure - Discussed the possibility of a quarterly regional data manager meeting to network and review difficult cases. This was met with overwhelming positive response. 		
Round table	Potential QI/Research projects were discussed:	Joe Schneider	Fall meeting
Next meeting	Monday, April 13, 2015 Time - TBD SIU – Springfield, IL	Joe, Cheryl	As needed

Meeting adjourned at 4:45pm

Respectfully submitted,

Cheryl Jackson