### 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

<table>
<thead>
<tr>
<th>Topic</th>
<th>Discussion</th>
<th>Action/Responsible Person</th>
<th>Timeline/Status</th>
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<tbody>
<tr>
<td>Introductions/Attendees</td>
<td>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.</td>
<td>N/A</td>
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<td>Review minutes from March 30, 2012 meeting</td>
<td>Minutes were sent to members electronically before the meeting for review. A motion was made to accept the minutes, 2nd by TJ Schneider II and all were in favor of approving.</td>
<td>None needed</td>
<td>N/A</td>
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| Old Business | MAVSG Website  
- Is up and running!! Any suggestions for content – contact Cheryl Jackson.  
- 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 | Presented by Matt Regan from M2S. See attached PowerPoint.  
- 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 |
NeuroVascular Quality Initiative. If you have any questions, please contact Matt or Carrie Bosela.

| Medical Director – Joe Schneider | The regional report was reviewed while attendees compared their individual center report.  
|----------------------------------|--------------------------------------------------------------------------------------------------|
|                                  | - 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.  
|                                  |   ▪ 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.  

Joe Schneider/Carrie Bosela  
Next meeting
<table>
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<tr>
<th>Committee</th>
<th>Report –</th>
<th>Details</th>
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<tbody>
<tr>
<td>Venous Quality Committee</td>
<td>Carrie Bosela</td>
<td>See attached PowerPoint. Comments – IAC requirements are too cumbersome and is not conducive to participation for those whose practice is arterial based. Carrie Bosela As needed</td>
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| Arterial Quality Committee | Robert Steppacher | Discharge Medications  
- 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 contraindicated.  
- 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.  
Beta Blockers – suggestions that SVS should lobby to have CMS remove SCIP Card 2 from the measure.  
COP1 EVAR Report – Day of week a factor (Monday and Friday)  
- Need correct systems in place to optimize decreasing LOS (foley removal, etc.)  
Ad hoc data process (#hashtags) with Carrie  
- Review of hashtags – see attached.  
- Can be used with QI projects  
- Invited other regions to speak to #hashtags at the next meeting. Bob Steppacher As needed |
| Research Committee | Andy Hoel | 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. Andy Hoel As needed |
| Data managers – Cheryl Jackson | | Discussion included techniques to increase one year follow up. See attached.  
- Utilize the following tools:  
  - Pathways website – Tools tab – “Procedures Requiring Cheryl Jackson TBD |
Follow-up”
- 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.

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<th>Round table</th>
<th>Potential QI/Research projects were discussed:</th>
<th>Joe Schneider</th>
<th>Fall meeting</th>
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<tbody>
<tr>
<td>Next meeting</td>
<td>Monday, April 13, 2015  Time - TBD  SIU – Springfield, IL</td>
<td>Joe, Cheryl</td>
<td>As needed</td>
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Meeting adjourned at 4:45pm
Respectfully submitted,
Cheryl Jackson