

# Mid-America Vascular Study Group Spring Meeting Minutes

April 1, 2019

10:00-3:00 pm

OSF Healthcare

Peoria, IL

## I. Data Managers Meeting 9am – 9:50 am

## II. National VQI Update: Cheryl Jackson, SVS PSO

- 545 Centers, Canada and Singapore participants outside the US
- 566, 457 procedure, PVI highest with 179,809
- Major update to website: [www.vqi.org](http://www.vqi.org)
- Out of range audits for each registry currently being done, also contracting with Q-Centrix for third party audits soon
- 2019 webinar and report schedule reviewed (see slides)
- Currently 55 QI charters: contact Cheryl Jackson, Director of Quality SVS PSO to start QI Project this year!!! Education and material available to help with your success. [CJACKSON@SVSPSO.ORG](mailto:CJACKSON@SVSPSO.ORG)
- SVS PSO work group to address national opioid epidemic with a focus on vascular patients. To develop recommendations based on work from National Academy of Medicine, Prescription Drug Monitoring Program (PDMP) and evidence-based practice
- Participation award release and two centers in MAVSGI were awarded 3 star certificates of achievement
  - Iowa Heart Center at Mercy Medical Center
  - OSF Saint Francis Medical Center
- VQI@VAM: Tuesday 6/11 to Wednesday 6/12
- Dr Chew encourages physician attendance – at least one regional meeting per year. We will look into providing physician CMEs are coming meetings to increase attendance.
- Dr Chew / group discussion – TASK is outdated asks National level to clean up forms.
- Drs Chew / Ebaugh will call hospital champions to encourage attendance – will get “scripts from New York group” that Cheryl can get.

## III. AQC Update: Todd Vogel, MD

- Basic PVI form: 40% less data abstraction. Less comprehensive.
- Some of the automatic reports that we receive or not re-creatable in the analytics engine. Carrie says that we may be switching to a different analytics engine provider.
- Harmonizing similar help text
- Updating all help text by the end of 2019 (using audit results to inform changes)
- IDE device clean up (Please do not enter an IDE as “other”)
- Other device clean up (Need more details, manufacturer, device name, product #)
- General Registry Updates (Infra, Supra and OAAA on deck for 2019)
- Dr Vogel’s term has expired so we have opened nominations/self-nominations for a new AQC chair. Will find out if we can vote by email or need to wait for the Fall meetings.

**IV. RAC Update: Nick Nolte, MD**

- No Restriction of data release based on similar projects; collaboration is encouraged
- Only 1 refresh of data within 24 months of initial approval
- Industry related projects need to collaborate with the steering committee/s (i.e. TCAR)
  - Review policy and industry charters on the web
- Device Identification Policy: review on the web before submitting proposal
- Per Dr Nolte, MD – very busy this spring with 50 plus proposals to review.
- Recommends to check the web site first to see what proposals are out there before submitting a new one.

**V. VQC Update: Ravi Hasadnaka, MD**

- Varicose Vein Registry:
  - revisions to decrease data entry only for “treated leg”
  - Early follow up requirement changing to < 30 days to capture early complications
- IVC Filter: feedback on temporary filter removal reminders
- Venous Stent Registry: to be released soon!

**VI. Governing Council Update: Cheryl Jackson**

- Vice Chairs elected:
  - Randy DeMartino (AQC)
  - Mark Passman (VQC)
- SSN Workgroup: Whitepaper being published to help administration understand our need for full SSN (Medicare claims matching and SSDI matching)
- Continued Guideline work with SVS, which has led to new reports
- Additional Centers added to the Cerner Abstraction Pilot
- Discussion on how to increase participation at Regional Meetings

**VII. Site presentations:**

**VIII.**

**IX. “Improving Discharge Statin and Anti-Platelets – Lorraine Zacarias RTR, CI, VI**

**X. “The Role of the IMA in Predicting Secondary Intervention for Type II Endoleak following Endovascular Aneurysm Repair” – Dr David Chew, MD**

**XI. “Outcomes of Arteriovenous Fistula Creation under General vs. Local Anesthesia - Abdallah Naddaf, MD**

**XII. “Improving Structure Reports” – Lorraine Zacarias RTR, CI, VI**

**XIII. Regional Data review: David Chew, MD (see slides)**

**XIV. Review of data – Dr Chew noted one center has 4.5% CEA complication rate – asks Cheryl to reach out to that center to see if they want to share/discuss this complication rate**

- XV. For missing EVAR sac diameter data – suggestion to offer testing to be done near patient home if easier to get the patient to come for testing.
- XVI. Supra-celiac clamp – can't put into OAAA registry, Dr Chew suggested that para renal should not be in registry – Cheryl to ask national
- XVII. Dr. Chew discussion – why include fem-fem in registry with aorto-bifem? – two different types of patients and very different outcomes. Cheryl will take back to national

## Discussion:

### Feedback for MAVSG meeting as below:

· How are other people dealing with the inaccurate TASC choices? It's not user friendly and it's outdated. Are there other choices that the VQI can use?

o Would need to take this question to the PVI registry. Some people may not like TASC but most consider it to be the best and most widely accepted classification

MAVSG feel that offering CMEs will increase attendance. I told them it was cost prohibitive for VQI to provide and that the agenda would need to be set 6 months in advance. They thought that a generic agenda that covered all of the regional meetings could do that. They asked what “prohibitive” meant...

o Cynthia looked into getting CME through Iowa Heart. This is what she found:

Here's the information I was able to gather on the topic. Does getting CMEs from Iowa Heart violate any PSO rules?

1. Does the educational offering have to take place in the state of Iowa? For example, if the speaker was in a neighboring state like Nebraska or Illinois would we be able to offer CME? The issues is who the attendees are, not necessarily where the activity is held. No more than 30 percent of the physician that attend your activities may be from states outside of Iowa and its contiguous states (Illinois, Minnesota, Missouri, Nebraska, South Dakota, Wisconsin).

2. Does the educational event have to specify that it's through the Iowa Heart Center in the title/marketing? Yes, assuming Iowa Heart is sponsoring the activity. If an outside group is sponsoring it, we assess a fee to process CME.

3. Is there a direct cost associated with creating/requesting CME offerings, or is this something that is absorbed in-house? There is no direct cost to MercyOne facilities, but we do assess a fee to process CME for outside groups. The standard fee is \$1,000 (not sure if that's per credit or per event)

· PSO will revisit. It's okay if a region can provide for their meeting.

· Device ID numbers are still inaccurate, esp PVI. Told them that Carrie works with the companies monthly to update. Some of the DMs felt they weren't sure which numbers to enter. That some of the numbers were different numbers that could be found on packaging, but not necessarily the serial number.

o Carrie needs specific examples, ask them to send me screen shots when they have issues with choosing the right DI

o Other input - serial numbers and UDI can be confusing, I have found the best way to do it is if you are unclear, to start with manufacturer and graft, then the drop down menu will guide you

· What happened with including OAAAs that are clamped supra-celiac? Will they be included? Need clarification for what is "majority of the case" – found under exclusions. This needs to be specific.

o Per Carrie - According to the committee, up to the doc if he wants to include or not. In future releases these cases won't be excluded.

· Supra-inguinal – aorto-bifem should be separate from fem-fem or axillo-fem. Aorto-bifem is akin to OAAA. Morbidity is the same.

o Comment: They are grouped by "indication for operation" i.e. to bring blood to the femoral arteries, not by magnitude of operation or makeup of patients. There will be a downside.

**XVIII. Next meeting:**

- Fall 2019 – Wed. Sept. 11<sup>th</sup> in Chicago area with Mid-West Vascular Meeting
  - Northwestern Medicine Central DuPage Hospital, Winfield, IL
- Spring 2020 - Nebraska Medical Center, Omaha, Nebraska – Monday, April 6, 2020