

Midwest Vascular Collaborative (MVC)

Spring Meeting Minutes

April 16, 2021

5-7 pm

Virtual Meeting

Respectfully submitted by: Regional Data Manager (Lillian Camino) behalf of Regional Medical Director (Dr. Eleftherios Xenos).

Participation Award and CE/CME Credit only available if attendee has signed in with full first and last name. For Fellows and Residents please add “MD” and associated center.

See Power Point slide deck posted on VQI.org for detailed presentation.

Agenda:

- **Regional Data Review**
- **Regional Quality Improvement (QI) Proposal**
- **National VQI Update**
- **Council Updates (AQC, VQC, RAC, Governing Council)**
- **Open Discussion/Next Meeting/Meeting Evaluation**

Regional Data Review

Xenos, Eleftherios, MD, Regional Medical Leader, Midwest Vascular Collaborative

NEW CENTERS: We welcome four centers that joined our region, making this 30+ centers in our region.

Regional outcomes discussed as followed:

- **Procedure Volumes:** between Jan-Dec 2020 our region has entered about 4998 cases (dropped from 2019 cases: 6206). Based on procedure volumes, our region fall within the middle on quantity of procedures entered in VQI. Over all centers, VQI in 2020 entered about 100,000 (and in 2019: 110,000).
- **Physician Specialties participating across all VQI:** about 45% of cases comes from Vascular Surgery, 15% from Radiology, 15% from Cardiology and the reminder 25% from other specialties (general surgery, cardiothoracic surgery, neurosurgery, etc).
- **Physician Specialties participating in our VQI region:** about 42% of cases comes from Vascular Surgery, 24% from Radiology, 20% from Cardiology and the reminder 24% from other specialties (general surgery, cardiothoracic surgery, neurosurgery, etc).

- **2018 Long Term Follow Up compliance** (LTFU: follow up done 9-21 month after procedure date from procedures done in 2018) in our region is higher (75%) vs nationwide (70%). This trend follow the same trend as previous year (regional 78% vs national 73%). Our region fall within the top 6 regions for LTFU compliance.
 - There is an opportunity for regional improvement in Infrainguinal bypass and Open AAA repair follow ups (below national average).
 - Kuddos for Goshen Hospital with about 100% compliance in LTFU compliance.
 - Most hospitals in our region fall within 80-90% compliance in LTFU.
- **Discharge Medication compliance** (Combo: Antiplatelet and Statin): our region keeps improving their discharge medication compliance with 2020 cases having higher compliance (88%) than Nationwide (85%). This puts us in the top 5 region for compliance.
- **Carotid Stent (CAS): Stroke and Death Rate:**
 - **Transfemoral CAS Asymptomatic cases:** our region had 0% rate in stroke/death vs benchmarks (1.4%).
 - **Transfemoral CAS Symptomatic cases:** our region had better stroke/death rate (1.4%) compared to benchmarks (4.8%) and to the expected rate for our region (3.4%).
 - **Transcarotid CAS Asymptomatic cases:** our region had better stroke/death rate (0.5%) compared to benchmarks (1.4%) and to the expected rate for our region (1.3%).
 - **Transcarotid CAS Symptomatic cases:** our region shows a double amount of symptomatic cases done with Transcarotid technique vs the Transfemoral technique. The rate of stroke/death in Transcarotid symptomatic CAS procedure is higher in our region (4.3% compare to benchmarks (2.1%) and to the expected rate for our region (2.5%), yet with no statistical significance based on P-value.
- **Carotid Endarterectomy (CEA):**
 - **Stroke and Death Rate:**
 - **Carotid endarterectomy Asymptomatic:** our region shows about the same rate (0.8%) for stroke/death than benchmarks (0.9%), and lower that the expected rate for our region (1.1%). Over the years we have consistently lower this rate.
 - **Carotid endarterectomy Symptomatic:** our region has a slightly higher rate of stroke and death (2.2%) vs nationwide (1.8%), but of no statistical significance
 - **Postoperative Length of Stay (PLOS) >1day rate:**
 - **Carotid endarterectomy Asymptomatic:** our region performs better at discharging these patients early; with 18% of our region cases with a PLOS of >1day, which is better than national benchmarks 23% and our expected rate (24%). About 4 centers in our region have high rate of cases with PLOS of >1day in Asymptomatic CEA patients. Physicians discussed that a prolonged PLOS makes hospital lose money.
 - **Carotid endarterectomy Symptomatic:** our region performs better at discharging these patients early; with 34% of our regional cases with

PLOS >1day which is better than benchmarks (42%) and our expected rate (46%). Our region is performing the best compared to all rest.

- **Endovascular AAA Repair (EVAR)**
 - **Postoperative Length of Stay (PLOS) >2day rate:** Our regional rate of cases with a PLOS >2days is about the same as benchmarks and to our expected rate (16%).
 - **EVAR: “Sac Diameter Reporting at LTFU” rate:** our region (69%) is better than benchmarks (59%) at follow up surveillance (9-21m) of Sac Diameter after EVAR. There is still room to improve, as we have follow up sac surveillance on only 2/3 of our cases. This is a measurement that our region selected to improve. Physicians stated that it may be a metric that our region can improve. Challenges found:
 - Hard to do surveillance during a pandemic times: may improve as we normalize
 - Patient factors: lost to follow up, unaware follow up importance, lost insurance, too far to travel
 - Lost to follow up patients
 - Imaging performed in outside center: bring a copy to the patients record
 - Lack of reported numeric diameter in reports: physician can write down in clinic notes the measured diameter if not present in the radiology report and outreach to radiology to consistently get the measurement.
 - Keys to success: to have a system implemented and to have a physician champion at each center.
 - VQI to consider making an individual physician report for this metric.
 - **EVAR: SVS Sac Size Guideline:** our region compliance to guidelines (69%) is close to benchmarks (74%). VQI stated that in the next version for this module, there will be extra variables that will improve this metric (i.e. Increase sac diameter).
- **Thoracic and Complex EVAR (TEVAR): “Sac Diameter Reporting at LTFU” rate:** our region compliance (48%) is worse than benchmarks (60%). There has not been a significant improvement in our region through the years.
- **Open Abdominal Aortic Aneurysm Repair (OAAA):**
 - **In hospital mortality rate:** our mortality rate is slightly higher (5.1%) than benchmarks (4.6%), and higher than expected for our region (4.2%). The volume of cases entered in this metric is low in our region.
 - **SVS Cell Saver Guideline rate:** our rate for cell saver utilization is the same (93%) as benchmarks (93%)
 - **SVS Iliac Inflow Guideline rate:** our region meets 100% of preservation of at least one internal iliac artery.
- **Peripheral Vascular Intervention (PVI) Claudicants: ABI/Toe Pressure:** our region utilization of preoperative ABI/Toe assessment is same (75%) as benchmarks (75%). This metric has improved through the years.
- **Infrainguinal Bypass CLTI: Major Complications:** our rate is slightly lower (4.1%) than benchmarks (4.6%).

- **Suprainguinal Bypass CLTI: Major Complications:** our rate is better (3%) than benchmarks (7%)
- **Hemodialysis: Primary AVF vs Graft rate:** our region has higher utilization of primary AVF (90%) than benchmarks (82%).

Regional QI Proposal

Xenos, Eleftherios, MD

One of the main reason of participating in VQI is to promote quality and safety in our vascular patients. Working and learning among our peer centers is imperative. There is plenty of information available in VQI members only region (contact VQI bwymmer@svspsso.org to get access to this area). Dr. Xenos would like to have a local physician champion to understand the process in each institution. If interested, please contact Dr. Xenos.

Our region will continue to work on improving the following metrics:

- **EVAR: “Sac Diameter Reporting at LTFU” rate**
- **PVI Claudicants: ABI/Toe Pressure rate**

Other Discussions:

- **TCAR Postoperative Length of stay (PLOS):** the group discuss a ways of improving PLOS was on managing postoperative hypotension. The group commented on how blood pressure parameters postoperative in their centers. Some centers are not strict on regarding correcting postoperative hypotension if it is not profound. Most centers do not hold preoperative hypertension medications prior to procedure.
- **Case presentation for future regional presentation:** Dr. Xenos will consider adding back to the regional meeting, case presentation in the future.

National VQI Update

Jim Wadzinski, SVS PSO

- VQI keeps showing **good growth**. Currently 784 VQI centers divided in 18 regions and over 800,000 cases entered as 03/01/21. VQI will consider adding more regions.
- VQI in planning to create a **Trainee Engagement** for medical students, resident and fellows (more will be announced in future meetings).
- VQI created a **Diversity Committee** with appointments from SVS, AVF and ACC.
- **FDA Safety Notifications:** System was placed for FDA to disperse important notifications on safety. FDA will contact the SVS with notifications which will be posted in VQI and SVS websites.
- **VQI@ VAM:** 2021 VQI Annual Meeting will be on August 17-18th at San Diego Convention Center. Poster presentation and networking reception on August 17th. If the meeting is unable to meet live, then it may be transitioned to on-line presentation
- **Partners and Endorsing Organizations:** SVS, SVU, AVF, AHA, SVM, VASA

- **United PVI Registry:** in 2021, ACC and SVS created a united PVI registry. ACC participants who have not joined VQI may contact VQI@m2s.com for more information.
- **COVID UPDATE:** variables added in 2020, data will be analyze on impact of COVID-19.
- **PAD Patient Reported Outcomes (PROs):** VQI started a pilot on PROs (still open to join pilot, do not need to be an academic center to participate in it). Collects VascuQoL-6 and EuroQoL 5d-5L at 3 time points.
- **NEW: Online Follow-up report: EVAR LTFU report** was released early 2021. Other modules that will be released in the future are CEA, CAS, PVI, and TEVAR.
- **UPDATED DASHBOARD REPORT:** The dashboard of the report changed slightly becoming more user friendly. Some of the additions include: new colors to represent best 25th percentile (blue) and worst 25th percentile (coral), new procedure groupings (i.e.: “TFEM CAS ASYMP”, and new “VQI case appendix” with embedded drill down of data elements in the report.
- **CME/CE Credit for regional Meetings:** currently participation on these meetings are eligible for CME/CE’s. You need to complete and submit the online form with 7 days.
- **Quality Improvement Resources:**
 - 2021 Quarterly Webinars
 - VQI News
 - VQI Quality Improvement Newsletter
 - VQI.org Members only webpage
- **Updates on Charters:** 58 charter submitted in 2020 which will be roll-over to 2021 (and 20 charter in 2021). There will be a poster session in VQI@VAM. There are focused phone calls on charters to discuss barriers and successes among group and learn from each other. These calls are open to join in. Submit project charters to QI@SVSPSO.org.
- **2020 Participation Award Changes:** LTFU removed from 2020 participation award and point system changed, but acknowledge certification will be sent for improvement in LTFU. In our region, 6 centers received 3 star award.
- **VQI Technology Updates:**
 - **Was Help Text Helpful?** Feature in help text box to give feedback on the individual help text box.
 - **TEVAR Revision:** modified fields to align with SVS/STS guidelines on aortic dissections (i.e. “entry flow” variable added, “current endoleak” dependency on pathology, etc)
 - **Varicose Vein & Venous Stent Revision:** new CEAP classification updated
 - **Vascular Medicine Consult Revision:** Hemorrhologic agents added, and CAD symptoms added the option of “CAD asymptomatic”.
- **SVS Post Market Surveillance Projects:** TEVAR Dissection Surveillance Project still open for enrollment.
- **Pathways Support Projects:**
 - **2020 Claims Validation** – 2020 Claims Validation are currently underway (contact pathways if you were notified and need clarification).
 - **Pathways Educational Webinar:**

- Reporting and Analytic webinar series (2 sessions): recordings available in Resources tab in Pathways
- EVAR FU Aggregate Report
- **Pathways Communications: a NEW “Release Notes” button** added to the Support tab to provide historical release announcement. This assist you search for updates.

Council Updates (AQC, VQC, RAC, Governing Council)

Jim Wadzinski, SVS PSO

- Future Updates: AQC will be developing updates in Infra/Supra, OAAA and Amputation modules.
- Future Reports: Developing new Clinical Appropriateness Performance Indicators (CAPI reports) to align with SVS guidelines
- NEW: Registry Launched: **Vascular Medicine Registry** and **Venous Stent Registry**
- NEW: VENOUS SVS PSO with Venous RAC to work with VQC (see slide deck) to provide improvement on venous modules.
- RAC is open for research proposal (see slide deck for more information)
- 2020 Top 10 VQI Publications (see slide deck)

Open Discussion/Next Meeting/Meeting Evaluation

Jim Wadzinski, SVS PSO

- Regional fall meeting TBD