



**Michigan Vascular Study Group Meeting**  
**Thursday November 10<sup>th</sup> 2016**  
**Hotel Baronette, Novi, MI 12:00 – 5:00 PM**

**Minutes**

**Attendees:**

<b>Name</b>	<b>Position</b>	<b>Center</b>
Nadine Caputo	Director of Quality	SVS/PSO
Dana Zurawski	RN	Henry Ford Hospital
Josie Klapac	Vascular Lab Supervisor	Henry Ford Hospital
Betti Kerrigan	VP, M2S	M2S
Georges Haddad	Physician	Henry Ford Hospital
Pritham Reddy	Physician	Providence Hospital
Kourtney Rudolph	Data Analyst	DMC-Harper Hospital
Praveen Balraj	Physician	Henry Ford Hospital
Christine Swanson	NP	Henry Ford Hospital
Loay Kabbani	Physician	Henry Ford Hospital
Mike Boros	Physician	Munson Medical Center
Tamer Boules	Guest Physician	Providence Hospital
Valerie Gunn	Practice Manager	Henry Ford Hospital
Fran Becker	Data Analyst	Beaumont Hospital RO
Kathy Miedema	Data Analyst	Borgess Medical Center
Ash Mansour	Physician	Spectrum Health
Yazen Abazid	Data Manager	Henry Ford Hospital
Cheryl Marentetic	Data Analyst	St. Joseph Mercy
Syed Ahsan	Physician	Henry Ford Hospital
Donna Bednarski	Data Analyst	DMC-Harper Hospital
Nicole Kennedy	Physician	Henry Ford Hospital WB
Mitchell Weaver	Physician	Henry Ford Hospital
Danielle Sutzko	Fellow	UM
Alex D. Shepard	Medical Director	Henry Ford Hospital
Peter Henke	Physician	UM
Cathy Stabler	Data Analyst	UM
Nick Osborne	Physician	UM
Erin Jeruzal	Data Manager	UM BMC2
Amanda Donnelly	Data Analyst	St. Joseph Mercy Ann Arbor
Paul Bove	Physician	Beaumont RO
David Adamolekun	Fellow	DMC-Harper Hospital
Eugene Laveroni	Guest Physician	Beaumont Botsford
Olan Jareunpoon	Guest Physician	Providence Park
William Oppat	Guest Physician	Providence Hospital
Simpledup Barripal	Fellow	DMC-Harper Hospital
George Akingba	Physician	DMC-Harper Hospital

Tom Wakefield	Physician	Michigan
Yevgeniy Rits	Physician	DMC-Harper Hospital
Krishana Jain	Physician	Borgess Hospital
Joe Herrman	Fellow	DMC-Harper Hospital
Ziad Al Adas	Research Fellow	Henry Ford Hospital
Tamara Dirven	NP	DMC-Harper Hospital
Sadiq Hussain	Physician	Port Huron Vascular Clinic
Jennifer Watson	Physician	Spectrum Health System
Jason Ryan	Fellow	Henry Ford Hospital
Seth Wolk	Physician	Spectrum Health System
Robert Molner	Physician	Michigan Vascular McLaren
Yahya Albeen	Physician	Henry Ford Hospital
Kathy Jevons	Data Analyst	Henry Ford Hospital

### **Lunch & Welcome: Alex Shepard, MD & Peter Henke, MD**

#### **BMC2 PCI-VIC Date: Henke**

##### A. General Data

1. State map depicting all participating hospitals
2. 39 centers – up from 37
3. Procedures by year increased, CEA most common
4. 10,997 vascular surgery discharges
5. Overall death rate 0.4%, stroke 1.8%, and MI 0.1%
6. Outcomes to 1 year: neuro deficit varied

##### B. Open Bypass

1. AF2 most common inflow
2. Fem-pop most common out flow
3. CLI claudication most common indicators
4. Outcomes:
  - a. Death rate 4% higher
  - b. MI rates higher than CEA 3.6%
  - c. Amputations up 1.5%
  - d. Outcomes to 1 year:
  - e. Bypass revision 10%
  - f. Death 8.5%
  - g. Readmission rate 15%

##### C. AAA

1. EVAR 76% asymptomatic, 23% symptomatic, 3% rupture
2. Open AAA 59% asymptomatic 41% symptomatic, 23% ruptured
3. Urgent, ruptured, leaks death rate 40%
4. EVAR: death elective <1%
5. 12% urgent/emergent EVAR
6. 1 year f/u open subsequent operation 0%
7. EVAR: conversion to open 0.3%

##### D. Post Op and Discharges: (all data Q1 and Q2 2016)

1. Any antiplatelet CEA, CAS, Open Bypass: over 95%
2. Statin CEA, CAS, Open Bypass 88% -- goal increased to 85%
3. PO MI: 1.6% -- varies per procedure
4. PO transfusion:
  - a. All procedures 20%
  - b. Non-emergent 14.5%
  - c. Open bypass 27%
  - d. Open AAA 33%
  - e. EVAR 8%
  - f. Overall 14%—symptoms prior to transfusion
5. SSI:
  - a. Overall 10%
  - b. Elective 9.7%
  - c. Urgent/emergent 10.6%
  - d. ABX pre op: 98.9%, redosed 88%
  - e. 30 day readmission: 13%, Wound 45%
  - f. 1 year readmission: 11.6%, Wound 25%

E. Future directions:

1. BCBS not funding PVI portion, still supporting surgery arm
2. BMC2 comprised of PCI, Vascular Surgery, TAVR
3. Q3 PVI reports released 12/12/16
4. PVI offered voluntarily, no funding for PVI data collection, PVI reports provided to participants, will be no fees
5. December 2017—survey conducted to determine voluntary participation interest

F. 2017 Goals:

1. Specific goals:
  - a. Statin at d/c  $\geq 85\%$
  - b. Any antiplatelet at d/c  $\geq 95\%$
  - c. Reduce SSI
    - i. Chlorhexidine & alcohol prep  $\geq 90\%$
    - ii. Antibiotic re-dosing  $\geq 75\%$
  - d. Increase 1 year f/u return to 80%
2. Plan to initiate a focus on CEA appropriateness
3. AAA appropriateness plan
4. CEA plan
5. CAS plan

G. 2017 Meetings dates:

1. MVS Meeting, Boyne, MI, May 18, 2017
2. Vascular Surgery Coordinator Meeting, Lyon Meadows, June 8, 2017
3. Vascular Surgery Meeting for Coordinators and Physicians, Hotel Baronette, October 14, 2017
4. MVS VQI meeting, November 9, 2017

**National VQI Physician Update: Nadine Caputo**

- A. 392 centers, over 400 by year end
- B. Procedure volume CEA, PVI top procedures
- C. Annual meeting to be held May 31, 2017 in San Diego
- D. Participation awards: remote attendance will no longer count toward award

- E. PVI registry revised, drop down menus enhancements, FDA GUDID (specific device detail enhanced)
- F. Vascular Medicine Registry: to be released Q2 2017—1<sup>st</sup> registry, non-procedure based, PAD, AAA, carotid stenosis
- G. QI Project Guide available on M2S portal
- H. EMR integration status: local IT staff need to configure VQI note templates, Medstreaming and Mtuitive 2 official certified vendors for Varicose Vein procedure form
- I. COPI (Center Opportunity Profile for Improvement) and physician reports: reports releases in 2016 – CEA stroke/death, CAS stroke/death, PVI hematoma
- J. Surveillance projects: TEVAR, Lombard, Crest2 Bard stent, TCAR (reimbursable)
- K. Regulatory: VQI can provide necessary support, MIPS, APM, PQRS, QCDR

### Regional Data Review: Shepard

- A. 13 member centers
- B. 69 physicians
- C. Total procedure volume 9,955
- D. % of 2015 procedures submitted with missing data: MVSG = 48%, VQI = 49%
- E. LTFU 2012: MVSG = 83%, VQI = 68% 2013: MVSG = 68%, VQI = 55%
- F. Michigan leading VQI d/c in d/c on antiplatelets and statins
- G. Chlorhexidine use and SSI: High and low
- H. Infrainguinal bypass complications = 3%, VQI = 4%
- I. EVAR: LTFU good, LOS an issue
- J. Open AAA LOS  $\geq$  8 days = 32%, O:E higher than VQI
- K. CEA stroke and death reasonable
- L. CEA LOS > 1 day higher than VQI average but basically due to one outlier hospital with >55% of patients staying > 1 day
- M. CAS stroke and death at VQI mean.
- N. MVSG report card:
  1. A+ for prescribing antiplatelet/statin on D/C, CAS stroke/ death, Chlorhexidine for LEB, Major complications after LEB
  2. A for LTFU
  3. A- for reporting EVAR Sac diameter at LTFU
  4. B+ for CEA stroke/death
  5. B for in-hospital infection rate after LEB
  6. B- for Open AAA mortality, CEA LOS >1 day
  7. C for Open AAA LOS >8 days, EVAR LOS >2 days

### MVSG Committee Report: Shepard

- A. Arterial:
  1. 3 COPI reports: 30day stroke and 1 year mortality after CEA, 30day stroke and 1 year mortality after CAS, Hematoma after PVI
  2. 2 blind surgeon level reports
  3. CEA stroke/death: risk factors: age, HGB, general anesthesia, dysrhythmia, ASA alone (no Plavix)
  4. PVI hematoma: VQI rate: 3.1%, MVSG 3.7% pt factors, technical factors, greatest risk=age >79, no closure device
  5. Cardiac risk calculator [www.qxmd.com](http://www.qxmd.com) free app

6. Current ongoing work AQC: PVI overhaul, CAS updating registry, finalize new Medicine Registry, determining variables per registry that negate the need for LTFU, Data Audits
- B. Venous:
1. IVC Filter Registry—4,740 procedures
  2. Michigan leading Varicose Vein Registry
- C. Governing Council Update:
1. Enhanced analytics and data integration from EMRs
  2. New PSO communications committee
  3. New Medical Director of VQI-PSO

### **Hemodialysis Access: MVSG Experience: Praveen Balraj, MD, HFHS**

- A. AV fistula and AV graft (all data from Henry Ford Health System)
- B. Jan 15-Jun 16: 321 access cases
- C. ASA IV 75% of population, ASA III 25%
- D. 62.5 yrs average age
- E. African American 80% (54% national level)
- F. 97% HTN, 39.8% on insulin, 7% non-insulin meds
- G. 64% already on dialysis on par with national average
- H. 43% have prior AVF or AVG, 33% of national average
- I. Pre op venogram—only on selective pts 6.2%
- J. 99.1% done under regional anesthesia, national 22.8% regional (39.7 local, 39.2 general)
- K. Prosthetic Straight graft 12.5% (11.7% national)
- L. Prosthetic Looped graft 15.6 (7.7% national)
- M. HFH doing more axillary artery access than national average
- N. Basilic vein, axillary vein higher than national average
- O. Anastomosis @ radial artery 15%
- P. Pre op arterial intervention 0% vs 1% national average

### **Presentations from the Group: Controversies in Dialysis Access**

1. Angioplasty vs stenting of the venous anastomosis of the failing dialysis graft – Yevgniy Rits, MD, DMC
2. The occluded access site: Percutaneous vs open interventions – Pritham Reddy, MD, Providence Hospital
3. Management of the dysfunctional hemodialysis catheter: exchange or new site? – Robert Molnar, MD, Michigan Vascular Center

### **Varicose Veins Procedures: MVSG Experience: Nicole Kennedy, MD, HFHS**

- A. Fairly new registry, 2015 first data period, 4 centers involved
- B. Regional 1200+ procedures (44% of national numbers)
- C. National 2200+ procedures
- D. 6-8% average with prior h/o DVT
- E. 20-30% hx of prior Varicose Veins tx
- F. Tx method: RFA, laser, chemical (nearly none), surgery
- G. Post procedure complications <10% minor, low severe complication rate

**Presentations from the Group: Varicose Veins**

1. Complications of Endovenous ablation – Jennifer Watson, MD, Spectrum Health
2. Varicose Veins: National VQI Experience – Thomas Wakefield, MD U of M

**Research Advisory Committee: Regional QI Project Discussion: All**

- A. Volunteers needed
- B. National research projects—titles can be viewed at VQI site
- C. National QI Projects
  - a. Statin/AP theory
  - b. FU imaging after EVAR
  - c. Appropriateness of care
- D. Regional QI Projection Discussion
  - a. Reducing radiation exposure during EVAR
  - b. Effect of socioeconomic status on outcome
  - c. Reducing LOS after EVAR, CEA, and open AAA repair
  - d. Hemodialysis access projects
  - e. Varicose Veins projects

**Discussion: Group**

Starting your own QI project at your location, begin with regional data

**Next Meeting:** May 18, 2017, Boyne Highlands, Boyne, MI, MVS Meeting, Topic forthcoming

**Meeting adjourned**

Submitted by Alex Shepard