Mid-America VSG
Fall 2016 Regional Meeting
September 7, 2016
1:00pm – 6:00pm
Renaissance Columbus Downtown
In conjunction with Mid-Western Vascular Society Meeting

<table>
<thead>
<tr>
<th>Name</th>
<th>Last</th>
<th>Credentials</th>
<th>Medical Center</th>
<th>City</th>
<th>State</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>David Chew</td>
<td>MD</td>
<td></td>
<td>Iowa Heart Center</td>
<td>Des Moines</td>
<td>IA</td>
<td>Physician</td>
</tr>
<tr>
<td>Joseph Schneider</td>
<td>MD</td>
<td></td>
<td>Northwestern Medicine</td>
<td>Winfield</td>
<td>IL</td>
<td>Physician</td>
</tr>
<tr>
<td>Cheryl Jackson</td>
<td>RN, DNP, MS, CNOR, CPHQ</td>
<td>Northwestern Medicine CDH</td>
<td>Winfield</td>
<td>IL</td>
<td>Data Manager</td>
<td></td>
</tr>
<tr>
<td>Ravishankar Hasanadka</td>
<td>MD</td>
<td></td>
<td>SIU School of Medicine</td>
<td>Springfield</td>
<td>IL</td>
<td>Physician</td>
</tr>
<tr>
<td>Tiffany Whitaker</td>
<td>RN, MA, CCRP</td>
<td>Southern Illinois University School of Medicine</td>
<td>Springfield</td>
<td>IL</td>
<td>Hospital Admin</td>
<td></td>
</tr>
<tr>
<td>Nadine Caputo</td>
<td>MS</td>
<td></td>
<td>SVS PSO</td>
<td>Chicago</td>
<td>IL</td>
<td>Admin</td>
</tr>
<tr>
<td>Andrew Hoel</td>
<td>MD</td>
<td></td>
<td>Northwestern Memorial Hospital</td>
<td>Chicago</td>
<td>IL</td>
<td>Guest</td>
</tr>
<tr>
<td>TODD VOGEL</td>
<td>MD, MPH, FACS</td>
<td>UNIVERSITY OF MISSOURI</td>
<td>COLUMBIA</td>
<td>MO</td>
<td>Physician</td>
<td></td>
</tr>
<tr>
<td>Betti Kerrigan</td>
<td>M2S</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Guest</td>
</tr>
</tbody>
</table>

Welcome, Introduction and Follow-up from Spring Meeting: Joseph Schneider, MD, Mid-American Medical Director
- The Mid-American website was highlighted. It includes links to the Spring meeting minutes and presentation slides: http://www.vascularqualityinitiative.org/components-of-the-vqi/regional-quality-groups/current-regional-quality-groups/mid-america-vascular-study-group/
- All members of the Mid-American region will be polled again on their interest in disclosure of center level LTFU data in the post meeting survey. The Spring 2016 minutes were reviewed and approved by all in attendance.

National VQI Update (see slides): Nadine Caputo, SVSPSO
VQI Overview and Stats
- 387 centers are now enrolled in VQI. Over 311,000 procedures have been entered; PVI continues to be the highest volume procedure (almost 100,000 PVIs).
- Remote attendance will no longer be counted towards the VQI participation awards, however, remote attendance will still be offered when feasible. Remote attendance was counted for the Spring 2016 meeting but it will not be counted towards the participation awards beginning with the Fall 2016 meeting.
- The June VQI@ VAM meeting was very successful - almost 200 physicians and data managers attended. The attendees found the sessions very informative and useful but
requested more networking time. Many participants recommended an expansion of the meeting from one day to 1 ½ days. The SVS PSO is finalizing the arrangements for a longer meeting in 2017. The 2017 VQI meeting will be held in San Diego and is tentatively being scheduled for **Tuesday May 30 through Wed., May 31st 2017.**

- The slides from the VQI annual meeting are available for members using your member ID from the M2S Pathways website under the **resource** section. [http://www.vascularqualityinitiative.org/successful-inaugural-vqi-annual-meeting-svs-pspso-now-planning-next-year](http://www.vascularqualityinitiative.org/successful-inaugural-vqi-annual-meeting-svs-pspso-now-planning-next-year)

**Updates on VQI Initiatives**

- **PVI registry** - additional time and resources have been allocated for public comment and education on the changes to the PVI registry. Paper copies of the PVI specifications and revisions were distributed so members could prepare for workflow changes and plan for the updated registry. A **September 22 webinar** is scheduled on PVI follow-up.
- **Vascular Medicine Registry** – focuses on the non-operative medical management (e.g. medications and lifestyle modifications) of lower extremity PAD, carotid stenosis and AAA. It will provide opportunities for QI initiatives and for comparing the effectiveness of different treatments. A webinar and opportunities to comment will be available in Fall 2016 and the registry will be released Q1 2017.
- **EPIC Update**
  - Smart Data Elements to capture VQI variables for CEA have been released.
  - A guide to how to configure VQI note templates to use SDEs is available in the resource tab of VQI
  - Smart Data Elements for PVI are under construction, we expect these to be available Q4 2016.
- **Monthly educational webinar series** – a schedule of educational webinars for data managers and physicians will be issued every 6 months. The webinars will address data analytics, registry changes and QI project implementation. The 2016 schedule is
  - August: PVI registry procedure changes
  - September: PVI registry follow up changes
  - October: QI Guide Implementation series
  - November: TEVAR/Complex EVAR vs. EVAR
  - December: QI Guide Implementation series
- **A step by step practical QI guide** to initiate a quality improvement project using VQI data called the SVS PSO QI Guide is available in a digital version on the M2S Pathways site under the resource tab. [http://www.vascularqualityinitiative.org/successful-inaugural-vqi-annual-meeting-svs-pspso-now-planning-next-year](http://www.vascularqualityinitiative.org/successful-inaugural-vqi-annual-meeting-svs-pspso-now-planning-next-year). It is suggested that each center or each region identify a data manager and physician leader to use the guide to initiate the QI process.
- **Transparency of LTFU data** - All members of the Mid-American region will be polled on their preferences regarding the disclosure of center level LTFU data to facilitate quality improvement in the post meeting survey.
Regional Data Review (see slides) Joe Schneider, MD

- **Volume of procedures** – high volume procedures for this region include PVI, EVAR and hemodialysis.

- **Missing procedure data** - This is a first cut of the data showing the % of procedures submitted with missing data for each registry and a center by center comparison within our region. Further discussion and additional analyses will be needed to assess whether there are certain fields that are always missing and other data trends. Todd Vogel requested a report that examines missing data over time by center.

- **Other topics**
  - LTFU – Several centers had very low LTFU rates and others were doing very well. Higher performing centers may want to present their best practices.
  - Varicose vein data – A question was raised about the number of centers that displayed data. Although there are over 30 centers currently collecting venous data, only data from centers that were enrolled in 2015 are displayed.
  - Data on process and related outcome measures were shown in sequence - chlorhexidine and surgical site infection rates; ultrasound guidance and hematoma rates.
  - The higher rate of carotid stents for this region and the variability in rates across centers was discussed. Centers with better rates may be interested in presenting their best practices.

- **Potential Topics for QI projects being considered**
  - Andy Hoel and Todd Vogel indicated that they would put together a list of potential QI project for the Mid-America region including surgical infection rates, use of ultrasound access and CAS variability. Andy is familiar with the VQI databases and will help other members access the information and Todd has fellows and residents who may be able to contribute to the project.
  - Two additional QI topics were discussed at prior meetings – EVAR LOS and patient characteristics and complication types of endo-vein harvest versus open harvest.

- **New COPI and Physician Reports** - At least two additional reports are planned for this year:
  - COPI report on hematoma after PVI
  - Surgeon-level report on percentage of high-risk patients receiving CAS

- **Presentations** - Joe Schneider presented data on CEA in older patients. Current guidelines on CEA for older patients were based on data from 25 years ago. The study found that most older patients do well with CEA. They have a higher stroke rate but it is related to prior neurological events and other factors.

- **Pathways** – Betti Kerrigan highlighted the capacity to drill down to patient level data and information on the use of shared template reports. She provided a status update on medical device projects that are still accepting enrollees including a new project from Bard PV Lifestent. She also reported on a new promotion from M2S marking the 5-year
anniversary of the VQI, with promotions and discounts for new and current VQI customers.

- **Bylaws** - Changes to the regions’ bylaws were proposed by the PSO to help standardize the process and provide some uniformity across the regional groups. Since there are extensive changes being proposed, the Executive Committee will be polled after the meeting. The new Bylaws will be posted to the website upon completion.

- **Expanding participation in VQI/selected centers** – recruitment will focus on Advocate hospitals in Illinois; contracting is underway with the University of Iowa Medical Center.