Mid-Atlantic Vascular Study Group – Spring Meeting 2018 Minutes

We had another successful spring Mid-Atlantic Vascular Study Group meeting at the Union League in Philadelphia. I thoroughly enjoyed the discussions that physician and data managers engaged in throughout the meeting. Below are the meeting minutes.

MAVSG continues to grow, with several in contracting and several more in the discussion/proposal stage.

PSO Update (N. Heatley)

- 467 centers and 469,847 procedures total as of end of March
- VQ@VAM 2018 to be held in Boston MA on Wednesday June 20th and half day on Thursday June 21st. Half day will be focused on abstraction of difficult cases – 40+ volunteers worked with the PSO on the cases across registries and these will be the basis of the Thursday workshop. On Wed. case studies will be included, and a Networking/Poster session with 18 presentations. Full agenda can be found at:https://www.vqi.org/wp-content/uploads/VQI-Annual-Meeting-2018-Detailed-Agenda-Speakers-Tentative.pdf
- Participation Awards for 2018 will now include a QI Project component, starting with project charters and 43 centers submitted these.
- Registry developments for 2018 include major revision to Hemodialysis, development of VV and PVI short forms and 30 Day Follow up Measures
- The Vascular Medicine Registry is being finalized, with discussions ongoing with the AHA for this registry

AQC (G. Wang, MD)

- The Committee is finalizing the Common Variables, completing missing help text, 30 Day variables and reviewing LTFU required fields for release in 2018
- Encouraged members to look at DeMartino study and impact of discharge medications on long term survival research paper https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5315460/
- EVAR LTFU – targeting 80% but proving a struggle to get patients back in. Given the finite need for reinterventions following EVAR, improving follow-up and continued surveillance is important for complete vascular care. There has been some success for sites if administrative assistant makes follow up calls for patients who have not yet scheduled follow-up. Dr. Wang discussed the analytics tool which can be used to identify patients who have not yet scheduled follow up.

RAC (F. Aziz, MD)

- We have a new tool for searching for approved projects. The tool helps you view past approved projects but also provides ideas for new projects. You can find the tool at: https://www.vqi.org/vqi-resource-library/quality-research/rac-approved-project-search/
- The online submission system for the National RAC uses Abstracts, BioSketches, Research Hypothesis, Research Plan and Analytics Plan and details on the deadlines can be found here: https://www.vqi.org/vqi-resource-library/quality-research/

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VQC (F. Aziz, MD)

- The focus is on appropriateness. Drs. Almeida and Osborne are analyzing VQI and Claims data to identify trends in the number of procedures being performed on the same patient in a single year.
- Dr. Osborne will be presenting at AVF on how the VQI can be used to monitor appropriateness through appropriateness "CAPI" reports.

The new Venous Stent registry reflects the trend in use of venous stents for this new registry

Governing Council (G. Wang, MD)

- Update on blinded datasets review: Those using the VQI datasets will be aware of limits on datasets while data was re-checked in 2017. This work has been completed with a very small level of error which has now been addressed.
- Ongoing PVI industry projects: Bard restenosis and Medtronic INPACT. We encourage centers to consider participation as the number of additional variables required is minimal so this offers good value for centers. Dr. Wang also pointed out that retrospective patients may be entered as of 2016; this can be an opportunity to contribute cases and receive reimbursements.
- RAPID: The VQI continues to work with the FDA and Industry on the Registry Assessment of Peripheral Interventional Devices "RAPID" project. There's a desire to create a multi-variable objective performance criteria based on this data, to be funded by industry, which has potential to lead to many new device evaluation projects for the VQI.

REGIONAL DATA REVIEW – HIGHLIGHTS (G. Wang, MD)

- Overall: MAVSG is close to the median on most measures. Long term follow-up is at 74% (*73% VQI overall*) but is based on 2015 data due to the 9mos. to 21mos. window, allowing for data capture. Dr. Wang stressed the importance of improving upon EVAR and TEVAR LTFU, as the number of reinterventions in these subsets is not insignificant. CEA LOS is a little high at 27% (*VQI at 24%*). EVAR LOS remains significantly above 2 days, 22% (*VQI 12%*) and should be looked at, while our use of Ultrasound Guidance is relatively high and we are toward the top of regional groups. We continue to make a significant contribution to PVI as well as TEVAR as we have a large volume of data relative to the size of our region.
- LTFU: at 81% for EVAR we're doing well compared to VQI (75%). For TEVAR, for example, some sites have lost patients to trauma. How much of the loss to follow up across all registries will be due to insurance issues? One key area is to ensure that follow up is being entered as this can impact the results. PATHWAYS Reporting allows centers to look up who is due for follow-up as one strategy to improve upon LTFU. Important to identify the difference between outcomes v. data entry issues. Dr. Wang stressed the importance for data managers to prioritize effectively between procedure entry and LTFU entry; diligent entry of procedures without attention to LTFU could lead to a low LTFU rate.
- D/C Meds: This affects arterial procedures and our region has room for improvement and we are running at the VQI average. Suggest centers review the DeMartino paper on Discharge Medications to show the impact (see above).
- Hemodialysis Access: region running below the VQI average on initial fistula creation.

- CAS: stroke or death: region doing well with a stroke/death rate consistently below the VQI average
- CEA LOS: 1/3 higher than VQI average. One center has looked at this and has been able to reduce the rate. In discussion, members identified hypertension (get blood pressure down), avoiding use of Foley catheters or reducing length of time in place, and timing of procedure (first start case). Another site has successfully discontinued using arterial lines by POD1 for this procedure.
- EVAR LOS: The region consistently higher than VQI average, affected by several outliers.
- EVAR SAC: Again, MAVSG is below average performance. Lack of follow up imaging can be related to insurance coverage and willingness of patients to return for F/U.
- INFRA LOS Please see Dr. Jeffrey Kalish's paper on INFRA LOS on the use of chlorhexidine skin prep in reducing surgical site infection. This is another area where we need to improve our ability to capture the data. See article, https://www.ncbi.nlm.nih.gov/pubmed/24953898 .
- IVCF: Our region does not have more than three centers participating in this registry, but Dr. Wang found it important to highlight the trends in the data nationwide. IVC filter retrieval metric raises some multi-specialty issues as it frequently crosses lines between specialties. We need a feedback loop with the tertiary centers to capture retrieval. Interventionalists often remove the filters. Dr. Danielle Pineda discussed a survey that she had developed at Abington to learn the reasons why filter retrievals are not being performed at a higher rate. There is a lack of information or "card" given to the patients when an IVC filter is placed. Dr. Meghan Dermody suggested a way to flag the filter and ensure that it appears on the problem list within the EMR as "s/p IVC filter" as a way to remind healthcare providers that it needs to be retrieved. While the level of data in center reports isn't flagged at regional level with MAVSG as there are not at least 3 centers with 10 or more cases, members may be interested that the PSO and M2S have added some new functionality in PATHWAYS to help with tracking and reporting in the system (see attached Powerpoint slides for more information).
- PVI and Ultrasound Guidance: Sites have had success in training fellows and subspecialties to use U/S Guidance, as an example of dissemination of good practice. MAVSG already has a relatively high use compared to other regional groups, and Dr. Wang cited Dr. Kalish's paper on how the use of routine ultrasound guidance decreased hematoma rates.
- PVI ABI/TBI: This could be a help text/recording issue for the below average sites, as it seems highly unusual that centers would use it so infrequently prior to angiography for claudication.
- Supra-Inguinal Bypass: Rate of complications is below average.

INDUSTRY PROJECT UPDATES (N Heatley, PSO)

- TCAR Surveillance Project: Importance PSO project for CAS, working with CMS, and allowing reimbursement as part of a registry. Managed by a PSO TCAR Steering Committee, and 2 abstracts will be presented at VAM2018
- Bard® LifeStent® Popliteal Artery Stent Project for PVI – 1 year and 2 years follow up and payment of $1,400, minimal additional data entry required
- Medtronic IN.PACT® Admiral® DCB ISR Project – 1, 2 and 3 years follow up and payment of $1,950, minimal additional data entry required
- CREST2 Registry – 1 year

- TEVAR Dissection Surveillance Project – set to re-open in 2018 for the inclusion of Cook thoracic stent grafts, payment of $4,000

NEXT MEETING

- We'll be sending out a survey for feedback, and this will also be used to determine the location of the Fall Meeting so your feedback is important to us.
- We thank all members who attended and we look forward to the Fall meeting where we'll have more time for presentations and detailed discussion.

I look forward to seeing you all at the next fall Mid-Atlantic Vascular Study Group meeting. In the meantime, I hope you bring away learnings from our meeting to improve the quality of care that you deliver to your patients.

Warm regards,

Grace J. Wang