

## Mid-Atlantic Regional Study Group

April 23rd, 7:00-9:00 am

Delaware Vascular Society, 37th Annual Meeting Union League of Philadelphia

### Meeting Minutes:

Attended:

<b>Name</b>	<b>Position</b>	<b>Center</b>
Grace Wang	MD	UPENN
Jen Lai	Data Manager	UPENN
Amy Reed	MD	Penn State
Judy Cook	MD	Penn State
Aziz Faisal	MD	Penn State
Ralph Ierardi	MD	Christiana Hospital
Robert Garvin	MD	Geisinger
Matt Regan		M2S

Online:

Carrie Bosela	RN	SVS PSO
Patricia Gortych	Data Manager	Atlantic Health
Maria Albert	Data Manager	Christiana Hospital
Ryan O'Shea	?	Exempla
Lisa Baro	Data Manager	Reading Hospital
Jennifer Partyka	Other	Geisinger
Kathleen Levan	Data Manager	Geisinger
Shivprasad Nikam	MD	Geisinger

**Welcome and Introduction:** Dr. Amy Reed

**National VQI Update (see slides):** Dr. Grace Wang

Discussed how there are currently 323 center now enrolled in VQI in 46 different states. Over 200,000 procedures entered as of the first of March.

Announced new PSO staff:

- Dan Neal, M.S. as SVS PSO Analytic Director
- Megan Mathy, PSO Admin support

Demonstrated new reporting feature in the analytics engine: The M2S PATHWAYS Analytic Engine can now display variation across centers **in the entire VQI or in a Regional Quality Group** for the variables in each procedure type, including risk-adjusted outcomes where appropriate.

Still looking for TEVAR Type B dissection participants for the 1 year study, pays \$400 per patient with no additional data entry.

Announced recent requests for participant in the Aorfix™ Prospective, Non-Randomized, Multi-Center Evaluation of the Long-Term Safety and Effectiveness of the Lombard Medical Aorfix™ AAA Flexible Stent Graft System. 5 year commitment reimbursed @ \$4000 per patient.

Discussion about receiving CME or Self-Assessment MOC credits for regional meeting attendance. Group agreed CME a good place to start. Did not feel the regional meetings would meet Self-Assessment credit approval, as the meetings focus more on Quality Improvement, hard to create “test” that is required for Self-Assessment credits.

**Regional Data Review(see slides):** Dr. Grace Wang

LTFU discussion: Overwhelming concern about lack of cooperation from Private Practice Doctors and the difficulties in obtaining LTFU data from them. Geisinger is going to send their hospital data manager to the private practice site at specified time intervals and abstract the data herself from paper charts. Carrie mentioned other hospitals have tied it to credentialing to encourage cooperation. Dr. Reed mentioned there may data abstractors already employed by the hospital for other databases such as STS or cardiology databases who would also help.

LTFU group consensus:

- 50% is the right benchmark and increase 5-10% per year to demonstrate improvement before any penalties

- Low Performer benchmark: Group strongly agreed that penalties would possibly lead to people giving up and leaving the registry. They agreed on no penalties. VQI needs to help centers who are performing below 50% for LFTU.
- Agree with required fields for each registry to be considered “complete” follow up
- High performers: this group will be happy to get to 50% no comment on high performers at this time.

**ACTION:** Group agreed to make this a Regional Quality Initiative. Jennifer Lai, from UPENN, is going to work with Carrie to organize a monthly calls with the regional data managers to work on this project as a team. They will be asked to attend the semi-annual meetings in person or by phone to report their progress/best practices/suggestions for regional group improvement. The entire group agreed to meet quarterly, twice in person at the regional meetings, and again via conference call provided through webex between the meetings to keep momentum going for QI projects.

Infra Skin prep: huge variation in use of Chlorhexidine. Group would like to analyze SSI by center for a regional QI project. Someone will need to get an Infra blinded dataset and do the analysis to prep a report for the Fall meeting.

CEA LOS: variation in the region continues. Group named this as their third QI project. Will need lead for this project as well.

**Arterial Quality Committee Update:** Dr. Grace Wang

M2S was approved by CMS to be a QCDR: Qualified Clinical Data Registry. This will allow VQI members to meet PQRS requirements for Part B Medicare to avoid payment penalties by using measures not approved for PQRS but specifically for VQI. See attached approved list.

COPI (Center Opportunity Profile for Improvement)

Infra LOS to be released this Spring. Next two in development:

- 1-One year stroke/mortality after elective CEA/CAS for asymptomatic carotid stenosis
- 2-One year mortality after open AAA/EVAR for elective AAA less than 6cm

National QI projects:

1. Regional variation in postoperative myocardial infarction, Dr. Dan Bertges
2. Survival for patients discharged on Antiplatelets and Statins, Dr. Randall DeMartino

**Research Advisory Committee (RAC) Update:** Dr. Grace Wang; new RAC representative, Dr. Faisal Aziz

Approved Project list on line:

[http://www.vascularqualityinitiative.org/wp-content/uploads/VQI\\_Approved\\_Projects\\_List\\_February-11-2015.pdf](http://www.vascularqualityinitiative.org/wp-content/uploads/VQI_Approved_Projects_List_February-11-2015.pdf)

45 National Projects

80 Regional Projects (VSGNE, Carolina's, Virginia's and Mid-Atlantic )

**Venous Quality Committee Update:** Dr. Faisal Aziz

IVC Filter registry:

- 2312 procedures
- 56 centers

Varicose Vein Registry: launched January 2015

- 56 procedures in first month
- 14 centers contracted
- Focus on vein centers, integrate with vein-specific EMR vendors
  - VeinSpec
  - SonoSoft
  - StreamlineMD
  - MedStreaming
- Includes Quality of Life variables

**SVS support regional group websites**

- Need volunteer to work on content with Megan Mathy, SVS PSO

**Expanding Participation:** List of “interested” centers in the region included in the slide deck, current Mid Atlantic members encouraged to reach out to any peers at those centers to help increase membership in the group. \_

Next Meeting and Adjourn:

During EVS: date/time TBD