

**Mid-South VSG
Spring 2016 Meeting**

April 24, 2016
St. Thomas Midtown Hospital
Nashville, TN

Meeting Summary

Edward Garrett, MD Medical Director

Meeting Participants

Name	Position	Center
Joshua Arnold	MD	University of TN, Knoxville (remote)
Nadine Caputo	Quality Director	SVS PSO
William Edwards	MD	St. Thomas West, Nashville
Ashlynn Everett	RN	University of TN, Knoxville (remote)
JimBob Falk	MD	St. Thomas, Nashville
Michael Freeman	MD	University of TN, Knoxville
Oscar Grandas	MD	University of TN, Knoxville (remote)
Edward Garrett	MD	Baptist Memphis
Deb MacAulay	Business Development	M2S (remote)
Michael McNally	MD	University of TN, Knoxville
Charlotte Porter	RN	Baptist Memphis (remote)
Patrick Ryan	MD	St. Thomas Health System
Brenda Tibbs	RN	St. Thomas Midtown
Tonya Turner	RMA	Nashville Vascular & Vein Inst.

Welcome and Introduction: Dr. Edward Garrett, Medical Director

National VQI Update (see slides): Dr. Garrett

First Annual VQ Meeting: June 8, 2016 National Harbor, MD (SVS annual meeting)

- 8:00am to 12:00 pm Data Managers Session
 - Anatomy
 - PVI case abstraction
 - Producing and Interpreting Reports
- 12:00pm to 4:30pm All VQI Participants
 - Key Note Speaker: Dr. Michael Englesbee, MD on leveraging quality data
 - QI success stories from 4 VQI hospitals
 - VQI Toolkit to assist with local QI efforts
 - Dr. Ted James, MD on implementing actionable and measurable QI initiatives

More information is available on-line at <http://www.vascularqualityinitiative.org/wp-content/uploads/VQI-Annual-Meeting-at-a-Glance.pdf>

VQI National Statistics

Discussed how there are currently 376 center now enrolled in VQI in 46 different states. Over 270,000 procedures entered as of the first of the first of October; PVI is highest volume procedure.

2016 SVS PSO Recognition Award

Points rewarded for: 1) physician and ancillary staff attendance at regional meetings; 2) long-term F/U percentage and 3) number of procedure groups the site participates in. Centers with LTFU less than 50% will receive mentoring from a peer advisor and a LTFU toolkit from the PSO to assist then in improving their LTFU rates. Toolkit materials available at VQI website: <http://www.vascularqualityinitiative.org/vqi-resource-library/>

New VQI Initiatives

- Vascular Medicine Registry to be released by the end of 2016. Focus on Medical Management of Carotid, Aortic and Lower Extremity vascular disease.
- EVAR Cost Project with MedAssets: 18 VQI sites participating in Pilot
 - Understanding the economics of vascular procedures is critically important
 - Combined hospital cost data (MedAssets) with detailed clinical data (VQI) to accurately benchmark similar procedures
- EPIC Update:
 - Dr. Michael Stoner and Lisa Spellman at University of Rochester
 - Working with Epic to build CEA form that can be transferred via JSON file to M2S
 - Work should be done and ready for testing end of April 2016
- “How to” documentation will be shared with all VQI EPIC users; use of this interface will result in zero data abstraction for CEA

Group Discussion: Star Awards and LTFU

- Discussed issue that the VQI should focus on quality and not on punitive measures. LTFU is very difficult for centers performing PVIs – some organizations may not continue to subscribe to the PVI registry because of the difficulty of acquiring LTFU for this group of patients.
- Others noted strong efforts from physicians and nurses by phone, letter and email to reach patients for LTFU.
- Discussion about notification process for LTFU at 6 months post procedure – this counted against us when LTFU doesn’t start until 9 months.

CMS Payment for Quality: MACRA, MIPS and APMs

Many of the physicians in this network will seek reimbursement under MIPS. These regulations have not been finalized and more definitive information will be available for the Fall meeting.

M2S Pathways

Deb MacAuley provided updates on the Pathways system that will be available this year including easier access to information on member hospitals in health systems and easier drill downs to patient level information. M2S has recently been acquired by MedStreaming which has considerable experience in EMR integration and data analytics. You will still be working with the same M2S staff in West Lebanon, NH.

Regional Data Review and Discussion (see slides)

Several of the reports did not have sufficient data to display center benchmarking, so only overall data for the region was provided in the report (a minimum of 3 centers and 10 procedures at each center is required to provide center benchmarking).

Review of regional reports:

- Chlorhexidine Use: Centers commented that they switched to chlorhexidine and one center noted that their hospital only uses colored chlorhexidine so the surgical team can see that it has been applied. Colored chlorhexidine is more expensive but the hospital finds that it is worth the added expense.
- PVI: Noted that the rates may be low due to not documenting or receiving results of the ultrasound from office or clinics performing the procedure.
- Discharge medications: One center noted that this factor is already built into their EMR. Discharge medications rates are included for all arterial procedures.
- CEA LOS: One center noted that their hospital has decided to buy CEA patients blood pressure monitors preoperatively to help patients make sure their blood pressure stays under control. Other strategies to reduce LOS was not using Foleys and using clonidine instead of drips to control BP post-op.
- OAAA LOS – the group may want to contact higher performing networks such as Midwest so they can learn from them. Others noted that many of these patients are transferred in so initial testing contributed to longer LOS.

Proposed QI project

- Increase prescribing rates for discharge medications (statins and/or anti-platelets). One center noted that their hospital does not want to just have data but wants something done with it – prescribing rates for discharge medications may be a good first QI project for this region.

Arterial Quality Committee Update: Michael McNally, MD

PSO has started data auditing using statistical methods of identifying out of range data, highly improbable data combinations (i.e. claudicant in a wheelchair). PSO staff is contacting sites to inquire about these findings to review and possible update the data.

Venous Quality Committee Update

IVC Filter: 4778 procedures

- Current workgroup developing an IVC filter retrieval reminder report/email notification
- CMS Quality Measure: Appropriate management of Retrievable IVC filters

Varicose Veins: 3245 procedures

- Focus on vein centers, integrate with vein-specific EMR vendors
 - VeinSpec
 - SonoSoft
 - StreamlineMD
 - MedStreaming
- Includes Quality of Life variables

Research Advisory Committee (RAC) Update

National Proposals - New Portal for Submission:

<http://abstracts123.com/svs1/>

Mid-South needs a representative for this committee. Two physicians volunteered for this committee and a question for the post meeting survey will be added so the group can vote.

The group decided not to fill the representative position on the National Venous Quality Committee since no one is participating in a venous module at this time.

Website link <http://www.vascularqualityinitiative.org/components-of-the-vqi/regional-quality-groups/current-regional-quality-groups/mid-south-vascular-study-group/>

Email: egarretmd@cvsclinic.com with comments or suggestions.

Next Meeting

Discussed alternative schedules in concert with other regional vascular meetings.