

Mid-South Vascular Study Group Spring Meeting Minutes
June 23, 2019
1:00 – 4:00PM
St. Thomas Hospital
Owens Education Center
2000 Church Street
Nashville, TN

I. Welcome and Introductions – Ed Garrett, MD

II. National VQI Update: Cheryl Jackson, SVS PSO

- 545 Centers, Canada and Singapore participants outside the US
- 566, 457 procedure, PVI highest with 179,809
- Major update to website: www.vqi.org
- Out of range audits for each registry currently being done, also contracting with Q-Centrix for third party audits soon
- 2019 webinar and report schedule reviewed (see slides)
- Currently 55 QI charters: contact Cheryl Jackson, Director of Quality SVS PSO to start QI Project this year!!! Education and material available to help with your success. CJACKSON@SVSPSO.ORG
- SVS PSO work group to address national opioid epidemic with a focus on vascular patients. To develop recommendations based on work from National Academy of Medicine, Prescription Drug Monitoring Program (PDMP) and evidence-based practice
- Participation award release and one center was awarded 3 star certificate of achievement
 - Nashville Vascular and Vein Institute
- VQI@VAM was Tuesday 6/11 to Wednesday 6/12

III. AQC Update: Patrick Ryan, MD

- Basic PVI form: 40% less data abstraction. Less comprehensive.
- Some of the automatic reports that we receive or not re-creatable in the analytics engine. Carrie says that we may be switching to a different analytics engine provider.
- Harmonizing similar help text
- Updating all help text by the end of 2019 (using audit results to inform changes)
- IDE device clean up (Please do not enter an IDE as “other”)
- Other device clean up (Need more details, manufacturer, device name, product #)
- General Registry Updates (Infra, Supra and OAAA on deck for 2019)

IV. RAC Update: Michael McNally, MD

- No Restriction of data release based on similar projects; collaboration is encouraged
- Only 1 refresh of data within 24 months of initial approval
- Industry related projects need to collaborate with the steering committee/s (i.e. TCAR)
 - Review policy and industry charters on the web
- Device Identification Policy: review on the web before submitting proposal

V. VQC Update: Cheryl Jackson

- Varicose Vein Registry:
 - revisions to decrease data entry only for “treated leg”
 - Early follow up requirement changing to < 30 days to capture early complications
- IVC Filter: feedback on temporary filter removal reminders
- Venous Stent Registry: to be released soon!

VI. Governing Council Update: Ed Garrett, MD

- Vice Chairs elected:
 - Randy DeMartino (AQC)
 - Mark Passman (VQC)
- SSN Workgroup: Whitepaper being published to help administration understand our need for full SSN (Medicare claims matching and SSDI matching)
- Continued Guideline work with SVS, which has led to new reports
- Additional Centers added to the Cerner Abstraction Pilot
- Discussion on how to increase participation at Regional Meetings

VII. Regional Data review: Ed Garrett, MD (see slides)

- Hemodialysis Access variable should have more meaning. Would like to see data on cumulative and primary patency rate.
- Since OAAA volume is low, consider adding supra-renal and celiac aneurysms to increase volume so centers can get feedback. Only 3 regions qualified for data...
- Devices – having issues with entering data with Gore Iliac branch devices – contralateral limb; different product numbers than what’s on the labels.

VIII. Nominations for Regional Medical Director and Regional Lead Data Manager

- Process for electing regional leads
 - i. Nominations and self-nominations accepted during the meeting and an email will be sent out from SVS PSO to all regional participants after the meeting with a stated deadline
 - ii. After nomination deadline, then a ballot will be sent to Exec Committee (lead physician from each center) for voting
 1. Dr. Patrick Ryan (Nashville Vascular and Vein Institute) was nominated for Regional Medical Director at the meeting
 2. Tonya Turner (Nashville Vascular and Vein Institute) considering the Regional Lead Data Manager role

IX. Discussion

- Consider meeting once a year in the region and then meet at VAM. The problem would be adding another day leaving the office to arrive early enough for a meeting at VQI@VAM or carving out time during VAM. Would like to have comments or suggestions. Please send to Dr. Garrett at egarretmd@cvsclinic.com
- Cheryl to reach out to the next regional lead for topics to present at the Fall meeting and other ideas to increase attendance.

X. Next meeting:

- Fall 2019 – to be determined
- Spring 2020