

MidSouth Vascular Study Group

April 8, 2018

1:00pm – 4:00pm

St. Thomas Midtown Hospital

Minutes

I. Welcome and Introductions: Dr. Ed Garrett

II. Growing Region:

- Dr. Ramirez agreed to reach out to Saint Dominic, Tupelo and Baptist in MS
- Dr. Ryan confirmed Vanderbilt is going to join

III. National SVS PSO update: Carrie Bosela

- Current Stats:
 - 456 Centers, 46 States + Canada
 - 448,000 procedures as of 2/1/2018
 - 18 regional groups, including the newest one in Canada
- VQI@VAM:
 - Date: Wednesday, June 20, through Thursday, June 21, 2018
 - Place: Hynes Convention Center, Boston, MA
- VQI Approved by CMS as a 2018 Qualified Clinical Data Registry (QCDR)
 - MIPS Quality Component is 50% of the total MIPS score
 - VQI QCDR offers 25 measures
- Data Audits starting in 2018!!
 - Inter-rater reliability exercise
 - Random data audits
 - New PSO-Center Communication Tool for Data Cleanup
- 2018 Participation Award:
 - There will be 4 categories scored, each on a 0-6point scale:
 - LTFU
 - <70% mean LTFU in all registries = 0 pts
 - ≥70% mean LTFU in all registries = 2 pts
 - ≥80% mean LTFU in all registries = 4 pts
 - ≥90% mean LTFU in all registries = 6 pts
 - Meeting attendance
 - No physicians attending regional meeting = 0 pts
 - 1 physician attending regional meeting = 1 pts
 - 2 physicians attending regional meeting – 2 pts
 - 3 or more physicians attending regional meeting = 3 pts
 - QI project involvement:

A center may submit a project charter to the SVS PSO that documents a 2018 quality improvement project. It is up to the site to determine what the project will be, but the SVS PSO asks that it is a new activity, initiated in 2018. If a site is looking to identify a potential QI project, we recommend

that the site refer to its semi-annual reports to identify areas of opportunity. PSO staff are available to assist with selection of QI projects. Sites are also encouraged to initiate improvement activities around the two VQI national quality initiatives, “Discharge Medications” and “EVAR Imaging LFTU.” Information on the VQI National Quality Initiatives can be found in the Members Only area of the VQI website at www.vqi.org/national-data.

- Number of registry subscriptions
Subscribe to 1-2 registries = 0 pts
Subscribe to 3-5 registries – 2 pts
Subscribe to 6-8 registries = 4 pts
Subscribe to \geq 9 registries = 6 pts
- Star Award Point Scale
< 5 total points = 0 stars
5-8 total points = 1 star
9-12 total points = 2 stars
13 or more total points = 3 stars

*Centers participating in only the Varicose Vein registry earn 2 points.

**Follow-up for centers without 2015 data is based on procedures performed in 2016.

* * *Scores for the spring and fall regional meetings are calculated separately and summed to give a final point total for meeting participation. Centers with affiliated health-professional staff attending can earn an extra point at each meeting if at least 1 MD also attended (maximum of 3 points for each meeting). Centers with staff members attending VQI@VAM earn 1 additional point overall (not to exceed a total of 6 points for Meeting Attendance Score). Centers with fewer than 3 physicians earn 2 points if 1 attends a regional meeting and 3 points if 2 attend.

- Educational Webinars:
 - **February:** Merit-Based Incentive Payment System (MIPS) for your Vascular Team
 - **February:** Starting a QI project
 - **March:** 2016-2017 Validation training
 - **April:** Analytic Engine and Reporting
 - **May:** Quality Improvement
 - **June:** VQI@VAM
- 2018 Registry updates:
 - **Hemodialysis Access:** Under major revision
 - **Vascular Medicine Registry:** Finalizing changes
 - **30-day Follow-up Measures**
 - **Varicose Vein:** Under revisions to only collect data on treated leg (shorten the form)
 - **Venous Stent Registry:** Under development
 - **PVI short form:** Under development
- **Social Security Number needed in VQI:**
 - Including SSN in VQI – Dr. Larry Kraiss:

Purpose of having SSN in the record was originally to confirm patient identity. Now we are using it to query administrative databases to figure out whether or not patient is alive, has been seen in a different hospital, has received imaging, etc. The PSO has been approved legislatively to receive SSNs. W/ a SSN, the VQI can run checks against the SS death index, and find out if the patient died. If patient is a Medicare, we can find out if patient was admitted to a different hospital with the dx of stroke. For example, clinicians are unable to view SSNs at UoU. Only about 50% of VQI hospitals are entering valid SSNs. The next iteration of participation awards will involve the inclusion of the SSN. They really need the full number. The Medicare number is sometimes the SSN. They are working on discovering the value of the last 4 digits. Medicare needs all digits. SS death index just needs last 4.

- **VQI Approved by CMS as a 2018 QCDR:**

VQI meets quality improvement requirements for MIPS. We can only do it at the physician level and it is attached to your NPI. Does your institution do this for you already? St. Luke's, yes. Those in private practice would benefit from doing this through SVS VQI. The cost is about \$599 per physician.

IV. Arterial Quality Council update: Dr. Mike McNally

- Finalizing Common Variable select options and help text amongst registries where applicable
- Completing all "missing help text"
- Clinically reviewing all help text to site scientific support where applicable
- 30 day variables for all registries are being reviewed
- LTFU required fields are complete and M2S is in the process of development for 2018 release
- **Physician and Center Dashboards:** Physician and center stats on critical outcomes by registry over the past year, including regional and VQI benchmarks. First physician reports delivered in February and will be updated in fall. Center-level dashboards planned for June.
- **Comparative COPI Reports:** We will update prior COPI reports with new data to check centers' improvement. EVAR LOS planned for May, INFRA LOS for August and INFRA SSI in September.
- **National QI Initiative Updates:** Reports will be issued quarterly starting in March tracking centers' progress on Discharge Medications and Follow-Up Imaging After EVAR.

V. Venous Quality Council update: (Ask Dr. Siragusa to be the VQC rep for MidSouth)

- Varicose Vein Appropriateness Project
- Development of NEW Venous Stent registry

VI. Research Advisory Council update:

- National Research Process:

New searchable link to review what projects have been approved by regional and national RAC's. Go to VQI website and pull a list of the approved projects to prevent duplication.

<https://www.vqi.org/vqi-resource-library/quality-research/rac-approved-project-search/>

- Medicare Matched Datasets:

<https://www.vqi.org/vqi-resource-library/quality-research/blinded-datasets/>

- Regional Research Projects – New Ideas?

Decided as a region a couple years ago to work on D/C meds. Region is doing well with all but one center at 70% or higher. Dr. Garrett explained his Team is starting statin pre-op at the initial office visit or hospital consult; partnering with hospital pharmacist when the patient is an inpatient to make sure they are on a statin and antiplatelet as needed and on correct dose at discharge; working on Epic hard stop at D/C. Physicians agreed they need to do a better job of documenting “no, for medical reasons” which would improve their rates for this measure.

Ed Garrett: Would like to look at racial disparities and the effect on outcomes. Everyone agreed it would be a good project to pursue.

VII. SVS PSO Governing Council Meeting at VEITH:

Last year SVS program committee discovered errors in blinded datasets prepared for research. Reviewed all of the blinded data sets internally. Internal consistency for what was entered into VQI vs. what was coming out of the datasets. Found definition errors, coding errors, etc. 160 million data points. 400k pts. No errors in key outcome variables. Have developed new quality control measures.

VIII. Regional Report Highlights:

- Region total procedures: 13, 073 greatest volumes in PVI/Hemodialysis/CEA
- 2015 LTFU rate 77%; goal is 80% Region improved from 45% for 2012 procedures
Nashville Vascular and Vein Institute: High performer for the region. Dedicated resource that gets it done!
- Percentage of Primary AVF vs. Graft: 86% second highest region in the country
- Carotid Artery Stent: Stroke or Death in Hospital: only one outlier in the region but not statistically significant
- Carotid Endarterectomy: Stroke or Death in Hospital: one center is a statistical outlier with a rate of 9%. PSO staff to reach out to this center for possible QI project.
- Carotid Endarterectomy: Percentage of Patients with LOS>1 Day: one statistical outlier in the room admitted it's just culture, they stay 2 days. Change would provide significant revenue for the hospital.
- Endovascular AAA Repair: Percentage of Patients with LOS>2: Better than national average but not statistically significant
- EVAR Rate of Sac Diameter Reporting at Long-Term Follow-Up: Better than national average one site statistically significant with 90% completion. Should present their methods/process of achieving this at the fall meeting.
- Infrainguinal Bypass Percentage of Procedures with Chlorhexidine or Chlorhexidine+Alcohol Skin Prep: All but one center above 80%. May be a dictation issue or the use of IoBan which contains iodine. Study to be redone.
- Infrainguinal Bypass Rate of major complications: Two centers with 10% or greater complications. Not statistically significant but should be reviewed for possible QI project.
- PVI Percentage of Percutaneous Femoral Procedures Using Ultrasound Guidance: 91% of region uses U/S guidance, only one site a statistical outlier that does not. Recommend they look at their hematoma rate to see if there is an opportunity to improve by using u/s guidance. May also be a documentation issue.

- PVI Percentage of Claudicants with ABI or TBI Reported before Procedure: Huge variation from 15-95% in the region. Would be an interesting panel discussion for the fall meeting.

General discussion:

- Dr. Ryan to be the AQC rep
- Dr. McNally to be the RAC rep
- Asking Dr. Siragusa to be the VQC rep
- Dr. Garrett agreed to continue as Regional Medical Director
- Dr. Ramirez (University of MS, given meeting attendance credit)
- Dr. Edwards suggested putting the Varicose Vein and Venous Stent registry together as one registry
- Dr. Edwards stated the amputation registry is lacking needed content to increase participation

“Fall Meeting”:

To send survey to get ideas where to have Fall meeting.