

MID-AMERICA VASCULAR STUDY GROUP

Date: September 9, 2015

Presiding: Joseph Schneider, MD

Present: Victor Bernhard, MD, Cynthia Bik, David Chew, MD, John Goddard, Andy Hoel, MD, Robert Steppacher, MD, Jesse Vanle, MD, Tiffany Whitaker, Karen Hynes, Nadine Caputo, Sheila Zani, Todd Vogel, MD., Katherine Middleton, Megan Mathy, Mark Janzen, MD, Karthik Vamanan, MD.

Via GoToMeeting: Carrie Bosela, Sara Draper, Laura Sheppard

Guest: Micah Girotti, MD

Recording: Cheryl Jackson

Call to order: 10am

Topic	Discussion	Action/ Responsible Person	Timeline/Status
Introductions/ Attendees	Self-introductions of all present. Representation from Northwestern Medicine – Central DuPage Hospital and Northwestern Hospital, UofC, OSF, Rockford Health System, Mercy Medical, SIU, Unity Point, Univ of Kansas, Univ of Missouri Healthcare, NorthShore and SVS.	None needed	N/A
Review minutes from Spring 2015	Minutes were sent out after the last meeting. Motion to approve made by Andy Hoel, 2 nd by Bob Steppacher, approved by all.	None needed	N/A
Old Business	None brought forward	None needed	N/A
National Update – Carrie Bosela	<p>Please see attached slides for details on all of the following topics. Recap:</p> <ul style="list-style-type: none"> • 18 regional groups, 354 centers in 46 states and Ontario. • As of 8/1/15 there were 230,281 total procedures captured. • Long term follow-up (LTFU) parameters were discussed. • Recognition Award is in progress for sites with active MD participation and high LTFU. <ul style="list-style-type: none"> ○ Suggestion for increase MD participation at regional meetings is to reach out to division chiefs to have someone from their hospital attend. • There is a new PAD registration module that is being developed for the medical management aspect of PAD. <ul style="list-style-type: none"> ○ Discussion surrounded how to get access to physician office patients when all data abstractors are hospital based. • The first physician level reports were sent out June 2015. Topics were “Optimal Medication at Discharge” and Long Term Follow-up. Alert – data managers do not have access to these reports. There is a form “Named Physician Report Authorized Form” that physicians can sign to give access to the data manager. Form is attached and hard copies were provided at the 	None needed	N/A

MID-AMERICA VASCULAR STUDY GROUP

	<p>meeting.</p> <ul style="list-style-type: none"> Center Opportunity Profile for Improvement (COPI) reports were sent out in June. The focus was on Infra-inguinal LOS. These reports can be used for QI projects for your center or the region. “FDA believes that device registries should serve as the foundation of our National Medical Device Postmarket Surveillance System.” Therefore, the VQI are involved with Medtronic and Gore with TEVAR Dissection, Lombard Medical with EVAR Aorfix, and Vascular Flow Technologies with hemodialysis access. See slides if interested in participation. 		
Medical Director – Joe Schneider	<p>Review of regional data. Please see slides for details. Recap:</p> <ul style="list-style-type: none"> As a region, we’re still having problems with LTFU. <ul style="list-style-type: none"> A motion was made to identify individual centers’ for the LTFU report by Joe Schneider. This will help low performers identify high performers for ideas on best practices. 2nd by Karthik Vamanan and approved by all in attendance. Discussions held: <ul style="list-style-type: none"> Peak systolic velocity – please verify that abstractors are using the correct numbers for pressures. U/S guidance for percutaneous femoral PVI – evidence shows that using U/S reduces hematomas and pseudoaneurysms. See attached article – “Routine use of ultrasound guidance in femoral arterial access for peripheral vascular intervention decreases groin hematoma rates” by Kalish, Jeffrey. CEA LOS – it was agreed that everyone practices one day LOS (as patient status permits). IVC filter discussion centered on the education of other specialties who request the filters. 	None needed	N/A
Venous Quality Committee – Carrie Bosela	<p>Please see attached slides.</p> <ul style="list-style-type: none"> Specs are in development to follow IVCF that haven’t been removed. Varicose veins – coming soon – data will automatically flow over – no abstractor needed. 	None needed	N/A
Arterial Quality Committee – Bob Steppacher, MD	<p>Please see attached slides:</p> <ul style="list-style-type: none"> Reviewed some of the changes to modules (pre-procedure symptoms, popliteal segments, wound grading, TASC, etc.) 	None needed	N/A
Research Committee – Andy Hoel, MD	<p>Please see attached slides and handout “Vascular Quality Initiative + Medicare Long-term Postsurgical Outcomes”.</p> <ul style="list-style-type: none"> There are 42 national projects and 80 regional projects through the VQI. For a list of approved projects go to http://www.vascularqualityinitiative.org/wp- 	None needed	N/A

MID-AMERICA VASCULAR STUDY GROUP

	<p>content/uploads/VQI Approved Projects List February-11-2015.pdf</p> <ul style="list-style-type: none"> • Please contact Andy with questions or assistance with the application process. 		
QI Project presentations	<p>Thanks to John Goddard (OSF) and Cynthia Bik (Iowa Heart) for presenting.</p> <ul style="list-style-type: none"> • Vascular Follow-up Testing – John Goddard and Dr. Jesse VanLe (OSF) <ul style="list-style-type: none"> ○ John made comparison charts of tests and when they should be performed per Medicare coverage and what’s recommended from the ACC and the SVS. See attached . • How Iowa Heart Center uses the VQI to track LOS and follow-up visits – Cynthia Bik (Iowa Heart) <ul style="list-style-type: none"> ○ Cynthia gave a detailed overview of how she abstracts data from VQI and exports to Excel and drills down from there to identify issues within her institution at the physician level. Due to the sharing of identified data, I’m not at liberty to share the presentation, but Cynthia has agreed to share her process at our quarterly regional data managers’ meeting. 	None needed	N/A
Data Managers’ Report – Cheryl Jackson	<p>The first MAVSG data manager/abstractor meeting was held 8/25/2015.</p> <ul style="list-style-type: none"> • We will meet quarterly. Scheduled to follow the national data managers’ meeting. • Meetings will have an educational component • Discussed and agreed upon a QI project – Inter-rater reliability amongst abstractors. John Goddard and Cheryl to do initial groundwork. Will get final ok of educational material from Carrie. • Reiterated that data managers, nor physicians have access to other physician’s reports. The only way this is possible is to have each physician sign a form giving permission to the data manager to access their reports. Please see attached. • Next meeting is scheduled for November 10, 2015. 	None needed	N/A
Funding for meetings – Joe Schneider	<p>Discussion about the possibilities of vascular companies to fund our regional meetings. Suggestions:</p> <ul style="list-style-type: none"> • Have many companies fund the meetings which decreases the chance of bias (or perception of). • SVS can collect the funds in an educational grant and when expenses occur for the meeting, they would pay the invoice. This is being done in some of the regional groups now. 	Joe to gather a list of vascular companies and make inquiries into contributions into an educational fund at the SVS	Update at the Spring meeting
Medical	Joe Schneider – September is three years for MAVSG and the position for	None needed	N/A

MID-AMERICA VASCULAR STUDY GROUP

<p>Director's term</p>	<p>Medical Director will need to be voted on.</p> <ul style="list-style-type: none"> • Joe and Cheryl were asked to leave the room. This portion was presided over by Carrie Bosela. • Joe was elected to remain Medical Director for three more years. Cheryl will remain project manager. 		
<p>Round table</p>	<ul style="list-style-type: none"> • A list of hospitals that have inquired about VQI in our region. • Andy Hoel – would like for MAVSG to have a regional QI project. Please contact him with suggestions awhoel@nm.org • Question – how were hospitals chosen to be in the “MI” audit? Answer – instead of performing random chart audits, SVS VQI are performing statistical audits. They’ll look at variables to see which patients should have had complications based on their preop, intraop, and postop course. If complication(s) didn’t occur, then VQI contacts the hospital’s data manager to review the chart and verify that a complication was not inadvertently missed. • Question – why isn’t the Rutherford classification for chronic limb ischemia used for the new module updates? Carrie took this to the governing council and sent this response: We chose not to use Rutherford’s (copy below) because: <ol style="list-style-type: none"> 1. The walking distance that defines mild, moderate, and severe claudication is not specified in the Rutherford classification. So it’s totally subjective. Jack developed these specifics for claudication distance. 2. The ulcer/necrosis and non-healing amputation Rutherford categories will be coded in a much more comprehensive way using the modern wifi score 3. We did adopt the Rutherford classification for acute ischemia in the new version 	<p>Joe to get details from Matt Regan</p>	<p>Update at the Spring meeting</p>

MID-AMERICA VASCULAR STUDY GROUP

	<p>TABLE 2. Rutherford's classification system of PAD</p> <table border="1"> <thead> <tr> <th>Grade</th> <th>Category</th> <th>History</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>0</td> <td>Asymptomatic</td> </tr> <tr> <td>I</td> <td>1</td> <td>Mild claudication</td> </tr> <tr> <td>I</td> <td>2</td> <td>Moderate claudication</td> </tr> <tr> <td>I</td> <td>3</td> <td>Severe claudication</td> </tr> <tr> <td>II</td> <td>4</td> <td>Ischemic rest pain</td> </tr> <tr> <td>III</td> <td>5</td> <td>Tissue ulceration (minor)</td> </tr> <tr> <td>III</td> <td>6</td> <td>Tissue loss/gangrene</td> </tr> </tbody> </table> <p>Adapted from Norgren L, Hiatt WR, Dormandy JA, et al. Inter-Society consensus for the management of peripheral arterial disease (TASC II). <i>J Vasc Surg.</i> 2007;45:55-567.</p>	Grade	Category	History	0	0	Asymptomatic	I	1	Mild claudication	I	2	Moderate claudication	I	3	Severe claudication	II	4	Ischemic rest pain	III	5	Tissue ulceration (minor)	III	6	Tissue loss/gangrene		
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Next meeting	Des Moines, Iowa April 11, 2016 10 – 4pm	Cheryl to follow up with Cynthia Bik and Dr. Chew.	Prior to Spring meeting																								

Meeting adjourned at 2:35pm
Respectfully submitted,
Cheryl Jackson