

NCVSG Fall 2021 Regional Meeting
September 25, 2021 8am to 11am (Virtual)

Meeting Highlights/Action Items:

(See regional slide deck for detailed data)

Remote attendance:

Allison Donnalley- UC Davis
Anthony Garza- El Camino
Betsy Wymer- VQI
Caroline Morgan- VQI
Dirk Baumann- PAMF
Heather Houston- UC Davis
James Iannuzzi - UCSF
Jason Lee- Stanford
Joyce Nacario- UCSF
Leila Mureebe- VQI Assoc Med Director
Mark Pridmore- St. Joseph's Eureka
Marsha McRorie- El Camino
Matthew Mell- UC Davis
Melody Mata- UC Davis
Michele Cantrell- PAMF
Mimmie Kwong- UC Davis
Misty Humphries- UC Davis
Ritu Karki- UC Davis
Shipra Arya- Stanford
Shuwen Chen- El Camino
Usman Javed- Fresno Heart & Surgical Hospital

PSO Representative Attending Meeting:

- I. Presentations:
 - a. Ritu Karki-UC Davis Health: Long Term Follow-Up with focus on Sac diameter reporting on EVAR and TEVAR patients

- II. General Discussion and Questions:
 - a. Regional Data-See slides presented by Dr. Mell for data
 - i. LTFU
 1. Unblinded, reviewed with new participants
 2. Some institutions below VQI benchmark-
 - a. Those institutions need to reach out to high performers (a few institutions at 90%)
 - b. Tips and tricks to be shared at DM meeting
 - ii. D/C Meds
 1. Region above VQI benchmark, 2nd best in nation
 - iii. CEA/CAS-no discussion
 - iv. EVAR/TEVAR-no discussion
 - v. PVI/Bypass-no discussion
 - b. National VQI Data-See slides presented by Caroline for details
 - c. QI Resources-See slides presented by Betsy for details
 - d. Participation Awards
 - i. LTFU Question: How is the LTFU rate calculated i.e., hard cutoff or compared to VQI rate to calculate participation award?
 1. Update from Betsy:

- III. The SVS PSO has emphasized the importance of LTFU reporting in the VQI. LTFU reporting demonstrates a commitment to monitoring the ongoing effectiveness of treatment, assessing potential late complications after treatment, and providing optimal medical management of patients during follow-up. LTFU allows a more meaningful assessment of quality (as opposed to only perioperative outcomes), which is a cornerstone of the VQI.

- IV.

- V. Consistent LTFU demonstrates commitment to quality patient care. High performing centers are eligible to receive a SVS VQI participation award as determined by the following breakdown of LTFU reporting:

- VI.
 - <70% = 0 points
 - >=70% = 2 points
 - >=80% = 4 points
 - >=90% = 6 points

- VII.

- VIII. LTFU was removed from the 2020 Participation awards; however, it was reinstated for the 2021 Participation Awards.

- IX. Dr. Arya's comments regarding the pandemic continuing to affect different regions at different times will be shared at the upcoming Participation Committee Meeting.
 - 1.
 - b. AQC-See slides presented by Dr. Humphries
 - c. VQC-See slides presented by Caroline
 - d. Arterial RAC-Discussion/Questions by Dr. Iannuzzi
 - i. Should the RAC limit the number of proposals per site to 3-5 per cycle?
 - 1. Group agreed that the RAC should limit proposals to 1-3 per cycle
 - ii. Should the proposals be blinded?
 - 1. Proposals should be reviewed based on science
 - 2. Does bias even exist, RAC should go back and review proposals for potential bias
 - iii. Should RAC limit requests to use vision data set (zip code linked data)?
 - 1. High resource request should be limited or charge participants to use
 - 2. Or embed into VQI data sets
 - e. GC-See slides presented by Dr. Mell

 - X. Action Items (including QI projects):
 - a. Regional QI Project-continue LTFU
 - i. Two sites below VQI and need help with LTFU
 - 1. Need to create culture committed to LTFU
 - ii. Help from VQI to increase engagement of low performing institutions
 - 1. Caroline to reach out to centers with low LTFU
 - a. Survey to identify barriers
 - i. Too many patients, not enough clinic space, etc.
 - 2. Betsy to check on status of charters for LTFU
 - iii. DM Lead will reach out as well, provide resources
 - iv. Plan to continue to focus on LTFU
 - b. Future QI project-reduce variability in regional data
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- XI. Nominations (AQC, VQC, RAC, Medical Director):
 - a. VQC-Dr. Hedayati participating in meetings, but UCD not long enrolled in venous modules
 - b. Venous module participation required to be VQC
 - i. Caroline to reach out to institutions participating on venous modules to see if they will be the regional representative at VQC.
 - ii. **VQC Bylaws Update:** Chairs for the VQC do not need to be enrolled in a venous registry. (Paragraph below).
 - iii. **B. Arterial/Venous Quality Council Representatives:** Every regional group has one representative to the National Arterial and Venous Councils. These two appointments are determined by a majority vote of the EC as defined in Section VI (Nomination Process). The term of the appointment is for three years, with the ability to be renewed for one additional three-year term. The mission of the Quality Councils (QCs) is to oversee quality improvement efforts in the VQI and

National quality improvement initiatives. This includes the development of specific quality improvement projects for approval by the EC, organizing quality presentations at the NCVSG semi-annual meetings, developing practice guidelines, care plans, and other clinical aids; revising data collection forms and reports, and reviewing regional data to identify areas for quality improvement.

- iv. Caroline will reach out to current NCVSG VQC chair to see if they want to step down from the position.
- v. Nominations are held annually, every Spring. All open positions will be open for nominations and voting Spring 2022.

XII. Next Meeting:

- a. Thoughts on Spring 2022 meeting-in person vs hybrid
 - i. Do Saturday mornings still work
 - 1. Get more participation on the weekend
 - ii. Doodle poll to narrow down date in May 2022
 - 1. Then save the date will be sent by VQI