

**Pacific Northwest Vascular Study Group (PNW)**

**June 14, 2018**

**3-5pm**

**Seattle, WA**

**I. Welcome and Introductions: Stephen Murray, MD**

**II. National SVS PSO update: Cheryl Jackson**

- Current Stats:
  - 479 Centers, 46 States + Canada
  - 488,635 procedures as of 5/1/2018
  - 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
  - Meeting attendance
  - QI project involvement
  - Number of registry subscriptions
- Educational Webinars:
  - February: Merit-Based Incentive Payment System (MIPS) for your Vascular Team
  - February: Starting a QI project
  - March: Validation
  - April: Audit Tool and Med Center Characteristics
  - May: Quality Improvement
  - June: VQI@VAM
- 2018 Registry updates:
  - Hemodialysis Access: Under major revision with release in 2018 (TBD)
  - Vascular Medicine Registry: Finalizing changes for release in 2018 (TBD)
  - 30-day Follow-up Measures
  - LTFU required fields
  - 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:
  - Having SSN in the record purpose was originally to confirm pt identity. Now we are using it to query administrative databases to figure out whether or not pt 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 pt died. If pt is a Medicare pt, we can find out if pt 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.

### III. **Arterial Quality Council update: Cheryl Jackson**

- Finalizing Common Variable select options and helptext amongst registries where applicable
- Completing all “missing helptext”
- Clinically reviewing all helptext 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.

### IV. **Venous Quality Council update: Cheryl Jackson**

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

### V. **Research Advisory Council update: Wayne Zhang, MD and Cheryl Jackson**

- National Research Process:

Projects are reviewed on a quarterly basis. There are 2 levels of approval. Regional and National. Go to VQI website and pull a list of the approved projects to prevent duplication. Approved projects have a time limit, 2-3 years max to accomplish, then others can work on that topic.

### VI. **Regional Report Highlights: Stephen Murray, MD**

- Region’s LTFU(76%) is slightly higher than the VQI (71%).
- Region’s D/C Medications rate is slightly lower than VQI overall rate which is 80%

- Carotid Artery Stent: Stroke or Death in Hospital is lower at 1% vs. 1.6%.
- Carotid Endarterectomy: Stroke or Death in Hospital: 1.3 vs. VQI at 1.1%.
- Carotid Endarterectomy: LOS>1 day: PNW at 21% vs. VQI at 24%
- Region is lower for Endovascular AAA Repair: Percentage of Patients with LOS>2: PNW at 11% vs. VQI at 14%
- Region is lower for EVAR: Sac diameter for LTFU: PNW at 47% vs. VQI at 55%.
- Infrainguinal bypass: Percentage of Procedures with Chlorhexidine or Chlorhexidine+Alcohol Skin Prep: PNW at 98% vs. VQI at 87%
- Infrainguinal Bypass: Rate of Major Complications PNW at 4.2% vs. VQI at 4.1%.
- IVCF: Percentage of Temporary Filters With Retrieval or Attempt at Retrieval: PNW does not have at least 3 centers with 10 procedures.
- Lower-Extremity Amputation: Rate of Post-op Complications: PNW does not have at least 3 centers with 10 procedures.
- Non-Ruptured Open AAA: In-Hospital Mortality: PNW does not have at least 3 centers with 10 procedures.
- Region is higher for PVI: Percentage of Percutaneous Femoral Procedures Using Ultrasound Guidance PNW 92% vs. VQI 74%
- Region is lower to VQI for PVI: Percentage of Claudicants With ABI or TBI Reported Before Procedure: PNW 71% vs. VQI 76%
- Supra-Inguinal Bypass: Rate of Postop Complications: PNW does not have at least 3 centers with 10 procedures.

**VII. Presentation**

- Karin Bussard, RN – “VQI Quality Improvement Project 2018 – Anti-platelets and Statins upon Discharge” Charter

**VIII. General discussion and ideas for discussion at next meeting.** (Cheryl to take back to PSO)

- How do we increase regional participation? The group reviewed current membership and potential members to see who they can reach out to attend meetings and to find the barriers that are keeping members from attending. Dr. Murray to craft a letter and PSO will send out to regional members.
- Discussed that PNW was once part of Rocky Mountain regional group. Should this be revisited?
- PNW would like to see risk adjusted for CAS/CEA; separate stroke rate and death rate.
- PNW is uncomfortable with industry sponsorship.
- Dr. Zhang will send Cheryl questions about RAC.

**Fall Meeting:** Nov 1<sup>st</sup> or 2<sup>nd</sup> in Portland, OR to coincide with another regional Society meeting.

**Survey:** No comments