

Rocky Mountain VQI Regional Meeting

February 26, 2016 10:00-3:00pm

University of Utah Hospital

Salt Lake City, Utah

Meeting Summary

Meeting Participants:

Name	MD Y/N	Center
Madeline Arroya	N	University of Utah Hospital
Susan Baerlocher	N	Providence Saint Patrick Hospital
Shonda Benegas	MD (call in)	Carandolet Heart & Vascular Institute
Julie Beckstrom	N	University of Utah Hospital
Scott Berman	MD	Carandolet Heart & Vascular Institute
Benjamin Brook	MD	University of Utah Hospital
Kevin Bruen	MD (call in)	St. Vincent Healthcare
Nadine Caputo	N	SVS PSO
Megan Cundiff	N	Carandolet Heart & Vascular Institute
Kami Dinkel	N	Presbyterian St Luke's Medical Center
Richard Fowl	MD	Mayo Clinic Arizona
Douglas Gibula	N	University of Colorado
Jeff Gilbertson	MD	St. Luke's Regional Medical Center
Rhonda Iverson	N	Mayo Rochester
Carolena Jackson	N (call in)	Memorial Hospital Central
Larry Kraiss	MD	University of Utah Hospital
Joanna Lynch	N	University of Utah Hospital
Brian Matteson	MD	St. Luke's Boise
Bernardo Mendoza	MD (call in)	Carandolet Heart & Vascular Institute
Cory McCann	N	University of Utah Hospital
Omar Mubarak	MD	Presbyterian St Luke's Medical Center
Patrick O'Brien	MD	Providence St. Patrick Hospital
Lisa Peterson	N	Mayo Clinic
Mark Sarfati	MD	University of Utah Hospital
Brigitte Smith	MD	University of Utah Hospital
Alan Synn	MD (call in)	Presbyterian St Luke's Medical Center
Christine Tavenner	MD (call in)	Penrose St. Francis Health System
Mary Wanzek	N	Mayo Clinic
Jing Zhao	N	University of Utah Hospital

Welcome and Introduction: Jeff Gilbertson, MD, RM Regional Group Medical Director

- Highlighted the new RMVQI Website:
<http://www.vascularqualityinitiative.org/components-of-the-vqi/regional-quality-groups/current-regional-quality-groups/rocky-mountain-vascular-quality-initiative>

National VQI Update (see slides): Nadine Caputo

First Annual VQ Meeting: June 8, 2016 National Harbor, MD (SVS annual meeting)

- 8:00am to 12:00 pm Data Managers Session
 - Anatomy
 - PVI case abstraction
 - Producing and Interpreting Reports
- 12:00pm to 4:30pm All VQI Participants
 - Key Note Speaker: QI process
 - VQI QI success stories
 - VQI Toolkit to assist with local QI efforts
 - Sustaining QI
- Keynote speaker is Michael Englesbe, MD a surgeon and co-director of the Michigan surgical collaborative
- VQI @ VAM meeting flyer was handed out and is attached.

VQI Updates and Stats

- 376 centers now enrolled in VQI in 46 different states. Over 270,000 procedures entered as of the first of the first of October.
- 2016 SVS PSO Participation Award with points issued for: 1) physician and ancillary staff attendance at regional meetings; 2) long-term F/U percentage and 3) number of registries that the center has been enrolled.
- Centers that are awarded stars will be acknowledged in VQI newsletter and other publications and venues
- Centers with LTFU less than 50% will receive mentoring from a peer advisor and a LTFU toolkit from the PSO to assist them in improving their LTFU rates

New VQI Initiatives

- Vascular Medicine Registry to be released by the end of 2016. Focus on Medical Management of Carotid, Aortic and Lower Extremity vascular disease.
- EVAR Cost Project with MedAssets: 18 VQI sites participating in Pilot
 - Understanding the economics of vascular procedures is critically important
 - Combined hospital cost data (MedAssets) with detailed clinical data (VQI) to accurately benchmark similar procedures
- EPIC Update
 - Dr. Michael Stoner and Lisa Spellman at University of Rochester
 - Working with Epic to build CEA form that can be transferred via JSON file to M2S
 - Work should be ready for testing end of April 2016
 - “How to” documentation will be shared with all VQI EPIC users

Regulatory Update

Meaningful Use

VQI meets objective 10, measure 3 from CMS: use of a specialized registry for meaningful use per CMS only if members subscribe and use “DATA IMPORT” feature of VQI. Contact Pathwayssupport@m2s.com for more information about data import.

MACRA

- MIPS and APMs are two payment alternatives that encourage value based rather than volume based reimbursement.
- Physicians who receive payment from Medicare are required to participate in MIPS or APMs.
- Specifications and requirements are still being finalized by CMS.

MIPS

- MIPS begins with payment adjustments in 2019 based on quality data reported in 2017.
- MIPS adjustments, either positive or negative will start at 4% up to 9% in 2022. MIPS scores will be based on 4 domains; quality of care, resource use, meaningful use of EHRs and participation in clinical practice improvement activities – these are still being finalized by CMS.

APM

- For APMs, beginning in 2019, physicians who successfully participate in an APM can receive incentive payments of 5% per year. Providers must meet increasing thresholds annually for percentage of revenue received through APMS.
- SVS is developing a *disease specific APM for vascular surgeons* in collaboration with ACS and researchers from Brandeis University who developed the original episode payment program for CMS.

Regional Data Review (see slides) Jeff Gilbert, MD

Long term follow up (LTFU)

High performing centers on LTFU discussed how they achieved higher rates. Strategies included:

- Working with local clinics, PCP offices and centers to complete the follow-up visits locally since it is difficult and costly for some patients to come back to the VQI center, especially those individuals living on reservations.
- Higher rates of reaching patients for follow-up was achieved using emails compared to phone calls. They now ask patients at their pre-op visits for their email addresses.
- Physicians commented that turning over the LTFU functions to their data managers made a major difference in increasing their rates.
- The hardest group to reach for LTFU has been patients with PVIs. The challenge of reaching seasonal visitors for LTFU was noted.

- Checking all patient records across settings and departments within the healthcare system such as PCP or specialist visits was useful – they could find information for the LTFU forms and additional contact information for the patient
- Another center commented that increased patient co-pays was a burden on patients with limited financial means coming in for scans; discussed use of less costly imaging procedures.
- Bringing patients in for follow-up can be a revenue generator for the hospital and an argument to support additional resources from the hospitals to assist with follow-up.
- The benefits and importance of extending LTFU for EVAR patients beyond one year was emphasized.

Discharge Antiplatelet and Statin

- Education and communication with PCPs is important. Surgeons indicated that they only give a 30 day script to encourage the patients to go back to their PCPs for ongoing medication management.
 - Important to do better documentation on why people are not on statins.
- Note from the SVS PSO: The Southern California Regional Group created letters for their patients and for primary care providers. Link below to edit and make personal to your site:

<http://www.vascularqualityinitiative.org/components-of-the-vqi/regional-quality-groups/current-regional-quality-groups/southern-california-voice/sc-voice-quality-initiatives/hospital-setting/>

CEA LOS greater than one day

Best practices suggestions from high performing hospitals included:

- Important to set expectations for patients prior to surgery; let them know when they plan to send them home. Exceptions are typically frail elderly or patients that have had recent strokes.
- Collect information on why the hospital stay is more than one day; what are modifiable practices and procedures?
- Nursing or hospital processes may have to change; for example, giving the patient more fluids so patient is more likely to void sooner and meet discharge criteria.
- Pull Foley catheters in recovery; no ICU stay. Other centers noted that EVARs go to intermediate care with drips – the patients can be discharged from intermediate care.
- Dr. Gilbertson recommends using IM ephedrine instead of an IV drip in order to raise blood pressure temporarily.

EVAR LOS greater than 2 days

Meeting participants noted that reports on this indicator were not available. The reports were not issued because a data error was identified. The reports are currently being corrected.

Open AAA Repair LOS greater than 8 days

- The day of the week for patient surgery and for discharge is important; perform the surgery on Thursday so the patient will be most likely to be discharged during the week. Often there is not enough support if the patient is discharged on the weekend.

Hemodialysis Access: Percentage of Primary AVF vs. Graft

It was noted that an increasing number of nephrologists with limited training are performing this procedure in their offices.

LEB: Percentage of Major Complications

A question was raised about the RM regional report on LEB data: % of Major Complications: this report only showed data from 3 centers. The 3 centers accounted for approximately 40 cases. Although the region had 100 cases in total, the group noted that 60 cases appeared to be missing. Dan Neal, SVS PSO Statistical Director confirmed that there are 10 centers in the region with LEB data, for a total of 100 cases, however, 7 of those centers had less than 10 cases, so bars for the centers with less than 10 cases do not appear in the center variation bar chart, per SVS PSO protocol. Only 3 centers in the Rocky Mountain region had 10+ cases, so those three centers were the only ones that appeared in the chart.

Presentations

Update on Renal Protection Project: Julie Beckstrom, RN, MSN, CCRC, Dr. Benjamin S. Brooke, MD, PhD, & Dr. Larry Kraiss, MD (see slides). Quality Improvement efforts are needed to standardize indications and use of Contrast Induced Nephropathy (CIN) preventive measures. The data collection for this project is minimal and includes ‘standard of care’ (i.e. already being collected) creatinine levels on patients undergoing EVAR. Creatinine levels are collected at the pre-op, post-op day 1 (and day 3 if applicable), and postop month 1 time points. Pre-op renal protective measures are also collected. Data is entered into VQI via the #hashtag format. We ultimately plan to standardize renal protection measures associated with best outcomes among patients undergoing endovascular interventions in the Rocky Mountain Vascular Society, and ultimately determine if CIN is prevented among patients who receive standardized care. Data is entered into VQI via the #hashtag format. If you are interested in participating, please contact Benjamin.Brooke@hsc.utah.edu and/or Julie.Beckstrom@hsc.utah.edu (#801-587-1450) of the University of Utah.

University of Utah Epic Forms: Joanna Lynch, PA-CU.

The University of Utah has developed a template for operating notes in EPIC. They are working with EPIC to help make this form available to all centers and they have asked EPIC to accept the data elements. The template pops up when you access the Op note. Contrast volume still has to be hand entered but most fields populate automatically. The template provides access for PAs and residents to fill in the Op note in addition to the surgeon.

Arterial Quality Committee Update: Jeff Gilbertson

The PVI form is being extensively revised. Release in the next few months. The PSO has initiated routine data auditing using statistical methods of identifying out of range data, highly improbable data combinations (i.e., claudicant in a wheelchair). PSO staff is contacting centers to inquire about these results to review and possible update of the data.

Participants asked about the communication of the overall results and implications of the statistical audits. The SVS PSO plans to send out a brief communication to all centers on the statistical audit results and implications, once we complete the audit process. A peer-reviewed article is being planned about the statistical audit process and will be submitted after the internal communications.

Venous Quality Committee Update: Jeff Gilbertson

IVC Filter: 4778 procedures

- Current workgroup developing an IVC filter retrieval reminder report/email notification
- CMS Quality Measure: Appropriate management of Retrievable IVC filters

Varicose Veins: 3245 procedures; includes Quality of Life variables

- Focus on vein centers, integrate with vein-specific EMR vendors
 - VeinSpec
 - SonoSoft
 - StreamlineMD
 - MedStreaming

Research Advisory Committee (RAC) Update

National Proposals New Portal for Submission:

<http://abstracts123.com/svs1/>

Pathways Development Update: see attached slides

Expanding RM VQI Participation: List of “interested” centers in the region included in the slide deck, current RM members encouraged to reach out to any peers at those centers to help increase membership in the group.