Agenda:

I. Welcome and Introduction
   Jeff Gilbertson, MD

II. National VQI Update
    Nadine Caputo

III. Regional Data Review
     Jeff Gilbertson, MD

III. Quality Improvement Project Discussion
     - Renal protection in EVAR:
       Julie Beckstrom & Ben Brooke, MD
     - Univ of Utah Epic Forms:
       Joanna Lynch, PA-C
     - Other suggestions?

IV. AQC and RAC Update
    Magdiel Trinidad, MD

V. VQC Update
    David Kuwayama, MD

VI. Governing Council Committee Update
    Scott Berman, MD

VII. M2S: Development Update

VII. Expanding Participation

IX. Next Meeting and Adjourn
Welcome and Introductions

Carondelet Heart and Vascular Institute Physicians, AZ
Carson Tahoe Regional Hospital, NV
Lovelace Health System, NM
Mayo Clinic, AZ
Memorial Hospital Center, CO
Penrose St. Francis, CO
Porter Adventist Hospital, CO
Presbyterian Healthcare Services, NM
Presbyterian/St. Luke's Medical Center, CO
Providence St. Patrick Hospital, MT
Saint Alphonsus Regional Medical Center, ID
Saint Joseph Hospital, CO
St. Luke's Regional Medical Center, ID
St. Vincent Healthcare, MT
University of Arizona Medical Center, AZ
University of Colorado Hospital Authority, CO
University of Utah Hospital and Clinics, UT
New RMVQI Website:

RMVQI Menu

- Rocky Mountain Vascular Quality Initiative
- About the RMVQI
- RMVQI Participating Facilities
- RMVQI Events
- RMVQI Data Reports
- RMVQI Data Elements
- RMVQI Bylaws
- RMVQI Data Management
- Cardiac Risk Index
- VQI Data Entry Portal

Rocky Mountain Vascular Quality Initiative

The Rocky Mountain Vascular Quality Initiative (RMVQI) is a group of vascular specialists and their hospitals who participate in the Society for Vascular Surgery Patient Safety Organization (SVS PSO) Vascular Quality Initiative (VQI). Our membership encompasses a large geographic area including Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah, and Wyoming. We generally meet twice each year, once in a site rotating among the member institutions, and once in conjunction with the Rocky Mountain Vascular Society Meeting. Our goal is to improve outcomes for our patients by exploring and analyzing data generated from our own group, and also that shared from other groups across the country. Sources of both regional and national variation are discussed and reviewed.

If you perform vascular surgery or vascular interventions, and work in the Rocky Mountain West, we would be delighted to speak with you about joining the RMVQI.

I would be happy to hear from you by email at ijon@slhs.org or at ☎️ 208-345-6545

-Jeff Gilbertson, MD
St. Luke's Health System
Medical Director, Rocky Mountain Vascular Quality Initiative

RMVQI Latest News

RMVQI SPRING MEETING 2016 - SAVE THE DATE

DATE
February 26, 2016

TIME
10:00am - 3:00pm
(Data Managers' Meeting, 9:00am - 10:00am)

LOCATION
Red Rock Conference Room, University of Utah, Salt Lake City, UT
(GTM will be available)

Please RSVP to the link below, including Data Managers’ Meeting):

https://vascular.wufoo.com/forms/rocky-mountain-vqi-winter-2016/

Map to University of Utah Meeting Room
National VQI Update: Nadine Caputo
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Participating Center Growth

VQI Participating Centers

376 Centers, 46 States + Ontario
17 Regional Quality Groups

- Pacific NW Vascular Study Group
- Mid-America Vascular Study Group
- Midwest Vascular Collaborative
- Great Lakes Vascular Study Group
- Vascular Study Group of New England
- Vascular Study Group of Greater New York
- Mid-Atlantic Vascular Study Group
- Virginiacs Vascular Study Group
- Carolinas Vascular Quality Group
- MidSouth Vascular Study Group
- Southern Vascular Outcomes Network
- Southeastern Vascular Study Group
- Southern California Vascular Outcomes Improvement Collaborative
- Rocky Mountain Vascular Quality Initiative
- Upper MidWest Vascular Network
- Michigan Vascular Study Group

AK

HI
## Total Procedures Captured (as of 2/1/2016)

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carotid Endarterectomy</td>
<td>62,986</td>
</tr>
<tr>
<td>Carotid Artery Stent</td>
<td>10,141</td>
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<tr>
<td>Endovascular AAA Repair</td>
<td>25,135</td>
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<tr>
<td>Open AAA Repair</td>
<td>7,861</td>
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<tr>
<td>Peripheral Vascular Intervention</td>
<td>85,682</td>
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<tr>
<td>Infra-Inguinal Bypass</td>
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<tr>
<td>Supra-Inguinal Bypass</td>
<td>9,676</td>
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<td>Thoracic and Complex EVAR</td>
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<td>Hemodialysis Access</td>
<td>23,376</td>
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<tr>
<td>Lower Extremity Amputations</td>
<td>4,740</td>
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<tr>
<td>IVC Filter</td>
<td>4,778</td>
</tr>
<tr>
<td>Varicose Vein</td>
<td>3,245</td>
</tr>
</tbody>
</table>
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VQI 1st Annual Meeting

June 8, 2016

– 9:00am to 12:00 pm Data Managers Session
  • Anatomy
  • PVI case abstraction
  • Producing and Interpreting Reports

– 12:00pm to 4:00pm All VQI Participants
  • Key Note Speaker: QI process
  • VQI QI success stories
  • VQI Toolkit to assist with local QI efforts
  • Sustaining QI
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VQI Participation Award
Participation Award

Meeting-Participation Score*
(based on Fall 2015 meeting attendance: max 3)

- No MD from site attends = 0 points
- 1 MD from site attends = 1 point
- 2 MDs attend (or 1 MD if site has only 2 MDs) = 2 points
- 3 MDs attend (or all MDs if site has <3 MDs) = 3 points

*Additional health professional staff attendance (Data Manager, Admin, NP, PA, Fellow, etc.,) = one additional point if 1 MD attended
Participation Award

Long-Term Follow-Up Score
(based on 2013 procedures)

- <70% mean LTFU in all registries = 0 points
- 70% mean LTFU in all registries = 1 point
- 80% mean LTFU in all registries = 2 points
- 90% mean LTFU in all registries = 3 points
Participation Award

Registry-Subscription Score
(as of December 2015)

- Subscribe to 1-2 registries = 0 points
- Subscribe to 3-5 registries = 1 point
- Subscribe to 6-8 registries = 2 points
- Subscribe to 9-12 registries = 3 points
Participation Award

• Zero stars: < 3 points
• One star: At least 3 points
• Two stars: At least 5 points
• Three stars: At least 7 points
2016 Participation Award Results

- 0 stars: 113 centers
- 1 star: 76 centers
- 2 stars: 82 centers
- 3 stars: 37 centers
Long Term Follow UP < 50%

• 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
• This toolkit is in the resource tab of the VQI website
Long Term Follow UP < 50%

- Data from centers on probation will be excluded from de-identified datasets used for research that involves LTFU for any registry in which the center LTFU is < 50%. This is necessary to ensure the accuracy of research conducted and reported from VQI data.
- Centers on probation will not be permitted to participate in new industry-sponsored projects to assess device performance if LTFU is included in these projects, since complete reporting is critical for these projects.
- Centers on probation will continue to receive regional reports that involve LTFU, but their center data will not be calculated, because it is not judged to be accurate if LTFU is < 50%.
- Centers on probation will be allowed one-year to improve their LTFU rate to at least 50%, but after this time, they will not be permitted to receive de-identified datasets for research for any registry in which their LTFU is < 50%.
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Medicine Registry Update
Medicine Registry

• Scope
  – Medical management of:
    • Lower extremity PAD
    • Carotid stenosis
    • AAA
  – New outpatient consults that require follow up
  – One year follow up required, longer possible
Medicine Registry

• Progress
  – Variables/Definitions should be complete in March 2016
  – M2S will mock up the specs by April 2016
  – Webinars and public comment in May 2016
  – Release sometime 2016 3rd or 4th Quarter
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VQI Physician Reports

2016 planned reports:

– PVI Ultrasound Guidance/ complication rates
– One year survival after elective TEVAR
– One year survival after elective EVAR
COPI Reports
(Center Opportunity Profile for Improvement)

2016 planned reports:

– CEA stroke/death
– CAS stroke/death
EVAR Cost Pilot: MedAssets

- 17 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 done and ready for testing end of April 2016
  - “How to” documentation will be shared with all VQI EPIC users
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Regulatory

- Meaningful Use
- MACRA
- MIPS
- QCDR/PQRS
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Meaningful Use

VQI meets objective 10, measure 3: use of a specialized registry for meaningful use per CMS only if members subscribe and use “DATA IMPORT”
Meaningful Use

Letter of Intent on the VQI web:

MACRA

- Medicare Access and Children’s Health Insurance Program (CHIP) Reauthorization Act
  - Signed into law 4/16/2015
- Repeals Sustainable Growth Rate (SGR)
- Implements Quality Programs
  - Merit-Based Incentive Payment System (MIPS)
  - Alternative Payment Models (APMs)
MACRA

• Separate payment adjustments under PQRS, VM and EHR-MU will end 12/31/2018
• 1/1/2019- MIPS and APM incentive payments begin
• EPs can participate in MIPS or meet requirements to be qualifying APM participant
Merit-Based Incentive Payment System (MIPS)

• 4 categories to calculate overall MIPS score
  – Quality (50% of total adjustment in 2019, goes to 30% in 2021)
  – Resource use (10% of total in 2019, up to 30% in 2021)
  – Clinical improvement (15% of total)
  – EHR use (25% of total)
Alternative Payment Models (APMs)

• Alternative Payment Models
  – Providers participating in APMs can opt out of MIPS
• 2019-2024: Providers qualifying for APM track receive 5% annual lump sum bonus
• Timeline for qualifying
  – 2019-2020: 25% of Medicare revenue through APMs
  – 2021-2022: 50% of Medicare revenue or 50% of all-payer revenue with 25% Medicare revenue through APMs
PQRS/QCDR

- Physician Quality Reporting System
- Qualified Clinical Data Registry (VQI)
- 2015: negative payment adjustment for unsatisfactory reporting on PY 2013
  - 1.5% adjustment
- Report satisfactorily in 2015 PY to avoid 2017 PQRS negative payment adjustment
- 2% adjustment in 2016
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Regional Reports:  
Jeff Gilbertson, MD

Note: In all reports, regional data are not shown for regions with <3 centers participating in the applicable registry. In "by Center" bar charts, unless noted, data are not shown for centers with <10 cases.
## LTFU Reports

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Your region Follow-up rate (N)</th>
<th>VQI Follow-up rate (N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAS</td>
<td>55% (44)</td>
<td>63% (1989)</td>
</tr>
<tr>
<td>CEA</td>
<td>72% (416)</td>
<td>67% (11121)</td>
</tr>
<tr>
<td>EVAR</td>
<td>59% (279)</td>
<td>68% (4456)</td>
</tr>
<tr>
<td>HEMO</td>
<td>69% (263)</td>
<td>71% (4364)</td>
</tr>
<tr>
<td>INFRA</td>
<td>60% (153)</td>
<td>71% (4701)</td>
</tr>
<tr>
<td>OAAA</td>
<td>74% (68)</td>
<td>71% (1125)</td>
</tr>
<tr>
<td>PVI</td>
<td>43% (666)</td>
<td>61% (14501)</td>
</tr>
<tr>
<td>SUPRA</td>
<td>66% (68)</td>
<td>66% (1722)</td>
</tr>
<tr>
<td>TEVAR</td>
<td>67% (18)</td>
<td>62% (850)</td>
</tr>
<tr>
<td>IVCF*</td>
<td></td>
<td>80% (360)</td>
</tr>
<tr>
<td>2013 overall</td>
<td>58% (1975)</td>
<td>66% (45189)</td>
</tr>
<tr>
<td>2012 overall</td>
<td>84% (1085)</td>
<td>72% (31941)</td>
</tr>
</tbody>
</table>
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LTFU Reports

LTFU by Center in Your Region (2013)

LTFU by Region across VQI (2013)

* Indicates region’s rate is significantly different than overall VQI rate.
"Others" indicates centers that do not belong to a regional group.
Discharge Medications Antiplatelet and Statin (2015)
Excludes missing, not treated for medical reason and non-compliant

A+S Rate by Center in Your Region (2015)

A+S Rate by Region across VQI (2015)

* Indicates region's rate is significantly different than overall VQI rate
"Others" indicates centers that do not belong to a regional group
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Percentage of Infrainguinal Bypass Procedures with Chlorhexidine or Chlorhexidine + Alcohol Skin Prep (2015)

Chlorhexidine Rate by Center in Your Region (2015)

Chlorhexidine Rate by Region across VQI (2015)

* Indicates region's rate is significantly different than overall VQI rate.
"Others" indicates centers that do not belong to a regional group.
Excludes cut–down
PVI: Percent of Patients with ABI or TBI Assessed Before Procedure (2015)

“ABI or TBI Assessed” indicates at least one measure was recorded for the side of the procedure, or on both sides for bilateral and aortic procedures.
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EVAR: Rate of Sac Diameter Reporting at Long-Term Follow Up 2013, excluding patients without at least 9 month follow up

Sac Diameter Reporting by Center in Your Region (2013-14)

Sac Diameter Reporting by Region across VQI (2013-14)

* Indicates region's rate is significantly different than overall VQI rate.
TEVAR: Rate of Sac Diameter Reporting at Long-Term Follow Up
2013, excluding patients without at least 9 month follow up

Sac Diameter Reporting by Region across VQI (2013-14)

* Indicates region's rate is significantly different than overall VQI rate.
Carotid Endarterectomy

Percentage of Patients with Length of Stay > 1 Day

2015, elective procedures, excluding prior ipsilateral CEA, concomitant CABG, proximal endovascular or other arterial operation, in hospital death with LOS ≤ 1 day, procedures done on weekends or not done on admission day.

CEA LOS >1 Day by Center in Your Region (2015)

CEA LOS >1 Day by Region across VQI (2015)

* = Region's rate is significantly different than expected
Endovascular AAA Repair:
Percentage of Patients with Length of Stay > 2 Days

2015 procedures, Excluding symptomatic, ruptured, prior aortic surgery, in hospital deaths with LOS <=2days, procedures not done on day of admission and weekend procedures
Open AAA Repair:
Percentage of Patients with Length of Stay >= 8 Days

2015 procedures, excluding ruptured aneurysms and in hospital deaths with LOS<=8 days, procedures not done on day of admission and weekend procedures

OAAA LOS>8 Days by Region across VQI (2015)

YR=Your Region; * = Region’s rate is significantly different than expected
Hemodialysis Access: Percentage of Primary AVF vs. Graft
2015 procedures, excludes patients receiving AVF access who have received previous access in the forearm, upper arm or basilic vein on the same side.
IVC Filter: Percentage of Temporary Filters with Retrieval or Attempt at Retrieval

2015 procedures, excluding patients who have died since discharge
Varicose Veins: Percentage of Procedures with Complete Patient-Reported Outcome Measures Recorded at Follow Up

2015 procedures; includes only patients with any follow-up visit recorded. All regional data omitted because most regions have <3 centers. Patient-reported outcome measures (PROMs) include heaviness, achiness, swelling, throbbing, itching, appearance and impact on work in side of operation.
Carotid Artery Stent: Stroke or Death in Hospital
2015 procedures, elective, excluding prior ipsilateral CAS

CAS Stroke or Death by Region across VQI (2015)

YR=Your Region; * = Region's rate is significantly different than expected
Carotid Endarterectomy: Stroke or Death in Hospital
2015 procedures, elective, excluding prior ipsilateral CEA and concomitant CABG

CEA Stroke or Death by Center in Your Region (2015)

CEA Stroke or Death by Region across VQI (2015)

YR=Your Region; * = Region’s rate is significantly different than expected
Infrainguinal Bypass: Percentage of Major Complications

2015 procedures, Major complications = In hospital death, ipsilateral amputation or graft occlusion.

Includes only patients with Indication = Rest Pain or Tissue Loss

Complications by Center in Your Region (2015)

Complications by Region across VQI (2015)

YR = Your Region; * = Region’s rate is significantly different than VQI rate.
Open Non-ruptured AAA: In hospital Mortality
2015 procedures, excluding weekend procedures

OAAA In-Hospital Mortality by Region across VQI (2015)

YR=Your Region; * = Region’s rate is significantly different than expected
Quality Improvement Projects

• Renal protection in EVAR: Julie Beckstrom & Ben Brooke, MD

• Univ of Utah Epic Forms: Joanna Lynch, PA-C

• Other ideas?
Project Synopsis

• QI efforts needed to standardize indication and use of CIN preventive measures

• Targeting pts undergoing EVAR being captured in VQI

• Record creatinine at 3, possibly 4, time points

• Record pre-op renal protective measures

• Participating institutions asked to collect data on all pts undergoing EVAR over a one year time period.
#hashtag format: creatinine value

<table>
<thead>
<tr>
<th>Time Point</th>
<th>Data Collection Window</th>
<th>#Hashtag</th>
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</thead>
<tbody>
<tr>
<td>Pre-op</td>
<td>within one week prior, typically morning of</td>
<td>#RP_pre_cr_x.x</td>
</tr>
<tr>
<td>Post-op day 1</td>
<td>post-op day 1, inpatient prior to discharge</td>
<td>#RP POD1_cr_x.x</td>
</tr>
<tr>
<td>*Post-op day 3</td>
<td>post-op days 3 to 6, inpatient or outpatient</td>
<td>#RP POD3_cr_x.x</td>
</tr>
<tr>
<td>Post-op month 1</td>
<td>post-op 1 month +/- 7 days</td>
<td>#RP POM1_cr_x.x</td>
</tr>
</tbody>
</table>

*If post-op day 1 value is > 10% increase compared to pre-op value, then a post-op day 3 value should be collected.
#hashtag format: pre-op protective measure

<table>
<thead>
<tr>
<th>Pre-op Renal Protective Measure</th>
<th>#Hashtag</th>
</tr>
</thead>
<tbody>
<tr>
<td>IV sodium bicarbonate</td>
<td>#RP_Bicarb</td>
</tr>
<tr>
<td>Carbon dioxide angiography</td>
<td>#RP_CO2</td>
</tr>
<tr>
<td>N-acetylcysteine</td>
<td>#RP_Mucomyst</td>
</tr>
<tr>
<td>*Other</td>
<td>#RP_Other</td>
</tr>
</tbody>
</table>
VQI DATA ENTRY:

Co-morbidities:
- CVD: None
- CAD Symptoms: None
- Prior CHF: Asymp.
- COPD: On Home Oxygen
- Diabetes: None
- Hypertension: Yes (≥140/90 or history)
- Smoking: Prior
- Quit Smoking Date: 01/30/2014

Previous:
- Prior CABG: None
- Prior PCI: None
- Prior Artery Bypass: No
- Prior Artery PVI: No
- Prior Aneurysm Repair: None
- Prior Major Amp: No

Testing:
- Stress Test: Not done
- Pre-op Hemoglobin: 12 g/dl, 120 g/L
- Creatinine: 1.2 mg/dl, 106.03 umol/L
- Pre-op ASA: Yes
- Pre-op Statin: No
- Pre-op ACE-Inhibitor/ARB: Yes
- Pre-op P2Y12 Antagonist: None
- Pre-op Beta Blocker: No

Comments:
- #RP_pre_cr_1.08
- #RP_POD1_cr_1.84
- #RP_POD3_cr_1.93
- #RP_POM1_cr_1.8

65 of 2000

Save Changes and Revert to Incomplete  Cancel
Enrollment:

<table>
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<tr>
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<th>#</th>
</tr>
</thead>
<tbody>
<tr>
<td>University of Utah, SLC, UT</td>
<td>21</td>
</tr>
<tr>
<td>St. Vincent Health Care, Billings, MT</td>
<td>34</td>
</tr>
<tr>
<td>Penrose Hospital, Colorado Springs, CO</td>
<td>31</td>
</tr>
<tr>
<td>Carondelet, Tucson, AZ</td>
<td>27</td>
</tr>
</tbody>
</table>

| Total:                                                   | 113 |
| Total w/ all data points:                               |     |
| Completion Rate:                                         | 59/113 = 52% |

Proposal to expand post-op month 1 data collection window:

- Current: post op 1 month +/- 7 days
- Proposed: post op 2 months
Next Steps

• Identify Problems Leading to Poor Compliance with Follow-up Imaging

• Start Analyzing Data

• Recruit More Centers

• Standardize renal protection strategies
Contrast-Induced Nephropathy: Comparative Effectiveness of Preventive Measures
Summary of AHRQ Study

- **Statins with intravenous saline** reduce the risk of CIN, whether compared with intravenous saline alone or with N-acetylcysteine, but the evidence is limited to patients receiving intra-arterial contrast media.

- **N-acetylcysteine with intravenous saline**, compared with intravenous saline alone, appears to have a small benefit in reducing the risk of CIN, but only in patients receiving low-osmolar contrast media (LOCM).

- Similarly, in patients receiving LOCM, **sodium bicarbonate** appears to have a small benefit in reducing the risk of CIN when compared with intravenous saline.
Questions?
University of Utah Epic Forms:

Joanna Lynch, PA-C
Arterial Quality Council Update: Magdiel Trinidad, MD
Roles of the Module Committees

• Participation in all AQC calls (or designation of an alternative) this applies to all AQC members

• Yearly report generation including:
  – Identification of opportunities for improvement of the module (compile a list of data points that can be changed, removed or added)
  – LTFU within the module
  – Missing variable report
  – Data trends and outcomes

• Evaluation of PQRS/QCDR measure from their respective module, and identification of possible quality initiatives

• Generation of risk calculators and yearly updates to the models
Statistical Audits

• Analyzing sites with high risk and low to zero outcomes
  – validate data that might be under-reported, such as complications

• Pilot with oAAA:
  – The POMI rate for non-urgent OAAA in the data = 5.3%.
  – after developing a model to predict post op MI after open AAA repair we audited 173 cases with highest risk for MI, and found 5.8% previously not reported MI
  – Based on the model, we estimate that the under-reporting rate for MI after all open AAA cases is 1.9%, which means we miss 26% of MIs that likely occur
National QI projects:

Statin/AP therapy
Follow-up imaging after EVAR
Appropriateness of care
Research Advisory Council Update:
Magdiel Trinidad, MD
Research Advisory Council (RAC)
Approved Project list on line:

Quality Research-Related
- VQI Approved Projects List – December 2015
- List of VQI Presentations – November 2015
- List of VQI Publications – November 2015
- National Quality Research Dataset Request Process
- Regional Quality Research Dataset Request Process
- VQI Presentations – VAM 2014
Research Advisory Council (RAC)

National Proposals New Portal for Submission:

http://abstracts123.com/svs1/
Research Advisory Council (RAC)

Hi Carrie Bosela,

My Applications

<table>
<thead>
<tr>
<th>Application Summary</th>
<th></th>
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<tbody>
<tr>
<td>Total Applications</td>
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</tr>
<tr>
<td>Submitted</td>
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</tr>
<tr>
<td>Incomplete</td>
<td>1</td>
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</table>

My Applications

<table>
<thead>
<tr>
<th>ID</th>
<th>Title</th>
<th>Category</th>
<th>Status</th>
<th>Date Submitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>2218</td>
<td>Peripheral Vascular Intervention for Claudication</td>
<td></td>
<td>Pending</td>
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</tbody>
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Applications I am a Co-Investigator on

<table>
<thead>
<tr>
<th>ID</th>
<th>Title</th>
<th>Category</th>
<th>Status</th>
<th>Date Submitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>No applications found</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Venous Quality Council Update: 
David Kuwayama, MD
IVC Filter Registry

- 4778 procedures
- Current workgroup developing an IVC filter retrieval reminder report/email notification
- **CMS Quality Measure**: Appropriate management of Retrievable IVC filters
Varicose Vein Registry

- 3245 procedures
- Focus on vein centers, integrate with vein-specific EMR vendors
  - VeinSpec
  - SonoSoft
  - StreamlineMD
  - MedStreaming
- Includes Quality of Life variables
Conclusions
The VQI VVR provides complete assessment of varicose vein interventions, and is useful for monitoring changes after treatment. Modern day varicose vein surgery is characterized by predominately endovenous treatment of axial vein reflux, phlebectomy of clusters, and dramatic improvements in both VCSS and patient reported outcomes.
Governing Council Update:
Dr. Scott Berman
GC meeting at VEITH

- Dr. Goodney provided an overview of the Audit Subcommittee’s efforts to link patients in the Vascular Quality Initiative to their respective Medicare claims for long-term outcomes such as stroke, amputation, need for further procedures, and overall survival. In the near future, VQI participants will be able to link to clinical-claims datasets as an ongoing mechanism for long-term effectiveness evaluation.
Dr. Kraiss provided an overview of the strategic goals that Executive Committee has set for the next year, which include:

- Stimulating quality improvement projects
- Maximizing the value of the VQI for key groups (including COPI reports and other registry reports)
- Strengthening collaborations with external stakeholders and disseminating findings to a wider audience
- Enhancing registry effectiveness
- Increasing VQI membership and engagement through the regional quality groups
- Fostering industry relationships
- Increasing operational efficiencies
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Pathways Development Update
### Elective Endo AAA Repair Report

**Procedure Type(s):** Endo AAA Repair

- View: Center, Physician, Select Centers
- Hide Health System Results

---

#### Results

<table>
<thead>
<tr>
<th>Procedure Variable Name</th>
<th>Generic Medical Center (N = 159)</th>
<th>My Health System (N = 3412)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Height (inches)</td>
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Report Name: Elective Endo AAA Repair

Procedure Type(s): Endo AAA Repair

View: ○ Center  ○ Physician  + Select Centers

- 1 Selected
- Close
- [ ] Hide Health System Results

Update Report

<table>
<thead>
<tr>
<th>Procedure Variable Name</th>
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## Elective Endo AAA Repair Report

**Procedures Type(s):** Endo AAA Repair  
**Regional Group:** Trial Registry

### PSO Benchmarking:
- Checkboxes: Center, Regional, National

### View Options:
- Options: Center, Physician, Select Physicians
  - Hide Health System Results

### Results

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## Report Name: Elective Endo AAA Repair

### Procedure Type(s): Endo AAA Repair

#### View:
- ☐ Center
- ☐ Physician
- + Select Centers

---

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2016 Q1 Projects

• Develop new PVI registry
  ➢ New procedure and follow-up forms
  ➢ Concomitant procedure feature with INFRA and SUPRA
  ➢ Device data integration with/ import of FDA UID/GUDID registry
  ➢ QCDR/PQRS measure updates for 2 PVI QCDR process measures, 1 PVI QCDR outcome measure, and 2 PVI PQRS measures
  ➢ Standard data import for new PVI registry

• Add IDE devices on EVAR and TEVAR registries
TEVAR Dissection Postmarket Surveillance

- Sponsors: Medtronic and W.L. Gore
- Sites have received $519,800 as of 12/31/2015 as compensation for their time.
- FDA has received 2 summary reports (non-identifiable data)
- Steering Committee is drafting an initial journal article highlighting the project design and the impact on quality improvement
- 5 year participation in acute arm is complete!!!!

<table>
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<tr>
<th>Cohort</th>
<th>Enrolling new sites</th>
<th>Number of Sites</th>
<th>Number of Patients</th>
<th>Follow Up</th>
<th>Reimbursement</th>
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<td>400 (389 patients enrolled)</td>
<td>At 30 days and annually for 5 years</td>
<td>Per Subject: $4,000 - $1300 Initial Treatment - $400 Each follow up visits - - $700 Final 5 year follow up $700 Add’ l intervention</td>
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<td>1 Year</td>
<td>Yes</td>
<td>Up to 50</td>
<td>200 (46 patients enrolled)</td>
<td>Annually for 1 year</td>
<td>$400 for each procedure with a completed 1 year follow up</td>
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Lombard Aorfix Postmarket Surveillance

• Sponsor: Lombard Medical
• EVAR Registry
• Sites have received $43,500 as of 12/31/2015 as compensation for their time.
• Lombard has received 2 data reports (non-identifiable data)

<table>
<thead>
<tr>
<th>Enrolling</th>
<th>Number of Sites</th>
<th>Number of Patients</th>
<th>Follow Up</th>
<th>Reimbursement</th>
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<td>Yes</td>
<td>50</td>
<td>234 (35 patients enrolled)</td>
<td>At 30 days and annually for 5 years</td>
<td>Per Subject: $4,000 - $1300 Initial Treatment - $400 Each follow up visits - $700 Final 5 year follow up $700 Add’ l intervention</td>
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CREST 2 Registry Project

- CAS Registry with Supplemental 1-page form
- Enrolling
- 64 Physicians are participating through VQI
- Objectives
  - Promote rapid initiation and completion of enrollment in the CREST-2 trial
  - Ensure that CAS is performed by adequately experienced operators within CREST-2 and C2R
  - Closely monitor clinical outcomes of C2R patients
  - Prevent inappropriate use of CAS outside of C2R
- C2R Investigators have received 10 reports
  - Patient-level data is non-identifiable per HIPAA
  - Physician and center names are transferred IAW project data sharing agreement
Expanding Participation

PHOENIX BAPTIST HOSPITAL
BANNER HEART HOSPITAL
TUCSON MEDICAL CENTER
BANNER BOSWELL MEDICAL CENTER
BANNER GOOD SAMARITAN MEDICAL CENTER
BANNER DESERT MEDICAL CENTER
BANNER THUNDERBIRD MEDICAL CENTER
BANNER DEL E WEBB MEDICAL CENTER
HAVASU REGIONAL MEDICAL CENTER
SCOTTSDALE HEALTHCARE-SHEA MEDICAL CENTER
YUMA REGIONAL MEDICAL CENTER
PARKVIEW MEDICAL CENTER INC
MEDICAL CENTER OF THE ROCKIES

ST MARYS HOSPITAL AND MEDICAL CENTER
SAN JUAN REGIONAL MEDICAL CENTER
MOUNTAIN VIEW REGIONAL MEDICAL CENTER
MEMORIAL MEDICAL CENTER INC
RENOWN REGIONAL MEDICAL CENTER
SUNRISE HOSPITAL AND MEDICAL CENTER
SUMMERLIN HOSPITAL MEDICAL CENTER
MOUNTAINVIEW HOSPITAL
VALLEY HOSPITAL MEDICAL CENTER
DESSERT SPRINGS HOSPITAL
INTERMOUNTAIN MEDICAL CENTER
DIXIE REGIONAL MEDICAL CENTER
WYOMING MEDICAL CENTER
General Business:

• Nominations?
  – Medical Director: biannual regional meetings
  – AQC: monthly phone call with homework
  – VQC: biannual phone calls (increase w/ #registries)
  – RAC: Every other month phone call with homework
  – GC: VAM and VEITH in person meetings