Rocky Mountain Vascular Quality Initiative

February 26, 2016
10:00 am -3:00 pm
University of Utah
Salt Lake City, UT

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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	

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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

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New RMVQI Website:

http://www.vascularqualityinitiative.org/components-of-the-vqi/regional-quality-groups/current-regional-quality-groups/rocky-mountain-vascular-quality-initiative/

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 jjon@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-mountian-vqi-winter-2016/

Map to University of Utah Meeting Room

National VQI Update: Nadine Caputo

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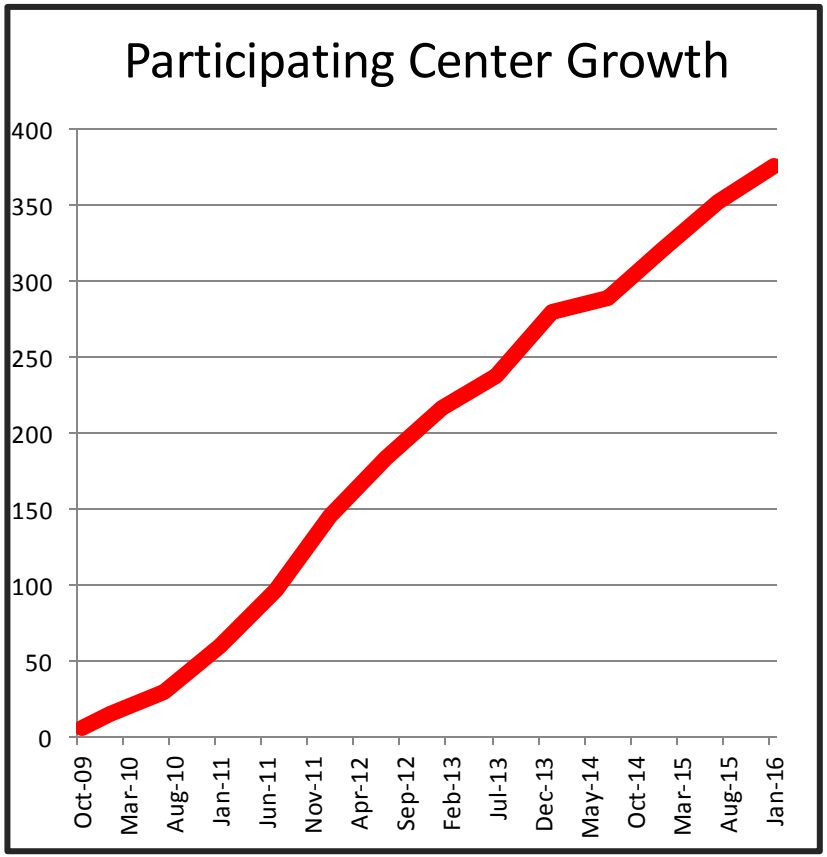
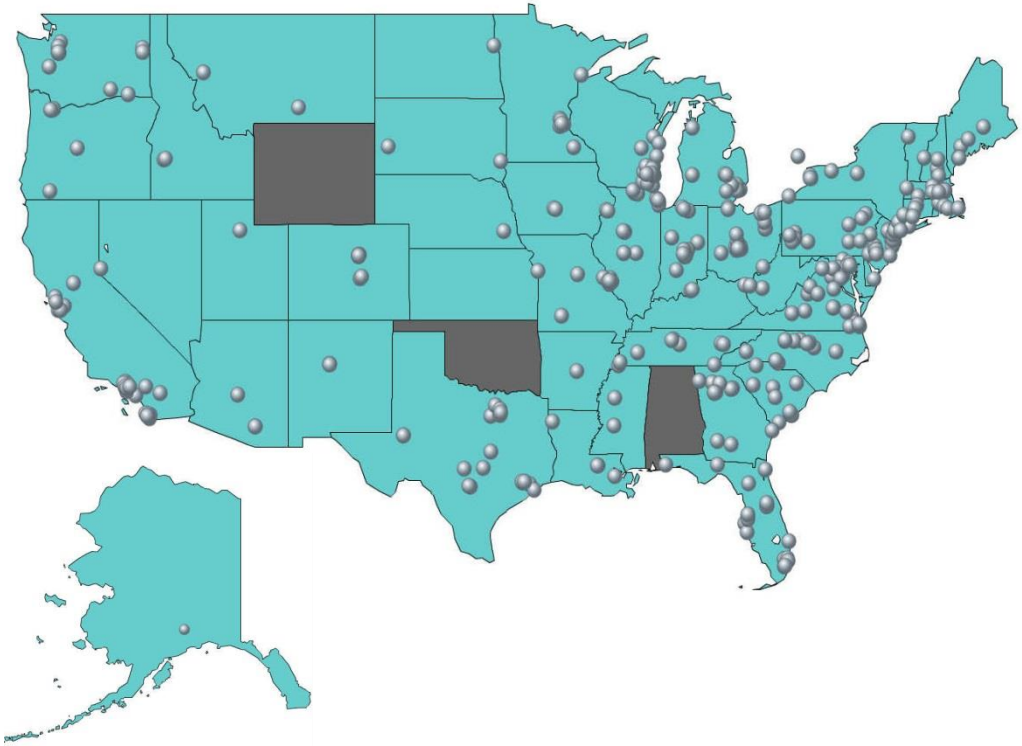


VQI Participating Centers



376 Centers, 46 States + Ontario

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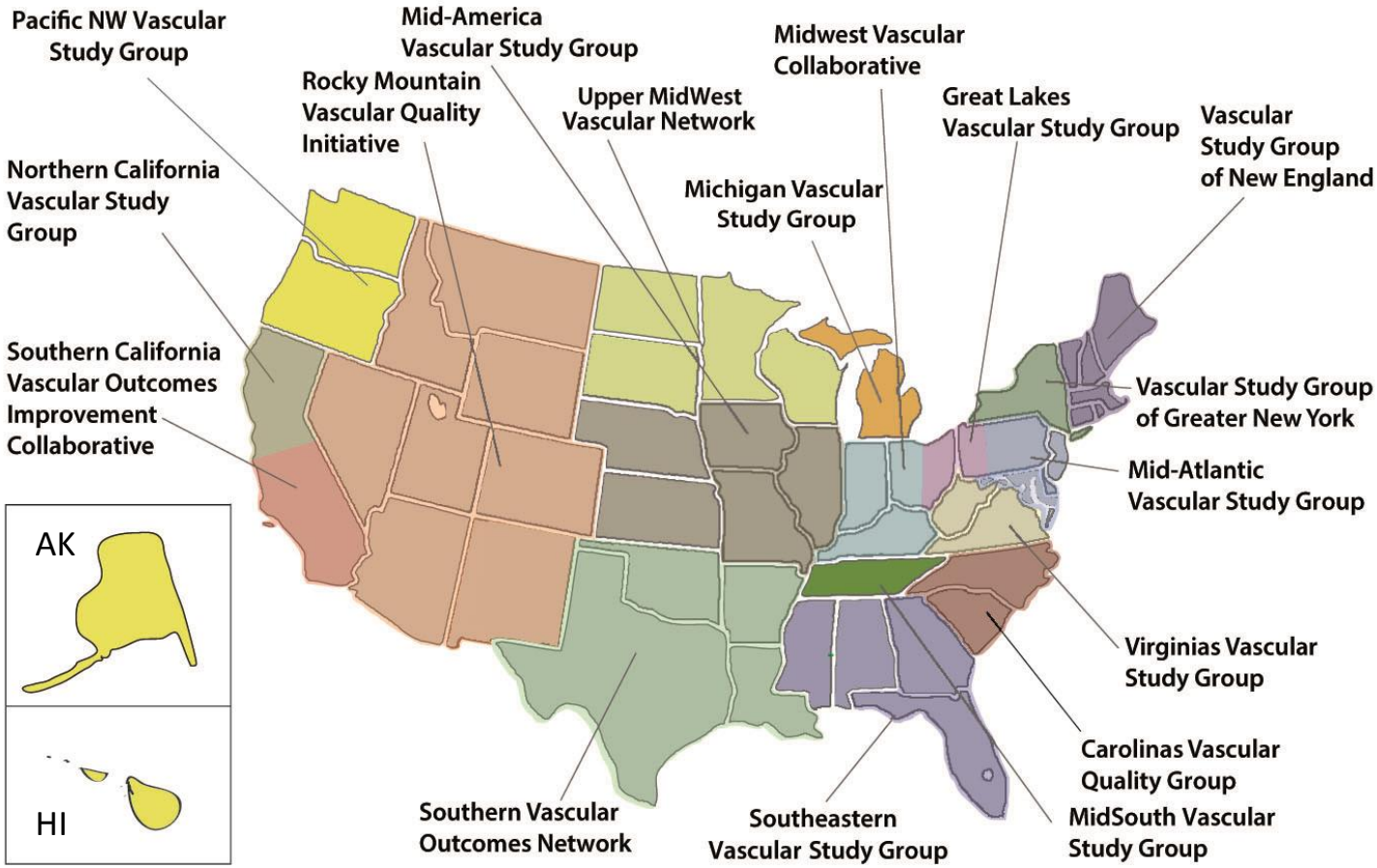
17 Regional Quality Groups



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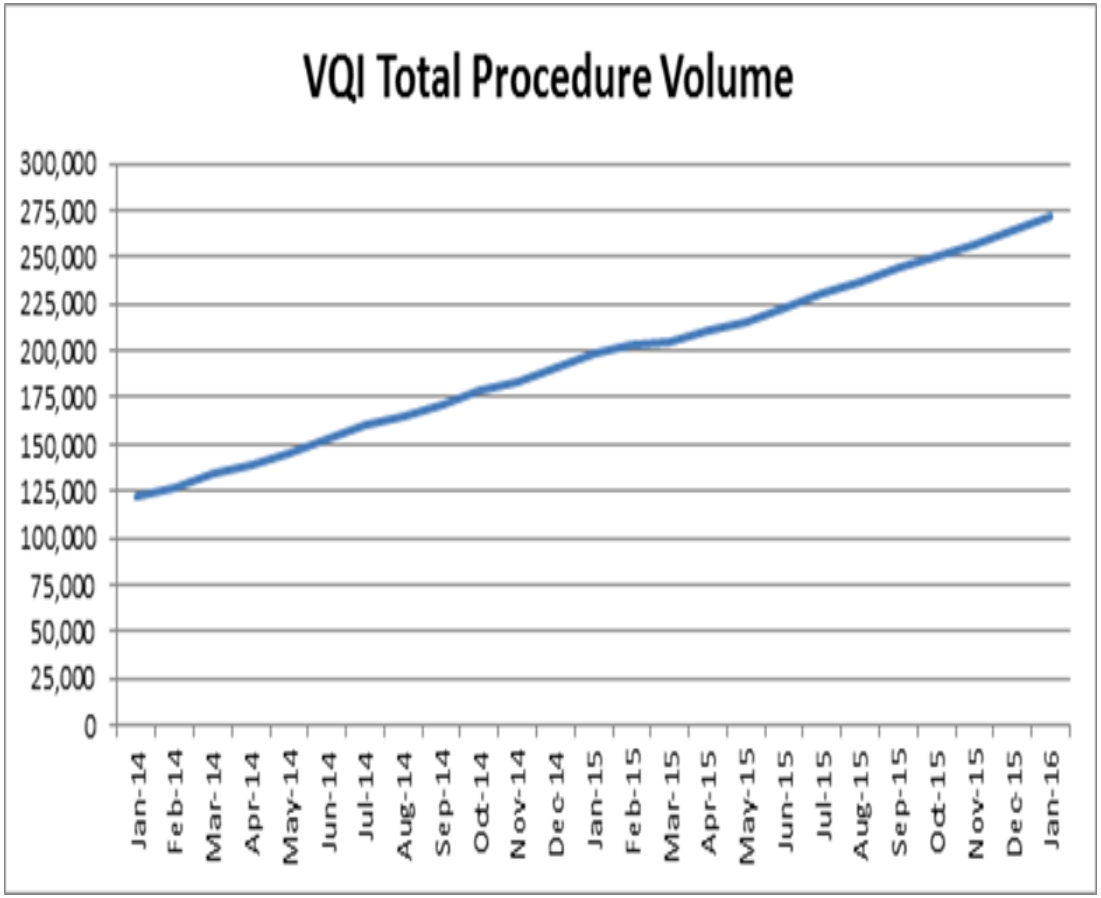
Total Procedures Captured (as of 2/1/2016)	271,819
Carotid Endarterectomy	62,986
Carotid Artery Stent	10,141
Endovascular AAA Repair	25,135
Open AAA Repair	7,861
Peripheral Vascular Intervention	85,682
Infra-Inguinal Bypass	28,585
Supra-Inguinal Bypass	9,676
Thoracic and Complex EVAR	5,614
Hemodialysis Access	23,376
Lower Extremity Amputations	4,740
IVC Filter	4,778
Varicose Vein	3,245



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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

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 then in improving their LTFU rates
- This toolkit 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%.

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

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

Regulatory

- Meaningful Use
- MACRA
- MIPS
- QCDR/PQRS

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:

http://www.vascularqualityinitiative.org/wp-content/uploads/Registration-of-Intent-V2.pdf

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

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

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

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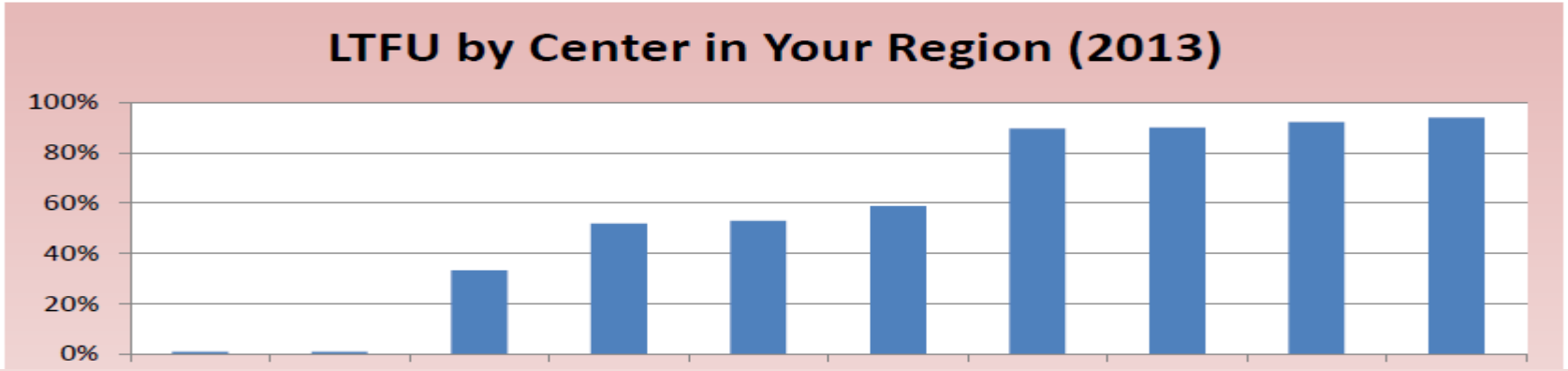
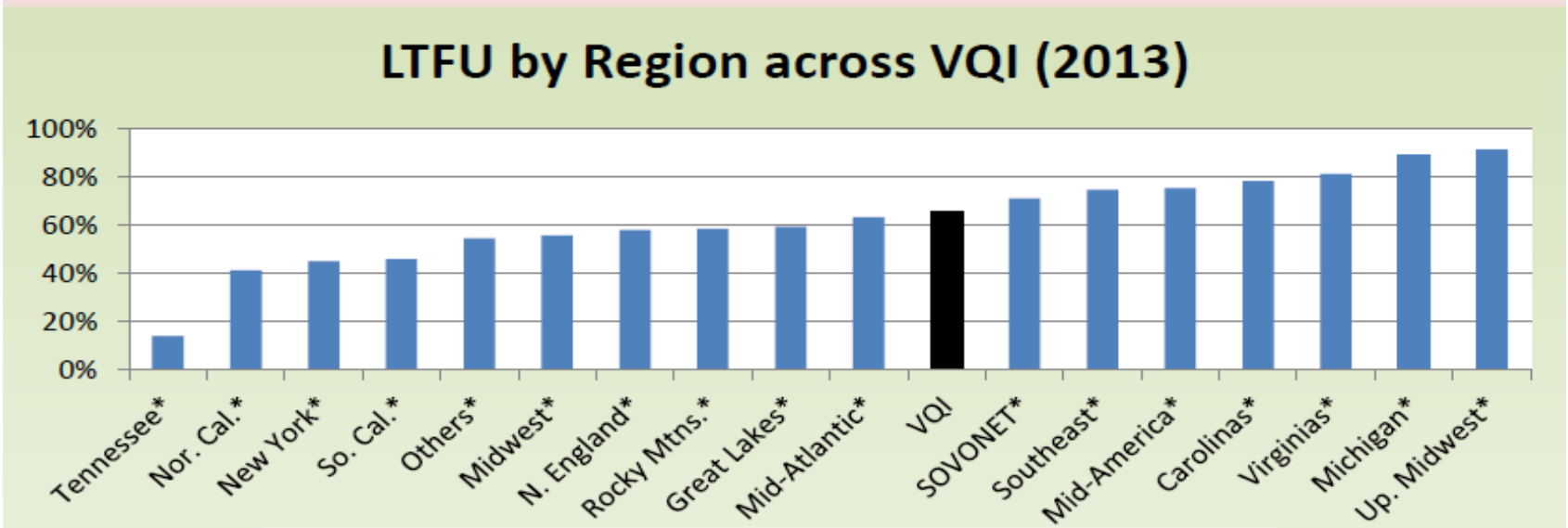
LTFU Reports





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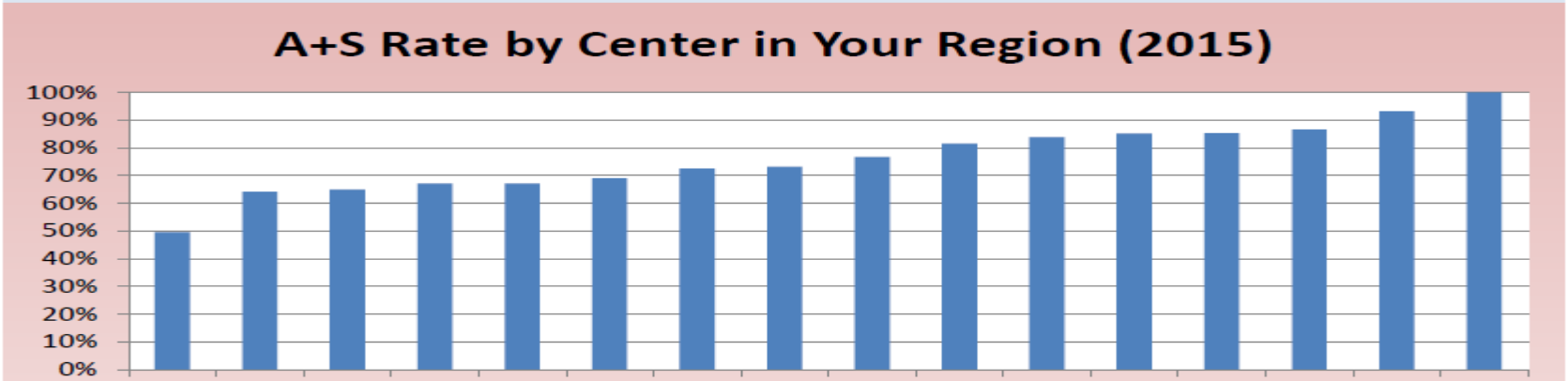
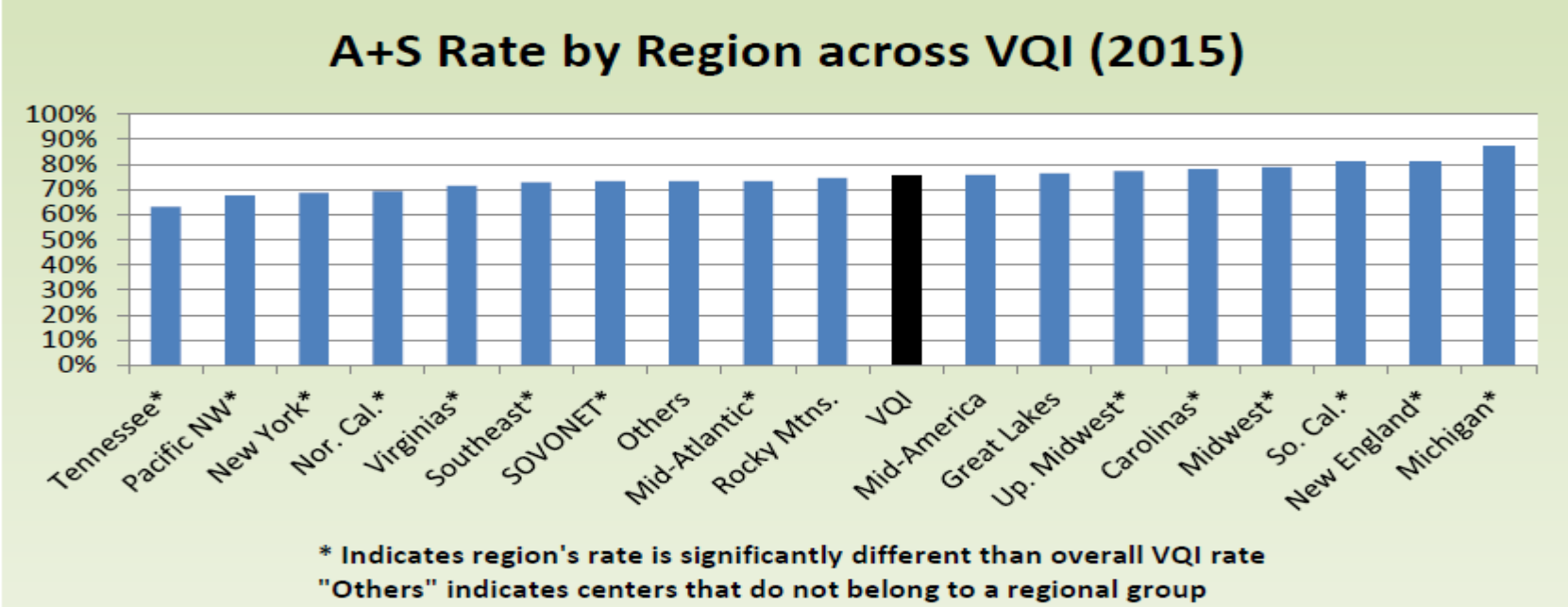
Discharge Medications Antiplatelet and Statin (2015)

Excludes missing, not treated for medical reason and non-compliant





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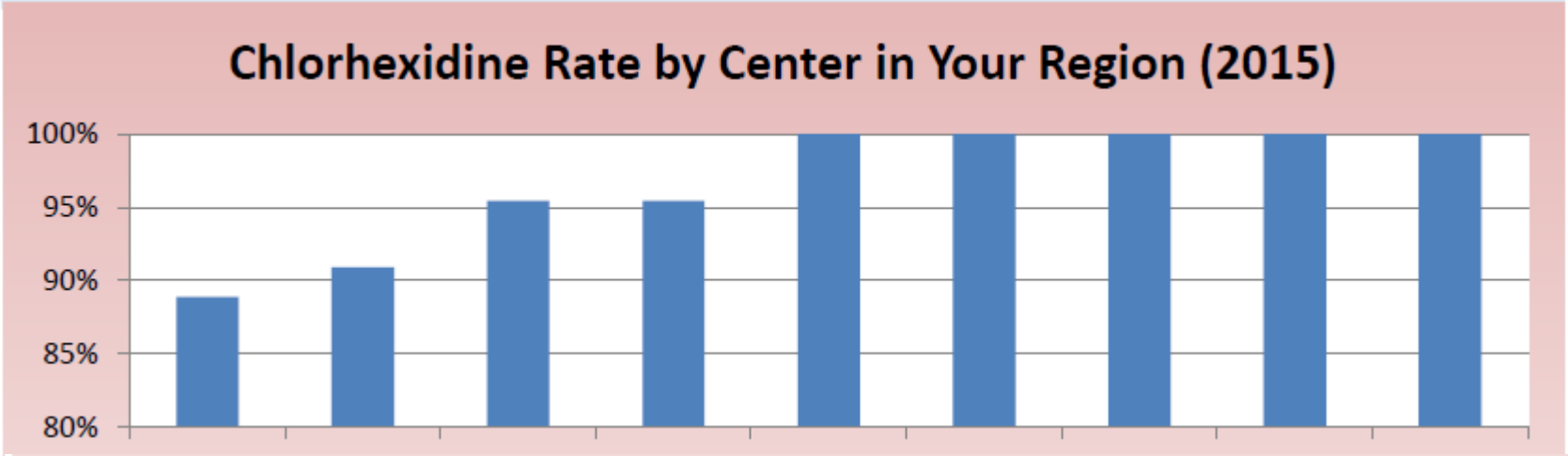
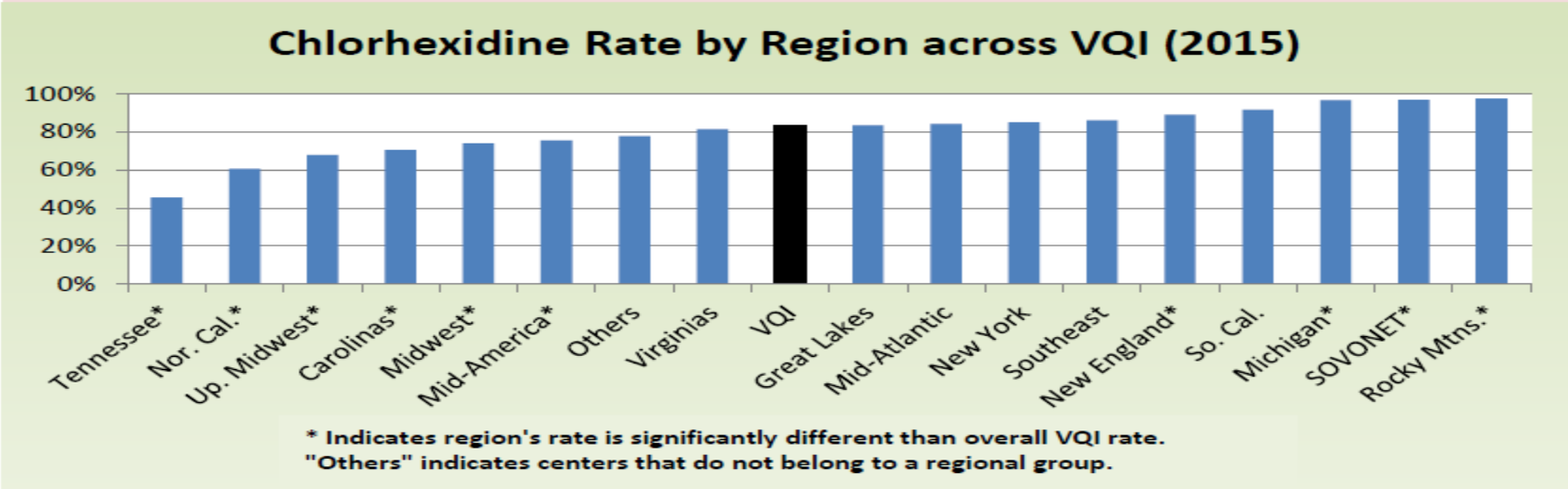
Percentage of Infra inguinal Bypass Procedures with Chlorhexidine or Chlorhexidine + Alcohol Skin Prep (2015)





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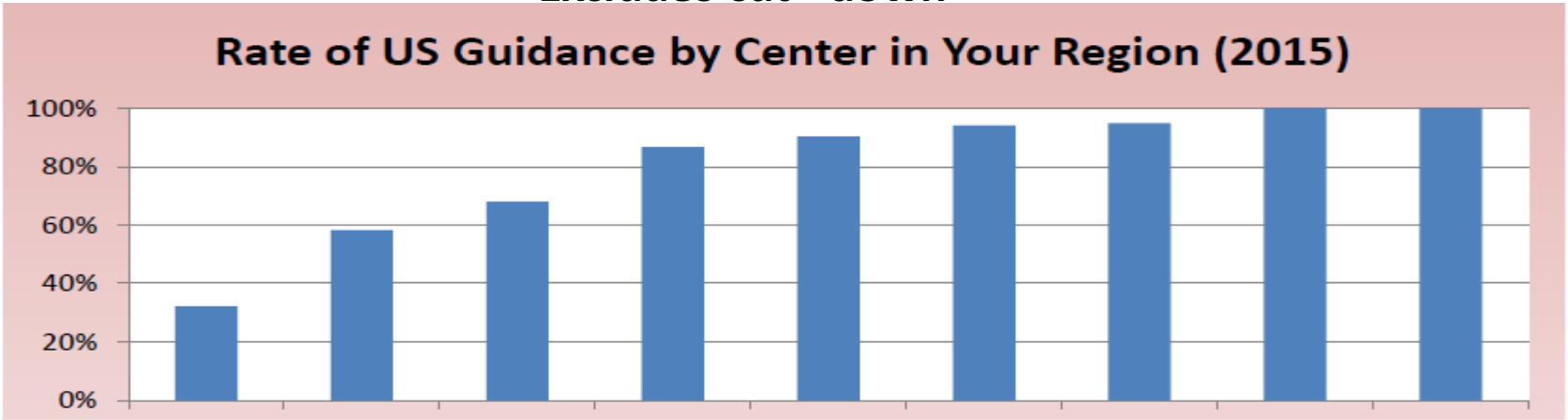
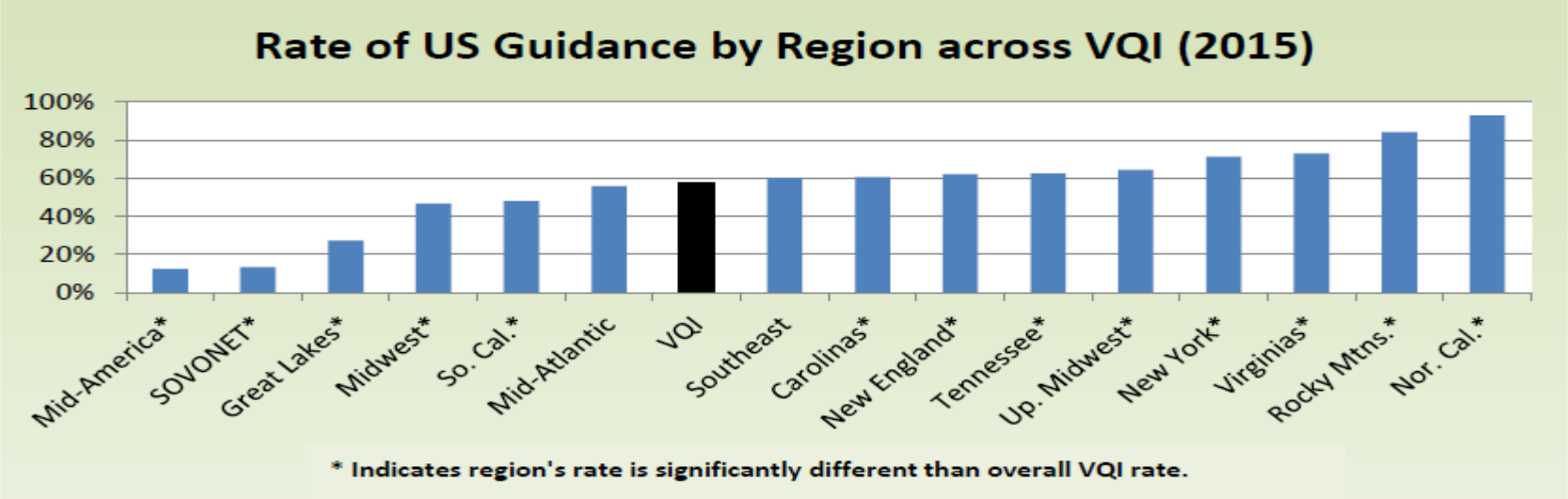
Percentage of Percutaneous Femoral PVI Procedures Using Ultrasound Guidance (2015)
Excludes cut –down





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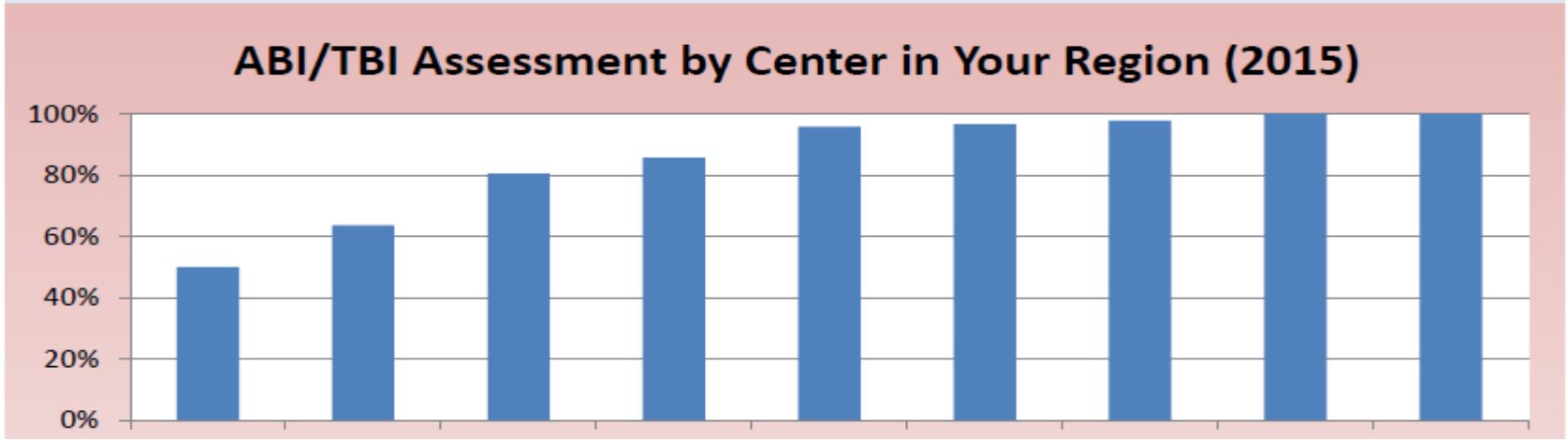
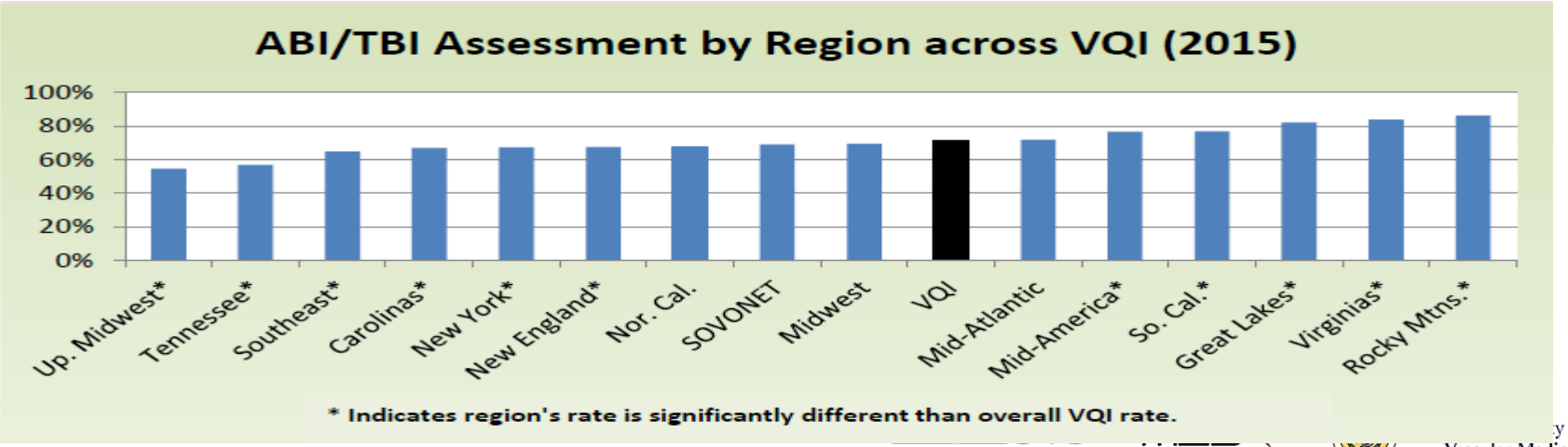
PVI: Percent of Patients with ABI or TBI Assessed Before Procedure (2015)

"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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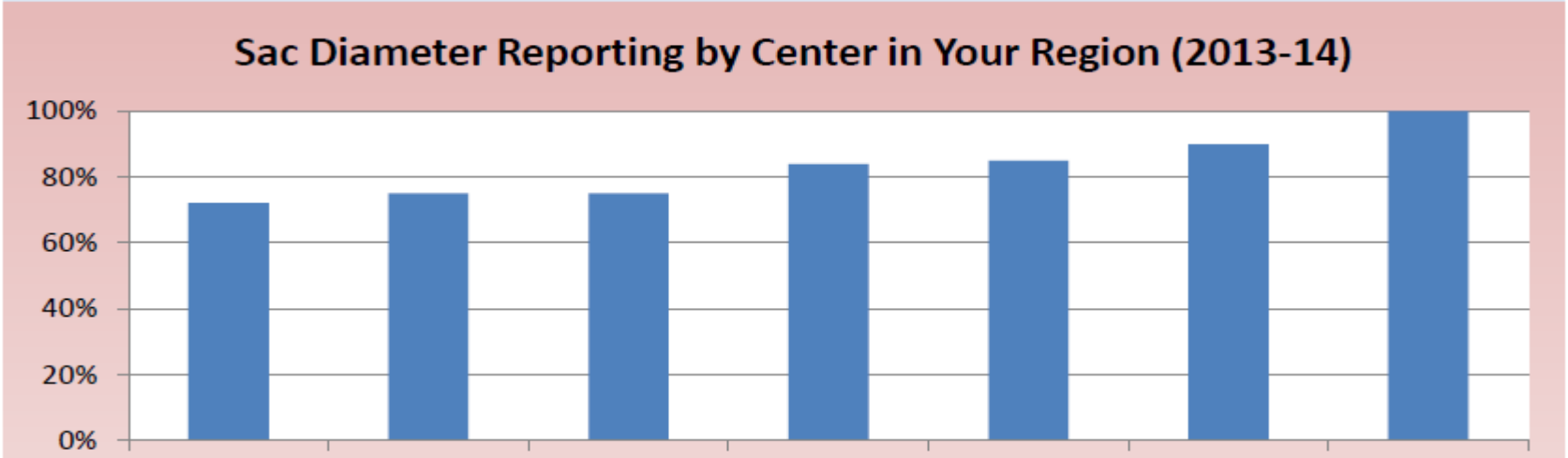
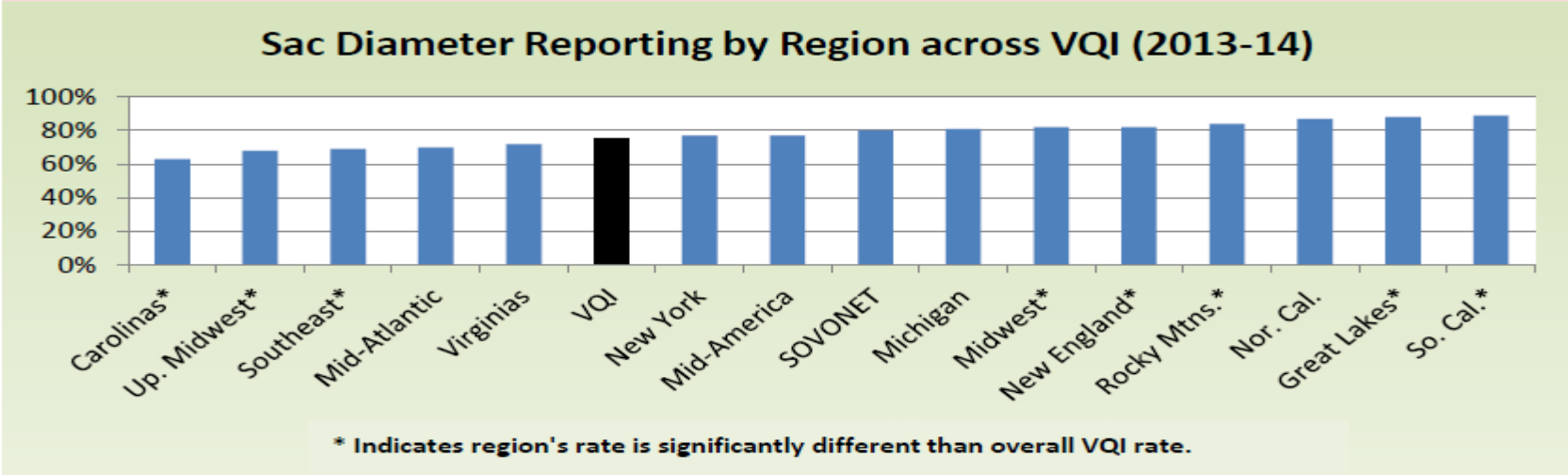
EVAR: Rate of Sac Diameter Reporting at Long-Term Follow Up

2013, excluding patients without at least 9 month follow up





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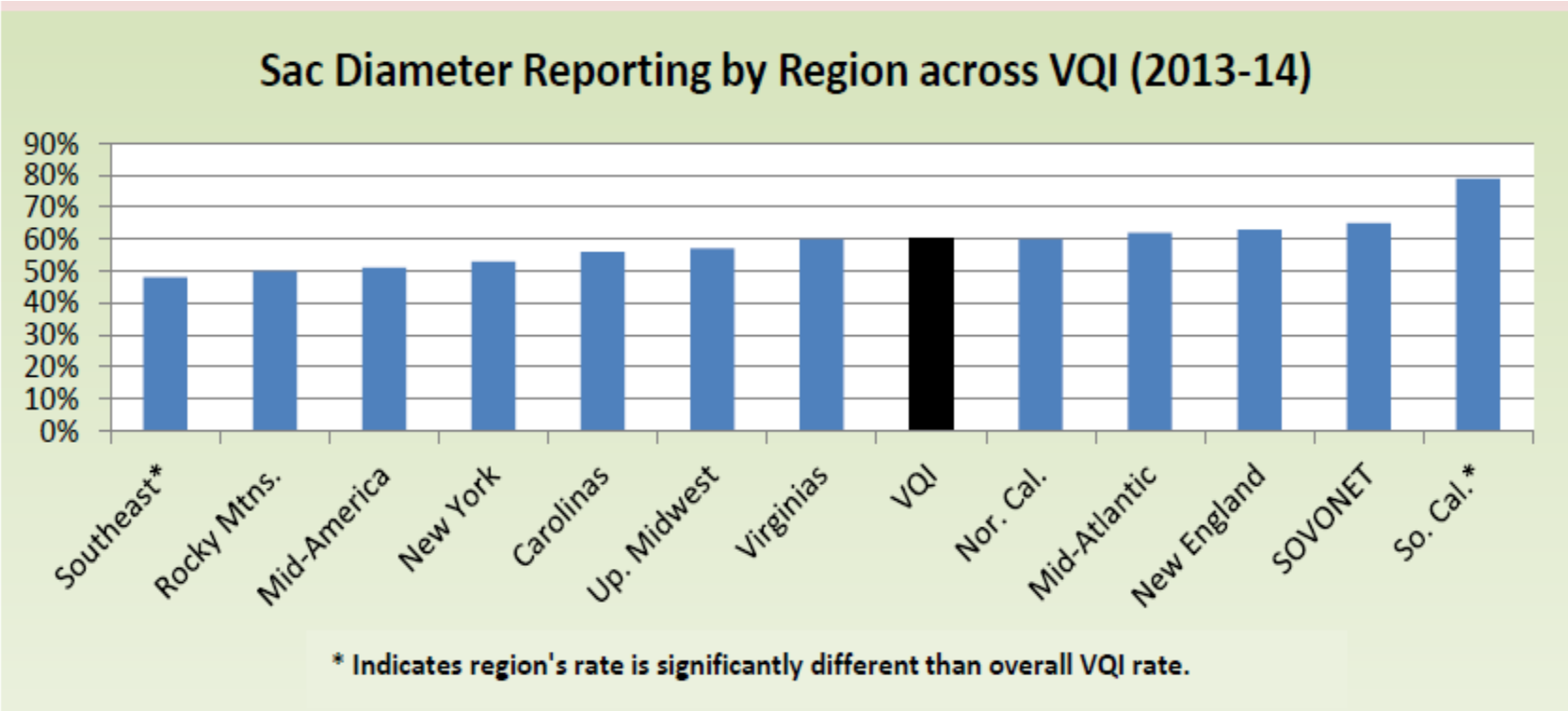
TEVAR: Rate of Sac Diameter Reporting at Long-Term Follow Up

2013, excluding patients without at least 9 month follow up



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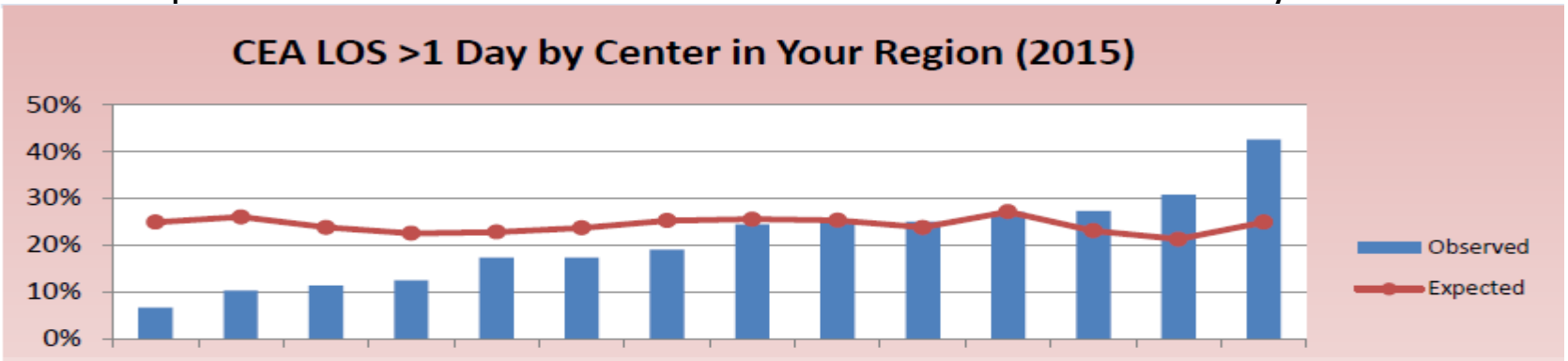
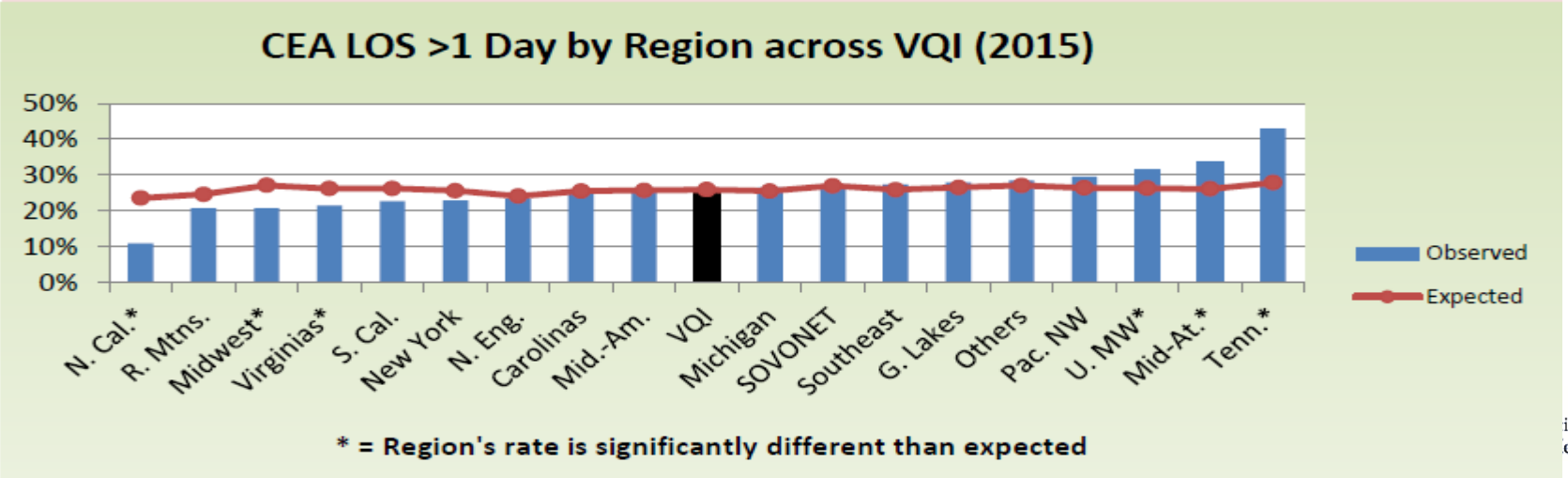
Carotid Endarterectomy

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





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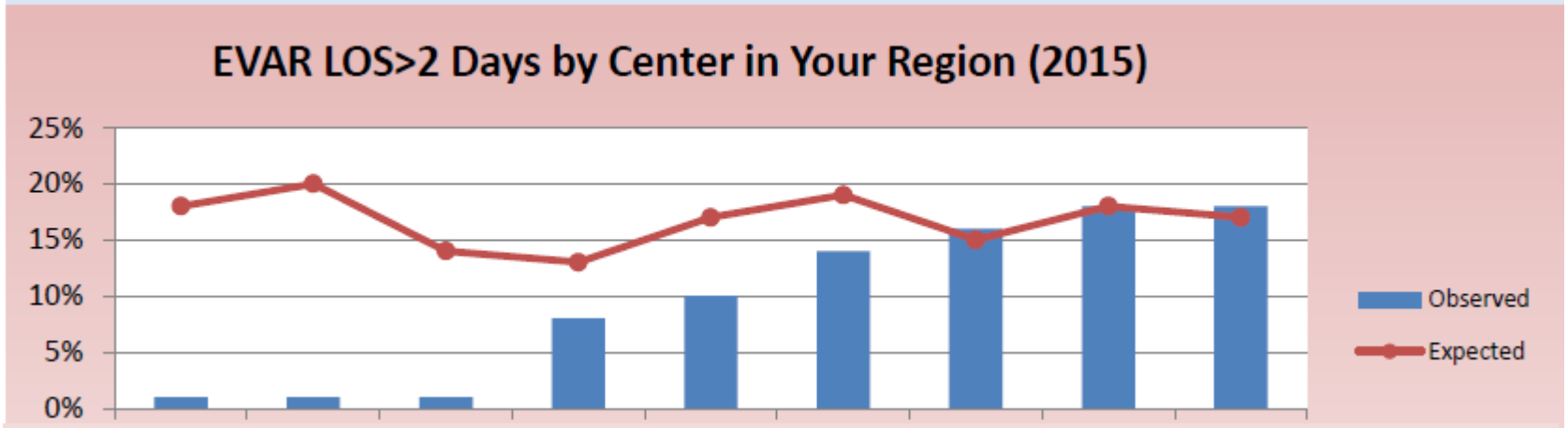
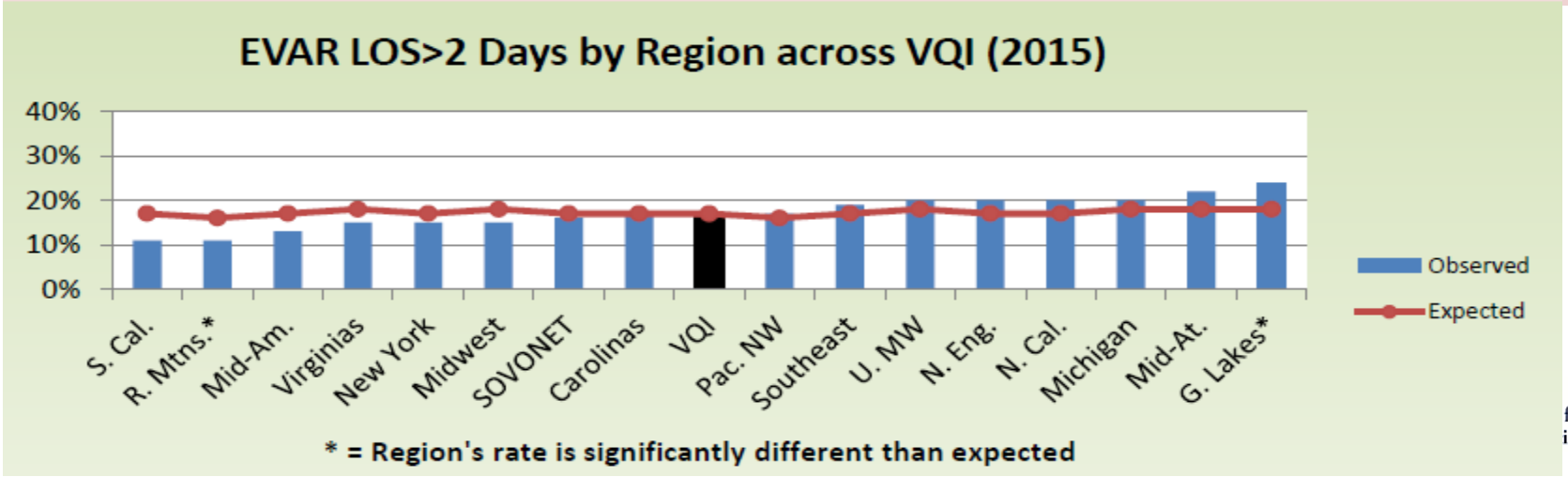
Endovascular AAA Repair:
Percentage of Patients with Length of Stay > 2 Days

2015 procedures, Excluding symptomatic, ruptured, prior aortic surgery, in hospital deaths with LOS <=2days, procedures not done on day of admission and weekend procedures





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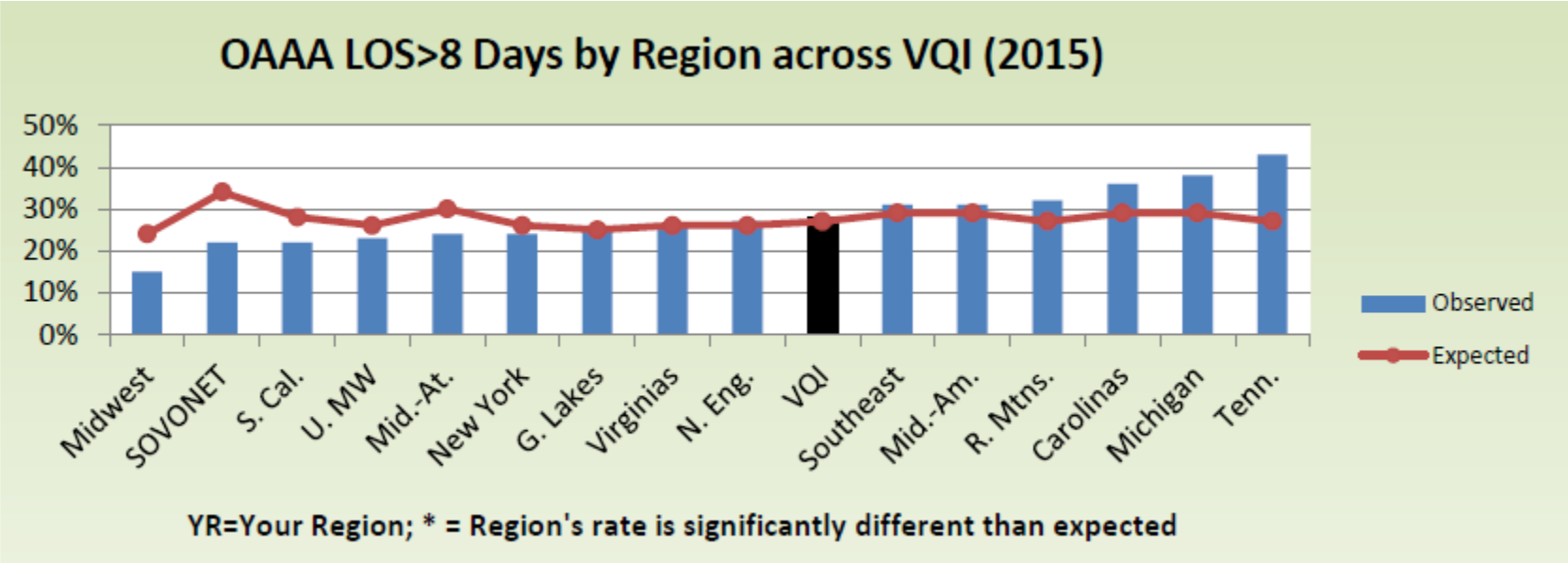
Open AAA Repair: Percentage of Patients with Length of Stay >= 8 Days

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



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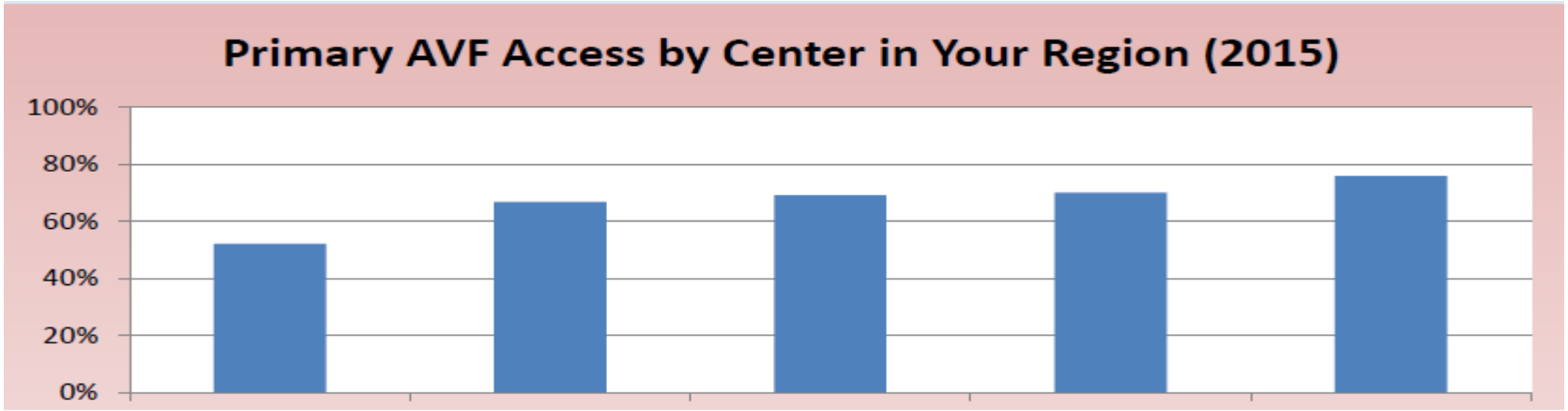
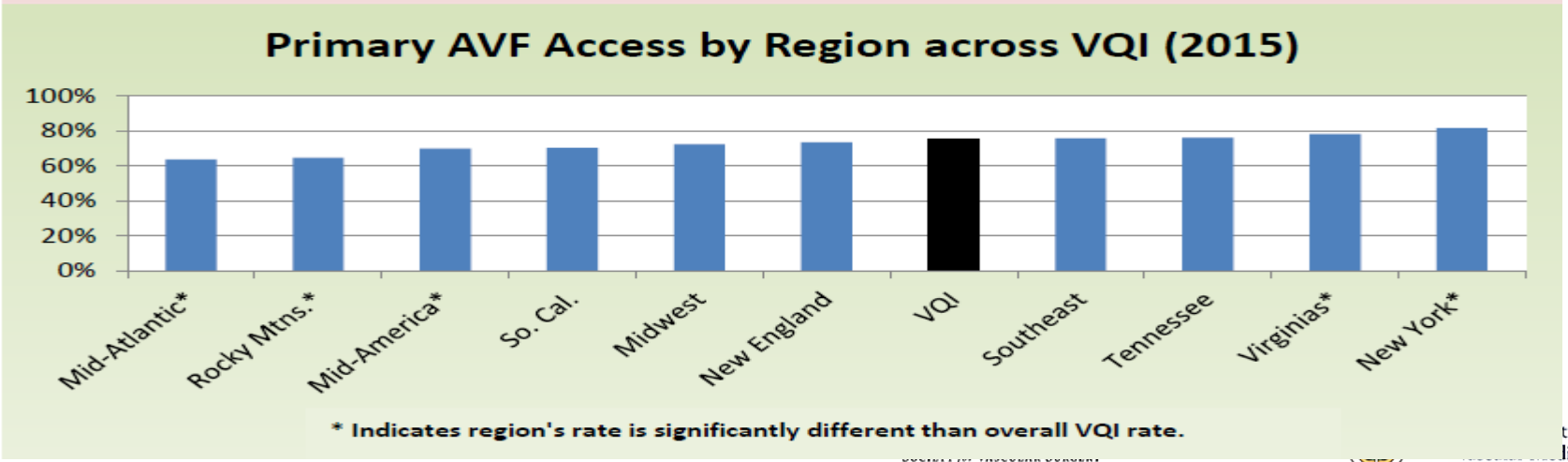
Hemodialysis Access: Percentage of Primary AVF vs. Graft

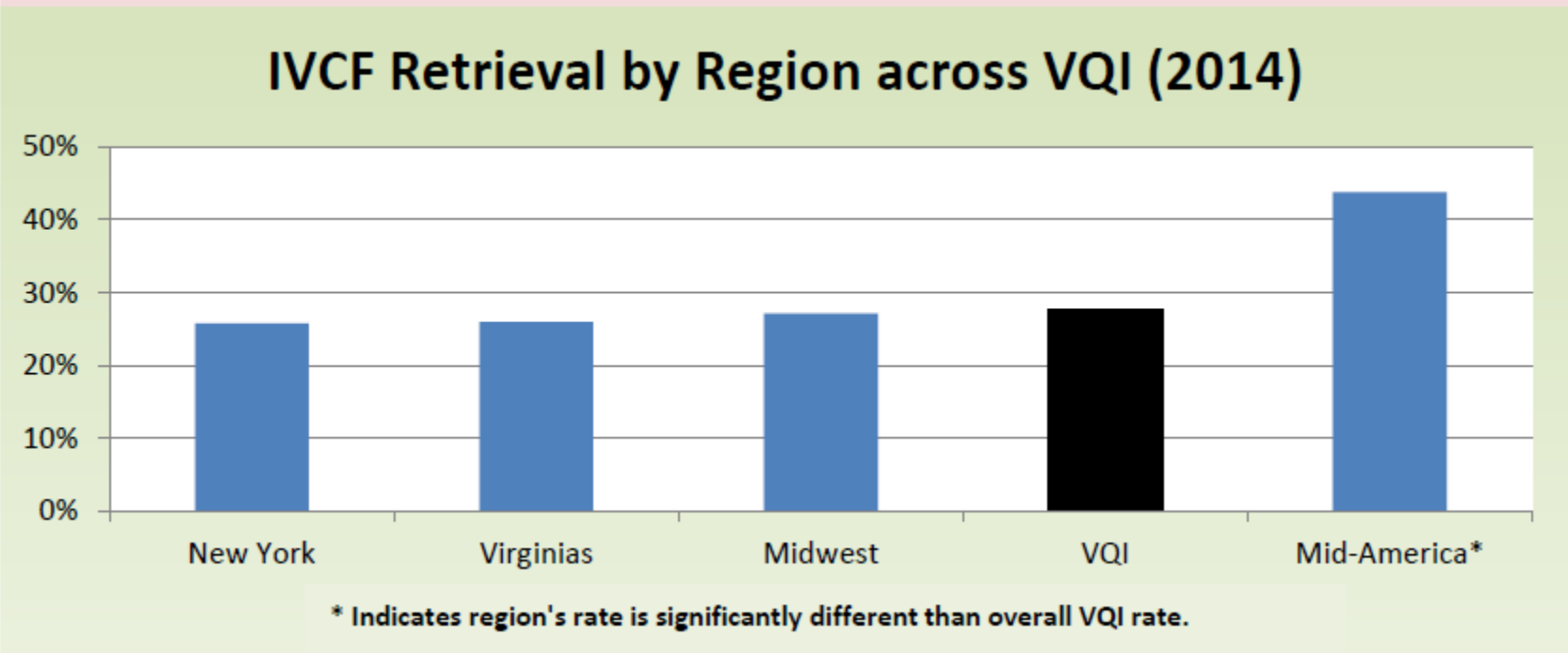
2015 procedures, excludes patients receiving AVF access who have received previous access in the forearm, upper arm or basilic vein on the same side





IVC Filter: Percentage of Temporary Filters with Retrieval or Attempt at Retrieval

2015 procedures, excluding patients who have died since discharge



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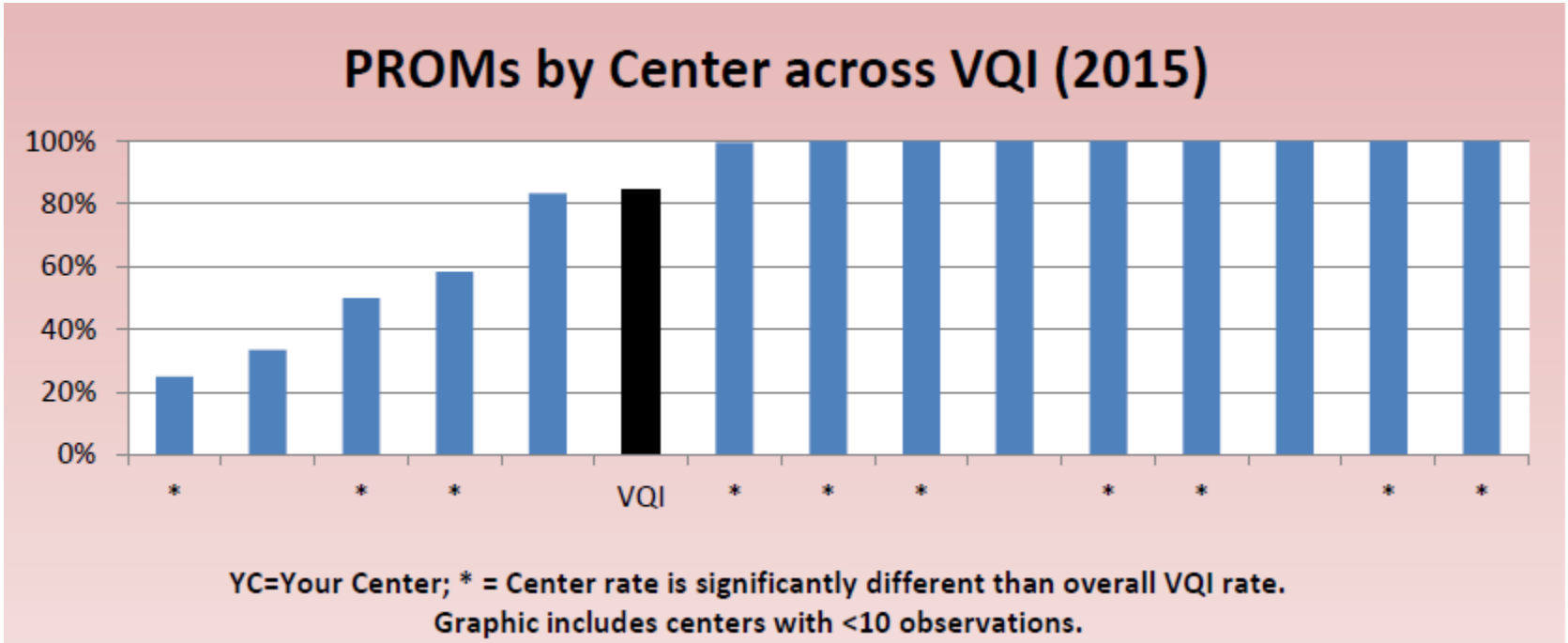
Varicose Veins: Percentage of Procedures with Complete Patient-Reported Outcome Measures Recorded at Follow Up

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.



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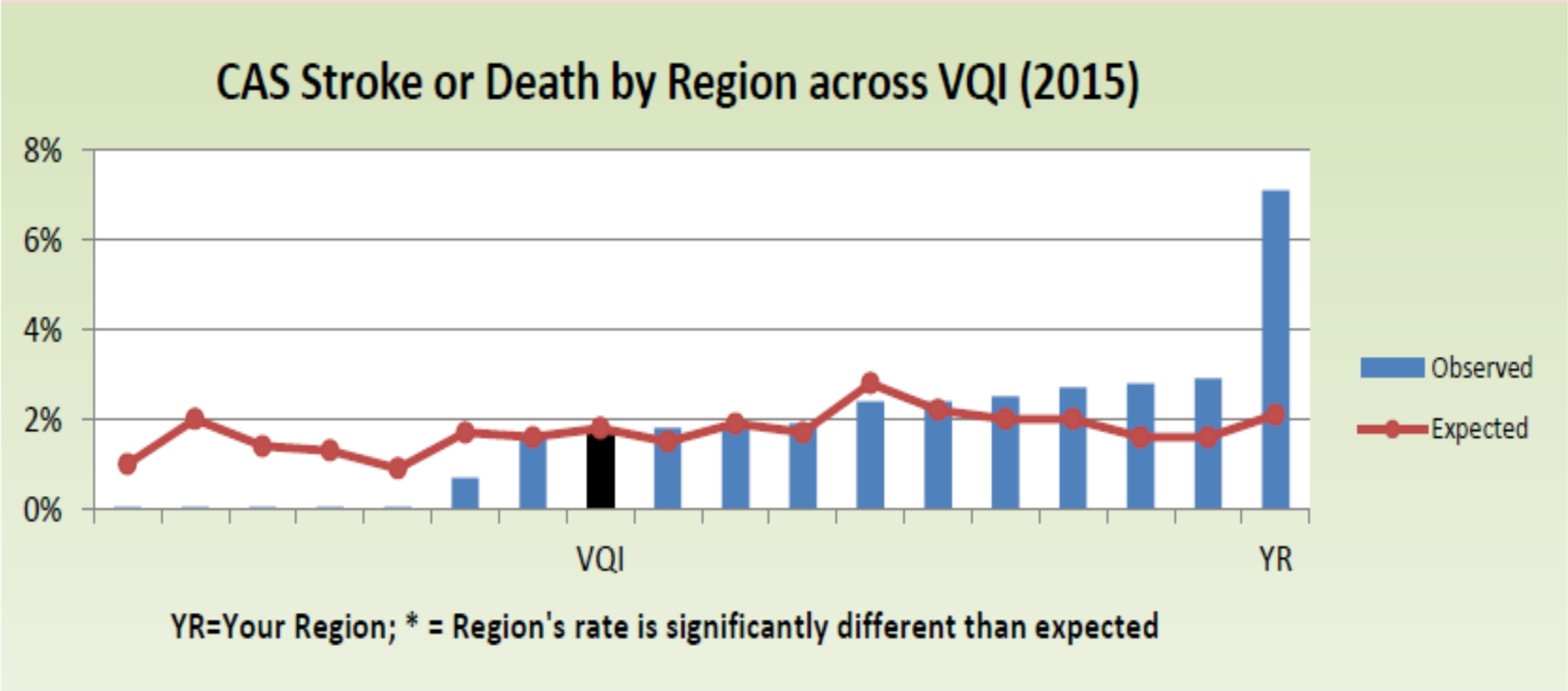
Carotid Artery Stent: Stroke or Death in Hospital
2015 procedures, elective, excluding prior ipsilateral CAS



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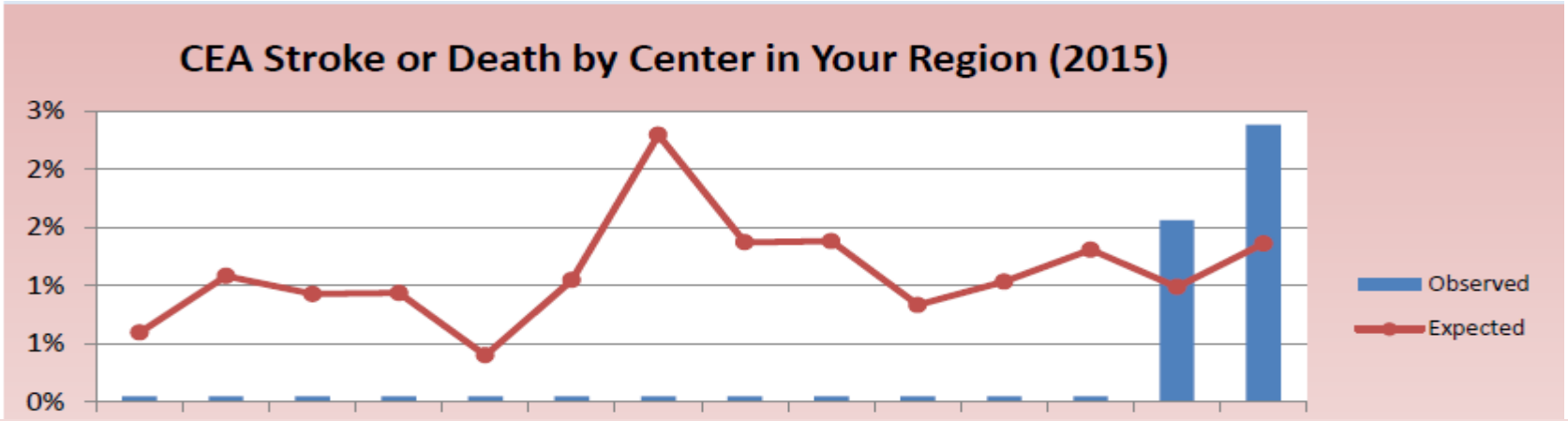
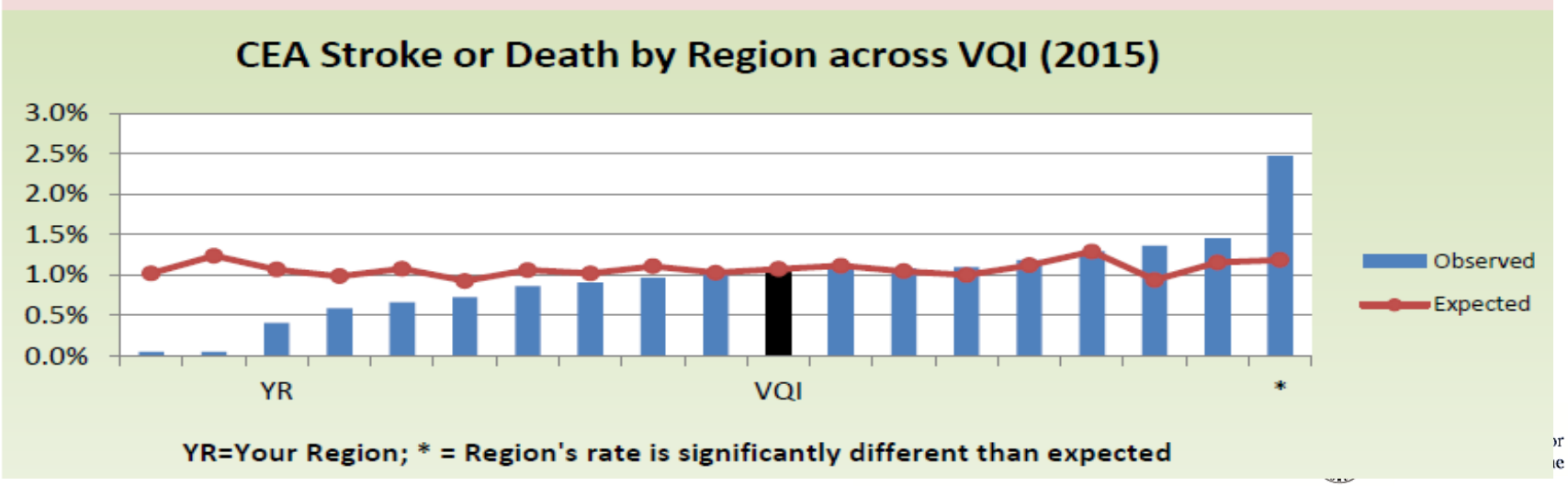
Carotid Endarterectomy: Stroke or Death in Hospital

2015 procedures, elective, excluding prior ipsilateral CEA and concomitant CABG





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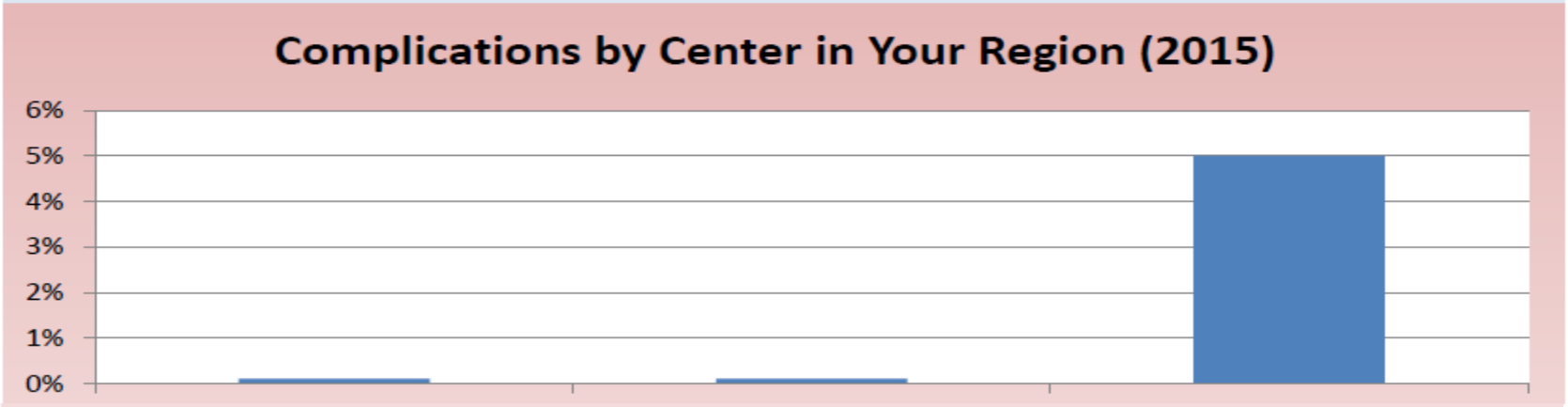
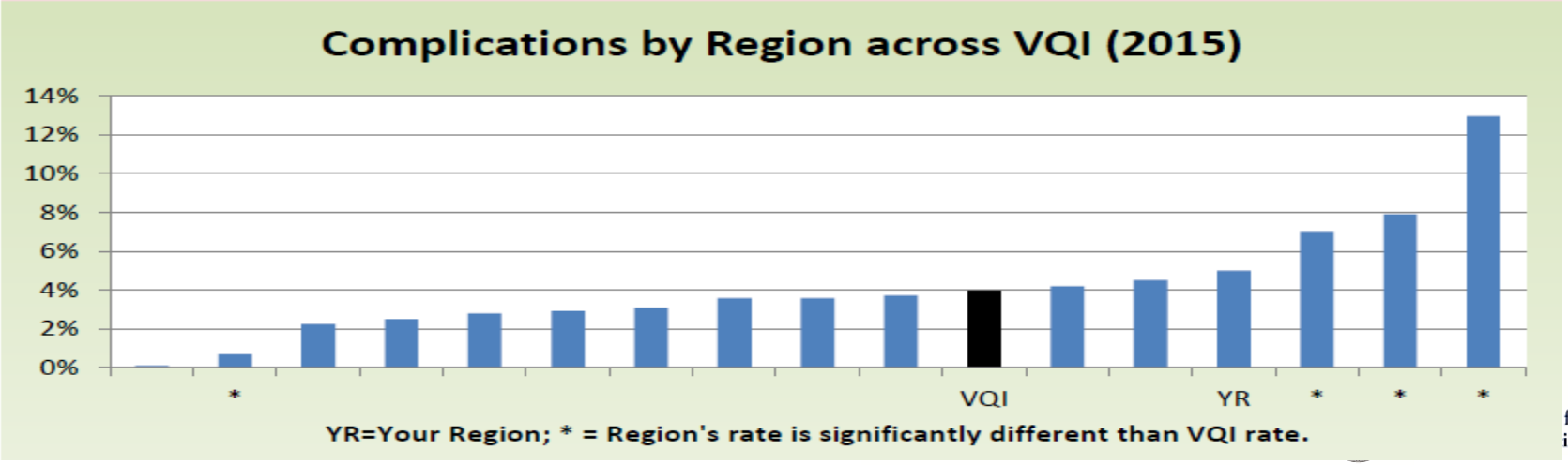
Infrainguinal Bypass: Percentage of Major Complications

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

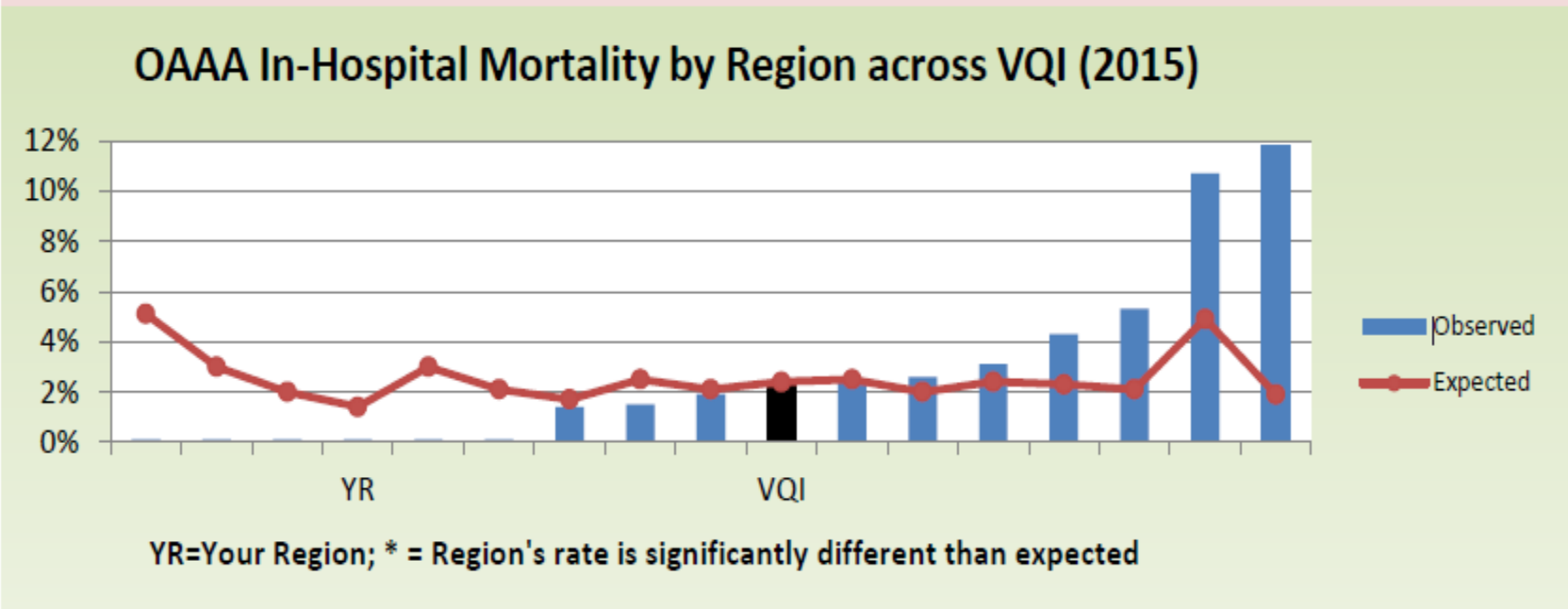
Includes only patients with Indication=Rest Pain or Tissue Loss





Open Non-ruptured AAA: In hospital Mortality

2015 procedures, excluding weekend procedures



Quality Improvement Projects

- Renal protection in EVAR: Julie Beckstrom & Ben Brooke, MD
- Univ of Utah Epic Forms: Joanna Lynch, PA-C
- Other ideas?

UPDATE ON RENAL PROTECTION PROJECT

Julie Beckstrom, RN, MSN, CCRC
Dr. Benjamin S. Brooke, MD, PhD
Dr. Larry Kraiss, MD

Division of Vascular Surgery, University of Utah, SLC, UT

Rocky Mountain VQI Spring Meeting, February 26th, 2016

UNIVERSITY OF UTAH HEALTH CARE

INQUIRE Utah Intervention Quality & Implementation Research Group

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

Time Point	Data Collection Window	#Hashtag
Pre-op	within one week prior, typically morning of	#RP_pre_cr_x.x
Post-op day 1	post-op day 1, inpatient prior to discharge	#RP_POD1_cr_x.x
*Post-op day 3	post-op days 3 to 6, inpatient or outpatient	#RP_POD3_cr_x.x
Post-op month 1	post-op 1 month +/- 7 days	#RP_POM1_cr_x.x

*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

Pre-op Renal Protective Measure	#Hashtag
IV sodium bicarbonate	#RP_Bicarb
Carbon dioxide angiography	#RP_CO2
N-acetylcycsteine	#RP_Mucomyst
*Other	#RP_Other

VQI DATA ENTRY:

Co-morbidities:

CVD	None	CAD Symptoms	None	Prior CHF	Asymp, h
Dysrhythmia	No	COPD	On Home Oxygen	Diabetes	None
Dialysis	No	Hypertension	Yes (>=140/90 or history)		
Smoking	Prior	Quit Smoking Date	01/30/2014		

Previous:

Prior CABG	None	Prior PCI	None	Prior CEA/CAS	Neither
Prior Aneurysm Repair	None	Prior Arterial Bypass	No	Prior Arterial PVI	No
Prior Major Amp	No				

Testing:

Stress Test	Not done			
Pre-op Hemoglobin	12	g/dl	120	g/L
Creatinine	1.2	mg/dl	106.08	umol/L

Pre-op ASA	Yes	Pre-op P2Y12 Antagonist	None
Pre-op Statin	No	Pre-op Beta Blocker	No
Pre-op ACE-Inhibitor/ARB	Yes	Pre-op Chronic Anticoagulant	None

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

UNIVERSITY OF UTAH HEALTH CARE

Enrollment:

Site	#
University of Utah, SLC, UT	21
St. Vincent Health Care, Billings, MT	34
Penrose Hospital, Colorado Springs, CO	31
Carondelet, Tucson, AZ	27
Total:	**113**
Total w/ all data points:	**59**
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

Effective Health Care Program

Comparative Effectiveness Review
Number 156

Contrast-Induced Nephropathy: Comparative Effectiveness of Preventive Measures

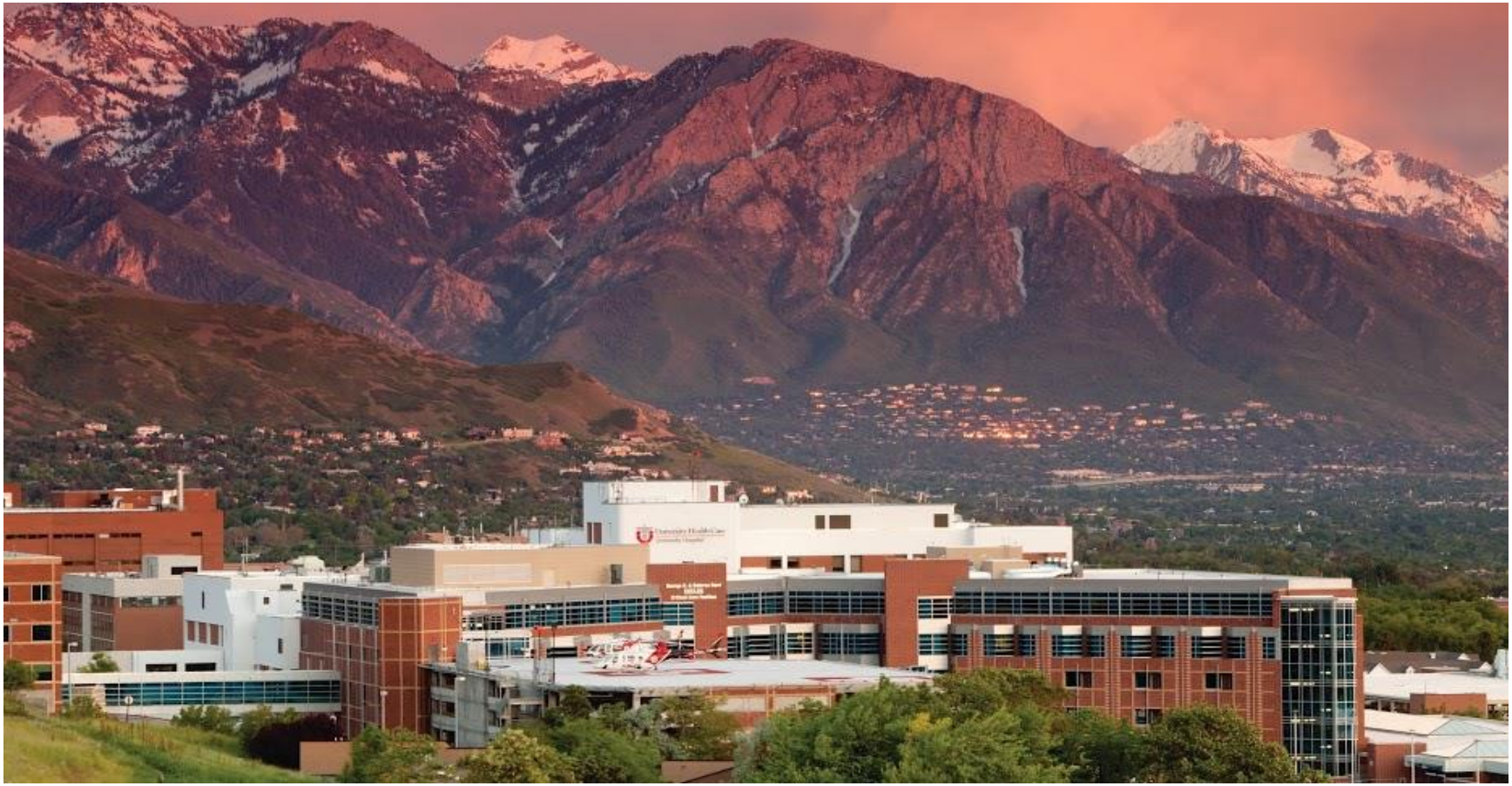
AHRQ
Agency for Healthcare Research and Quality
Advancing Excellence in Health Care • www.ahrq.gov

UNIVERSITY OF UTAH
HEALTH CARE

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 HEALTH CARE

UINQUIRE Utah Intervention Quality & Implementation Research Group

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:

http://www.vascularqualityinitiative.org/wp-content/uploads/VQI_Approved_Projects_List-12.18.15.pdf

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/

Vascular Quality Initiative®

Research Advisory Council (RAC)

Home | Dashboard | My Applications | My Profile | Help

Hi Carrie Bosela,

PSO National RAC – April Proposal Submission

›Log out

Application Summary	
Total Applications	1
Submitted	0
Incomplete	1

My Applications

Begin Application

ID	Title	Category	Status	Date Submitted
2218	Peripheral Vascular Intervention for Claudication		Pending	-

Applications I am a Co-Investigator on

ID	Title	Category	Status	Date Submitted
No applications found				

SVS Society for Vascular Surgery | m2s | Society for Vascular Medicine

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

Varicose Vein Registry

Presentation at AVF:

Andrea T. Obi, MD - Vascular Surgery Fellow, University of Michigan

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-terms 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.

GC meeting at VEITH

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

Pathways Development Update

Enter New / Find Existing Patients | Tools | Resources | Share a File | Analytics & Reporting Engine

Analytics & Reporting Engine

Home | Define Report | View My Results

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Report Name: Elective Endo AAA Repair

Procedure Type(s): Endo AAA Repair

View: ◉ Center ○ Physician [+] Select Centers

☐ Hide Health System Results

Update Report

Results

Procedure Variable Name	Generic Medical Center (N = 159)	My Health System (N = 3412)
Height (inches)	64.6 ± 3.5; 66.0	64.6 ± 3.5; 66.0
Race		
American Indian or Alaskan Native	0.2% (3)	0.2% (137)
Black or African American	18.6% (28)	18.6% (376)
Native Hawaiian or other Pacific Islander	0.1% (1)	0.1% (57)
White	80.4% (121)	80.4% (2789)
More than 1 race	0.1% (1)	0.1% (48)
Unknown / Other	0.6% (5)	0.6% (5)
Death		
No	99% (157)	99% (3410)
Yes	0% (0)	0% (0)
Missing Value or N/A	1% (2)	1% (2)

Data Management

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Analytics & Reporting Engine

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Report Name: Elective Endo AAA Repair

Procedure Type(s): Endo AAA Repair

View: ◉ Center ○ Physician ✚ Select Centers

1 Selected ▼ Close

- ☑ Generic Medical Center
- ☐ John Smith Medical Center
- ☐ John Doe Medical Center
- ☐ Jane Smith Medical Cer
- ☐ Jane Doe Medical Center

☐ Hide Health System Results

Update Report

Results

Procedure Variable Name	Generic Medical Center (N = 159)	My Health System (N = 3412)
Height (inches)	64.6 ± 3.5; 66.0	64.6 ± 3.5; 66.0
Race		
American Indian or Alaskan Native	0.2% (3)	0.2% (137)
Black or African American	18.6% (28)	18.6% (376)
Native Hawaiian or other Pacific Islander	0.1% (1)	0.1% (57)
White	80.4% (121)	80.4% (2789)

Edit

Download as PDF

Report Name: Elective Endo AAA Repair

Procedure Type(s): Endo AAA Repair

Regional Group: Trial Registry

PSO Benchmarking: ☑ Center ☑ Regional ☑ National

View: ○ Center ◉ Physician Select Physicians

☐ Hide Health System Results

Update Report

Results

Procedure Variable Name	Generic Medical Center (N = 159)	John Smith (N=250)	Jane Smith (N=250)	My Health System (N = 3412)	All Other Regional Participa (N = 15300)	All Other National Participa (N = 159500)	Charts	Reg lvl
Height (inches)	64.6 ± 3.5; 66.0	64.6 ± 3.5; 66.0	64.6 ± 3.5; 66.0	64.6 ± 3.5; 66.0	64.6 ± 3.5; 66.0			
Race								
American Indian or Alaska	0.2% (3)	0.2% (3)	0.2% (3)	0.2% (137)	0.2%	0.2%		
Black or African American	18.6% (28)	18.6% (28)	18.6% (28)	18.6% (376)	18.6%	18.6%		
Native Hawaiian or other Pa	0.1% (1)	0.1% (1)	0.1% (1)	0.1% (57)	0.1%	0.1%		
White	80.4%(121)	80.4% (121)	80.4% (212)	80.4% (2789)	80.4%	80.4%		
More than 1 race	0.1% (1)	0.1% (1)	0.1% (1)	0.1% (48)	0.1%	0.1%		
Unknown / Other	0.6% (5)	0.6% (5)	0.6% (5)	0.6% (5)	0.6%	0.6%		
Death								
No	99% (157)	99% (15)	99%	99%	99%			
Yes	0% (0)	0% (0)	0% (0)	0%	0%	0%		
Missing Value or N/A	1% (2)	1% (2)	1% (2)	1%	1%	1%		

Data Management

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Report Name: Elective Endo AAA Repair

Procedure Type(s): Endo AAA Repair

View: ◉ Center ○ Physician ✚ Select Centers

☐ Hide Health System Results

Update Report

Results

Procedure Variable Name	Generic Medical Center (N = 159)	John Smith Medical Center (N = 250)	My Health System (N = 3412)
Height (inches)	64.6 ± 3.5; 66.0	64.6 ± 3.5; 66.0	64.6 ± 3.5; 66.0
Race			
American Indian or Alaskan Native	0.2% (3)	0.2% (3)	0.2% (137)
Black or African American	18.6% (28)	18.6% (28)	18.6% (376)
Native Hawaiian or other Pacific Island	0.1% (1)	0.1% (1)	0.1% (57)
White	80.4% (121)	80.4% (212)	80.4% (2789)
More than 1 race	0.1% (1)	0.1% (1)	0.1% (48)
Unknown / Other	0.6% (5)	0.6% (5)	0.6% (5)
Death			
No	99% (157)	99% (248)	99% (3410)
Yes	0% (0)	0% (0)	0% (0)
Missing Value or N/A	1% (2)	1% (2)	1% (2)

Data Management | PSO | Admin

Enter New / Find Existing Patients | Tools | Resources | Share a File | Analytics & Reporting Engine

Analytics & Reporting Engine

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Report Name: Report001

Procedure Type(s): Carotid Artery Stent, Carotid Endarterectomy, Infra-inguinal bypass, Peripheral Vascular Intervention

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z ALL

Results // Patient List

Race = American Indian or Alaskan Native

search

Registry	First Name	Last Name	Procedure Date	MRN	Physician	
Carotid Artery Stent	Test1	Patient1	01/01/2012	001	Physician 1	View
Infra-inguinal Bypass	Test2	Patient2	12/11/2014	002	Physician 2	View
Peripheral Vascular Intervention	Test3	Patient3	12/23/2014	003	Physician 3	View
Carotid Artery Stent	Test1	Patient4	01/01/2012	001	Physician 1	View
Infra-inguinal Bypass	Test2	Patient5	12/11/2014	002	Physician 2	View
Peripheral Vascular Intervention	Test3	Patient6	12/23/2014	003	Physician 3	View
Carotid Artery Stent	Test1	Patient7	01/01/2012	001	Physician 1	View
Infra-inguinal Bypass	Test2	Patient8	12/11/2014	002	Physician 2	View
Peripheral Vascular Intervention	Test3	Patient9	12/23/2014	003	Physician 3	View
Carotid Artery Stent	Test1	Patient10	01/01/2012	001	Physician 1	View
Infra-inguinal Bypass	Test2	Patient11	12/11/2014	002	Physician 2	View
Peripheral Vascular Intervention	Test3	Patient12	12/23/2014	003	Physician 3	View
Carotid Artery Stent	Test1	Patient13	01/01/2012	001	Physician 1	View
Infra-inguinal Bypass	Test2	Patient14	12/11/2014	002	Physician 2	View
Peripheral Vascular Intervention	Test3	Patient15	12/23/2014	003	Physician 3	View
Carotid Artery Stent	Test1	Patient16	01/01/2012	001	Physician 1	View
Infra-inguinal Bypass	Test2	Patient17	12/11/2014	002	Physician 2	View
Peripheral Vascular Intervention	Test3	Patient18	12/23/2014	003	Physician 3	View
Carotid Artery Stent	Test1	Patient19	01/01/2012	001	Physician 1	View
Infra-inguinal Bypass	Test2	Patient20	12/11/2014	002	Physician 2	View
Peripheral Vascular Intervention	Test3	Patient21	12/23/2014	003	Physician 3	View
Carotid Artery Stent	Test1	Patient22	01/01/2012	001	Physician 1	View
Infra-inguinal Bypass	Test2	Patient23	12/11/2014	002	Physician 2	View
Peripheral Vascular Intervention	Test3	Patient24	12/23/2014	003	Physician 3	View
Carotid Artery Stent	Test1	Patient25	01/01/2012	001	Physician 1	View
Infra-inguinal Bypass	Test2	Patient26	12/11/2014	002	Physician 2	View
Peripheral Vascular Intervention	Test3	Patient27	12/23/2014	003	Physician 3	View
Carotid Artery Stent	Test1	Patient28	01/01/2012	001	Physician 1	View
Infra-inguinal Bypass	Test2	Patient29	12/11/2014	002	Physician 2	View
Peripheral Vascular Intervention	Test3	Patient30	12/23/2014	003	Physician 3	View

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!!!!

Cohort	Enrolling new sites	Number of Sites	Number of Patients	Follow Up	Reimbursement
5 Year	No	50	400 (389 patients enrolled)	At 30 days and annually for 5 years	**Per Subject: $4,000** - $1300 Initial Treatment - $400 Each follow up visits - - $700 Final 5 year follow up $700 Add' l intervention
1 Year	**Yes**	Up to 50	200 (46 patients enrolled)	Annually for 1 year	$400 for each procedure with a completed 1 year follow up

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)

Enrolling	Number of Sites	Number of Patients	Follow Up	Reimbursement
Yes	50	234 (35 patients enrolled)	At 30 days and annually for 5 years	**Per Subject: $4,000** - $1300 Initial Treatment - $400 Each follow up visits - - $700 Final 5 year follow up $700 Add' l intervention

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
DESERT 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

Next Meeting