## Rocky Mountain Vascular Quality Initiative
### Summer 2015 Regional Meeting
**July 24, 2015** 8:30am – 12:30MT
in conjunction with the
**Rocky Mountain Vascular Society 36th Annual Meeting**
Double Tree Inn by Hilton Hotel Breckenridge in Breckenridge, CO.

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<th>Name</th>
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Minutes:

I. 2015 VAM highlights: Larry Kraiss, MD, PSO Governing Council Chair
   - Variation in Care & Outcomes within the VQI presented by Dr Adam Beck, Chair of AQC
     - Variation can exist in:
       - Patient selection
       - Patient outcomes
       - Processes of care
     - A few examples included:
       - Percentage of CEA done for Asymptomatic Stenosis 29-100% in VQI
       - Percentage of CAS done for Asymptomatic Stenosis 10-93% in VQI
       - % Carotid Treatment by CAS (vs. CEA) 1-47% in VQI
     - RMVQI was typically low or near mean for each of the variations of care presented. Of note is RMVQI high OAAA mortality as compared to other regions. Also RMVQI was low as compared to other region in d/c Antiplatelet and Statin, particularly for oAAA and EVAR.
     - Conclusions from Dr. Beck:
       - VQI national dataset allows us to evaluate:
         - Region, center and surgeon-level variation in outcome and process
         - There are wide variations in care, and the reasons for these variations are complex and yet to be defined
         - Some “acceptable” such as demographics and health status
         - Some “unacceptable” such as overuse of certain procedures or lack of preventative health measures (AP/Statin meds)
         - Some of these variations clearly impact outcome, and reducing these variations will improve care
     - Dr. Kraiss reviewed data related to outcomes from centers using COPI reports:
       - Infra SSI: In 17 of 77 centers with a large increase in use of chlorhexidine, SSI reduction was statistically significant
       - CEA LOS: 49 of 141 centers reduced their LOS after CEA
       - EVAR LOS: 35 of 59 centers reduced their LOS after EVAR
     - Does VQI cost too much: For the average VQI hospital performing 60 CEA and 30 EVAR annually, this shortened length of stay translates to $200,000, much more than the typical cost of VQI participation even when taking into account the cost of personnel devoted to data abstraction.
     - Due to time we did not get to review slides on Industry (see attached)
II. **Welcome and Introductions:**
Magdiel Trinidad, MD for Jeff Gilbertson, MD RMVQI Medical Director who could not attend

III. **National VQI Update:** Carrie Bosela
- 352 participating centers in 45 states & Canada
- 18 regional study groups
- 222,361 procedures in the database
- **Long Term Follow Up Discussion (see slides)**
- **PAD Registry being developed with SVM (Society for Vascular Medicine)**
  - **Scope:**
    - Medical management of:
      - Lower extremity PAD
      - Carotid stenosis
      - AAA
    - New outpatient consults that require follow up
    - One year follow up required, longer possible
- **Physician Push Reports:** send link to specially prepared physician level data first one went out June 2015 and covered Optimal Medications at Discharge and Long Term Follow up. More to come, working on Smoking Cessation next
- **COPI (Center Opportunity Profile for Improvement):** Infra LOS sent June 2015, plan to create one monthly basing them off of the approved QCDR measures
- **Meeting at VAM with VQI EPIC Users and EPIC:**
  - Initial Focus will be to document and share the smart data elements that should be used to support the current M2S data import fields
- **EVAR Cost Pilot:** MedAssets 20 VQI sites selected for Pilot (EVAR volume)
- **Industry Update:**
  i. Surveillance to meet FDA regulatory requirements
     1. TEVAR Dissection: Medtronic and W.L. Gore
     2. EVAR Aorfix: Lombard Medical
  ii. Company Sponsored Device Surveillance

IV. **Regional Data Review:** Magdiel Trinidad, MD (see slides)
V. Quality Improvement Project Discussion

- Renal protection in EVAR: Julie Thelen gave update on the hashtag project
- Group agreed LTFU would be their QI project for the next 6 months with a goal of 80% for 2013 procedures by the next meeting. Data Managers to work with high performers in the region and PSO support to reach this goal.
- Future considerations:
  - D/C Antiplatelet and Statin
  - CEA Op time project: Conventional vs. Eversion

VI. AQC Update: Magdiel Trinidad, MD

- PVI form changes to be released 1st Quarter of 2016
- Registry workgroups working on data cleaning, audits and registry specific QI projects

VII. RAC Update: Magdiel Trinidad, MD

- Approved Project list on line:
  - 42 National Projects
  - 80 Regional Projects
- Review process of obtaining a dataset for Research (see slides)
- Magdiel on two National VQI committees, would like to stay on AQC but offered regional member physicians RAC position. Contact Magdiel if interested.

VIII. VQC Update: Carrie Bosela for David Kuwayama, MD

- IVC Filter continues to grow in participation:
  - 3228 procedures
  - 56 centers
- Varicose Vein Rapid Growth:
  - 1231 procedures in first six months
  - 23 centers contracted
  - Focus on vein centers, integrate with vein-specific EMR vendors
    1. VeinSpec
    2. SonoSoft
    3. StreamlineMD
    4. MedStreaming
  - Includes Quality of Life variables
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- Sending out survey to see what members would prefer as the next Venous Registry for Development IX.

Next Meeting: University of Utah, Date and Time TBD