

## **Southern Vascular Outcomes NETWORK (SOVONET)**

Conference Call

April 9, 2015

6:00 PM CT

Attended:

Dr. Dennis Gable, Medical Director	Baylor Health Care System
Trenton Witt, Hospital Admin	Baylor Health Care System
Rosha Nodine, Data Base Admin	Baylor Health Care System
Rhonda Parker, Data Base Admin	Baylor Health Care System
Susan Dorval, Director of Healthcare Improvement	Baylor Health Care System
William Shutze	Baylor Health Care
Bonnie Punske, Data Base Admin	Cardiothoracic and Vascular Surgeons
Dr. Taylor Smith, AQC rep	Ochsner Medical Center
Kim Guilbea, Data Base Admin	Ochsner Medical Center
Kathy Britt, Data Base Admin	Peripheral Vascular Associates
Dr. William Bohannon	Scott and White Memorial Hospital
Carrie Bosela, SVS PSO	SVS PSO
Deborah MacAulay	M2S
Betti Kerrigan	M2S

I. Welcome and Introductions: Dennis Gable, Medical Director

Dr. Gable asked for support to have better physician participation at these meetings.

II. Regional Participating Sites: Dennis Gable

Baylor Jack and Jane Hamilton Heart and Vascular Hospital  
Cardiothoracic and Vascular Surgeons  
CHRISTUS St. John Hospital  
Hill Country Memorial Hospital  
Memorial Hermann Heart & Vascular Institute  
Memorial Hermann Southwest Hospital  
Ochsner Medical Center  
Peripheral Vascular Associates  
Scott & White Memorial Hospital  
Texas Health Presbyterian Hospital  
The Heart Hospital Baylor Denton  
THE HEART HOSPITAL Baylor Plano  
The Methodist Hospital System, Houston  
U of Texas Health Science Center, San Antonio

III. National Update: Carrie Bosela

Discussed how there are currently 326 center not enrolled in VQI in 46 different states. Over 203,000 procedures entered as of the first of March.

Announced new PSO staff:

- Dan Neal, M.S. as SVS PSO Analytic Director
- Megan Mathy, PSO Admin support

New reporting feature in the analytics engine: The M2S PATHWAYS Analytic Engine can now display variation across centers **in the entire VQI or in a Regional Quality Group** for the variables in each procedure type, including risk-adjusted outcomes where appropriate.

Still looking for TEVAR Type B dissection participants for the 1 year study, pays \$400 per patient with no additional data entry.

Announced recent requests for participant in the Aorfix™ Prospective, Non-Randomized, Multi-Center Evaluation of the Long-Term Safety and Effectiveness of the Lombard Medical Aorfix™ AAA Flexible Stent Graft System. 5 year commitment reimbursed @ \$4000 per patient.

Discussion about receiving CME or Self-Assessment MOC credits for regional meeting attendance. 90 CME required every 3 years for MOC 60 have to be from self-assessment credits. Due to poor physician attendance this question will be sent out in a survey.

IV. Regional Data Review: Dennis Gable

Dr. Smith reported personnel turnover being an issue for their site for LTFU. Baylor Health System has a system to remind physicians of LTFU using green, yellow red indicators. Trent Witt and Rosha Nodine from Baylor created this effective system and have agreed to share with VQI participants as “best practice” for LTFU.

LTFU feedback for the GC:

- 80% benchmark but only 2 years out due to the 21 month window
- Telephone % does not matter, need required fields instead
- Follow up timing is an issue, it competes with resources for validation and PQRS deadlines
- Consequences: no research or committee work but all paying members deserve to receive reports. Low performers less than 40% high greater than 90%, with X number of

modules, what if the high performer is only in one or two modules? Base on average number of modules. Scale incentives based on number of modules.

- Better tools to track LTFU is needed. Current report is not very intuitive.

Other regional report comments/discussion:

- D/C meds hard wire yes and to change to “no” they have to give reason why
- Chlorhexidine varies from 7% to 97% believe there is a data abstraction issue

V. Quality Improvement Projects/ Research ideas:

Dr. Marvin Atkins submitted project on Comparison of Outcomes of Alternative Conduits for Infrainguinal Lower Extremity Bypass in Critical Limb Ischemia.

VI. AQC Update: Taylor Smith

M2S was approved by CMS to be a QCDR: Qualified Clinical Data Registry. This will allow VQI members to meet PQRS requirements for Part B Medicare to avoid payment penalties by using measures not approved for PQRS but specifically for VQI. See attached approved list.

COPI (Center Opportunity Profile for Improvement)

Infra LOS to be released this Spring. Next two in development:

- 1-One year stroke/mortality after elective CEA/CAS for asymptomatic carotid stenosis
- 2-One year mortality after open AAA/EVAR for elective AAA less than 6cm

National QI projects:

1. Regional variation in postoperative myocardial infarction, Dr. Dan Bertges
2. Survival for patients discharged on Antiplatelets and Statins, Dr. Randall DeMartino

VII. VQC Update: Andres Katz (not present)

IVC Filter registry:

- 2312 procedures
- 56 centers

Varicose Vein Registry: launched January 2015

- 56 procedures in first month
- 14 centers contracted
- Focus on vein centers, integrate with vein-specific EMR vendors
  - VeinSpec
  - SonoSoft
  - StreamlineMD
  - MedStreaming
- Includes Quality of Life variables

VIII. RAC discussion: Marvin Atkins (not present)

Approved Project list on line:

[http://www.vascularqualityinitiative.org/wp-content/uploads/VQI Approved Projects List February-11-2015.pdf](http://www.vascularqualityinitiative.org/wp-content/uploads/VQI_Approved_Projects_List_February-11-2015.pdf)

80 National Projects

80 Regional Projects (VSGNE, Carolina's, Virginia's and Mid-Atlantic)

IX. Next meeting: Next Meeting: date/time TBD

Texas Society for Vascular and Endovascular Surgery

<https://www.vascularweb.org/tsves/Pages/default.aspx>