

Southern California Vascular Outcomes Improvement Collaborative (SoCal)
Spring Meeting Minutes
May 3rd, 2019
10:00am-4:00pm
Rancho Mirage, CA

- I. **Welcome and Introductions – Dr Abou-Zamzam MD**
- II. **Regional Data review: Dr. Abou-Zamzam MD (see slides)**
 - Would like to see trend of physicians over time by specialty
 - Follow up was national initiative – our region dropped 9% from 2015
 - Our region decided to unblind follow up slide - shown to group
 - Would like to separate TCAR vs transfemoral or have push report to identify
 - Sac sizes, should we be pulling out other data points – growing, concomitant etc
 - PVI data – device portion is difficult to use, more stents are going in with no ID number
- III. **Regional Study Update: Greg Magee, MD**
 - Can query own patient to do institutional projects; two examples were
 - i. Renal coverage in EVAR
 - ii. Branch patency in TEVAR
 - Discussed using hashtags in SoCal VQI – could work for regional project
 - Discussed ongoing projects at USC including some VQI national projects; the Angiosome project is still ongoing
- IV. **Radiation Issues in Vascular Surgery: Sharon Kiang**
 - Vascular surgery is exposed to 4X more radiation than urology/neuro/ortho
 - Documenting fluoro time is not enough – DAP is more accurate but this has been found unreliable in the VQI due to documentation (no standard measure was used) – to be addressed in new form
 - VAI data for fluoro time
 - i. Abdominal 12.5 minutes
 - ii. Extremity 16.14 minutes
 - DAP depends on machine used – may need to be calibrated
 - Share dosimeter ranges within the group?
- V. **National VQI Update: Cheryl Jackson, SVS PSO**
 - 558 Centers, Canada and Singapore participants outside the US
 - 576,515 procedures, PVI highest with 183464
 - Major update to website: www.vqi.org
 - Out of range audits for each registry currently being done, also contracting with Q-Centrix for third party audits soon
 - 2019 webinar and report schedule reviewed (see slides)
 - Currently 55 QI charters: contact Cheryl Jackson, Director of Quality SVS PSO to start QI Project this year!!! Education and material available to help with your success. CJACKSON@SVSPSO.ORG
 - SVS PSO work group to address national opioid epidemic with a focus on vascular patients. To develop recommendations based on work from National Academy of

Medicine, Prescription Drug Monitoring Program (PDMP) and evidence-based practice

- Participation award release and Star Awards in VOICe included:
 - 3-star Keck Medical Center of USC
 - 2-star UCLA Ronald Reagan Medical Center; Sharp Grossmont Hospital and Loma Linda University Health
 - 1-star Providence St. Joseph Medical Center
- VQI@VAM: Tuesday 6/11 to Wednesday 6/12 – 3-star recipients will be honored

VI. MIPS/MACRA Update: Karen Woo, MD

- VQI is no longer participating
- 2019 cost measures
 - i. Pre-trigger period changed to 30 days from 60 days
 - ii. Post-trigger period changed to 90 days from 180 days
 - iii. Max increases (and decreases) are 7%

VII. Data Manager's Update – Kelsi Ostenson, RN

- Review of regional data managers' meeting
- Discussed new VQI newsletter
- Reviewed VQI participation awards scoring system
- Reviewed procedures/treatments requiring follow up report
- Next meeting on July 17, 2019 at 9am
 - i. Will discuss follow up reporting capabilities

VIII. AQC Update: Greg Magee, MD

- Basic PVI form: 40% less data abstraction. Less comprehensive.
- Some of the automatic reports that we receive or not re-creatable in the analytics engine. Carrie says that we may be switching to a different analytics engine provider.
- Harmonizing similar help text
- Updating all help text by the end of 2019 (using audit results to inform changes)
- IDE device clean up (Please do not enter an IDE as "other")
- Other device clean up (Need more details, manufacturer, device name, product #)
- General Registry Updates (Infra, Supra and OAAA on deck for 2019)

IX. RAC Update: Greg Magee, MD

- No Restriction of data release based on similar projects; collaboration is encouraged
- Only 1 refresh of data within 24 months of initial approval
- Industry related projects need to collaborate with the steering committee/s (i.e. TCAR)
 - Review policy and industry charters on the web
- Device Identification Policy: review on the web before submitting proposal

X. VQC Update: Isabella Kuo, MD

- Varicose Vein Registry:
 - revisions to decrease data entry only for "treated leg"
 - Early follow up requirement changing to < 30 days to capture early complications
- IVC Filter: feedback on temporary filter removal reminders
- Venous Stent Registry: to be released soon!

XI. Governing Council Update: Dr. Abou-Zamzam, MD

- Vice Chairs elected:

- Randy DeMartino (AQC)
- Mark Passman (VQC)
- SSN Workgroup: Whitepaper being published to help administration understand our need for full SSN (Medicare claims matching and SSDI matching)
- Continued Guideline work with SVS, which has led to new reports
- Additional Centers added to the Cerner Abstraction Pilot
- Discussion on how to increase participation at Regional Meetings

XII. Key VQI paper presentations

- *Timing of CEA after Stroke –Retrospective Review of Prospectively Collected National Database* Presented by James Anderson, MD Loma Linda
- *Transcarotid Artery Revascularization vs Transfemoral Carotid Artery Stenting in the Society for Vascular Surgery Vascular Quality Initiative* Presented by Anastasia Plotkin, MD USC
- *Evidence-Based Bundled Quality Improvement Intervention for Reducing Surgical Site Infection in Lower Extremity Vascular Bypass Procedures* Presented by Nallely Saldana-Ruiz, MD USC

XIII. Next meeting:

- Fall 2019 – UCI volunteered to host; plan November 8, 2019
- Spring 2020 – in conjunction with SCVSS meeting

XIV. Discussion:

Several topics were raised: new modules – specifically venous ulcers and TOS; Responses from VQI, from Cheryl Jackson (meeting follow-up)

- The region and centers are not happy with the html format for the reports. Feel they are archaic and have been vocal for years with no resolution. They can't run them off or copy easily for presentations to hospital board. **We will talk to our R programmers to see what options we have to make them easier to print.**
- Check the status of Huntington, Harbor UCLA, LA County **Per M2S:**
 - **Huntington: Contracts are in internal review at Huntington**
 - **Harbor: Contracts are awaiting approval internally**
 - **LA County: No Update**
- They would like to see trend of physicians over time by specialty **PSO will discuss after VAM, doubt it can be done for the fall due to VAM**
 - How many physicians over the years have joined?
 - How many physicians are doing what % of cases?
- Hemodialysis – would like to see total catheter days of patients with autogenous access versus prosthetic access; **To be discussed.**
- Would like to see TCAR vs transfemoral data in regional reports **Plan to do this for the Fall meetings**
- Sharp questioned how modules account for Participation Award. They didn't do any OAAA, but still belong to it. Does it count? They didn't get credit for belonging. **They do get credit for subscribing, Dan didn't realize that, but sent corrected reports**

- Comment for AAA parameters – sometimes they treat a 3.5 Iliac aneurysm on a patient with a 3.5 AAA. This goes against them, when they’re actually treating the iliac aneurysm... **Dan will take the iliac aneurysms into account and exclude them**
- Who’s using the short form for PVI? How many changed? Are new centers or non-academic centers using the short form? **Only one center has subscribed**
- PVI device issues – Ankur to reach out to Carrie:
 - Issues with ID numbers
 - Ex – if use a 6x200, can only find 5x80
 - Specifically with Everflex – 3 options – different sizes, Viabond – redundancy in AAA
- Why isn’t isolated femoral endarterectomy included? It’s becoming more frequent. **AQC has discussed this numerous times and they don’t see a value of adding it as its own separate registry as the procedure is typically done as a concomitant procedure for other registries**
- The first EVAR and TEVAR LTFU slides are labeled as such, but the line and bar slides don’t distinguish them. They both are labeled the same – “Rate of LTFU Sac Diameter... Need to include EVAR or TEVAR on respective slide for better identification. **Will label going forward**
- Suggestions:
 - VQI should be featured prominently in Vascular Specialist since it is the most read vascular publication.
 - Possible new registries: Venous ulcers (felt to be different from other modules), thoracic outlet syndrome. **Venous Ulcers are collected as part of the CEAP classification for Varicose Veins and the new Venous Stent registry. TOS has been turned down by the AQC in the past.**
- Will have a post-meeting survey sent out