

SoCAL VOICe Meeting Minutes

November 3, 2017

Welcome

Introduction of participants

Discussion of ways to grow participation

Regional Report Review –discussion on LTFU; high performer for LTFU discussed – largely PVI and CAS; difficulties with LTFU with patients leaving system, changing insurances; ideas for linking EMR, etc; discharge medication high performers discussion; “dot phrase” for discharge dictations;

LOS>1 day; much discussion; also discussion on “missing data” and how rates of LOS>1 day increase from 27% to 30%;

request “missing data analysis” on CEA for next meeting (and other procedures)

LTFU EVAR sac size – discussion on techniques –get 1 month and nine months instead of six months?

Role of ultrasound in PVI; discussed use of own data to drive local practice

Looking at ABI reporting in relation to discharge medications

A proposal for getting data on smoking in claudication patients for next meeting

Clinical Guidelines for CEA

Dr. Chandra presented a draft pathway

Preop - Idea for patient handout describing CEA pathway – place on VOICe website; instruct patient for postop needs (staying with family or someone following surgery)

Intraop – no foley, diminish drain use, experienced team, type of anesthesia – intraop for general, use of local anesthetic, consider analyzing role of a-line

Postop – same unit, protocolized care, early mobilization, liberal BP goals to decrease use of vasoactive medications, single use iv push instead of drips, PT eval day 0

Discharge – placing d/c orders by 9 am; encourage expectations by all for d/c POD#1

Plan for posting guidelines on VOICe website

Will circulate document for feedback – guidelines for bp guidance, fluid administration considered important, etc

Consider follow up # project

Lunch

EVAR LTFU techniques and ideas: Dr. Chandra demonstrated log-on and simple query. Discussion with Dan Neal regarding queries and exclusions; registry-specific necessary entries for valid follow up have yet to be initiated (e.g. sac size post EVAR);

MACRA update: Karen Woo; Medicare Access and CHIP (Children Health Insurance Program) Reauthorization Act – signed into law in 2015 – MACRA stays, regardless of ACA

Merit Incentive Program System (MIPS) – 4 components are 1) quality 2) improvement 3) advancing care, 4) costs - give MIPS composite performance score to determine bonus/penalty; or Alternative payment model (APM)

Regional reports have several MIPS quality measures;

Virtual groups are an option for reporting starting in 2018; Performance thresholds are established to avoid payment penalties

Quality, improvement, advancing care, and cost will be weighted 50, 15, 25 and 10% in 2018

This will lead to -5% and +5% adjustments to payments – cost neutral

Cost measure field tests are underway – one includes revascularization for CLI – high impact, high cost procedures were targeted first (VALUE=BENEFIT/UNIT COST)

Vascular APMs won't be available for several years

Karen Woo will can generate a fact sheet – especially how MACRA interacts with VQI and how to leverage involvement in VQI

National VQI Update Dan Neal

In depth participation award changes; weighting LTFU 40%, meeting participation 30% (must have physician) – 4 categories and 0-6 point scale; QI project involvement will be included (20%); physician level dashboards for each registry coming spring 2018; discussed adding column for “overall” and “last 12 months,”

Take back to VQI – is there a legal opinion on ownership of data? Data mangers will get blank report; can an institution download the physician-level reports? What are the legal regulations on sharing of this information? Need to find out what data/reports can the institution have direct access to? Refer to Governing council.

Introducing a data audit tool for the PSO. This will attempt to verify/correct data points that may have been entered in error. This should increase efficiency of data extraction. This can lead to targeted audits – such as conflicted entries – using statistical models and clinical knowledge. Also potentially randomly selected case audits. Plan for data-entry agreement study – potentially at VAM.

M2S Pathways Development Update Meridith Mitchell

New front page, more interactive; VQI is continued approved QCDR; individuals can contact VQI regarding MIPS participation;

Reviewed industry-nested projects; TEVAR dissection, no longer enrolling; AorFix continues to enroll; In.Pact DCB for instent restenosis for SFA and popliteal lesions; LifeStent for popliteal; TCAR NCT 02850588 – entered into VQI CAS registry plus one year follow up; opportunities to participate in CREST 2

Data Managers' Open Forum

Discussed interest in continuing/resuming quarterly data managers' conference calls; wide support that calls were useful in the past. There is a need for support for setting up calls – this is a barrier to participation. Will discuss with VQI support team for “Gotomeeting” support on a quarterly manner.

Kelsey Ostenson from Sharp Grossmont expressed willingness to participate as lead data manager

Coffee Break

Research – National and Regional Update

Arterial Quality Council, Research Advisory Council, Venous Quality Council

AQC – clarify national QI initiatives; appropriateness of care; Registry chairs submitted essential variables for follow up; Building of center dashboards;

Discussed new PVI registry and concern – dissections, are these labelled as “complications”? How does this track to MIPS and how does this affect complication reporting? Will refer to Dr. Bertges – PVI registry chair.

Research advisory committee report – links to projects; Abstracts123 site.

Executive Council update: Some discussion about ability to pay \$500 additional per center for possible fee increases at national level. Some push-back regarding cost considering the benefit – could institutions get direct physician-level reports? This would show value.

Registry mapping – PVI completed, CAS soon; Development of required LTFU fields; approved policy for release of data identifying devices

Key Papers from 2016/17

The Vascular Quality Initiative Cardiac Risk Index for prediction of myocardial infarction after vascular surgery – presented by Rahul Sharma, LLUMC

Smoking Habits in patients treated for IC in the VQI –presented by Allen Murga, LLUMC

WRAP UP

Reviewed format – generally positive

Goal of increasing MD participation, including residents; today's meeting well-attended

Meeting location selection – minimizing distance, maximizing convenience

Timing and duration – Friday seems to work well

Conjunction with other meetings – our Spring meeting at SCVSS

Web conferencing – can allow on an ad hoc basis, but not encouraged

Goal to reach out to community surgeons involved

Possible CME credits not felt necessary due to cost issues

Ideas for next meeting:

Survey/circulate CEA protocol

Survey ideas for next time drill down – specific outcomes for regions

Survey data entry models in the region

Generate missing data slides for next meeting request “missing data analysis” on CEA for next meeting (and other procedures)

A proposal for getting data on smoking in claudication patients for next meeting

Consider follow up # project

Reinstate data managers call quarterly

Goal to discuss ongoing research projects at next meeting

Adjourn

Attendees:

Ankur Chandra (Scripps), Rahul Sharma (LLU), Allen Murga (LLU), Ahmed Abou-Zamzam (LLU), Carol Psahoulas (Sharp memorial), Debbie Bondwell (Hoag Hospital), Karen Woo (UCLA), Jodi Hirsch (Scripps), Gabriela Flores (UCLA), Marie France De Leon (USC), Wendy Chiodo (Sharp Grossmont), Kartina Ladd Ruder (Providence St. Joseph), Kelsi Ostenson (Sharp Grossmont), Isabella Kuo (UC Irvine), Karen Heaney (Sharp Grossmont), Vince Guzzetta (Sharp Grossmont); Ronald Baril, Fred Weaver (USC), Sung Ham (USC), Greg Magee (USC), Monica Wong (USC)