



VASCULAR QUALITY INITIATIVE
Southern Vascular Outcomes Network Meeting
Friday November 3rd, 2017
Dallas, Texas

- I. Dr. Dennis Gable called the meeting to order and welcomed everyone. Introductions were made around the room and those present on the phone.
- II. Expanding Participation
 - a. Presented potential members and asked if any current members have a contact for any of these hospitals to let Carrie Bosela or Jim Wadzinski know
 - b. Take Hattiesburg Clinic off the list. Mississippi is no longer part of our region. SoVONet currently includes Texas, Oklahoma, Arkansas and Louisiana.
 - c. Module Participation was discussed as it was broken out by the number of sites that were participating in each module and the number of sites participating in a specific number of modules. This was to give a little more insight to the regional reports. Per the PSO this is as much as this report can be broken down.
- III. Follow-up from Spring Meeting 2017 – Dennis Gable, MD, SoVONet Medical Director
 - a. The region will be selecting 2 papers from the Journal club and spend 20 minutes discussing these papers
 - Each paper was assigned to a member of our region and a presentation will be made.
 - b. PSO will contact high and low performers from each category. Jim sent out an email before the meeting to these performers asking for them to participate in regional quality data discussion. It was brought to attention that the emails were vague and it would be better if the email was clear on who it was directed to and specify what part of the discussion they would need to participate in and why.
 - c. Nominations for VQC Vacancy
 - Dr. Gable asked for nominations. No one volunteered. It was made clear that the volunteer does not have to participate in a particular module to be a member of the Venous Quality Council
 - Dr. Gable said if no one volunteered he would appoint someone, there were no volunteers
 - d. SoVONet Bylaws
 - Changes in these bylaws were voted on at the meeting and majority ruled in favor with the changes. There will also be an email sent out to receive any objections. Lack of response on the email will result in an affirmative agreement of the changes. The changes are as follows:
 - a) Removal of New Mexico and Mississippi. They were removed from SoVONet region a few years back but the bylaws were not updated.
 - b) A member of SoVONet will lose the right to vote if the member does not participate in 50% of the SoVONet semiannual meetings over a 3 year period
 - c) Take out Epidemiologist and Project Manager from the Executive Committee
 - A member can be appointed by you to represent at any semi-annual meeting

- e. SoVONet Lead Physician list
 - Dr. Gable to help with the changes
- IV. National VQI Update – Jim Wadzinski, SVS PSO
 - a. Participation is growing. Over 450 centers including Canada
 - b. 18 regions
 - c. Volume of CAS increasing due to TCAR all others staying steady with PVI at the top
 - d. SoVONet has a website
 - <https://www.vqi.org/components-of-the-vqi/regional-quality-groups/current-regional-quality-groups/southern-vascular-outcomes-network-sovonet/>
 - Meeting minutes and slides are posted after each meeting
 - Data manager information is posted
 - Newly added link for research requests
 - e. Responses to VQI@VAM
 - 50 out of 150 people responded
 - Sessions are being evaluated for next meeting
 - Suggestion from this meeting was to make sure it is clear to physicians when a meeting is geared towards data managers so they can best utilize their time at VAM
 - f. Two national projects – goal for each is 100% compliance
 - Antiplatelet and Statin at discharge
 - Increasing follow-up imaging in EVAR patients
 - Currently there are several resources for each project through the members only website
 - <https://www.vqi.org/members-login/>
- V. LTFU Process – Rosha Nodine, The Heart Hospital Baylor Plano, SoVONet Lead Data Manager
 - a. Discuss the flow for follow-up
 - This can be used in almost any setting
 - b. Pull your reports for anything greater than 9 months. This allows you to capture any patient that needs a follow-up even if they are out of the 21 monthly window
 - VQI recommends a “vascular” follow-up to be done between 9-21 months. After the 21st months it is acceptable to find other methods of follow-up
 - c. Adding the earliest data allowable to the spreadsheet was helpful for the individuals scheduling the follow-up
 - This can be added to the spreadsheet you download from M2S
 - d. Adding a cover sheet with guidelines and individual compliance rates leaves no question
 - e. Adding the patients back to the list that were marked “no follow-up available” gives the physician a second chance to contact the patient for a follow-up which would also increase LTFU compliance
- VI. MIPS - Jim Wadzinski, SVS PSO
 - a. Jim mentioned a new bulletin was issued from CMS
 - b. More in depth discussion was given at TSVES meeting on MIPS
 - c. There are several webinars on M2S website regarding MIPS and MACRA under the resources tab
- VII. Star Award Participation
 - a. Changes were made to the scoring system and a new category of QI project involvement was added

- b. Minor details are still being worked out and notification will be send out soon regarding the new scoring system
- VIII. Quality Improvement Project Discussion
 - a. This is a new part of the star award
 - b. You need to initiate a QI project and report in different venues for a set of points
 - c. Bonus points are for maintaining or improving performance rates depending on where you stand at the start of the project
 - d. More details on this to come soon
- IX. Data Manager Meeting Update – Rosha Nodine, SoVONet Lead Data Manager
 - a. Lengthy discussion between data managers and Jim Wadzinski
 - b. Standing regional data manager meeting every 2nd Tuesday 2-3 pm, details on DM SoVONet website <https://www.vqi.org/components-of-the-vqi/regional-quality-groups/current-regional-quality-groups/southern-vascular-outcomes-network-sovonet/sovonet-data-management/>
 - c. Planned CABG post CEA is currently being coded as return to OR per medical director. This will be reviewed again due to the fact that the CABG is not a complication. This could be updated the same way the ipsilateral amputation post LE bypass is being updated. At this time data managers are encouraged to put a notes in the case when they run into either of these situations.
 - d. Adding fields or changing definitions/FAQs without notification
 - Jim will be working with pathways to better the notification. He hopes for a 3 month notification for any major changes. He will suggest highlighting any changes in FAQs or the modules so DMs know there has been a change. He is trying to get more on the lines of NSQIP. Changes need to only be made once a year which is hard when they are dealing with 12 registries. More updates to come.
 - e. Urgent and Emergent coding are different across all registries
 - VQI is working on harmonizing all common variables
 - f. Analytics Engine problems
 - A new analytics engine is in production
 - Jim will request better communication when there is a problem with the website
 - Risk adjusted reports have been removed but may be added back even though they don't match up to the regional reports.
 - g. Shared reports for National Projects
 - EVAR LTFU will be added to the analytics engine mid 2018 so sac diameter can be pulled
 - Jim will ask for quarterly push reports for discharge medications and sac diameter
 - h. Confusion with hospitals sharing patients
 - Jim will clarify what data to collect when:
 - a) A hospital shares a patient with another hospital and the physician continues to follow the patient
 - b) A hospital shares a patient with another hospital and the physician releases the patient's care to another physician
 - i. Separating Complex EVAR from TEVAR.
 - Jim says it has to be done by zone but he will ask pathways for a shared report
 - j. Staged TEVAR confusion

- Jim is requesting a webinar on a difficult TEVAR and will get clarification on what procedure would be considered the main procedure
- k. VQI members need 1 point of contact for any registry questions in order to get the same consistent answer
- X. Top Journal Club Paper Discussion - Dennis Gable, MD, SoVONet Medical Director
 - a. Lengthy discussion on 2 papers picked from the Journal Club
 - b. Dr. John Eidt discussed the paper on “Poststent ballooning is associated with increased periprocedural stroke and death rate in carotid artery stenting”
 - c. Dr. Greg Modrall discussed the paper on “Regional Variation in postoperative MI in patients undergoing Vascular surgery in the US”
 - d. Members present agreed this was a good new addition to the meeting and welcome new papers next meeting
- XI. Regional Data Review – Dennis Gable, MD, SoVONet Medical Director
 - a. Discussed the need for participation from the group. This will be the only way SoVONet will get better. If a center is having difficulty speak up as well as a center that is doing well.
 - b. Discussed all of the outcomes provided by the PSO
 - c. Long term follow-up can be improved if each center bumps up there compliance by 5%
 - There is still time to improve 2015 LTFU, by December 31st
 - See slides 46 and 47 for your rating
 - Contact a data manager that is doing well if you need help
 - d. EVAR LOS>2 days has greatly improved over the year
 - e. LTFU sac diameter needs to get to 100% - it is a national project
 - Some centers have asked the radiology department to add the sac diameter in their impression
 - It was a concern that the radiologist are not accurate with their measurements, these should be spot checked by their department but some surgeons spot check on their own
 - Go to website to see helpful project ideas
 - f. Open AAA
 - Outcomes are great but there was a concern that volumes are so low that might get said our up and coming surgeons are not getting enough experience with Open AAA surgeries
- XII. AQC Update - Jim Wadzinski, SVS PSO
 - a. A CAPI (Center appropriateness) report is being created
- XIII. VQC Update - Jim Wadzinski, SVS PSO
 - a. New Venous Stent registry to be release 2018
- XIV. RAC Update – William Shutze, MD, RAC Representative
 - a. The process to submit a project is all electronic now – link has been added to SoVONet website
 - b. Date provided for submission
 - c. Spoke on the current projects and pending projects
 - d. Meeting will be semi-annual
- XV. Governing Council Committee Update - Jim Wadzinski, SVS PSO
 - a. Member to be added to the PSO executive committee to represent the community practice and office based endovascular centers
 - b. Update on registry development

- PVI mapping complete
 - CAS mapping Q4
 - IVC filter retrieval reporting functionality and push notifications coming soon
 - Medicine registry delayed to Q1 2018
 - Required fields in LTFU no date assigned
 - PSO audit tool – in addition to claims audit PSO is building a random audit tool and will be ready Q1 2018
- c. SVS exploring a Vascular Certificate Program
- d. Dues to support regional meeting – SVS does not support
- SVS wants to maintain a competitive price and adding this will increase the yearly price
 - It is still being discussed
 - If it does not get approved regions will still be able to receive industry funds except for the regions that were grandfathered in the ruling of receiving dues from its members. They cannot receive both.
- XVI. M2S: Development update
- a. Discussed projects that are available for enrollment
 - b. Discussed upcoming updates to M2S as well as updates that have already been implemented
- XVII. Next Meeting and Adjourn
- a. Next meeting will be in conjunction with VAM 2018 in Boston, MA at Hynes Convention Center
 - b. Dates of the VAM 2018 is June 21-23 and SoVONet meeting will be within those dates