SoVONet Spring Regional Meeting 2024

Friday, April 5, 2024 1:00 PM to 3:00 PM CT

Meeting Highlights/Action Items

Refer to regional slide deck for detailed data located https://www.vqi.org/regional-groups/southern-vascular-outcomes-network/

On site attendance: 0

Remote attendance: 55

PSO Representative Attending Meeting: Betsy Wymer

I. Presentations:

None

II. General Discussion and Questions

Dr Dennis Gable and Dr Shiela Coogan discussed queries for the analytics teams regarding expected rate of stroke or death for asymptomatic CAS.

Group discussion regarding no longer capturing cell saver.

Rosha Nodine had a request for mortality rate as well as similar reports on aortic outcomes.

Dr Coogan discussed attracting new centers/physicians and educating them on charters. Rosha requested information regarding continuing a current charter over to the next year and Betsy talked about supplemental charters.

Dr Nathan Orr presented AQC update and discussed deadlines for RAC

Dr Joseph Liechty presented updates for Venous RAC and deadlines in May

Clarification regarding RAC, you must participate in the module you're studying. BS&W Temple Main expressed interest in joining with Dr Coogan on a RAC as we are active participants in the PVI module..

Betsy gave an update on receiving credit for non physicians attendance at VAM.

III. Action Items (including QI projects):

Response from analytics team regarding risk adjusted model: *The risk adjustment metrics compare the observed rate of a center (in blue) to their "expected rate" (in pink), which is determined by a statistical model that accounts for a center's patient population, including age, gender, race, BMI, comorbidities, medication, and stroke and vascular history.*

Whether an outlier is statistically significant will be influenced by how big the difference between observed and expected is and also how much data that center had. For example, if a center has 11 cases and 1 occurrence of stroke/death (1/11 = 9.1%), because of the low case volume, there was not enough evidence to reach statistical significance.

If that center had maintained a 9% stroke/death rate with 100+ cases for example, then this outlier would be statistically significant since there would be more evidence to suggest that their rate is higher than expected.

Analytics response regarding a patient with an expected stroke rate of over 6 %: *The 6% expected rate is an average across all patients at that center. Each patient's risk is assigned based on historic outcomes of patients with similar demographics, comorbidities, stoke history, etc.*

This particular center has a few patients that are driving up the average due to being in multiple higher risk categories. For example, smoking = "current", hypertension = "uncontrolled", and BMI > 30

IV. Nominations (AQC, VQC, RAC, Medical Director):
None

V. Next Meeting:
November 1, 2024
Austin, TX
Exact location TBD