

Southern Vascular Outcomes Network (SoVONet)
June 21, 2018
4:00-6:00pm
Boston, Massachusetts



Attendees:

Jennifer Alkire
Grady Alsabrook, MD
William Bohannon, MD
Kathy Britt
Sheila Coogan, MD
Karen Davidson
Susan Dorval
J Leigh Eidson, MD
John Eidt, MD
Amanda Enerson
Dennis Gable, MD
John Modrall, MD
Valerie Kratzer
Rosha Nodine
Priya Padmanabhan
Renee Palmer
Rhonda Parker
Lori Pounds, MD
William Shutze, MD
Taylor Smith, MD
Joe Wells, MD

- I. Welcome and Introductions: Dennis Gable, MD**
 - a. Welcomed new members
 - b. Discussed potential members
- II. Bylaw Amendments**
 - a. Bylaw amendments were approved by the Executive Committee on April 15th and are posted on the SoVONet website
 - b. Specific changes are listed in the PowerPoint
- III. National SVS PSO update: Cheryl Jackson, PSO**
 - a. Current Stats:
 - i. 479 Centers, 46 States + Canada
 - ii. 488,635 procedures as of 4/1/2018
 - iii. 18 regional groups, including the newest one in Canada
 - b. VQI@VAM:
 - i. Date: Wednesday, June 20, through Thursday, June 21, 2018
 - ii. Place: Hynes Convention Center, Boston, MA
 - iii. Data managers have asked for more days focus on data manager topics
 - iv. Posters and presentations are posted on the Members Only website contact Nancy Heatley for a user name and password n.heatley@pso.org
 - c. VQI Approved by CMS as a 2018 Qualified Clinical Data Registry (QCDR)
 - i. VQI meets quality improvement requirements for MIPS. We can only do it at the physician level and it is attached to your NPI. Does your institution do this for

you already? Those in private practices would benefit from doing this through SVS VQI. The cost is about \$599 per physician. Make sure you sign up annually.

- ii. MIPS Quality Component is 50% of the total MIPS score
- iii. VQI QCDR offers 25 measures
- d. Data Audits starting in 2018!!**
 - i. Inter-rater reliability exercise
 - ii. Random data audits
 - iii. New PSO-Center Communication Tool for Data Cleanup
- e. 2018 Participation Award:**
 - i. There will be 4 categories scored, each on a 0-6point scale:
 - ii. Long Term Follow-up
 - 1. Required fields for LTFU will be implemented soon
 - iii. Meeting attendance
 - 1. Attending remote does not count unless the attendee is presenting
 - iv. QI project involvement
 - 1. Cheryl is currently holding monthly meetings on charters. Please contact her to join and learn how to start a charter or get ideas from other center's charters to help your center with PI projects. Submitting charters is part of the QI involvement
 - 2. Contact Rosha Nodine at Rosha.nodine@bswhealth.org if you would like to present your charter or poster at our next regional meeting. This will also get you points for the QI category
 - v. Number of registry subscriptions
 - vi. Contact Cheryl Jackson with any questions cjackson@svspsso.org
- f. Educational Webinars:**
 - i. February: Merit-Based Incentive Payment System (MIPS) for your Vascular Team
 - ii. February: Starting a QI project*
 - iii. March: Validation*
 - iv. April: Audit Tool and Med Center Characteristics*
 - v. May: Center Characteristics & Bounced Back Emails*
 - vi. June: VQI@VAM – presentations and videos will be available on “Members Only” website. Need access? Email Nancy Heatley at nheatley@svspsso.org
 - vii. *All of these webinars are accessible on Pathways under the “resources” tab
- g. 2018 Registry updates:**
 - i. Hemodialysis Access: Under major revision with release in 2018 (TBD)
 - ii. Vascular Medicine Registry: Finalizing changes for release in 2018 (TBD)
 - iii. 30-day Follow-up Measures
 - iv. LTFU required fields – decisions are being made on what is absolutely necessary to complete a good follow-up. Follow-ups will not be counted unless these fields are complete.
 - 1. Mandatory fields a currently set to be on the CAS, PVI, HD access, EVAR, TEVAR and VVR modules
 - v. Varicose Vein: Under revisions to only collect data on treated leg (shorten the form)
 - vi. Venous Stent Registry: Under development
 - vii. PVI short form: Under development
- h. Social Security Number needed in VQI:**
 - i. Having SSN in the record purpose was originally to confirm patient identity. Now we are using it to query administrative databases to figure out whether or not

patient is alive, has been seen in a different hospital, has received imaging, etc. The PSO has been approved legislatively to receive SSNs. W/ a SSN, the VQI can run checks against the SS death index, and find out if the pt died. If pt is a Medicare pt, we can find out if pt was admitted to a different hospital with the dx of stroke. For example, clinicians are unable to view SSNs at UoU. Only about 50% of VQI hospitals are entering valid SSNs. They really need the full number. The Medicare number is sometimes the SSN. They are working on discovering the value of the last 4 digits. Medicare needs all digits. SS death index just needs last 4.

- ii. M2S has designed an extremely secure system to avoid any identity theft or unauthorized release of personal health information

IV. Arterial Quality Council update: Taylor Smith, MD

- a. Finalizing Common Variable select options and helptext amongst registries where applicable
- b. Completing all “missing helptext”
- c. Clinically reviewing all helptext to site scientific support where applicable
- d. 30 day variables for all registries are being reviewed
- e. LTFU required fields are complete and M2S is in the process of development for 2018 release
- f. Carrie Bosela is working with teams to get all of these project complete. If you have any questions please contact her at c.bosela@svspsso.org
- g. Reporting:
 - i. **Physician and Center Dashboards:** Physician and center stats on critical outcomes by registry over the past year, including regional and VQI benchmarks. First physician reports delivered in February and will be updated in fall. Center-level dashboards were sent out in June.
 - ii. **Comparative COPI Reports:** We will update prior COPI reports with new data to check centers’ improvement. EVAR LOS planned for May, INFRA LOS for August and INFRA SSI in September.
 - iii. **National QI Initiative Updates:** Reports will be issued quarterly starting in March tracking centers’ progress on Discharge Medications and Follow-Up Imaging after EVAR.
 - iv. In discussion during the VQI VAM it has been requested we be able to pull these reports on demand, especially the reports that directly relate to national projects

V. Research Advisory Council update: William Shutze, MD

- a. National Research Process:
 - i. Projects are reviewed on a quarterly basis. There are 2 levels of approval - Regional and National.
 - ii. There are currently 20-30 projects getting submitted each submission and the committee is approving about 75% of them
 - iii. Those that are declined receive suggestions back from the committee to help for resubmission
 - iv. Approved projects have a time limit, 2-3 years max to accomplish, and then others can work on that topic.
 - v. Go to VQI website and pull a list of the approved projects to prevent duplication. <https://www.vqi.org/vqi-resource-library/quality-research/>
 - vi. Next two submission deadlines are **September 17th** and **November 9th**

VI. Venous Quality Council update: Cheryl Jackson, PSO

- a. Varicose Vein Appropriateness Project
- b. Development of NEW Venous Stent registry
- c. First meeting of VQC was June 21, 2018 to discuss how they would like to organize the committee and meetings

VII. SVS PSO Governing Council Meeting at VEITH:

- a. Last year SVS program committee discovered errors in blinded datasets prepared for research. Reviewed all of the blinded data sets internally. Internally consistency for what was entered into VQI vs. what was coming out of the datasets. Found definition errors, coding errors, etc. 160 million data points. 400k pts. No errors in key outcome variables. Have developed new quality control measures.
- b. GC members were asked to encourage others to participate in Bard and Medtronic PVI studies – can help with reimbursement
- c. VQI continues to work with FDA and Industry on RAPID project
- d. New work has begun on Cerner data integration

VIII. Regional Report Highlights: Dennis Gable, MD

- a. SoVONet Star sites:
 - i. 3 star – The Heart Hospital Baylor Plano, Scott and White Memorial Hospital and Baylor Jack and Jane Hamilton Heart and Vascular Hospital
 - ii. 2 star – Ocshner Medical Center and The Heart Hospital Denton
 - iii. 359 centers were eligible for a VQI participation award
 - 1. 42 received 3 stars
 - 2. 91 received 2 stars
 - 3. 98 received 1 star
- b. LTFU SoVONet (69%) VQI (71%)
 - i. 2015 data
 - ii. Follow-up is 9 months or greater post discharge
 - iii. Help has been offered to any site that would like to increase their LTFU compliance
 - iv. There are helpful tools on the Members Only site and this is a topic in one of Cheryl Jackson’s charter calls
- c. D/C Medications VQI overall rate is 80%
 - i. National goal is 100%
 - ii. There are several helpful tools on the Members Only site – badge buddies, letters to send to the patient’s primary care physician, letters to discharging physician to have record correct or medication called in
 - iii. This is also a charter call to discuss pre-op and d/c meds
- d. Carotid Artery Stent: Observed Stroke or Death in Hospital SoVONet is 0.6% vs. 1.6% VQI
- e. Carotid Endarterectomy: Obsv Stroke or Death in Hospital SoVONet is .09% vs. 1.1% VQI
 - i. A few hospitals were over the expected rate. Hospitals were asked to step forward to discuss problems or successes with CEA stroke and death
 - ii. Some of this could be data error. Each center should be looking over stroke data more than once to make sure the data is correctly entered. Have someone else look at the strokes to make sure they should be coded as a stroke.
- f. Carotid Endarterectomy: LOS>1 day: SoVONet 25% vs. VQI 24%
- g. Region is lower for Endovascular AAA Repair: Percentage of Patients with LOS>2: SOVONET 12% vs. VQI 14%
- h. EVAR Sac diameter for LTFU: SOVONET 53% vs. VQI 55%.
 - i. This is a national project
 - ii. Reports will be sent out quarterly with your compliance rate

- i. Infrainguinal bypass: Percentage of Procedures with Chlorhexidine or Chlorhexidine+Alcohol Skin Prep: SOVONET 93% vs. VQI at 87%
 - j. Infrainguinal Bypass: Rate of Major Complications SOVONET 5.1% vs. VQI 4%.
 - i. Make sure there is a good understanding of the complication definitions
 - k. Non-Ruptured Open AAA: In-Hospital Mortality: VQI 3.9% SoVONet did not have enough participants to have data on this report
 - i. There are new exclusions for this module – you can find these under the resources tab on pathways
 - l. PVI: Percentage of Percutaneous Femoral Procedures Using Ultrasound Guidance SOVONET 100% vs. VQI 74%
 - m. PVI: Percentage of Claudicants With ABI or TBI Reported Before Procedure: SOVONET 96% vs. VQI 76%
 - n. Supra-Inguinal Bypass: Rate of Postop Complications: VQI 26% SoVONet does not have enough participants to report data
- IX. Pathways updates: Anne Parker, PSO**
- a. Technology in development
 - i. Re-design of procedure requiring follow-up report
 - ii. Procedure requiring follow-up reminder
 - iii. Revise LTFU completion rate report to include IVC, HD access, VVR specific rules
 - iv. Remove heart rate fields
 - v. PVI short form
 - vi. 30 day follow-up forms
 - vii. Vascular medicine registry
 - viii. Mandatory fields for LTFU for CAS, PVI, HD access, EVAR, TEVAR and VVR
 - b. Registry Projects:
 - i. Check with Pathway support to find out about enrolling
 - ii. Most of these project reimburse with participation
 - c. VQI QCDR
 - i. MIPS quality component is 50% of the total MIPS score
 - ii. Pathways can help with submission
 - iii. Enroll annually
 - d. Pathways support ticketing system
 - i. In the test pilot phase
 - ii. Users will submit questions or problems through a ticketing system
 - iii. Will allow for quicker response times to user
 - iv. Prioritizes inquiries for Pathways
- X. General**
- a. New member guide has been published with how-to guide, contact numbers for PSO, Pathways and your regional leaders and examples of reports
 - b. There are new exclusions for TEVAR, CEA, PVI and Open AAA, this can be found on the resource tab of Pathways
 - c. The Pathways website has a new pop-up screen that informs you of changes to the website, definitions, and inclusions. It is also there to inform you that an action needs to be taken on your part.
 - d. Request to standardize definitions of variables (ex. TEVAR and STS)
 - e. Members want to run their own reports in analytics engine or any platform
 - f. Discussed the decrease in Open AAA – could be related to the renal interpretation at M2S. Some data managers were being told by Pathways to exclude patients when they

