Vascular Quality Initiative®

Mid-America Vascular Study Group

April 10, 2017
10:00 am - 3:00 pm
University of Kansas Health System
Kansas City, KS

SVS Society for Vascular Surgery · m2s · Society for Vascular Medicine

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Agenda:

I. Welcome and Introduction	Joe Schneider, MD
II. Follow up on Fall meeting	Joe Schneider, MD
III. National VQI Update	Nadine Caputo, PSO
IV. Regional Data Review	Joe Schneider, MD
VI. AQC Update	Todd Vogel, MD
VII. RAC Update	Andrew Hoel, MD
VII. VQC Update	Ravi Hasanadka, MD
VIII. Governing Council Committee Update	Joe Schneider, MD
IX. M2S: Development Update	Debbie MacAulay, M2S
X. Expanding Participation	
XI. Next Meeting and Adjourn	

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Welcome and Introductions

Barnes Jewish Hospital
Carle Foundation Hospital
Iowa Heart Center at Mercy Medical Center
Mercy Hospital Springfield
Mercy Hospital St. Louis
NorthShore Hospital
Central DuPage Hospital
Northwestern Memorial Hospital
OSF Saint Anthony Medical Center
OSF Saint Francis Medical Center
OSF St. Joseph Medical Center
Saint Luke's Episcopal Presbyterian Hospital
Saint Luke's Hospital of Kansas City
Southern Illinois University School of
SSM DePaul Health Center
SSM Saint Louis University Hospital
SSM St. Clare Health Center
SSM St. Joseph Health Center
SSM St. Mary's Health Center
St. Mary's Hospital - Decatur
Nebraska Medicine
UnityPoint Health Des Moines
UnityPoint Health - Methodist
University of Chicago Medical Center
University of Kansas Hospital Authority
Columbia Surgical Services- Inc.
University of Missouri Medical Center
Weiss Memorial Hospital

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Action Items from last Meeting

- LTFU transparency

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National VQI Update:

Nadine Caputo, SVS PSO

ncaputo@svspso.org

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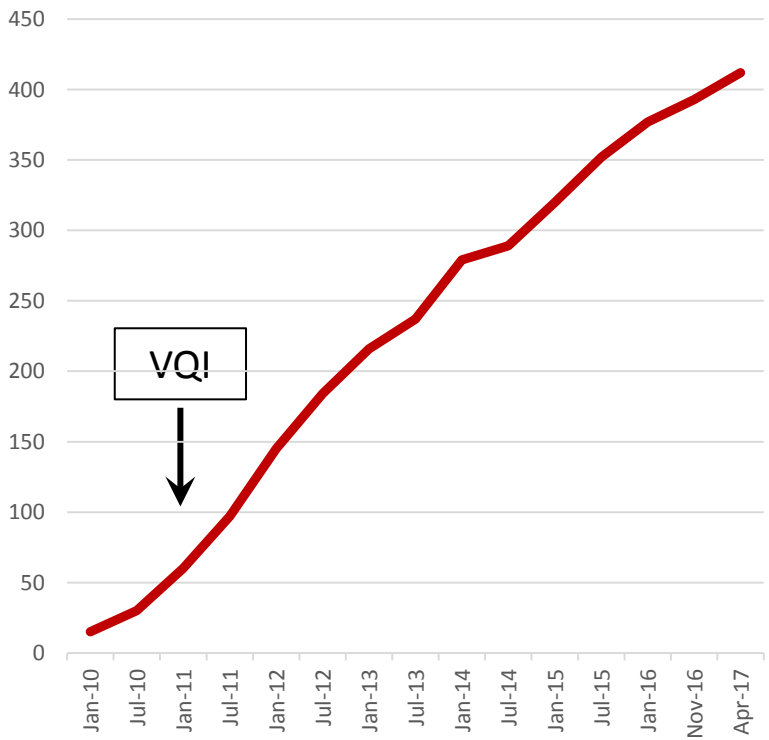
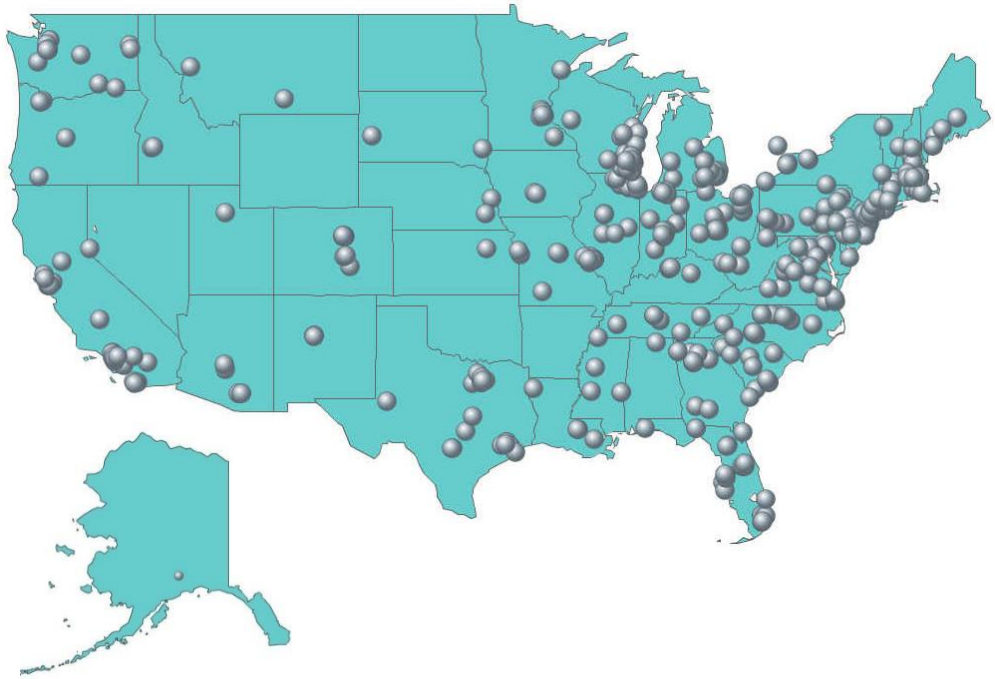
Participating Centers



VQI Participating Centers



412 Centers, 46 States + Canada

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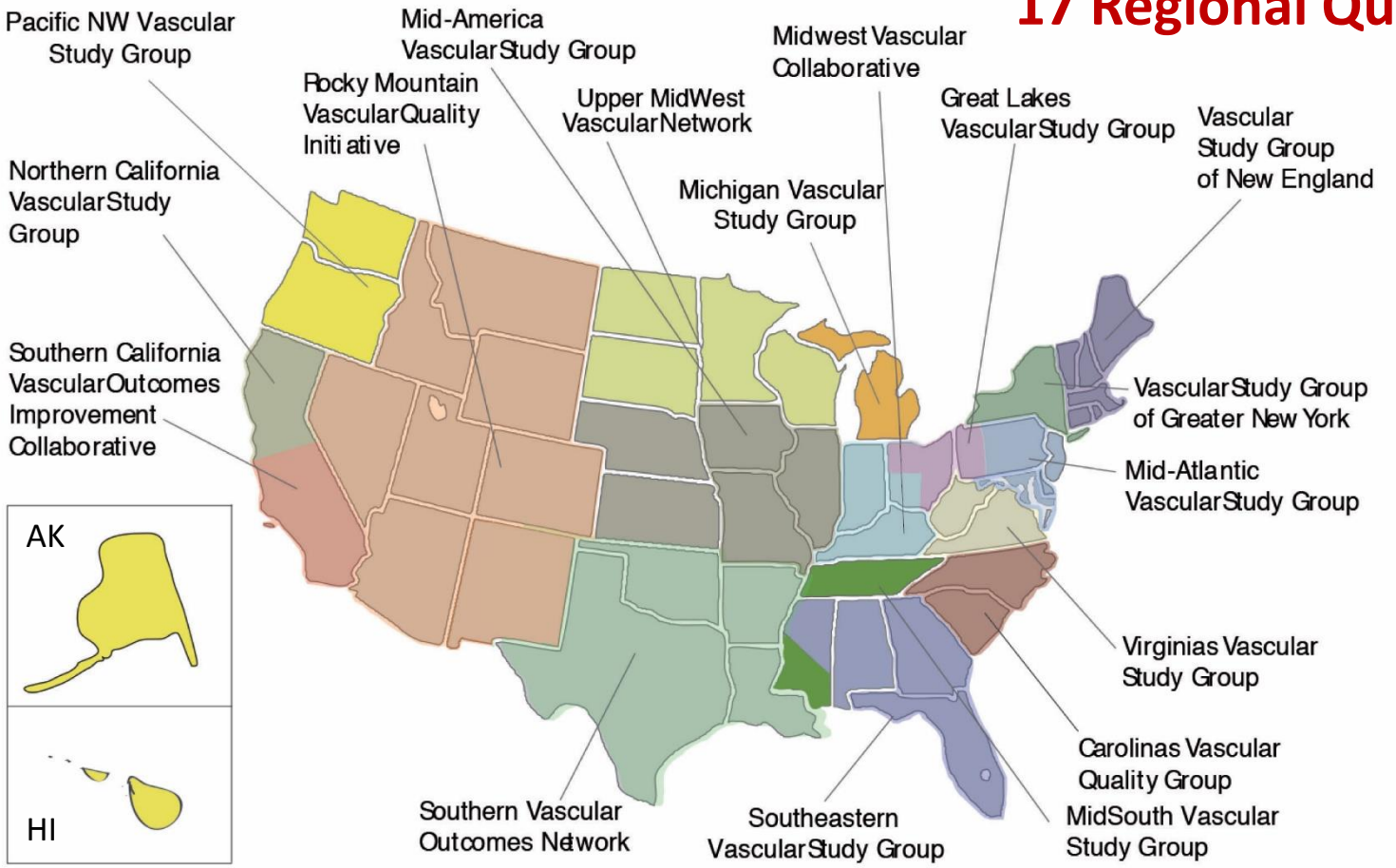
17 Regional Quality Groups



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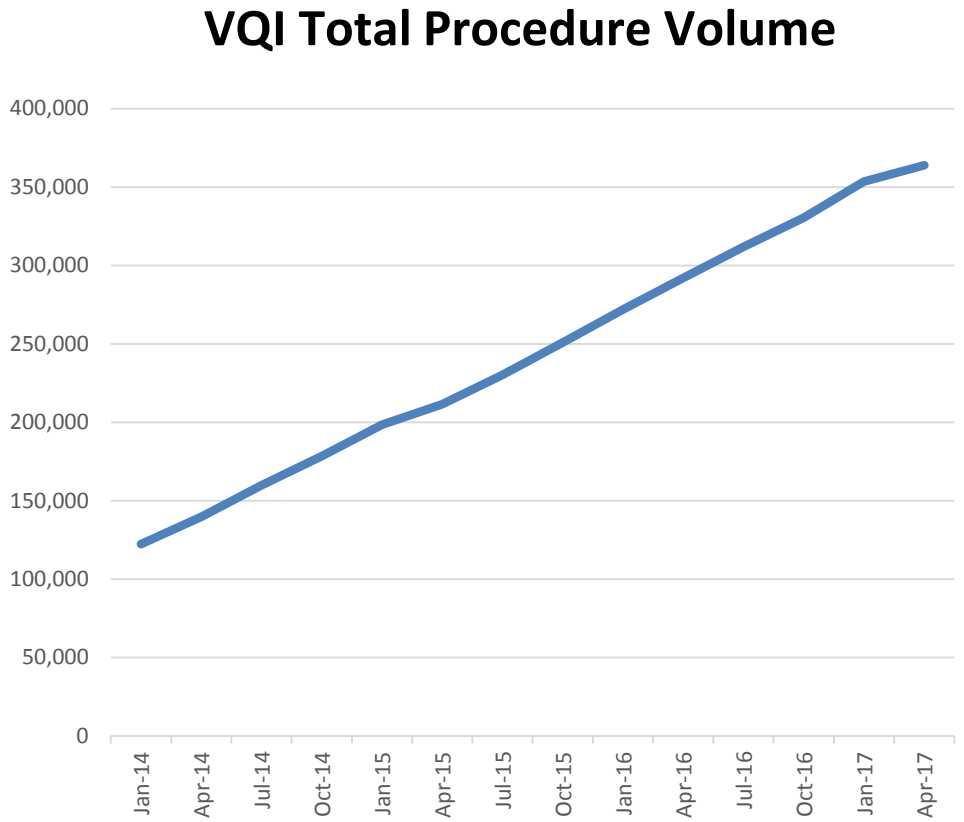
Total Procedures Captured (as of 4/1/2017)	363,960
Peripheral Vascular Intervention	114,599
Carotid Endarterectomy	80,875
Infra-Inguinal Bypass	36,281
Endovascular AAA Repair	32,485
Hemodialysis Access	30,362
Carotid Artery Stent	14,687
Supra-Inguinal Bypass	12,307
Varicose Vein	10,219
Open AAA Repair	9,355
Thoracic and Complex EVAR	8,479
Lower Extremity Amputations	7,229
IVC Filter	7,082



Total Procedure Volume tab reflects net procedures added to the registry for the month

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Mid-America VSG Website:

Mid-America VSG

- Mid America Vascular Study Group
- About the Mid-America Vascular Study Group
- Mid-America VSG Events
- Mid-America VSG: Participating Hospitals and Surgeons
- Mid-America VSG: Data Reports
- Mid-America VSG Data Elements
- Mid-America VSG: By-Laws
- Mid-America VSG: Data Management
- VQI Risk Models
- Vascular Quality Initiative Data Entry Portal

Mid America Vascular Study Group

Join your **Mid-America Vascular Study Group** peers in the VQI

We are a group of hospitals and vascular specialists in Illinois, Iowa, Missouri, Nebraska and Kansas who have committed to collecting, sharing, and analyzing data related to vascular interventions and outcomes.

Our goal is to improve outcomes for our patients and to explore the factors that predict the best outcomes. We take advantage of the rapidly accumulating data that come from collaboration with other interested groups.

The Vascular Study Group of New England, and more recently other Regional Quality Groups, have shown us how much can be accomplished with such a regional collaboration.

If you perform vascular surgery or other vascular interventions and work in Illinois, Iowa, Missouri, Nebraska and Kansas we would be delighted to talk with you about joining the MAVSG.

I would be happy to hear from you by email at joe.schneider@cadencehealth.org or at 630-933-4487.

– Joe Schneider, MD
Northwestern Medicine Central DuPage Hospital
Medical Director, Mid-America Vascular Study Group

Get started

The Mid-America Vascular Study Group

Our Mid-America Vascular Study Group is a voluntary, cooperative group of clinicians, hospital administrators, and research personnel organized to improve the care of patients with vascular disease.

By collecting and exchanging information, our group strives to continuously improve the quality, safety, effectiveness and cost of caring for patients with vascular disease.

Mid-America VSG Regional Meetings

Spring Meeting 2017 - Save the Date

Date: Monday April 10, 2017

Time: 10:00am - 3:00pm (Main Meeting)

(New Data Abstractors' Meeting: 9:00am - 10:00am)

Location: University of Kansas Health System, Lied Auditorium, 3901 Rainbow Blvd, Kansas City, KS 66160

Please register for the meeting at this link by **March 27, 2017**:
Registration Link

- Please forward this to anyone whom you think should attend.
- If you've published or would like to present a QI/PI project during the meeting, please contact Cheryl (Cheryl.jackson@nm.org) or Joe Schneider, MD (joe.schneider@nm.org) to be added to the agenda.
- If attending – Please bring your center's report with you. Copies of reports are not provided at the meeting.
- Information for attending via webinar will be provided closer to the meeting.

Airport: Fly into Kansas City International Airport (MCI)
Hotels:

Member Only Website

- Purpose: To help and encourage members to share quality improvement and best practice information more easily between and within Regional Quality Groups.

- The site will include a new *topical discussion forum f*or VQI members that is password protected.

- Lead Regional Data Managers are currently pilot testing the site and we expect it to be operational 2nd quarter 2017.

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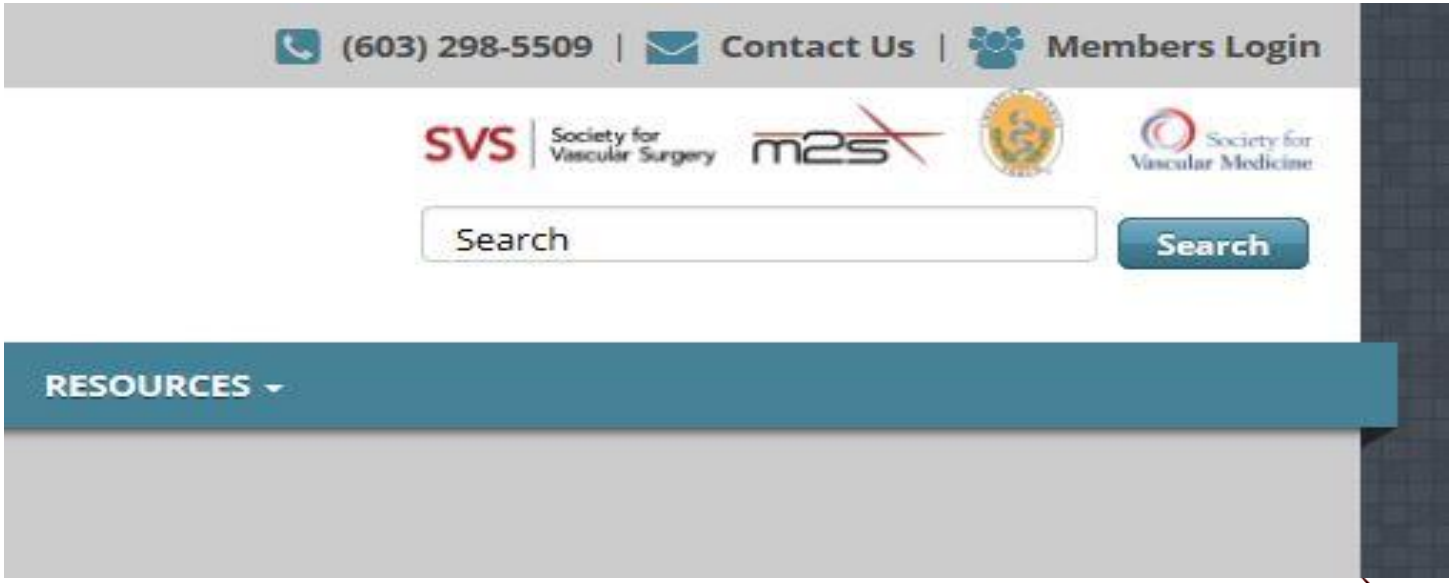
Summary Description

The Members Only area is a set of web pages which are password protected and designed for use by VQI Regional Data Managers, Data Managers/Hospital Managers, Physicians and other VQI members. These pages should introduce you to the new pages and functionality. The Members Only area consists of a **National Shared Area, a Regional Shared Area and Members' Forums.**

Accessing the Members Only Area

From the VQI Home page top right, you will see a new option: "Members Login". Click here to access the Login Screen.



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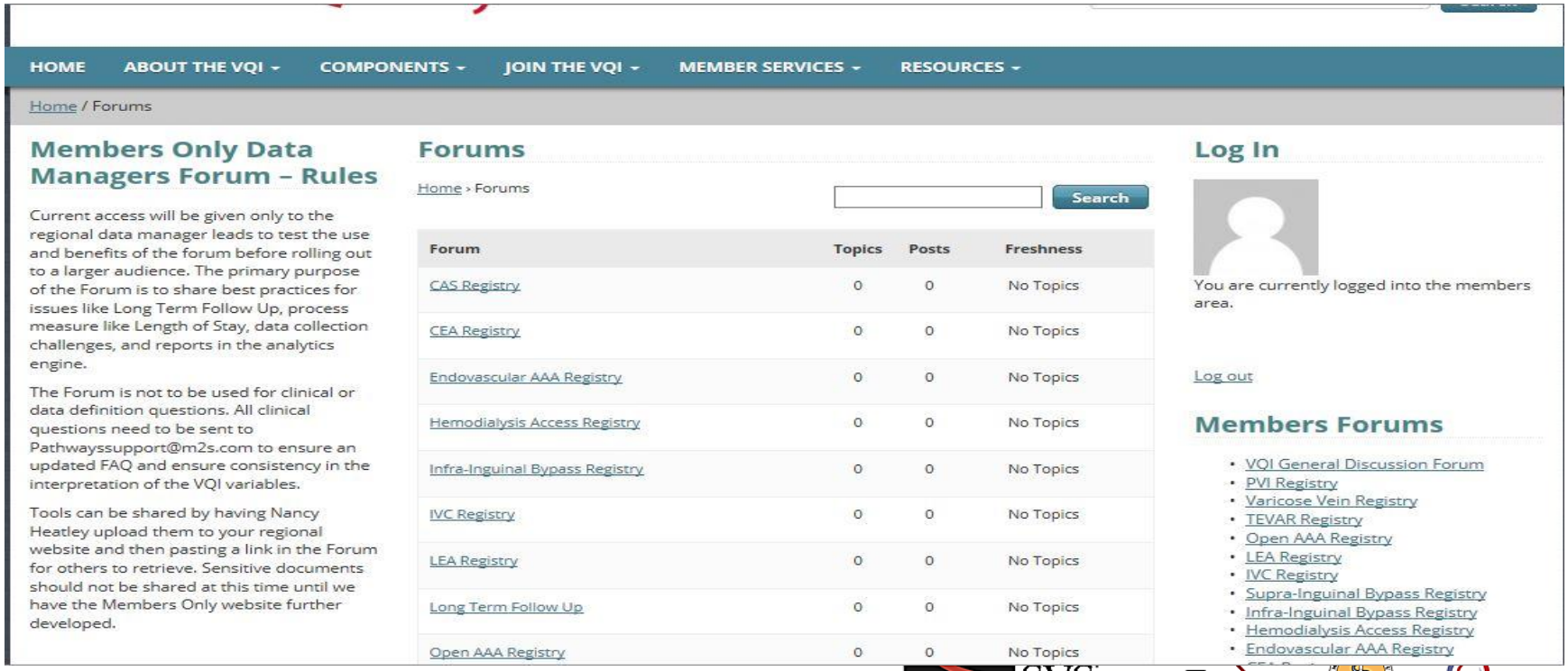
MEMBERS' FORUMS

The Members' Forums are areas for discussion and initially these Forums have been set up for each of the 12 Registries, Long Term Follow Up and a General Forum for general questions.

We also have the ability to create "sub-forums" for areas, depending on the needs of the users and the complexity. Creating Forums and Sub-Forums can only be done by Admin, but Topics can be added by all users.



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VQI@VAM 2017 Is Coming to San Diego

- Date: Tuesday, May 30, 2017 (half day) through Wednesday, May 31st (full day)
- Place: San Diego Convention Center, San Diego, CA
- Housing and Registration to open in early-March (Check the SVS website)

VQI@VAM 2017 Is Coming to San Diego

- Tuesday Afternoon will be concurrent sessions on the Registries
  - Inclusion/Exclusion
  - Difficult Definitions
  - Case Abstraction Scenarios

- Poster Session and Networking Reception from 5:00 – 6:30
  - Abstract submission deadline March 15, 2017
  - Notification of acceptance March 31, 2017
  - Send Abstracts to Jim Wadzinski
    jwadzinski@svspso.org

VQI@VAM 2017 Is Coming to San Diego

- Wednesday Sessions will Include the Following Topics:
  - Registry Overview and Q&A
  - QI Case Studies on Data and Reporting
  - Physician Engagement in Data Collection
  - Data Automation
  - Keynote: VQI Quality Initiatives and Future Direction
  - QI Case Studies on Process and Outcomes Measures
  - Perspectives on VQI from the Hospital C-Suite
  - ERAS, Fast Track and Strong for Surgery: Applying these concepts to Vascular
  - Current Research Projects from Approved RAC Requests

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VQI PULSE

Newsletter

- **Volume 8**
- **In the February 2017 issue we highlight the following topics:**
- **VQI@VAM 2017 Is Coming to San Diego**
- **Two New National QI Projects**
- **Educational Webinars 2017**
- **VQI Participation Awards Update**
- **Welcome to New VQI Members**
- **Vascular Nurses and Technologists to Attend SVN Annual Convention**
- **Research Corner – PVI Studies**
- **Latest VQI Participation and Volume Statistics**
-
- **VQI@VAM 2017 Is Coming to San Diego**
-
- **Date: Tuesday, May 30, 2017 (half day) through Wednesday, May 31st (full day)**
- **Place: San Diego Convention Center, San Diego, CA**
- For second annual VQI@VAM meeting, we have added a half day of programming on Tuesday, May 30th specifically for data managers. The half day program begins at noon on Tuesday May 30th and ends at 5:00pm with a Cocktail/Reception in response to member requests for additional time to network. The full day meeting on Wednesday May 31st for physicians and data managers is tentatively scheduled to begin at 8:00am through 5:00pm. A complete agenda will be available later in February.
- To support your attendance at VQI@VAM, we have developed a sample justification letter that you can use with your administrators. (Click **here** to download **Sample Justification Letter**)

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Two New National QI Projects

The SVS PSO is launching two national initiatives together with implementation tools aimed squarely at using data to improve patient care.

- ✓ **Prescribing anti-platelets and statins to appropriate patients to improve their long-term vascular health**
- ✓ **Increasing follow-up imaging rates at one year for endovascular aneurysm repair patients**

The goal for both of these initiatives is 100% compliance. To support increased compliance, the PSO, working with the Arterial Quality Council and the Quality Improvement Workgroup, is developing implementation tools for members, issuing comparative reports and data on improvements over time.

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Vascular Specialist Article

FEBRUARY 2017

VASCULAR SPECIALIST

NEWS FROM SVS

SVS PSO Launches 2 National Initiatives

SVS | VQI
VASCULAR QUALITY INITIATIVE

The SVS Patient Safety Organization (SVS PSO) is launching two national initiatives aimed at improving patient care with a data-driven approach.

They are:

• Reminding vascular surgeons to prescribe anti-platelet agents and statins to vascular patients to improve long-term outcomes, led by Dr. Randall R. DeMartino, co-chair of the Vascular Medicine Registry.

• Promoting follow-up imaging at one year for endovascular aneurysm repair (EVAR) patients, led by Dr. Salvatore Scali, EVAR registry chair.

For both initiatives, the SVS PSO is creating toolkits and educational webinars for members, promoting best practices and offering comparative benchmarks. "We issue reports and registry data that show that certain practices can improve patients' outcomes," said Dr. Jens Eldrup-Jorgensen, SVS PSO medical director. "We also provide biannual data releases to help hospitals assess their performance over time and in comparison to other facilities nationally and within their region."

Discharge medications

For example, the Vascular Quality Initiative (VQI) released data last year on the impact of prescribing statins after discharge and how it improved patient outcomes. Patients on statins and antiplatelet agents had an impressive improvement in five-year survival rates compared to patients on neither medication, or on only one. Members found the data so compelling that the SVS PSO is expanding the initiative at the local and national levels.

Two components are essential for improvement: proper discharge planning and follow-up information and patient education/compliance.

"There are a number of ways that high-performing hospitals facilitate the process," said Dr. Adam Beck, chair of the Arterial Quality Committee. "Some have instituted new standing orders and reminders in their electronic medical records, or have nurse navigators work one-on-one with patients to make sure they have the appropriate prescriptions." It is critical that patients understand the importance of taking their medications before they leave the hospital and then maintain contact with their vascular surgeon, he said.

EVAR Long-term Follow-up Imaging

The second initiative emphasizes the importance of long-term follow-up care – with imaging as a crucial component – for EVAR patients.

"We feel surgeons should follow up close to 100 percent of their patients at one year after EVAR with imaging," said Dr. Eldrup-Jorgensen. "Currently those figures aren't as high as they should be."

The imaging – MRI, CT or ultrasound – at one year is vitally important to document the adequacy of the AAA repair, he said. Noninvasive imaging is critical to assessing the success of the aneurysm repair and determining the presence of an endoleak that might require re-intervention.

Both national quality initiatives require continuous effort and rely upon data to monitor the effectiveness of these efforts, said Dr. Beck. "We issue hospital and physician reports every six months; providers have to be conscious of checking their data to be sure quality improvements stay in place," he said. Information now being collected underscores the importance of developing and maintaining long-term relationships with patients – a practice SVS members not only embrace but also prize.

"It's exciting to know that VQI members are using this registry data to improve care," said Dr. Eldrup-Jorgensen. "The mission of VQI is to improve the care of the vascular patient and we are pleased that we can provide data that allows providers to improve their care and up their game."

For more information, contact Nadine Caputo, quality director, at ncaputo@svspso.org. ■

VQI QI Resources

- **New on-line QI resources are available within VQI M2S PATHWAYS in the Resources Section:**
- *Leading Change* webinar slides and audio transcripts on change management by Dr. Ted James
- Slides from all of the VQI@VAM 2016 presentations
- Digital QI Project Guide – a 'soup to nuts' guide for QI project implementation.

QI Project Charter – Template

Project Overview

Problem Statement:

Goal:

Scope:

Deliverable(s):

Resources Required:

Key Metrics

Outcome Metrics:

Process Metrics:

Milestones

Milestone / Description:	Date (mm/yy):

Team Members

Exec Sponsor:

Sponsor:

Project Leader:

Clinical Sponsor:

Process Owner:

Team Members:

QI Project Charter

Project Overview

Problem Statement: Discharge Medication Example from Hospital A

Only **61**% of eligible vascular procedure patients at Hospital X are discharged on antiplatelets and statins. Increasing the prescribing rate of antiplatelet and statin therapy for vascular procedure patients at discharge increases graft patency and increases survival at one year and five years post procedure.

Problem Statement

What is wrong with our current process? Why do we care? Create a statement that is specific, measurable and relevant. Include data or use placeholders until you get the data.

Goal: Example

- Twenty-five percent increase in prescribing rates at six months post project implementation. Verify that 76% of eligible vascular procedure patients are discharged on an antiplatelet and statin medication at six months after project implementation (June, 2015).
- Another 25% increase at one year post implementation. Verify that 95% of eligible vascular procedure patients are discharged on an antiplatelet and statin medication at one year after project implementation (January, 2016).

Goal: What do we want to achieve and when do we want to achieve it?

QI Project Charter

Scope: **Example**

- Educate vascular procedure providers on the importance of prescribing antiplatelets and statins to their vascular procedure patients and coordination with their primary care physicians
- Revise vascular discharge order sets
- Utilize the expertise of pharmacists and care coordinators
- The project will be tested for a 12-month period.

Scope: What areas will we improve and over what time period will we do the improvement? What are the limitations (e.g., limited to certain units or for a certain time period.

Deliverable(s):

- Discharge order medication templates
- Sample PCP letter templates

Deliverable(s)

What new processes will we deliver in order to help reach our goals?

Resources Required: **Example**

- IT
- Care Coordinators
- Pharmacists

Resources Required

What people, materials, and/or finances will be needed to conduct the project? Who must be kept informed?

QI Project Charter

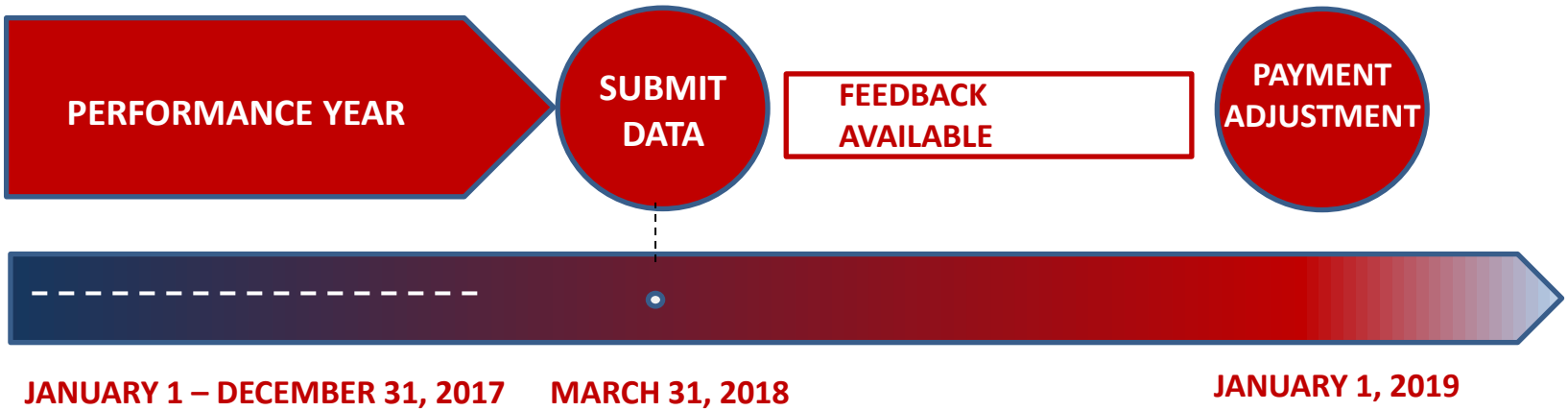
Key Metrics	Milestones	
Outcome Metrics: Example Increased one and five year survival rates for vascular procedure patients that were discharged on antiplatelet and statin medications.	**Milestone / Description Example** • Confirm baseline information using VQI data • Notify and educate all vascular procedure providers on the new initiative. • Contact IT for guidance in adding templates • Meet with care coordinators to identify programs to aid patients in obtaining medications, if needed. • Revise 100% of provider discharge order sets to reflect AP and statin medication options.	**Date (mm/yy):**
Outcome Metrics "How will you know the project is successful?" e.g., LOS, surgical site infections		
Process Metrics: Example • Verify that 76% of eligible vascular procedure patients were discharged on an antiplatelet and statin medication at six months after project implementation using VQI and/or EMR data. • Verify that 95% of eligible PVI patients were discharged on an antiplatelet and statin medication at one year after project implementation using VQI registry data and reports using VQI and/or EMR data.	**Milestone / Description:** Complete 'QI Project Overview' Confirm baseline outcome metric Identify root cause / hypothesis Identify potential improvement(s) Implement improvement(s) Evaluate progress & confirm action plan	
Process Metrics: "How will you ensure the interventions you implement are being completed?" e.g., % pts on progressive care unit, % discharged patients on statins and anti-platelets Rx		

MACRA/MIPS

December 2016 webinar on MACRA/MIPS that was presented by Jill Rathburn and Brad Johnson
https://drive.google.com/file/d/0B6sVggHY6rr5aVN0SnF0SDFVS00/view

MIPS Proposed Timeline for 2019 Payment

Why I should care NOW



What you do today, will impact your payment in 2019!

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Pick your Pace – A way to ease in and minimize impact

DON'T PARTICIPATE	SUBMIT SOMETHING	SUBMIT A PARTIAL YEAR	SUBMIT A FULL YEAR
	• One Measure • One Activity	• Submit 90 days of 2017 data to Medicare	
If you don't participate, you will receive a 4% negative payment adjustment	Avoid a negative payment	You may earn a neutral or small positive payment adjustment	You may earn a moderate payment adjustment

- $ ——— **FINANCIAL IMPACT** ——— + $

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Ideas for MIPS using VQI Data

- Identify Quality Improvement Projects for your Center
- Request National Blinded Data Sets to research specific questions
- Support Certifications
- Utilize data to understand practice variation using different devices or techniques
- VQI is a specialty registry

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Educational Webinars 2017

Topics for the educational webinars in the first half of 2017 include:

February 23: National QI Projects: Discharge Medications: Reaching and Sustaining our Goal of 100% by Randy R. De Martino, MD, MS and Cheryl R. Jackson, DNP, MS, RN, CPHQ

March: PVI Clone and CAS Registry/TCAR

April 25: National QI Projects: EVAR LTFU Imaging: Understanding Current Trends to Improve the Future

May: PVI – forum with users and developers

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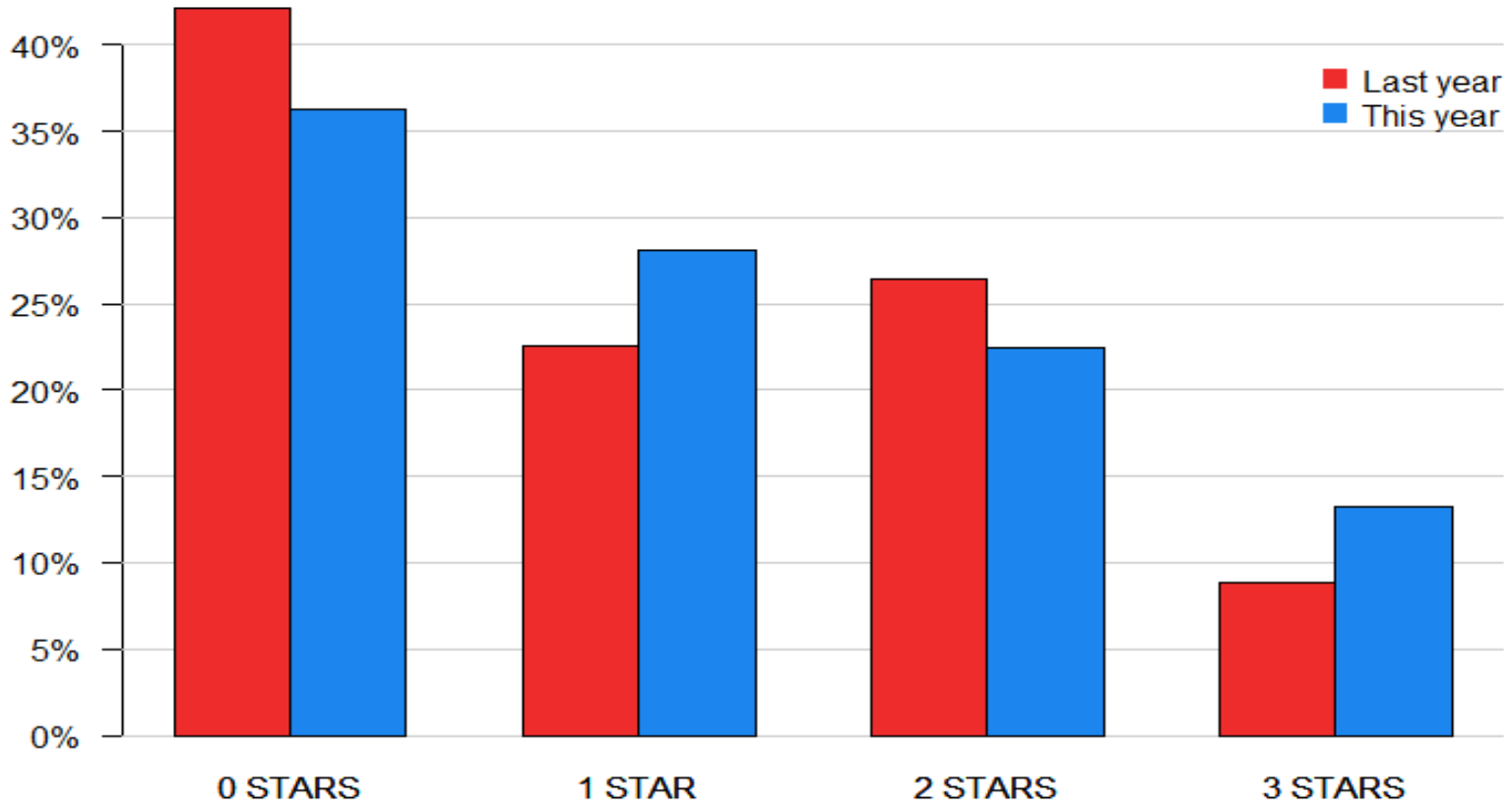
2016 Participation Award Results



Participation Award potential changes:

- Participation in National, Regional or Local QI project using VQI data
- Credit for attendance at the Annual meeting (data managers only)
- Penalty of not being able to get data for research if your attendance at the regional meetings is low over a certain number of years
- Should you get a star award at all if you are on probation for <50% LTFU
- Additional participation point if your site gives a presentation at a regional meeting

VQI Datasets for Research

- Data discrepancies identified
- Due to multiple revisions and coding
- **No significant errors in key outcome variables** (SO FAR – audit not done yet)
- Conclusion – Large complex data sets need periodic, regular review
- Multiple new quality assurance measures instituted

Why?

Large Complex Database

- Multiple revisions paper form access DB web based
- Mapping old to new changed variables
- Multiple modification of data fields (PCI &/or CABG changed to PCI, CABG or both)
- Coding errors
- Multiple changes in definitions

Results (so far)

- No significant impact on clinical findings
- No change in analysis (p values) or conclusions
- No significant errors in key outcome variables
- Most errors were in descriptive variables – H/O CAD

Data variability (References)

Understanding Differences in Administrative and Audited Patient Data in Cardiac Surgery: Comparison of the University HealthSystem Consortium and Society of Thoracic Surgeons Databases. Prasad A, Helder MR, Brown DA, Schaff HV. J Am Coll Surg 2016; 223: 551-8.

Variability in Data: The Society of Thoracic Surgeons National Adult Cardiac Surgery Database. Brown ML, Lenoch JR, Schaff HV. J Thorac Cardiovasc Surg 2010; 140: 267-73.

Data Variability and Validity: The Elephant in the Room. Grunkemeier GL, Furnary AP. J Thorac Cardiovasc Surg 2010; 140: 273-5.

The Society of Thoracic Surgeons National Adult Cardiac Database: A Continuing Commitment to Excellence. Shahian DM, Edwards F, Grover FL et al. J Thorac Cardiovasc Surg 2010; 140: 955-9.

Are Unaudited Records From an Outcomes Registry Database Accurate? Herbert, MA, Prince SL, Williams JL, Magee MJ, Mack MJ. Ann Thorac Surg 2004; 77: 1960-5.

Moving forward

New Quality Assurance Measures

- New Data Quality Control Testing
- New Sign off for Development Specifications and before release of new Code
- New Software for Quality Assurance
- New Code to ensure Consistency of BDS across Registries
- New Data Warehouse

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Regional Reports:
Joe Schneider, MD

Notes: 1) In all reports, regional data are not shown for regions with <3 centers participating in the applicable registry. **2)** In "by Center" bar charts, unless noted, data are not shown for centers with <10 cases. **3)** In all graphics, "*" indicates a p-value<.05. **4)** This report includes all data that had been entered into the VQI as of Jan. 1, 2017.

New HTML format!!

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Total Procedure Volume, All Years (2003-Dec 2016)

	Your Region (N)	VQI (N)
CAS	927	13052
CEA	3430	74975
EVAR	1223	29702
HEMO	1807	27339
INFRA	1188	33122
OAAA	314	8664
PVI	4719	96345
SUPRA	549	11104
TEVAR	290	7100
IVCF	320	6476
Varicose Veins	NA (<3 centers)	8236
LEAMP	311	6339
Overall	15252	322454

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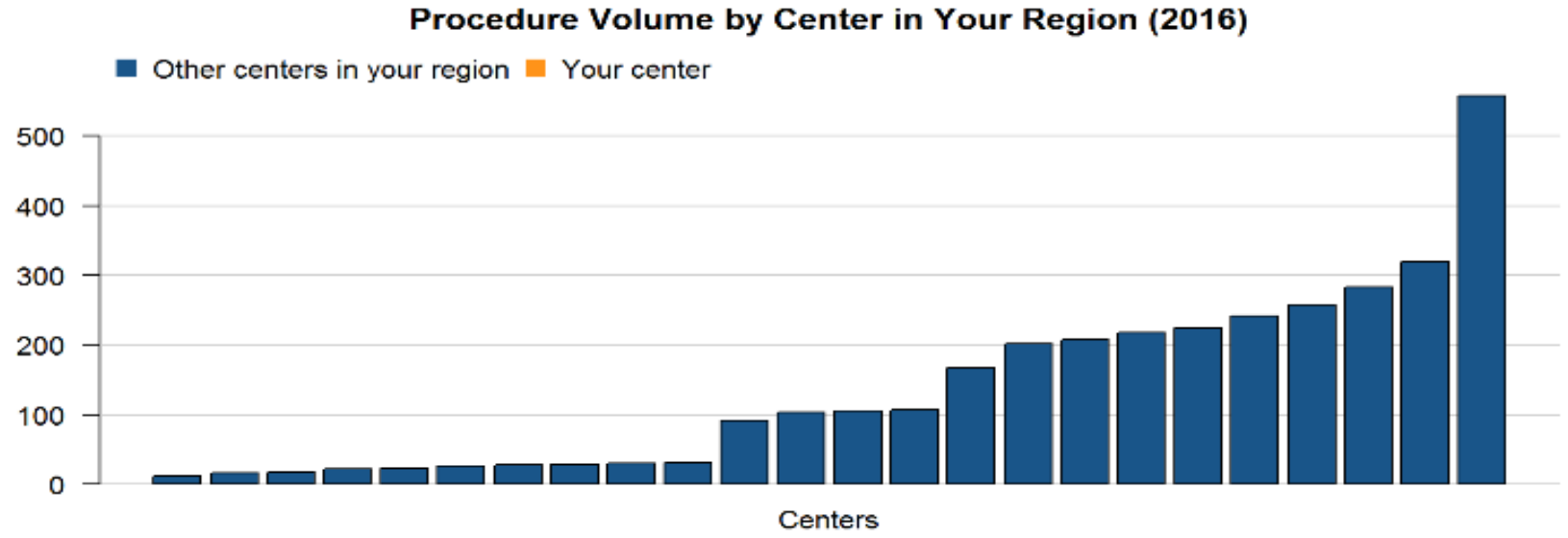

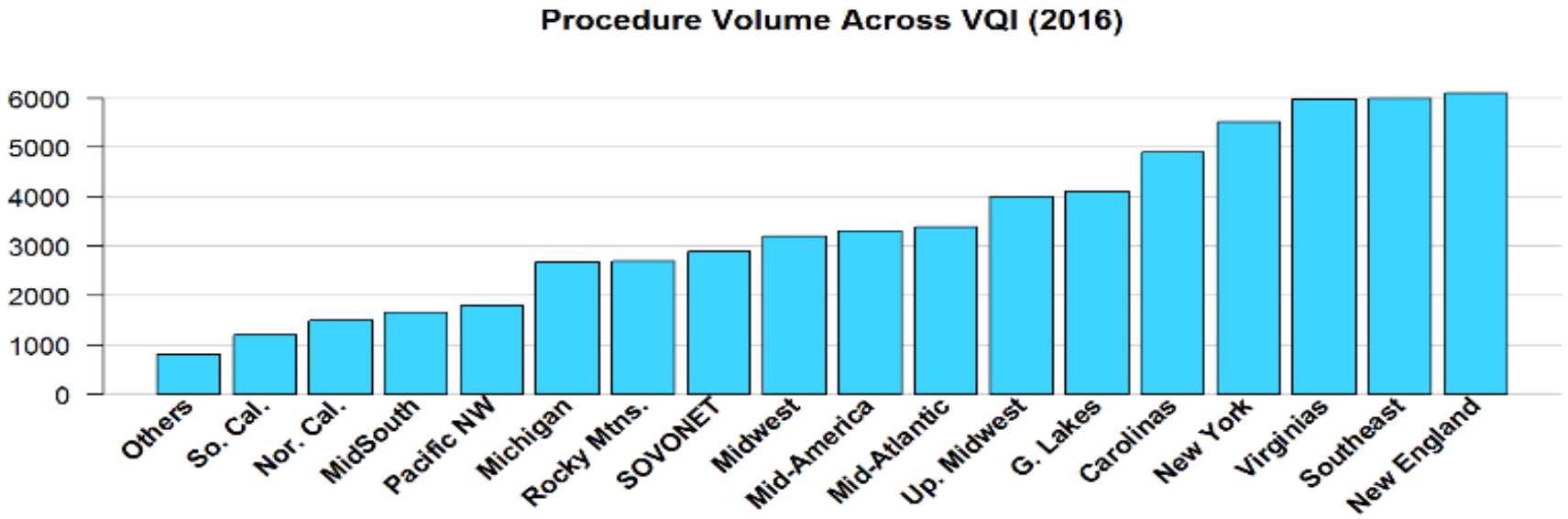

"Others" indicates centers that do not belong to a regional group.

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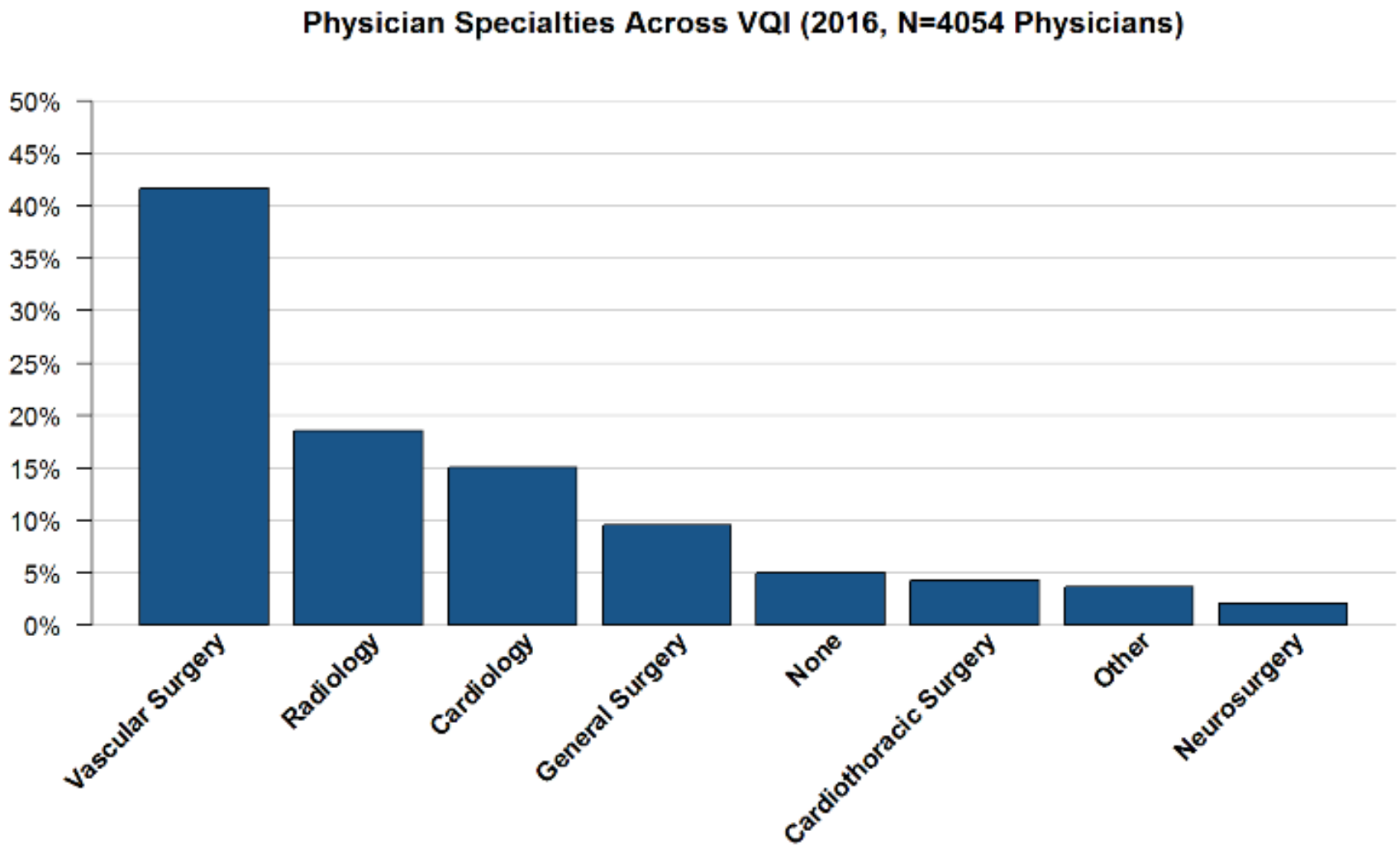
Physician Specialties by Region (2016)



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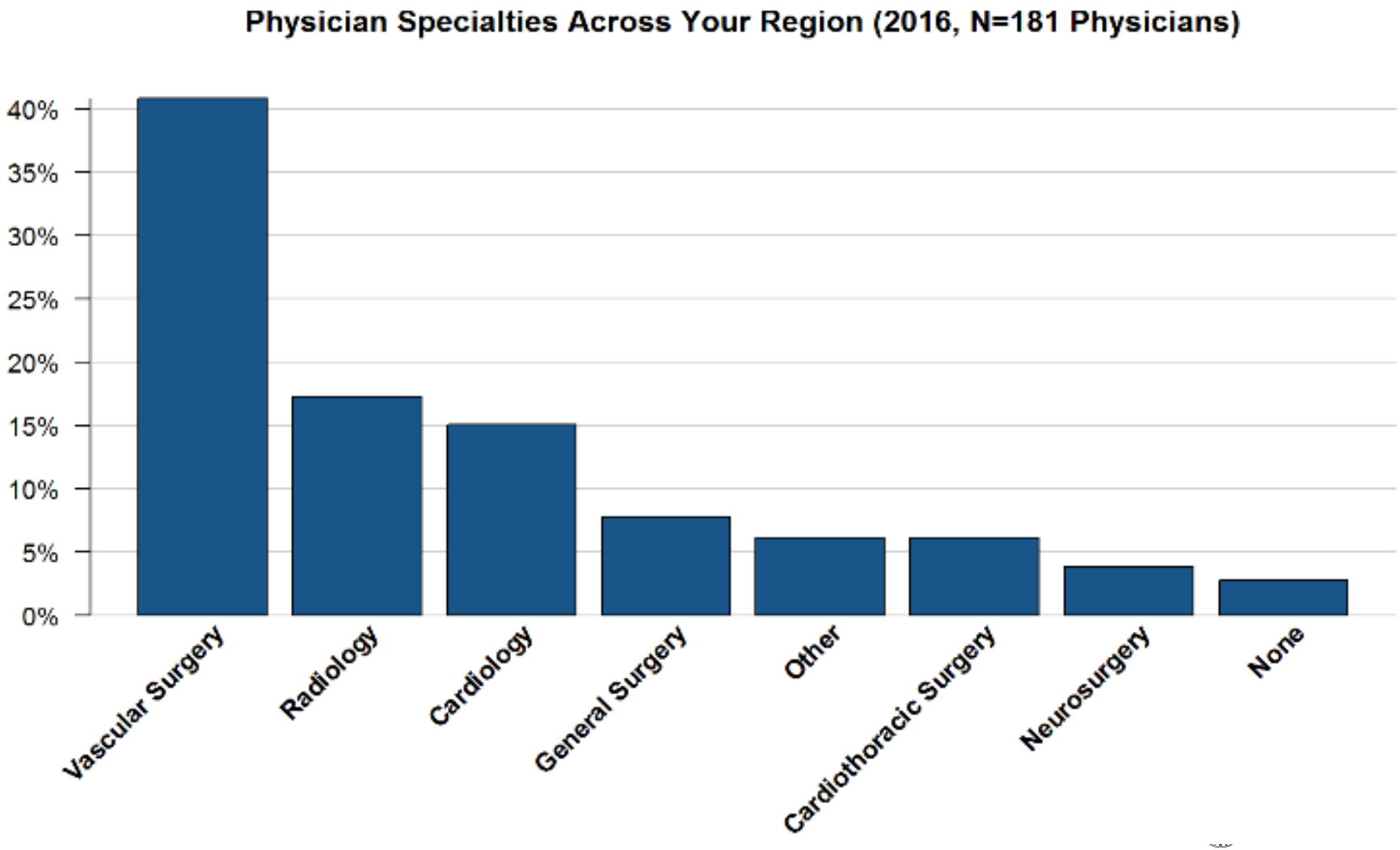

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Percentage of Procedures Submitted With Missing Data (2016)

	Your Region	VQI
CAS	309 (80%)	2952 (50%)
CEA	703 (43%)	13546 (29%)
EVAR	271 (70%)	5291 (60%)
HEMO	402 (39%)	5690 (36%)
INFRA	283 (60%)	5575 (81%)
OAAA	54 (20%)	1064 (31%)
PVI	921 (37%)	15602 (52%)
SUPRA	120 (57%)	1852 (79%)
TEVAR	77 (44%)	1613 (28%)
IVCF	NA (<3 centers)	1631 (17%)
Varicose Veins	NA (<3 centers)	5197 (28%)
LEAMP	NA (<3 centers)	1718 (72%)
2016 overall	3310 (47%)	61731 (46%)
2015 overall	4616 (55%)	75813 (49%)

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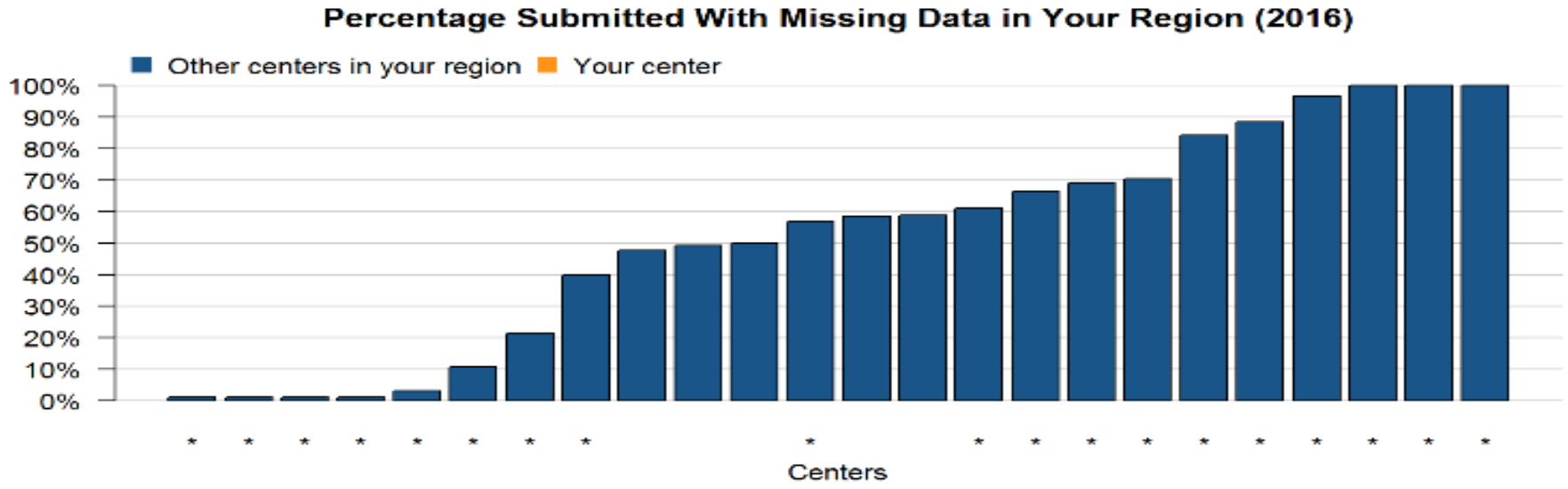
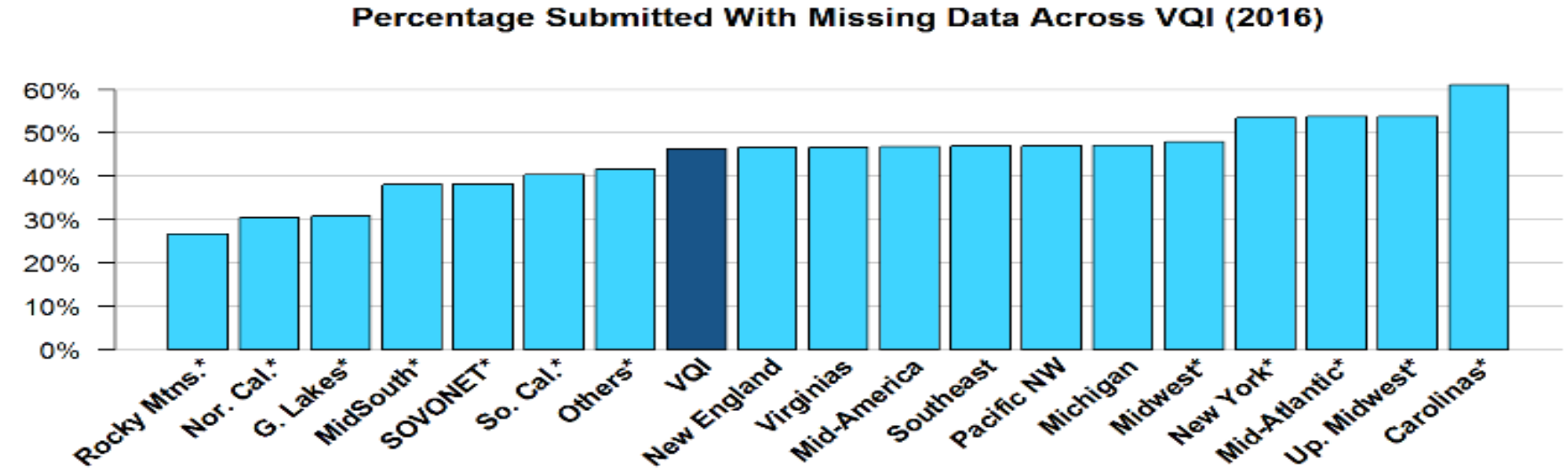


"*" indicates center's rate differs significantly from the regional rate.



"Others" indicates centers that do not belong to a regional group. "*" indicates region's rate differs significantly from the VQI rate.

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LTFU as of January 1, 2017

	Your Region	VQI
CAS	135 (58%)	2350 (66%)
CEA	861 (75%)	14507 (67%)
EVAR	319 (77%)	5659 (70%)
HEMO	506 (71%)	6425 (61%)
INFRA	319 (80%)	5834 (70%)
OAAA	72 (71%)	1413 (73%)
PVI	1374 (77%)	20645 (67%)
SUPRA	153 (79%)	2111 (72%)
TEVAR	60 (67%)	1495 (65%)
IVCF	109 (74%)	1693 (58%)
LEAMP	102 (72%)	1743 (67%)
2014 overall	4010 (75%)	63875 (67%)
2013 overall	2212 (81%)	45266 (70%)

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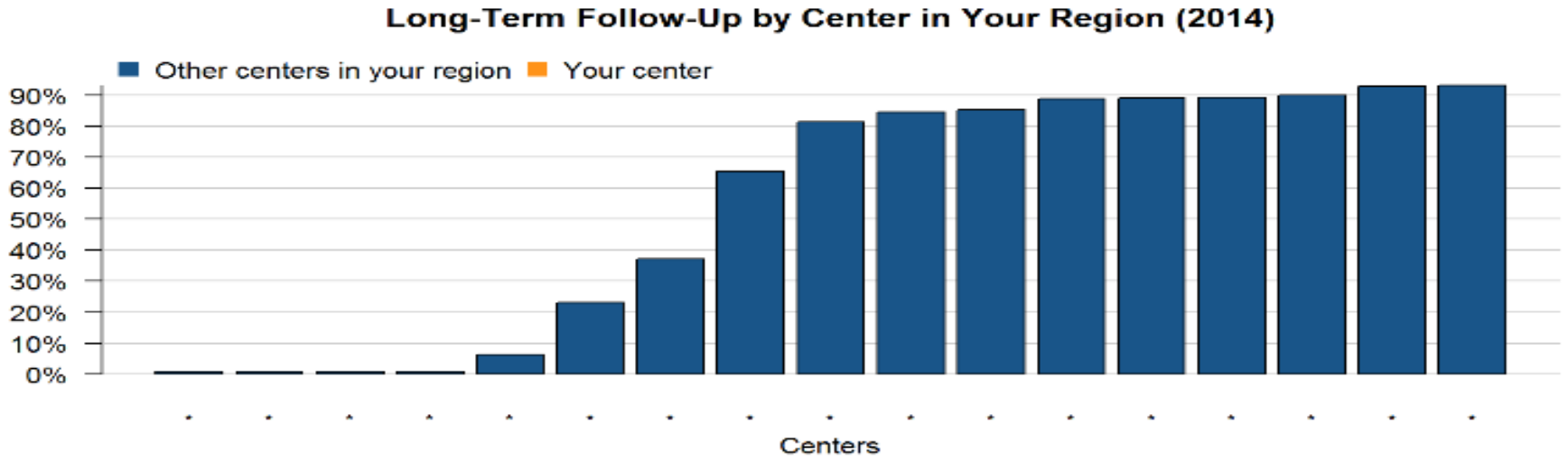

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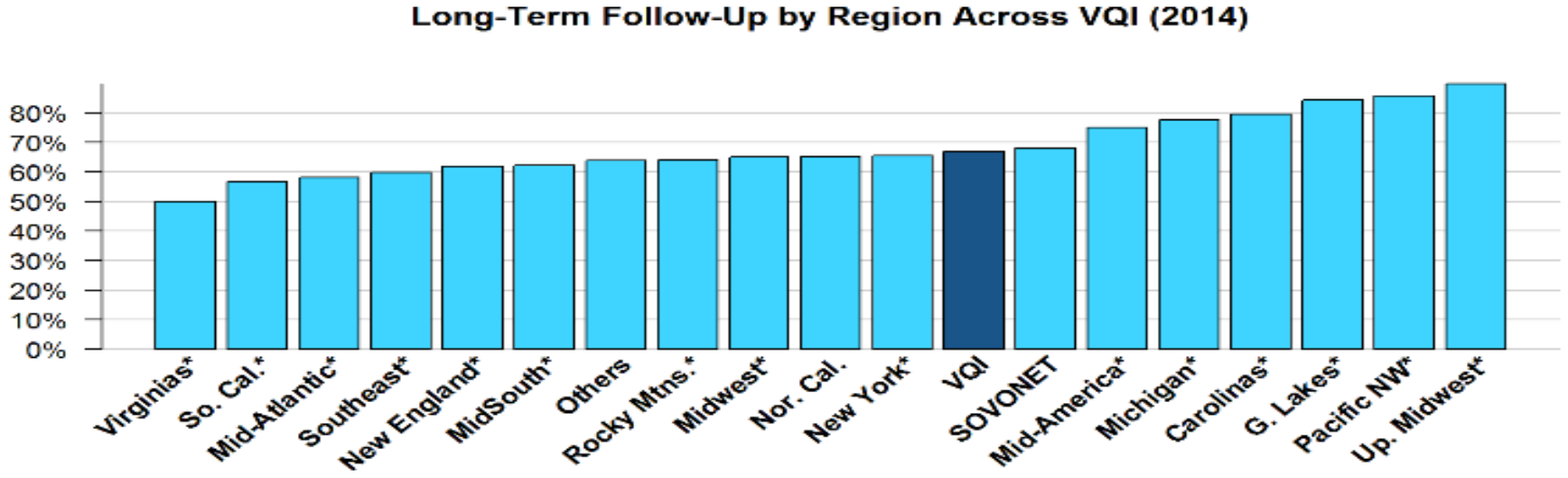

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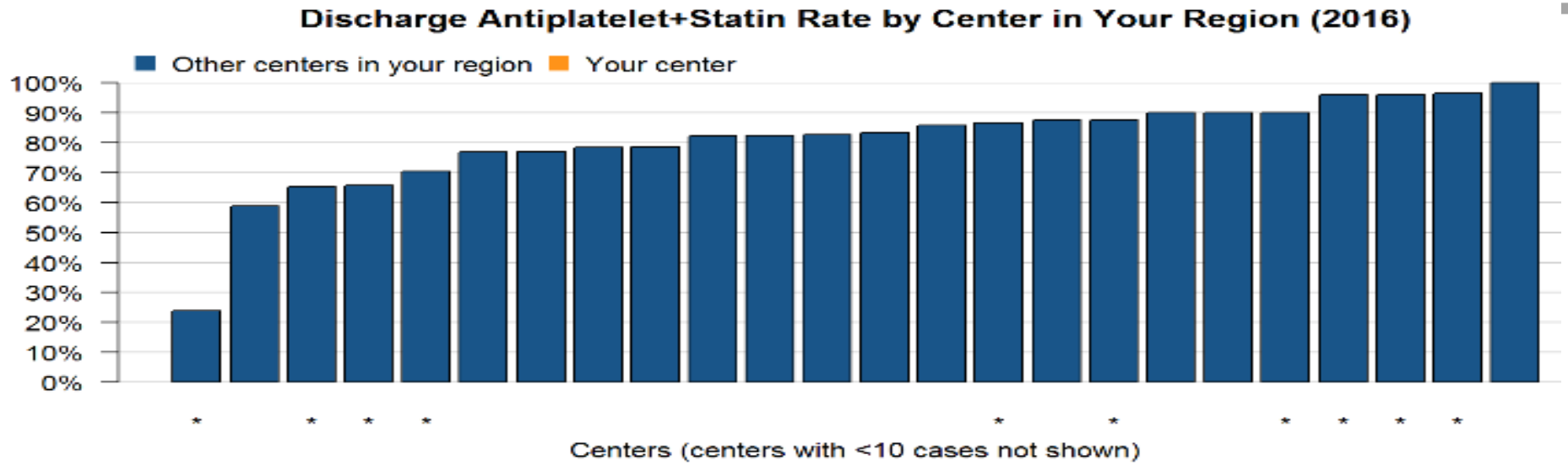

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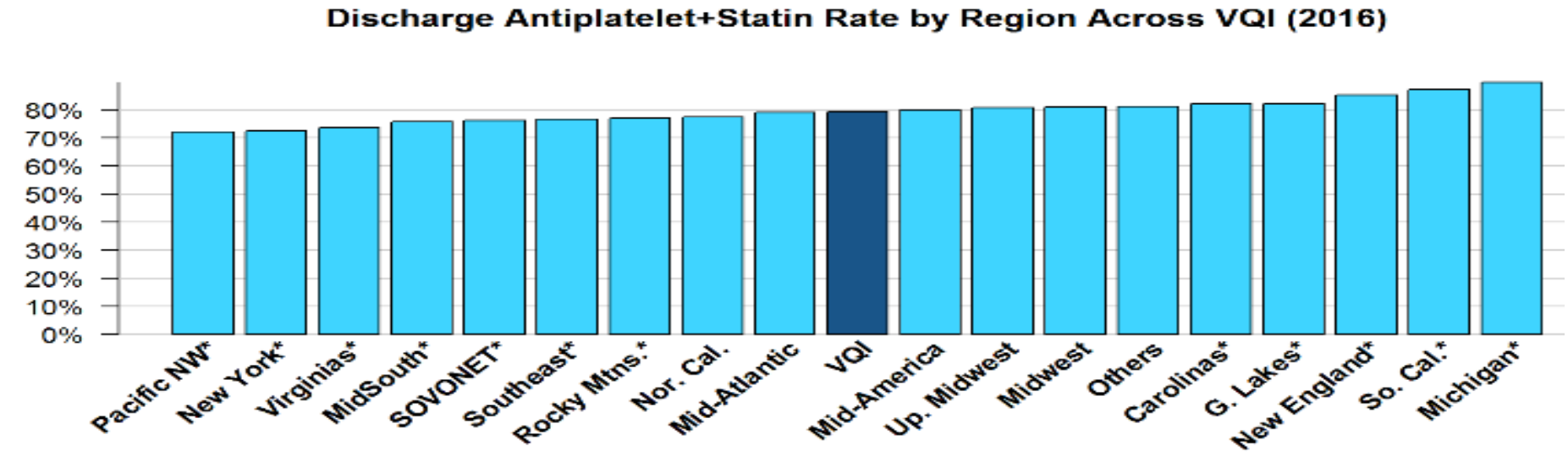

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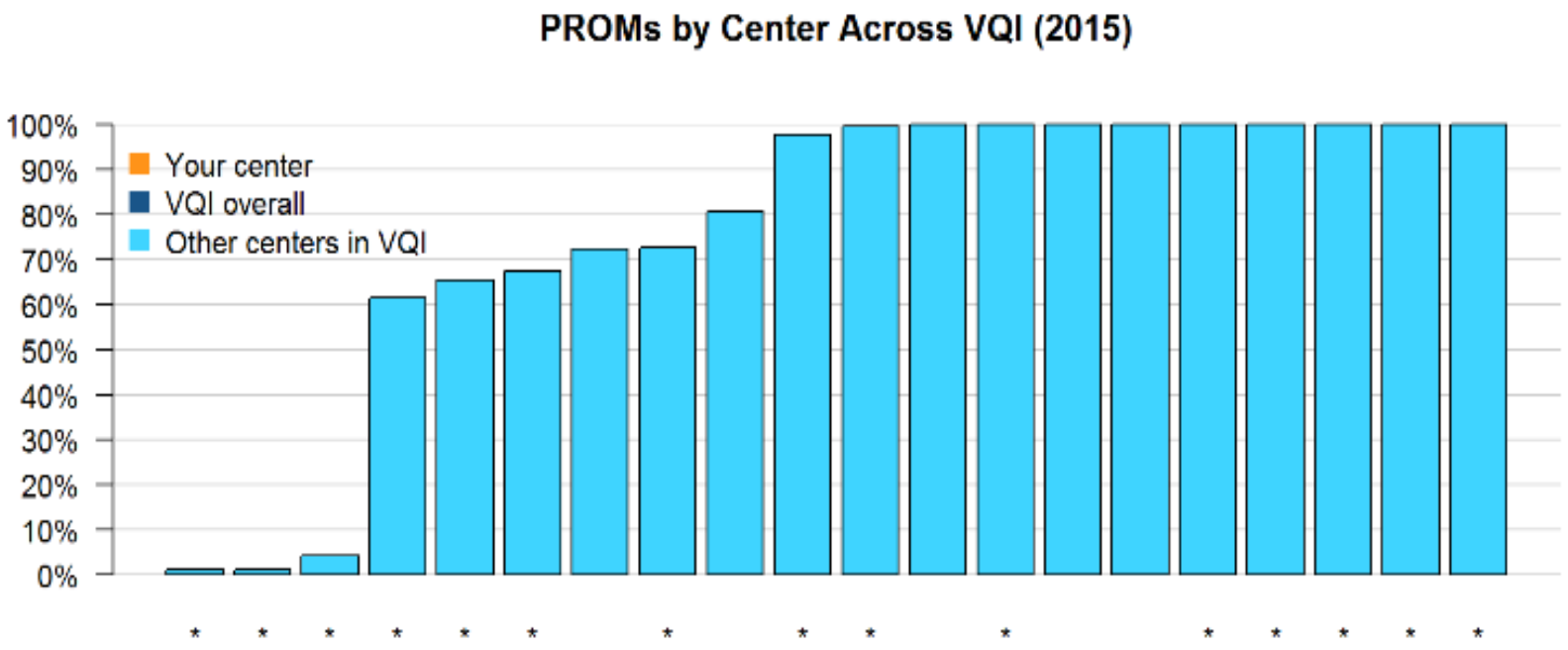
Varicose Veins: Percentage of Procedures with Complete Patient-Reported Outcome Measures Recorded at Follow Up

procedures; includes only patients with any follow-up visit recorded. All regional data omitted because most regions have <3 centers. Patient-reported outcome measures (PROMs) include heaviness, achiness, swelling, throbbing, itching, appearance and impact on work in side of operation.



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Infrainguinal Bypass: Percentage of Procedures with Chlorhexidine or Chlorhexidine+Alcohol Skin Prep (2016)

The table below shows the number of INFRA procedures in the VQI as of Jan. 1, 2017, the percentage of those cases in which chlorhexidine or chlorhexidine+alcohol skin prep was used, and the rate of in-hospital surgical-site infection.

	Your Region	VQI Overall
Number of procedures	283	5537
Rate of chlorhexidine or chlorhexidine+alcohol skin prep	75%	86%
Rate of in-hospital surgical-site infection	2%	2%

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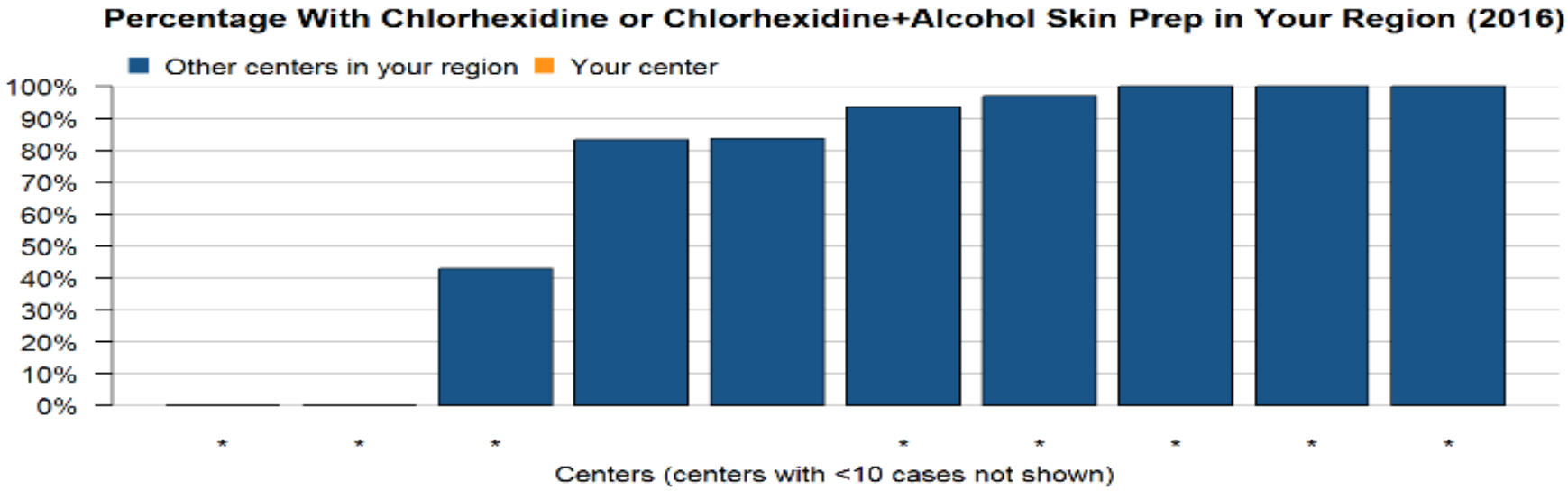

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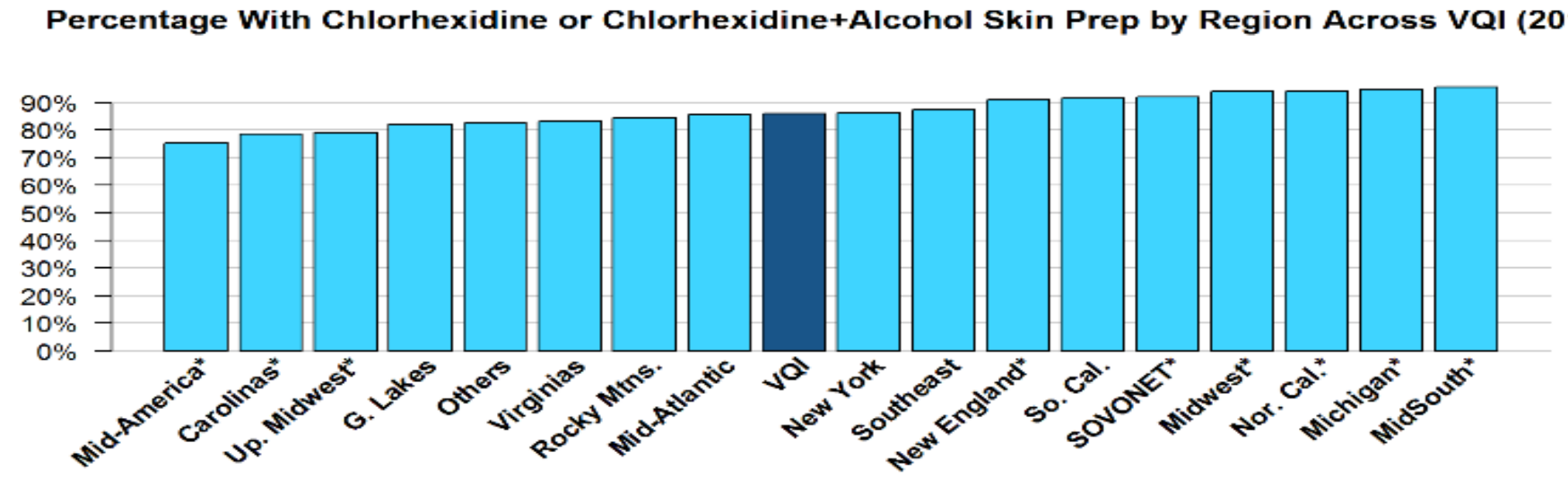

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PVI: Percentage of Percutaneous Femoral Procedures Using Ultrasound Guidance (2016) Excludes cut-down access guidance

The table below shows the number of percutaneous femoral PVI procedures in the VQI as of Jan. 1, 2017, the percentage of those cases in which ultrasound access guidance was used, and the rate of hematoma.

	Your Region	VQI Overall
Number of percutaneous femoral procedures	862	14093
Rate of ultrasound access guidance	16%	67%
Rate of any hematoma (minor, moderate or major)	3.6%	3.3%
Rate of mdoerate or major hematoma	0.5%	0.8%

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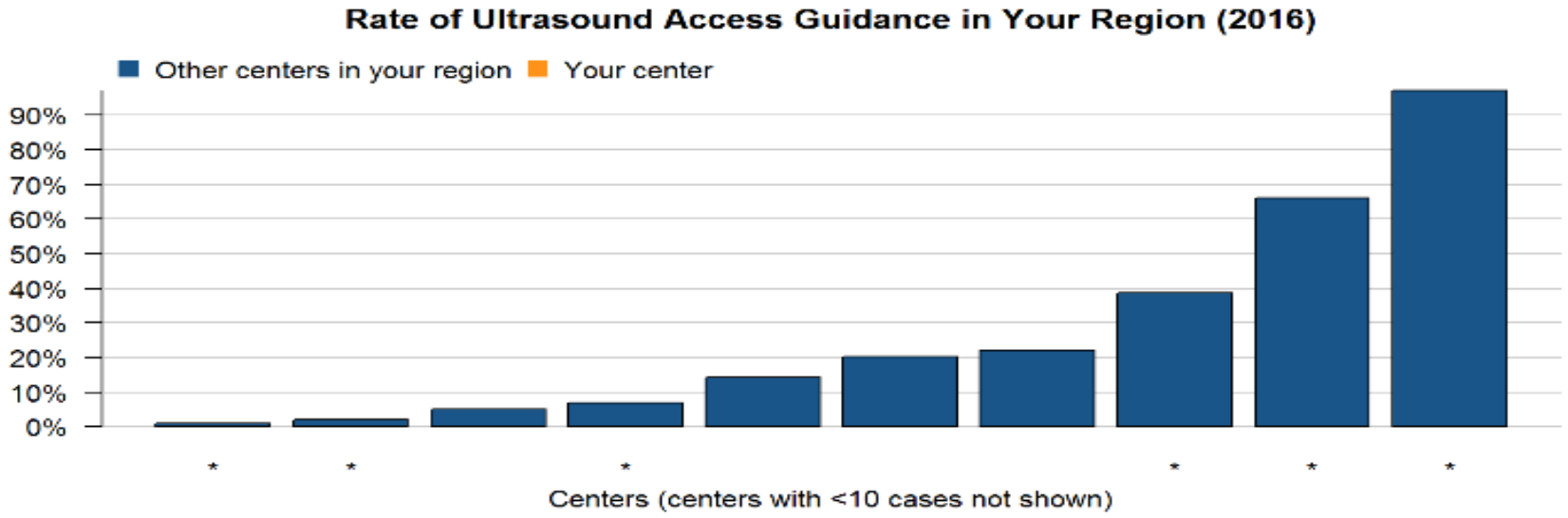

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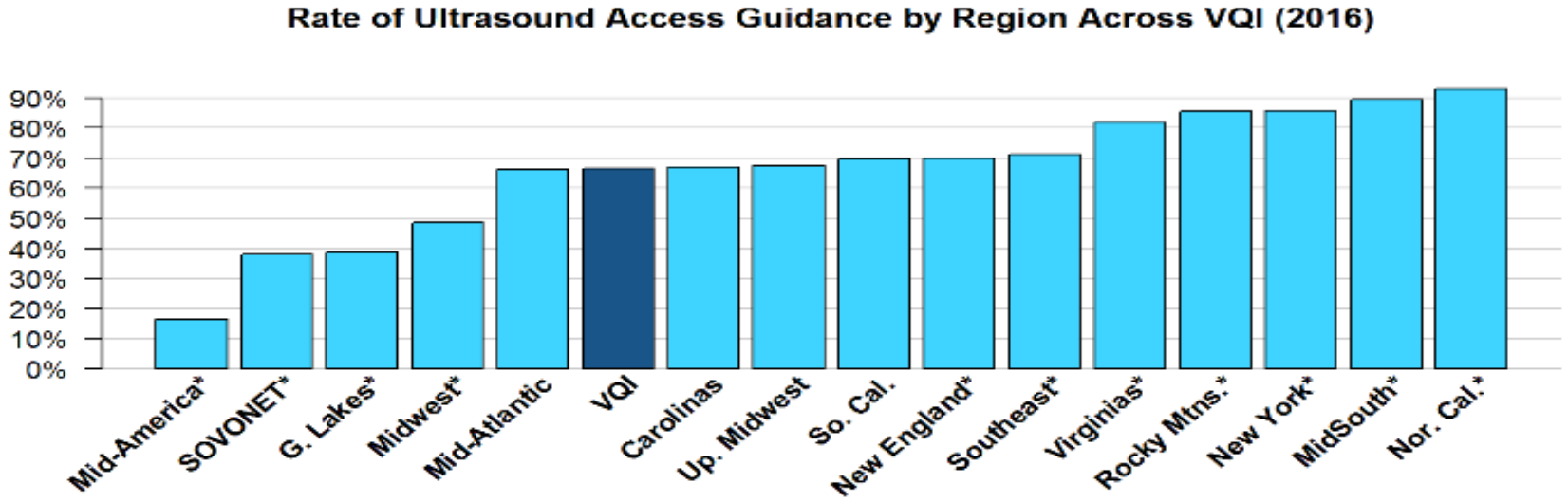

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PVI: Percentage of Patients With ABI or TBI Reported Before Procedure (2016)

"ABI or TBI reported" indicates at least one measure was recorded for the side of the operation, or on both sides for bilateral and aortic procedures.

The table below shows the number of PVI procedures in the VQI as of Jan. 1, 2017, and the percentage of those cases in which ABI or TBI was recorded.

	Your Region	VQI Overall
Number of PVI procedures	922	15568
Percentage with ABI/TBI recorded before procedure	86%	73%
Percentage of claudicants with ABI/TBI recorded	89%	79%
Percentage of patients with critical limb ischemia with ABI/TBI recorded	84%	70%

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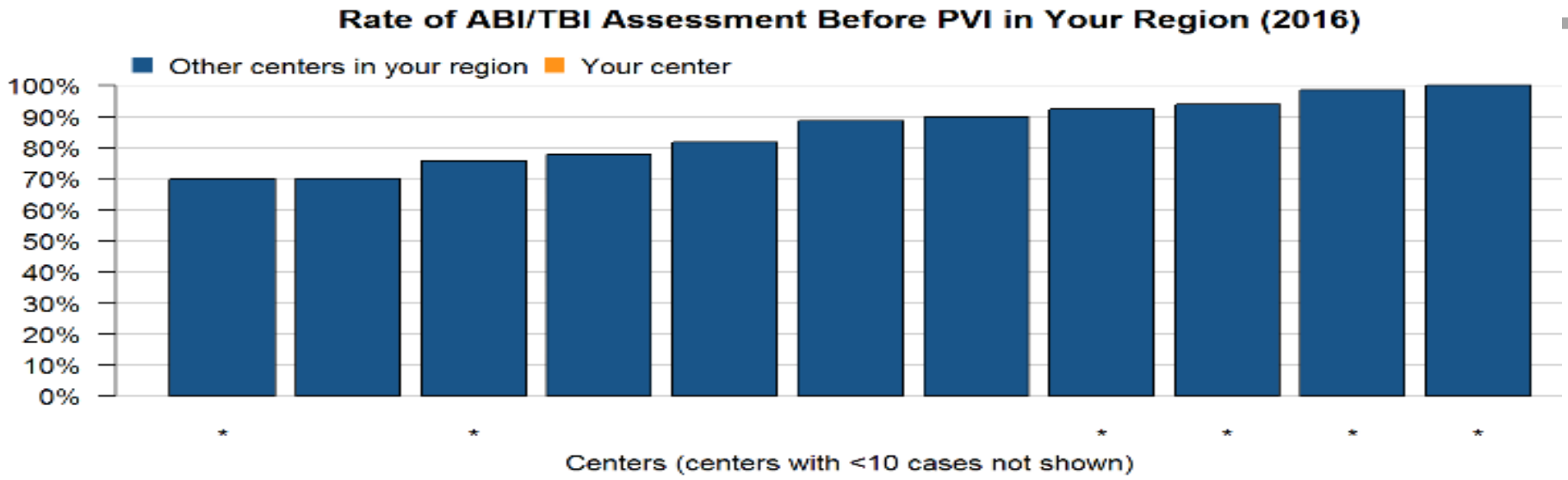

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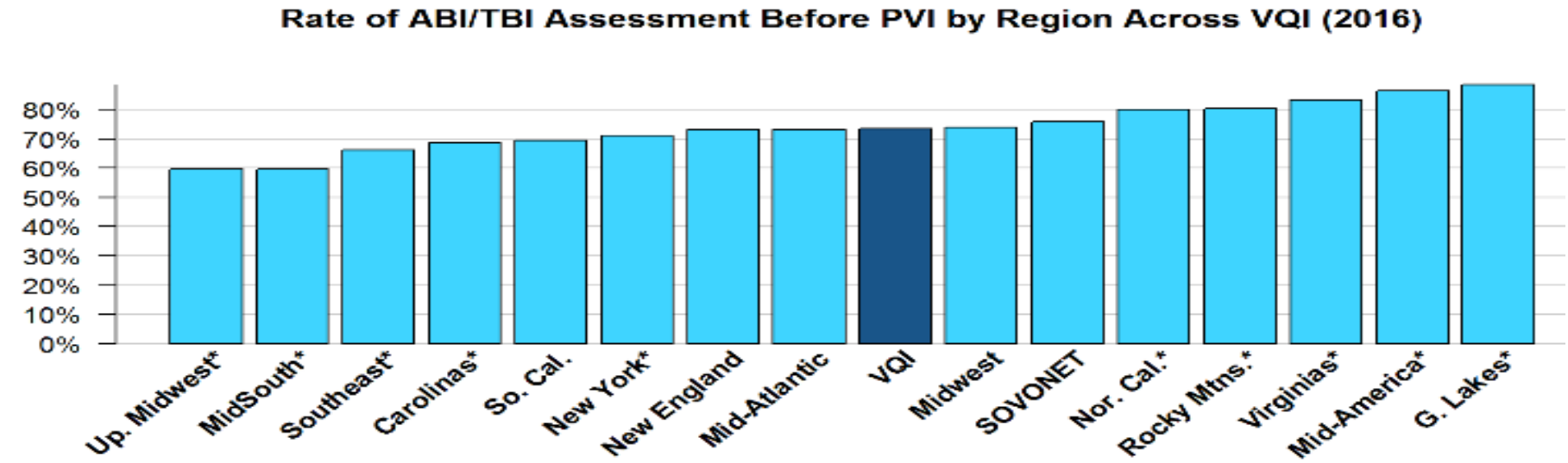

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EVAR: Rate of Sac Diameter Reporting at Long-Term Follow-Up (2014)

Excludes patients without at least 9 months of LTFU

The table below shows the number of EVAR procedures with long-term follow-up that were in the VQI as of Jan. 1, 2017, and the percentage of those cases in which sac diameter was recorded at LTFU.

	Your Region	VQI Overall
Number of EVAR procedures with at least 9 months of follow-up	246	3937
Percentage with sac diameter recorded at follow-up	81%	79%

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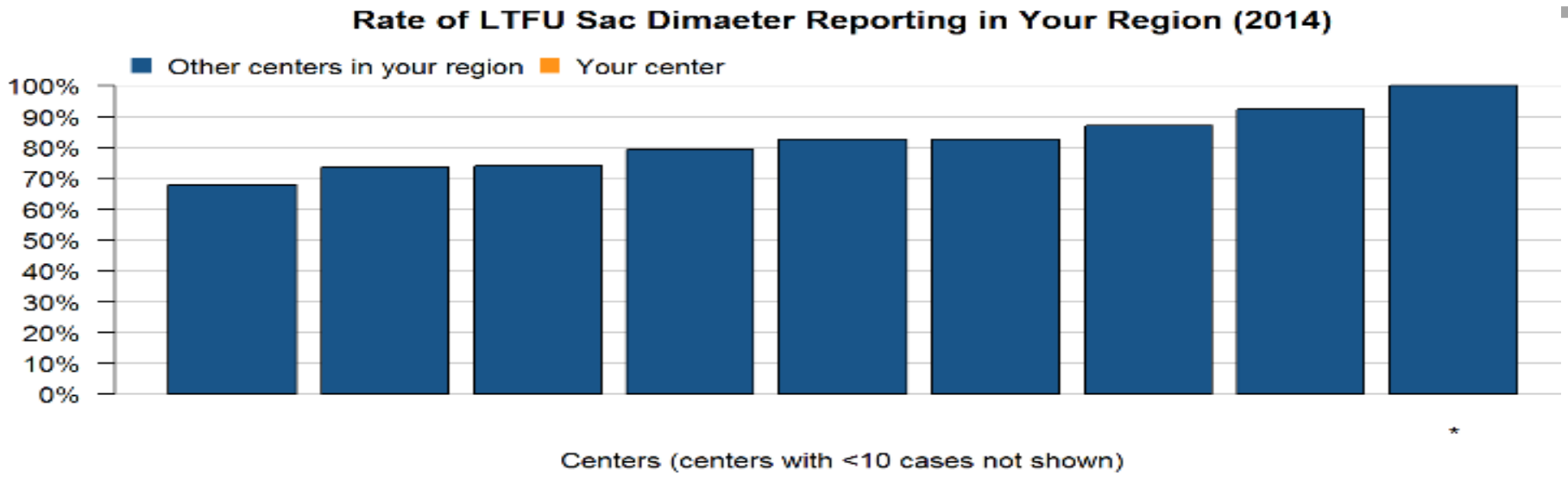

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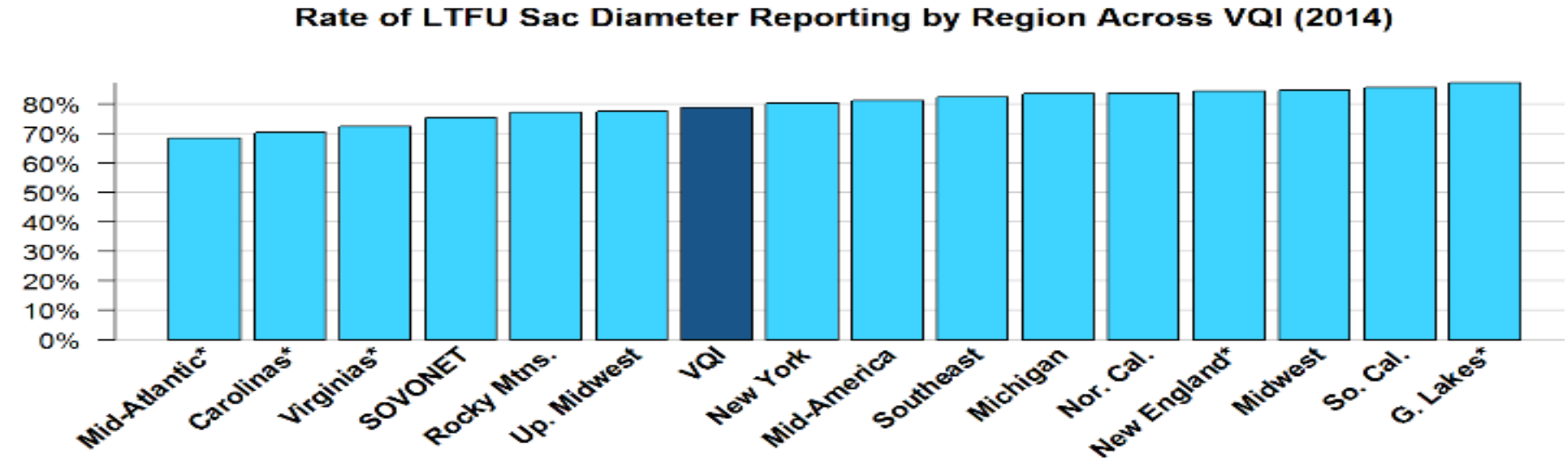

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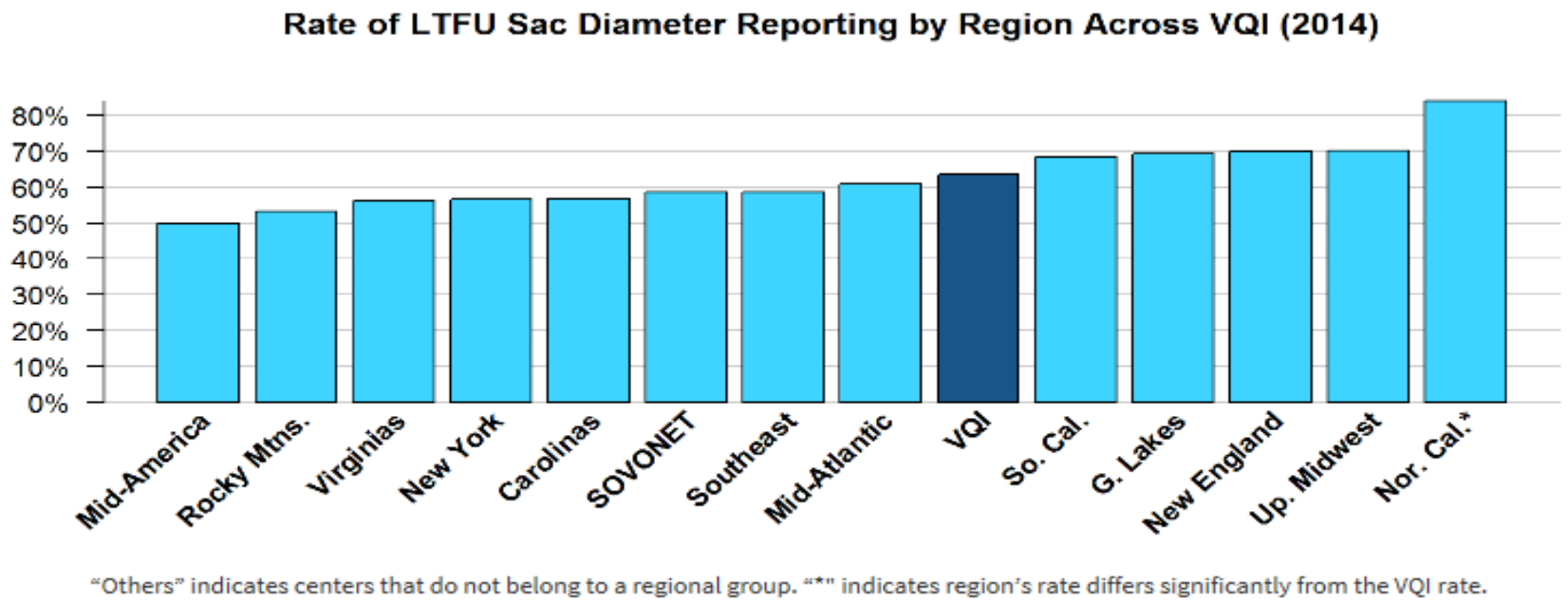
TEVAR: Rate of Sac Diameter Reporting at Long-Term Follow Up

2014, excluding patients without at least 9 month follow up

(your region did not have at least 3 centers with 10 procedures)



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Carotid Endarterectomy: Percentage of Patients with LOS>1 Day (2016)

Elective procedures, excluding prior ipsilateral CEA, concomitant CABG, proximal endovascular or other arterial operation, in-hospital death with LOS<=1 day, procedures done on weekends or not done on admission day.

The table below shows the number of CEA procedures meeting inclusion criteria that were in the VQI as of Jan. 1, 2017, and the observed and expected rates of those cases with LOS>1 Day.

	Your Region	VQI Overall
Number of CEA procedures meeting inclusion criteria	506	10108
Observed rate of LOS>1 day among procedures meeting inclusion criteria	23%	24%
Number of procedures with complete data*	492	9606
Observed rate of LOS>1 among cases with complete data	23%	24%
Expected rate of LOS>1 among cases with complete data*	25%	NA
P-value for comparison of observed and expected rates	0.27	NA

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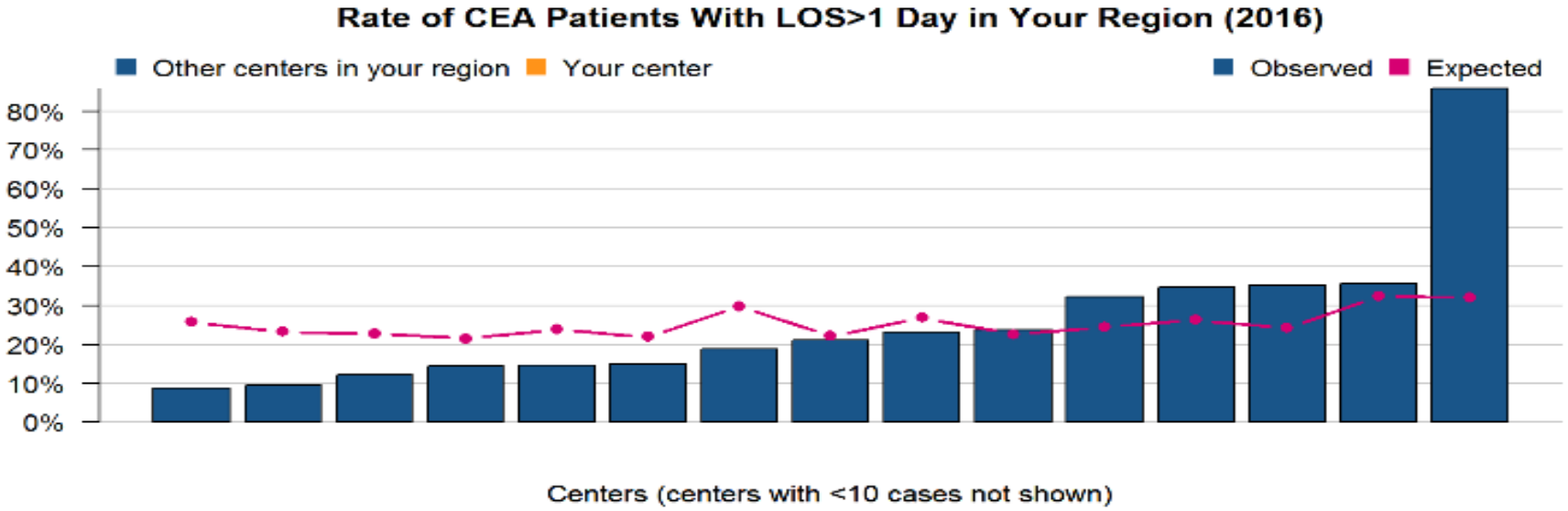

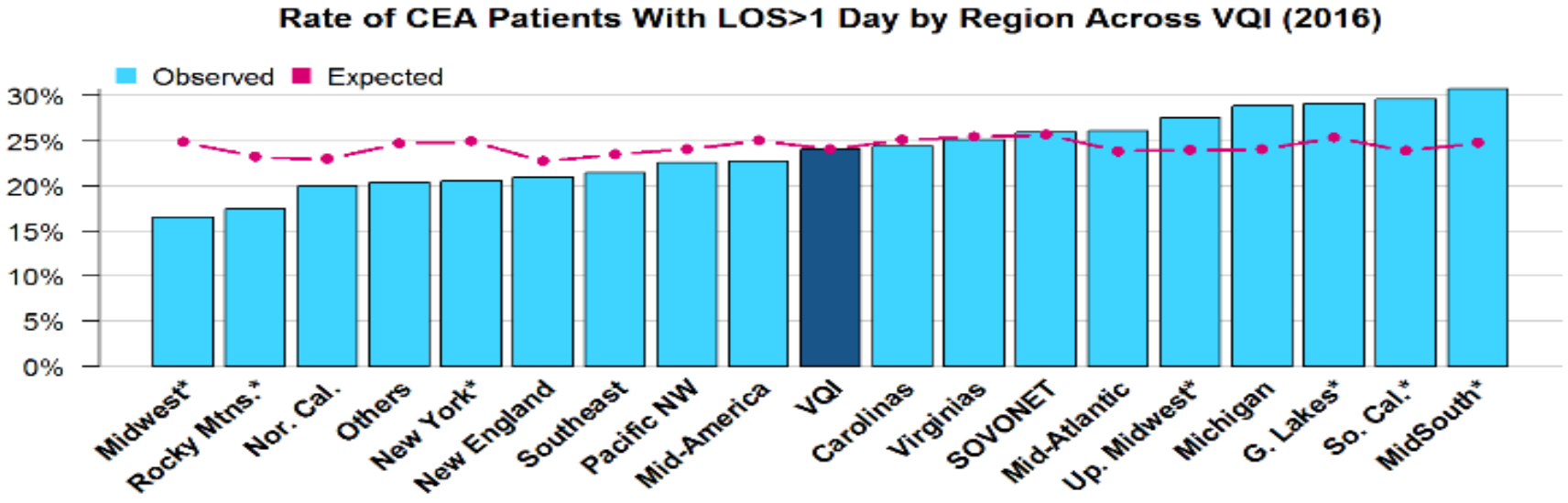

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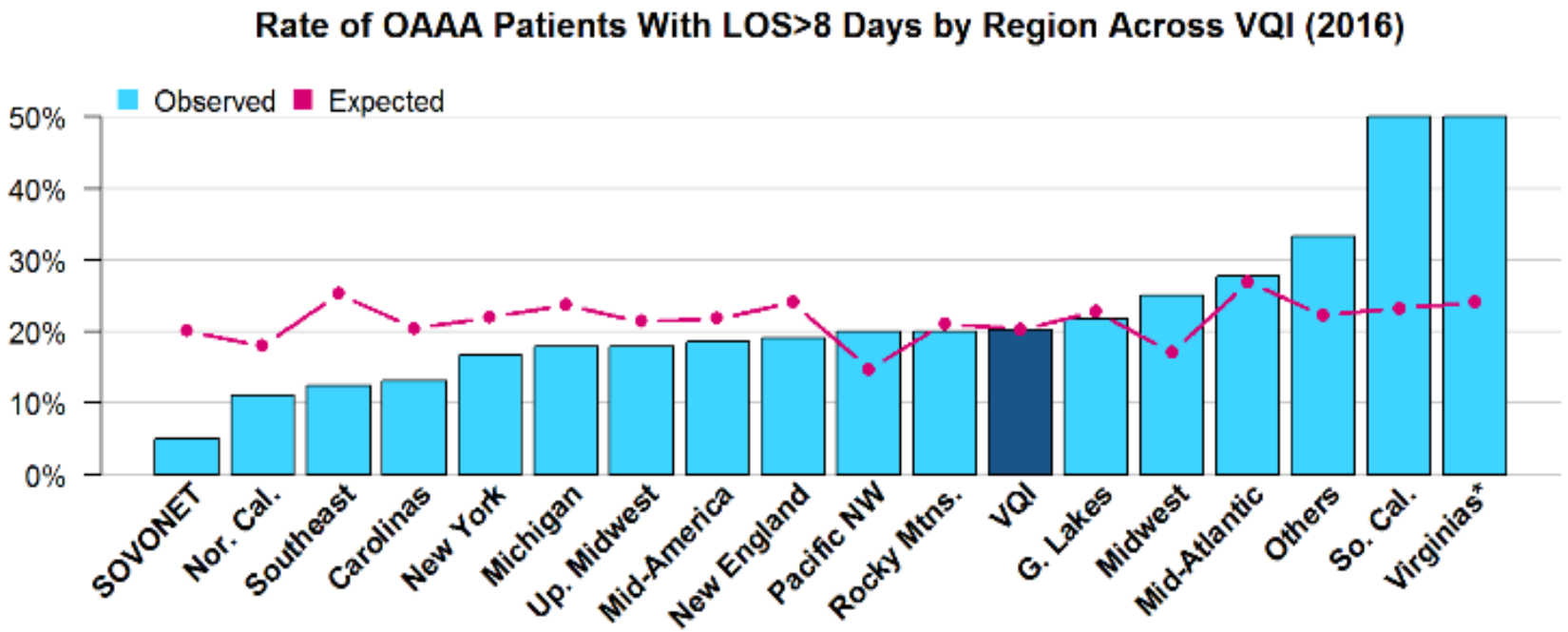
OAAA Repair: Percentage of Patients with LOS>8 Days (2016)

Excludes ruptured aneurysms and in-hospital deaths with LOS<=8 days, procedures not done on day of admission and weekend procedures

The table below shows the number of OAAA procedures meeting the inclusion criteria that were in the VQI as of Jan. 1, 2017, and the observed and expected rates of those cases with LOS>8 Days.

(your region did not have at least 3 centers with 10 procedures)



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Endovascular AAA Repair: Percentage of Patients with LOS>2 Days (2016)

Excludes ruptured aneurysms and in-hospital deaths with LOS<=2 days, patients with prior aortic surgery, procedures not done on day of admission and weekend procedures

The table below shows the number of EVAR procedures meeting the inclusion criteria that were in the VQI as of Jan. 1, 2017, and the observed and expected rates of those cases with LOS>2 Days.

	Your Region	VQI Overall
Number of EVAR procedures meeting inclusion criteria	219	4194
Observed rate of LOS>2 days among procedures meeting inclusion criteria	13%	14%
Number of procedures with complete data*	191	3905
Observed rate of LOS>2 among cases with complete data	11%	14%
Expected rate of LOS>2 among cases with complete data*	15%	NA
P-value for comparison of observed and expected rates	0.15	NA

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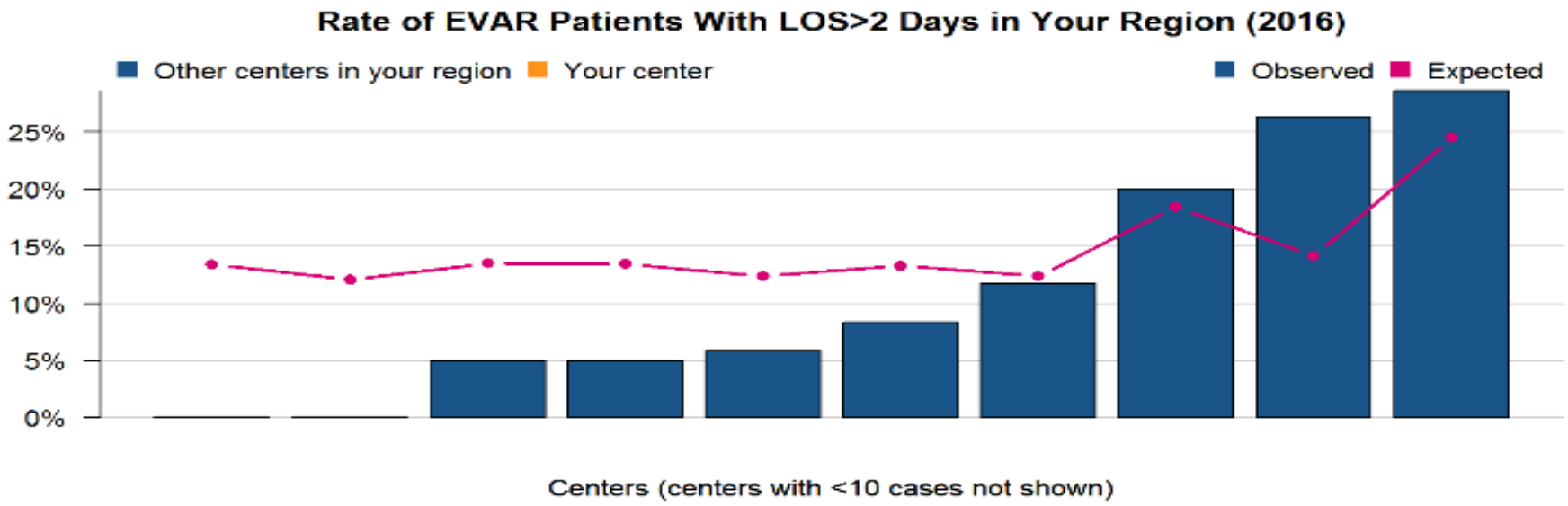

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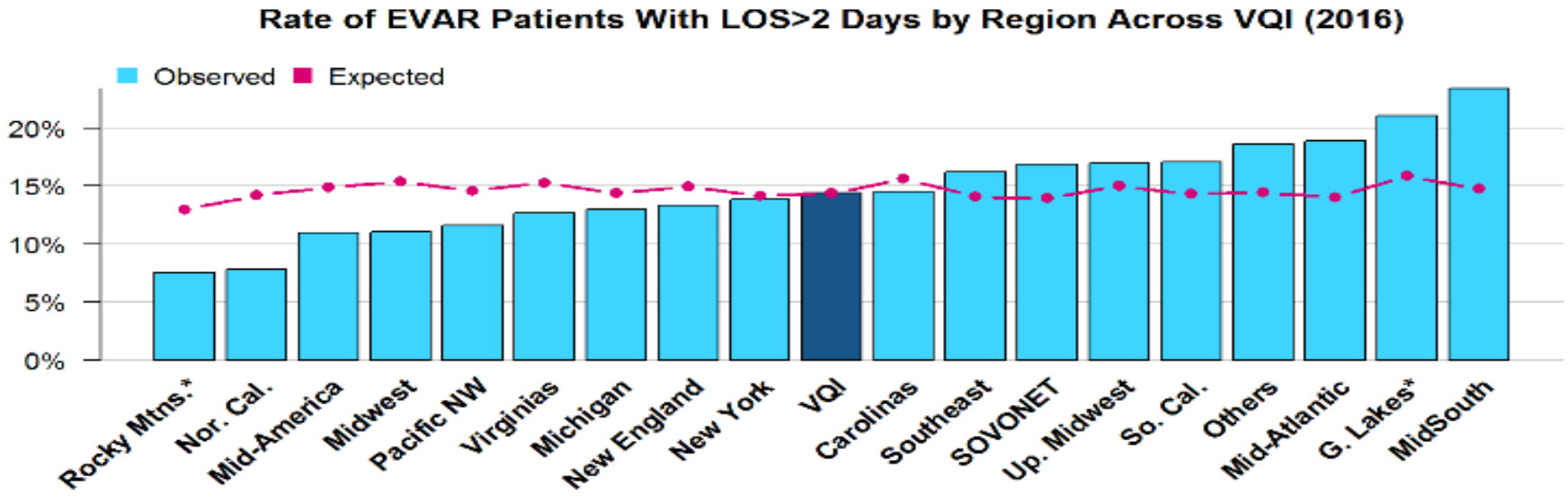

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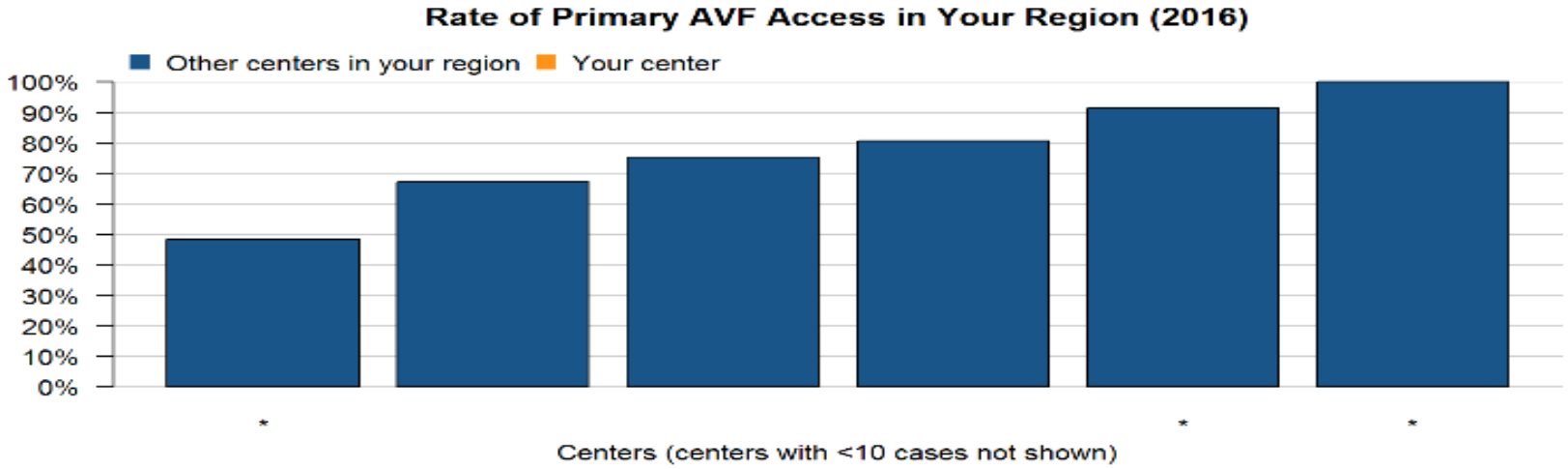
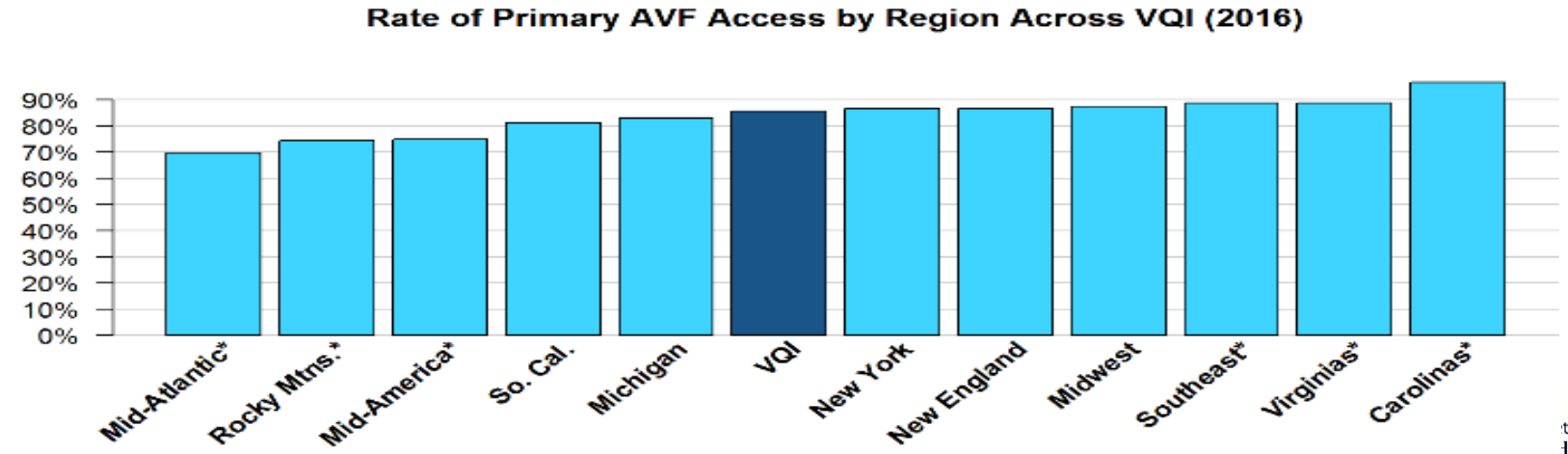
Hemodialysis Access: Percentage of Primary AVF vs. Graft(2016)

Excludes patients with previous access procedure in the same arm





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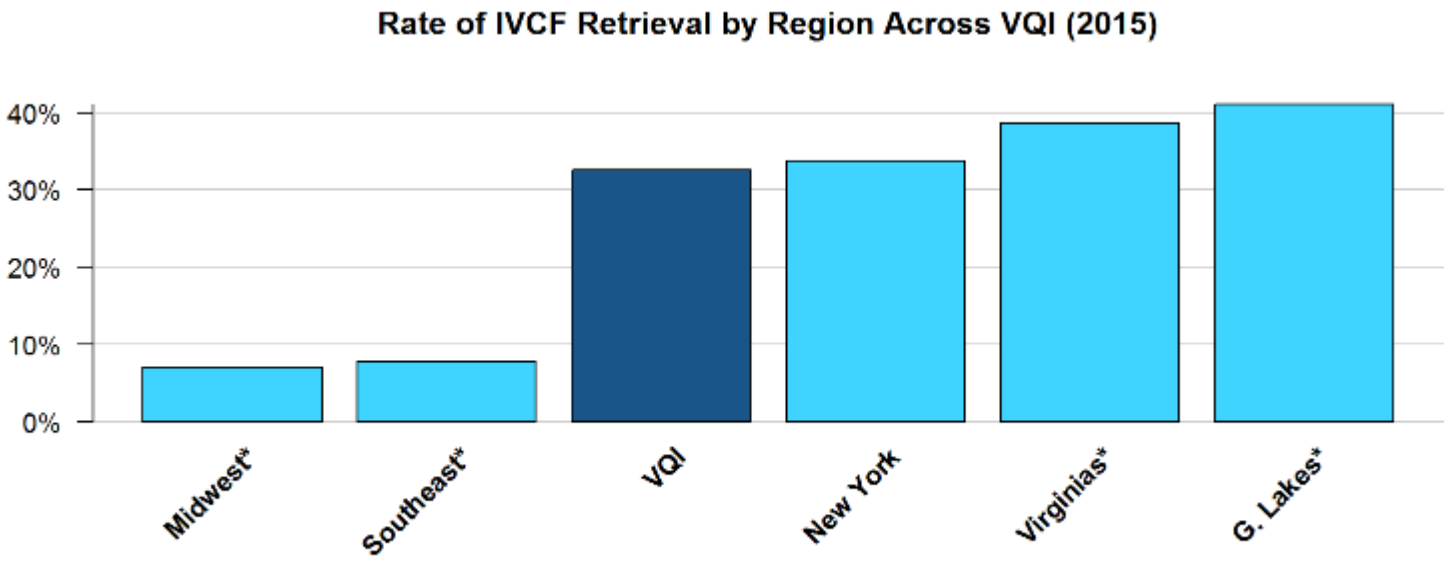
IVCF: Percentage of Temporary Filters With Retrieval or Attempt at Retrieval (2015)

Excludes patients with permanent filters and patients who have died since discharge
The table below shows the number of IVCF procedures meeting the inclusion criteria that were in the VQI as of Jan. 1, 2017, and the percentage of those cases in which the filter was retrieved, or an attempt was made to retrieve it, at any time post-procedure

	Your Region	VQI Overall
Number of access procedures meeting inclusion criteria	NA (<3 centers)	1562
Percentage with filter retrieval, or attempt at retrieval		33%

IVCF: Percentage of Temporary Filters With Retrieval or Attempt at Retrieval (2015)

(your region did not have at least 3 centers with 10 procedures)



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Carotid Artery Stent: Stroke or Death in Hospital (2016)

Elective procedures, excluding prior ipsilateral CAS, and dissection, trauma and "other" lesion types

The table below shows the number of CAS procedures meeting the inclusion criteria that were in the VQI as of Jan. 1, 2017, and the observed and expected rates of in-hospital stroke or death for those cases.

	Your Region	VQI Overall
Number of CAS procedures meeting inclusion criteria	146	1708
Observed rate of stroke or death among procedures meeting inclusion criteria	3.4%	1.6%
Number of procedures with complete data*	138	1610
Observed rate of stroke or death among cases with complete data	3.6%	1.7%
Expected rate of stroke or death among cases with complete data*	2%	NA
P-value for comparison of observed and expected rates	0.21	NA

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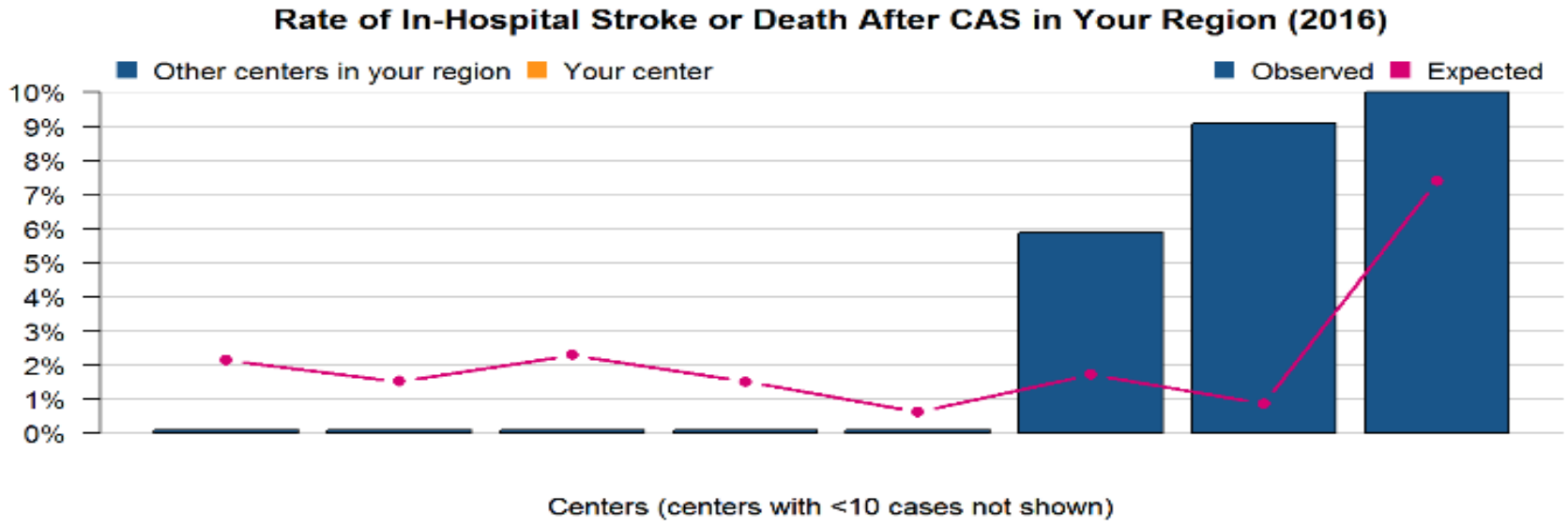

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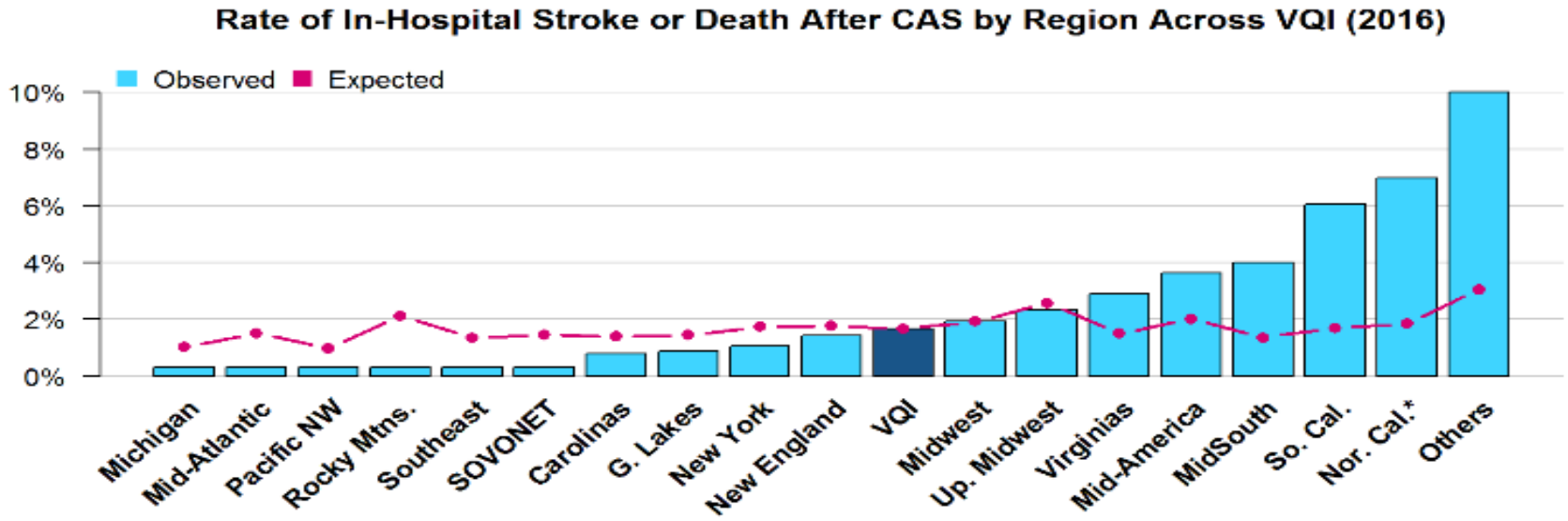

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Carotid Endarterectomy: Stroke or Death in Hospital (2016)

Elective procedures, excluding prior ipsilateral CEA and concomitant CABG, endovascular or other arterial procedure

The table below shows the number of CEA procedures meeting the inclusion criteria that were in the VQI as of Jan. 1, 2017, and the observed and expected rates of in-hospital stroke or death for those cases

	Your Region	VQI Overall
Number of CEA procedures meeting inclusion criteria	554	11302
Observed rate of stroke or death among procedures meeting inclusion criteria	0.9%	1%
Number of procedures with complete data*	538	10751
Observed rate of stroke or death among cases with complete data	0.9%	1%
Expected rate of stroke or death among cases with complete data*	1.1%	NA
P-value for comparison of observed and expected rates	1	NA

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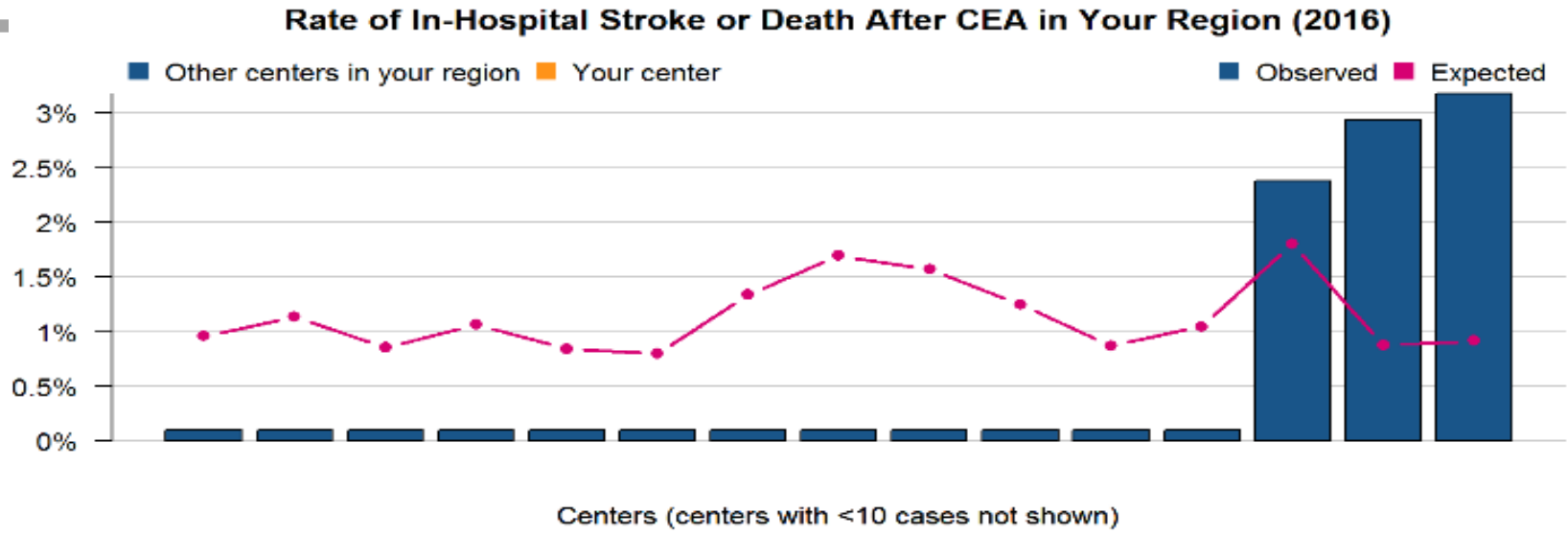

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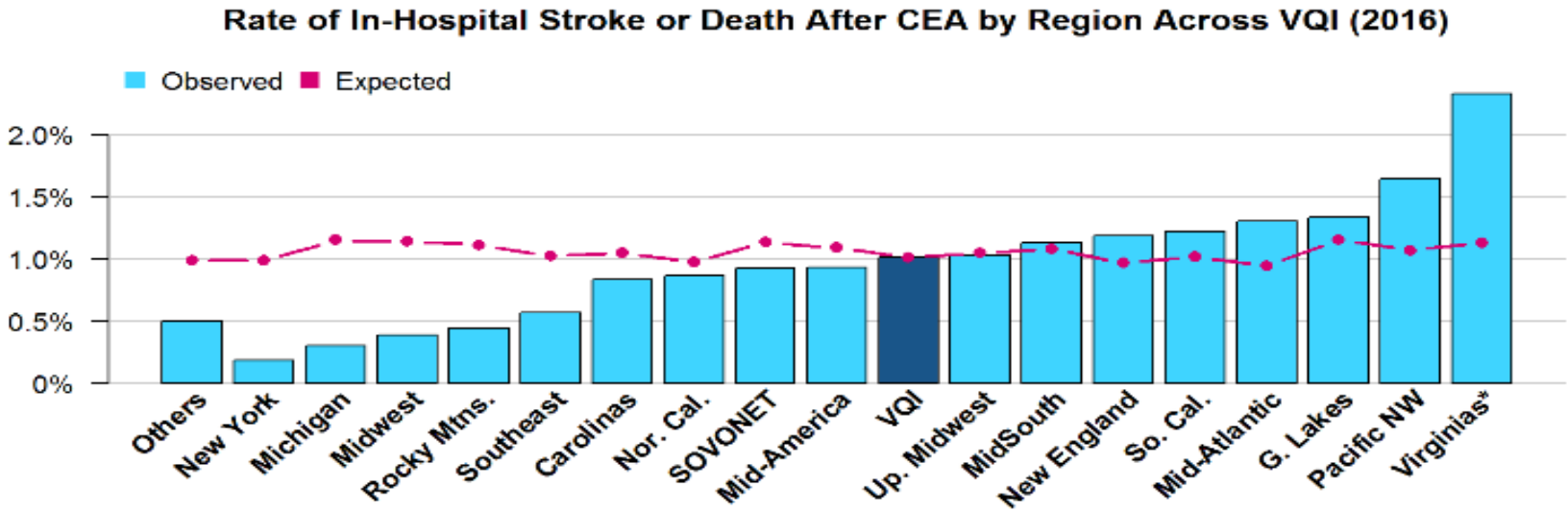

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Infrainguinal Bypass: Rate of Major Complications (2016)

Includes only patients with indication of rest pain or tissue loss. Major complications are defined as in-hospital death, ipsilateral BK or AK amputation or graft occlusion.
The table below shows the number of INFRA cases with indication of rest pain or tissue loss that were in the VQI as of Jan. 1, 2017, and the percentage of those cases that resulted in in-hospital death, ipsilateral amputation or graft occlusion.

	Your Region	VQI Overall
Number of access procedures meeting inclusion criteria	136	3242
Percentage with major complications after INFRA	2.9%	4.1%

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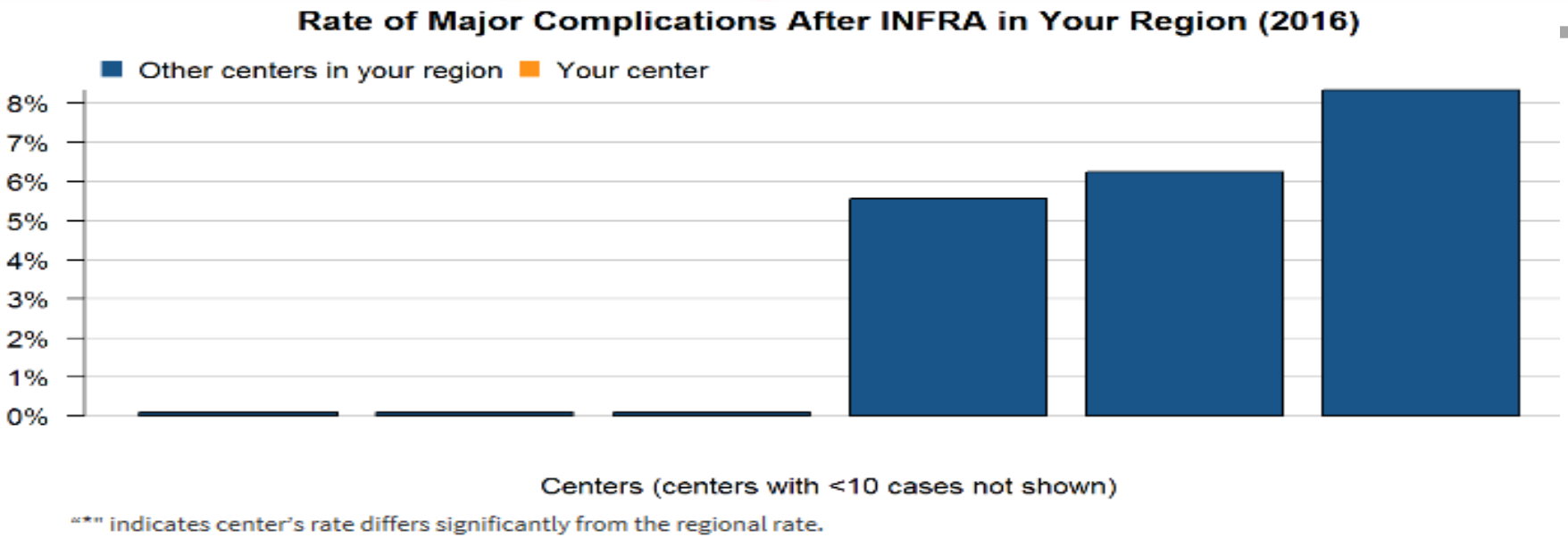

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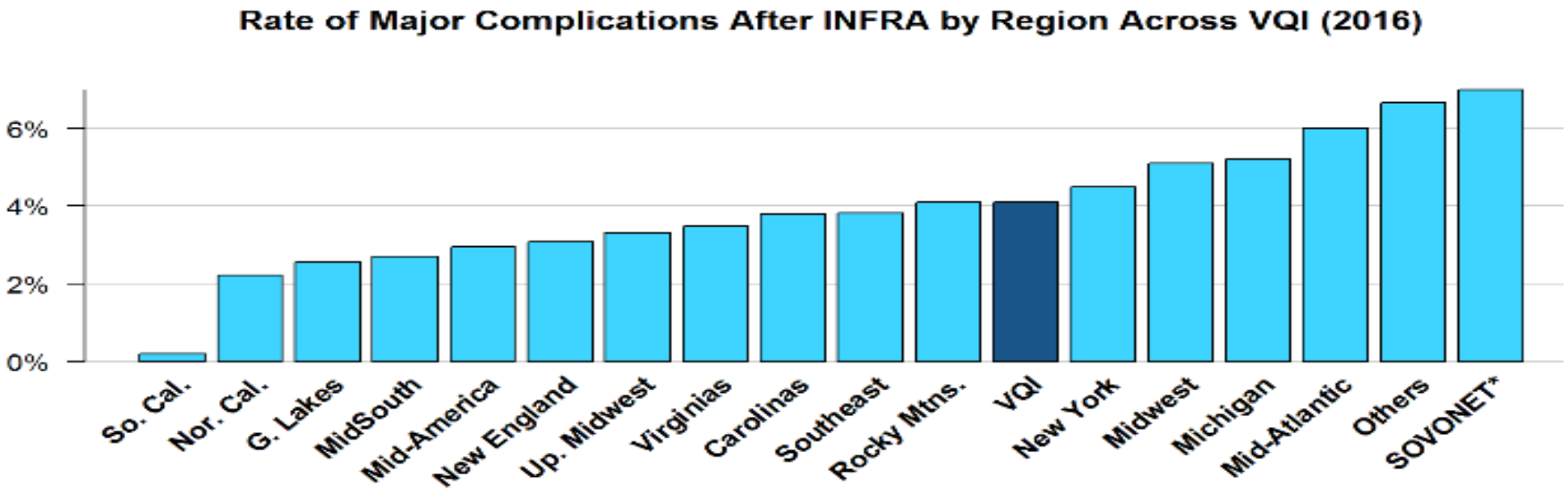

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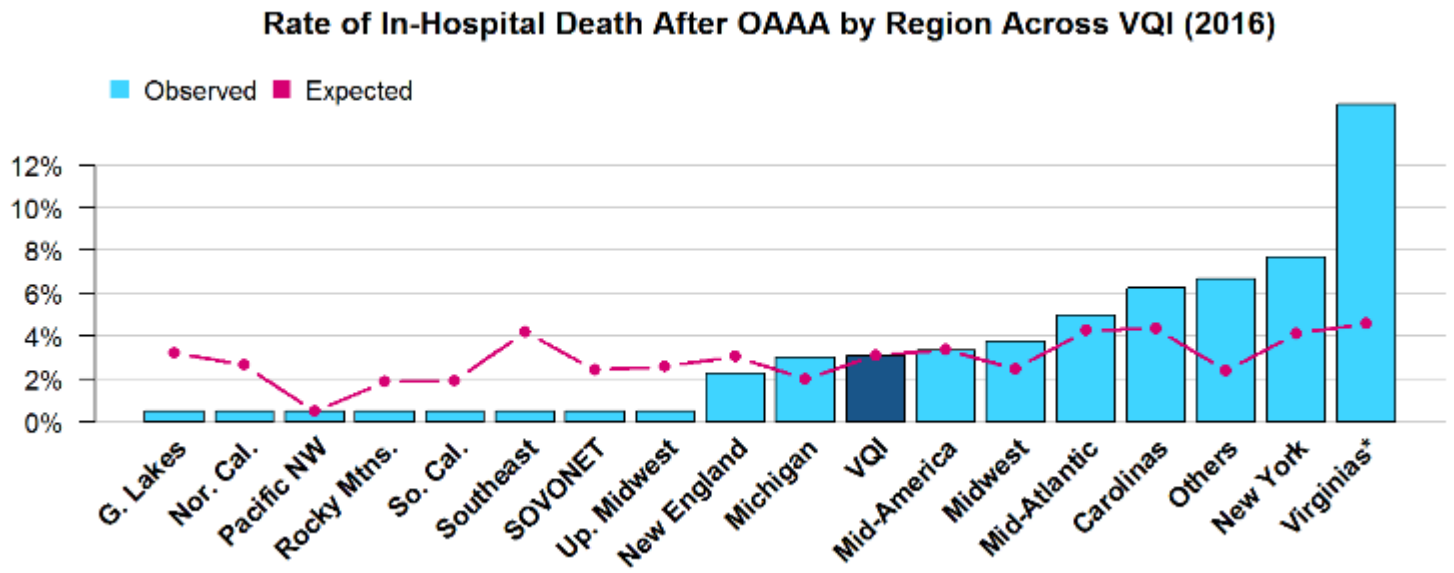
Open Non-ruptured AAA: In hospital Mortality

(2016)

Elective procedures, excluding patients with prior aortic surgery, concomitant renal, infrainguinal or other abdominal procedures, and procedures performed on the weekend.

(your region did not have at least 3 hospitals with 10 procedures)



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Arterial Quality Council Update:

Todd Vogel, MD

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VQI Committee Activities – Arterial Quality Committee

The Arterial Quality Committee (AQC) discussed term limits and succession planning for VQI Registry Chairs and Vice Chairs and recommended:

- Three year terms renewable every year for one year
- The Vice Chair should be prepared to accept the Chair position when the Chair steps down
- The Chair can rejoin the committee after stepping down
- The AQC Chair has the right to ask a Chair or Vice Chair to step down if the Registry Chair or Vice Chair is unable to fully participate

Registry Chairs were requested to examine existing research projects to help identify two to three quality improvement projects that may lead to best practice recommendations for procedures included in each Registry.

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Implementation of National QI Projects:

- **Three VQI committees** working on the National QI project rollout of improving discharge medication and EVAR LTFU imaging rates.
- Provide physician specific reports and COPI reports for discussion at regional meetings
- Identify high performing centers
- Seek industry funding for EVAR LTFU imaging once a plan of work has been completed.
- **Publication** of National QI projects in Feb 22nd issue of *Vascular Specialist*

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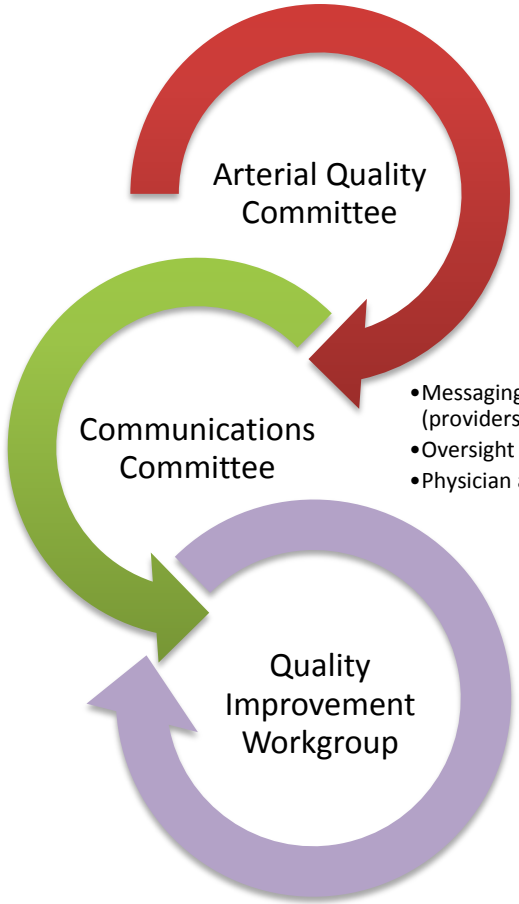
PSO National QI Project Committee Process

SVS PSO
- Identify high performing centers
- **Provide input to/from regional meetings**
- Develop educational resources
- Develop COPI and Physician Reports
- Align with MIPS/MACRA
- Track successes



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Implementation of National QI Projects:

Later Steps

- Planned VQI publication describing outcomes of patients with and without EVAR follow-up and imaging
- Registry changes: Automatic push reports that provide centers with information on patients needing follow-up imaging
- Incorporate QI project participation as part of the Participation Awards. Inform VQI members that adding QI project participation as part of the Awards program is being considered.
- Medicare integration/query to determine if imaging is being done elsewhere, but not entered in the VQI registry.

COPI and Physician Reports

- In addition to the spring and fall regional reports, this year we have published three COPI reports:
  - 30-day stroke and 1-year mortality after CEA
  - 30-day stroke or 1-year mortality after CAS
  - COPI report on hematoma after PVI
- We have also published three surgeon-level reports:
  - Percentage of high-risk patients receiving CEA
  - Percentage of patients receiving follow-up imaging after EVAR
  - Surgeon-level report on percentage of high-risk patients receiving CAS
- 2017 Plan to repeat previous reports:
  - First one is CEA LOS

Research Advisory Council Update: Andrew Hoel, MD

National Research Process

http://www.vascularqualityinitiative.org/vqi-resource-library/quality-research/

Approved Project List – as of 12/13/2016

- To submit a proposal to be considered for the National RAC, please follow the link below and select “PSO National RAC – MONTH Proposal Submission.

http://abstracts123.com/svs1/meetinglogin

National Research Process

Proposal Submissions

April 2017

Call for Proposals: February 14, 2017
Due Date: Midnight March 27, 2017
Meeting: April 10, 2017
Notification Sent: April 11, 2017

June 2017 – Dates Subject to Change

Call for Proposals: April 11, 2017
Due Date: May 29, 2017
Meeting: June 12, 2017
Notifications Sent: June 13, 2017

Regional Research Projects:

- Any new ideas?

QI Projects

- "National readmission rates in patients with critical limb ischemia" – Kamal Gupta, MD
- "Role of a structured cardiac rehabilitation program in patients with PAD post revascularization" – Kamal Gupta, MD

Venous Quality Council Update:
Ravi Hasanadka, MD

Venous Quality Council

Venous Stent Registry: release 2018

Clinical Workgroup:

Marc Passman, MD (chair), William Marston MD, Tony Gasparis MD, Rabih Chaer MD, BK Lal MD, Lowell Kabnick MD

Industry and FDA Collaboration:

Bard, Cook, Gore, Medtronic, Veniti

2 venous registries 2016

	MAVSG	National VQI
IVC filters	< 3 centers	1631
TEVAR	77	1613
Varicose Veins	< 3 centers	5199
EVAR	271	5291

Percent Missing Data 2016

	MAVSG	National VQI
IVC filters	< 3 centers	17% lowest
Varicose Veins	< 3 centers	28% tied for 2nd
CEA	43%	29%
Open AAA	20%	31%

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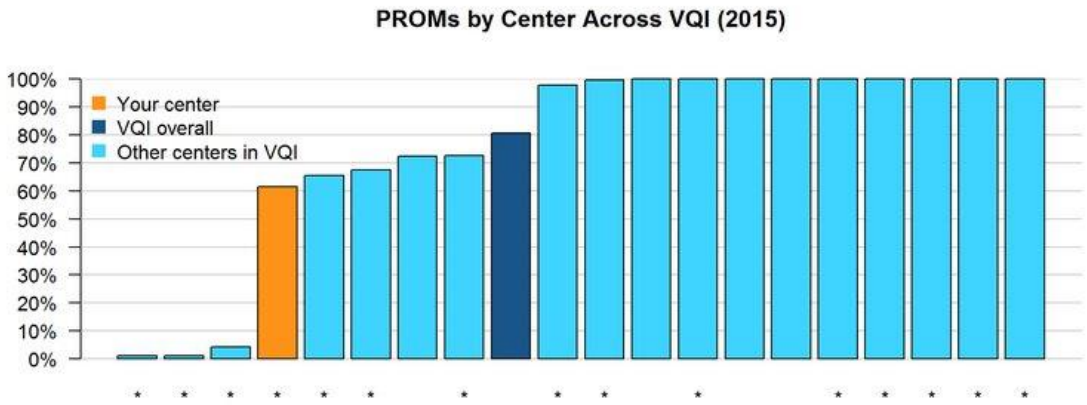
Varicose Veins: Percentage of Procedures With Complete Patient-Reported Outcome Measures Recorded at Follow-Up (2015)

Inclues only patients with any follow-up visit recorded.
All regional data omitted because most regions have <3 centers.
Patient-reported outcomes measures (PROMs) include heaviness, achiness, swelling, throbbing, itching, appearance and impact on work in side of operation.

The table below shows the number of procedures with any follow-up in the VQI as of Jan. 1, 2017, and the percentage of those patients with all PROMs recorded at follow-up.

	Your Center	VQI Overall
Number of patients	114	2213
Percentage with all PROMs recorded	61%	81%



"*" indicates center's rate differs significantly from the overall VQI rate.

SVS Society for Vascular Surgery · m2s · Society for Vascular Medicine

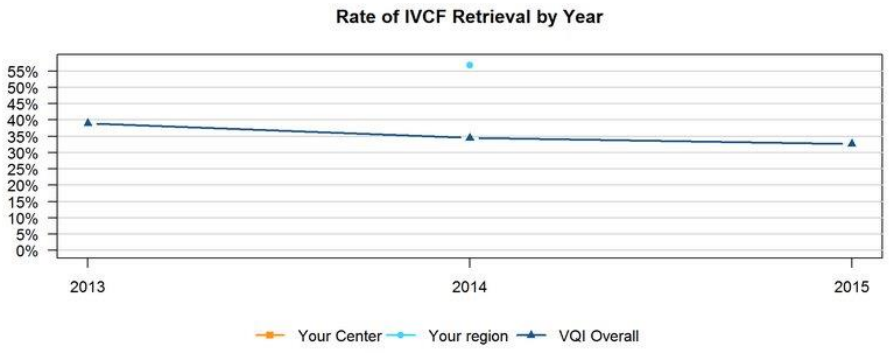
IVC Filter Retrieval

IVCF: Percentage of Temporary Filters With Retrieval or Attempt at Retrieval (2015)

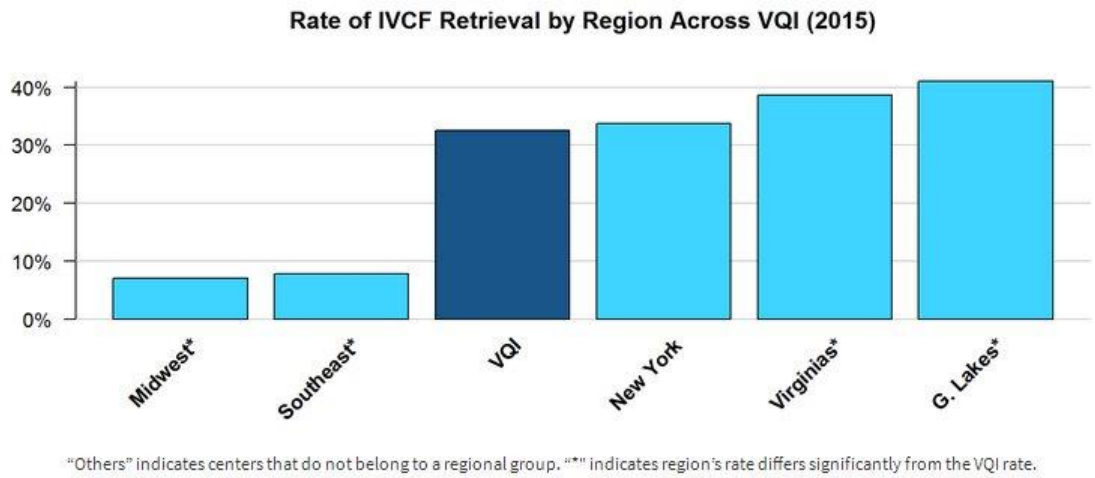
Excludes patients with permanent filters and patients who have died since discharge

The table below shows the number of IVCF procedures meeting the inclusion criteria that were in the VQI as of Jan. 1, 2017, and the percentage of those cases in which the filter was retrieved, or an attempt was made to retrieve it, at any time post-procedure.

	Your center	Your Region	VQI Overall
Number of access procedures meeting inclusion criteria	0	NA (<3 centers)	1562
Percentage with filter retrieval, or attempt at retrieval	NA		33%



IVC Filter Retrieval



Venous Stent Registry

- Release in 2018

- Clinical Workgroup:

Marc Passman, MD (chair), William Marston MD, Tony Gasparis MD, Rabih Chaer MD, BK Lal MD, Lowell Kabnick MD

- Industry and FDA collaboration:

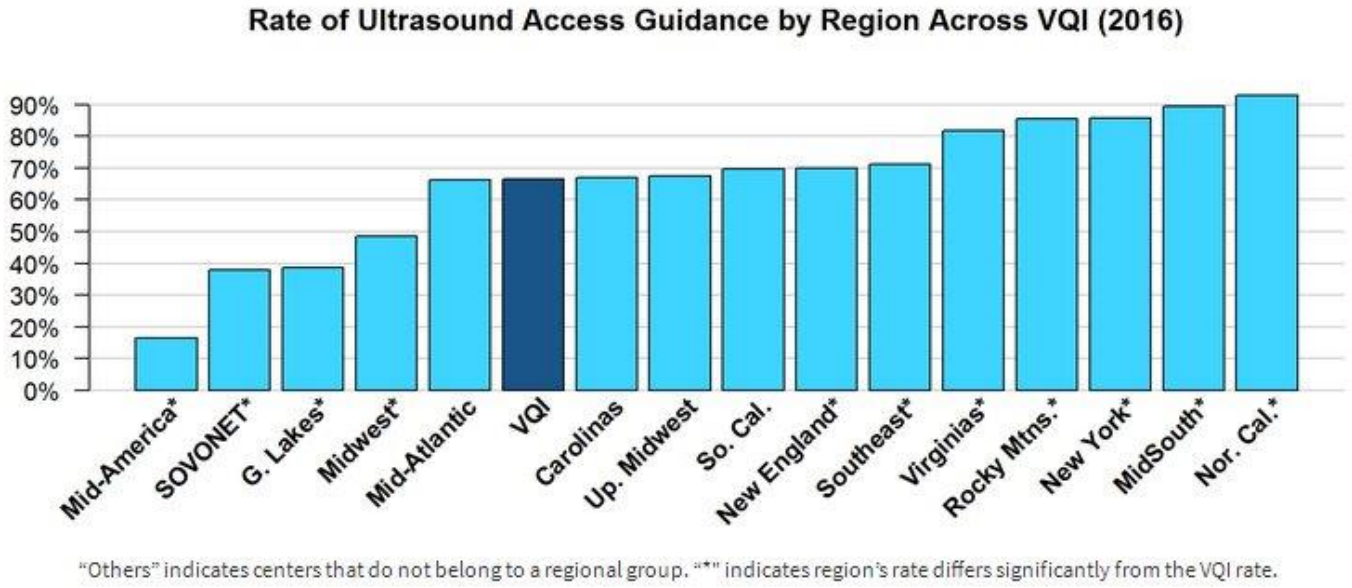
Bard, Cook, Gore, Medtronic, Veniti

Veniti Vici Venous Stent

VENITI VICI VENOUS STENT	
VEN12060	12mm x 60mm
VEN12090	12mm x 90mm
VEN12120	12mm x 120mm
VEN14060	14mm x 60mm
VEN14090	14mm x 90mm
VEN14120	14mm x 120mm
VEN16060	16mm x 60mm
VEN16090	16mm x 90mm
VEN16120	16mm x 120mm

Compatible with .035 inch (.89mm) guidewire and 9 French introducer sheath.

US Guidance with PVI 2016



"Others" indicates centers that do not belong to a regional group. "*" indicates region's rate differs significantly from the VQI rate.

Any Hematoma following PVI 2016

	PVI cases	% US guidance	% hematoma
Region	862	16	3.6
VQI	14093	67	3.3
		P = 0.0001	P = 0.64

Regional Quality Project

- NE VSG
  - routine user (>80%) vs. infrequent user (<20%)
  - 0.8% vs. 4.5%
  - Kalish *et al*. *J Vasc Surg* 2015;61:1231-8.
- Our project
  - Expanded outcomes:
    - Hematoma
    - Pseudoaneurym
    - AV fistula
  - Procedural and Patient Risk factors
    - Includes Sheath size, procedure anticoagulation, protamaine usage, antiplatelets, Thrombolysis, closure device, length of case, etc.

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Governing Council Update:
Joe Schneider, MD

SVS Society for Vascular Surgery | m2s | Society for Vascular Medicine

GC meeting at VEITH

- Strategic Planning Summary
  - National Quality Projects
  - Defining the Value of VQI to SVS Members
  - Data Integrity
  - Focus on MIPS
  - Work with SVS and the Clinical Practice Committee on Appropriateness

- M2S Update
  - CAS Revisions
  - Work with Medstreaming on Data Integration
  - Work with the PSO on MIPS/MACRA

GC meeting at VEITH

- Device Identification Sub-Committee
  - New policy for the release of BDS files with Device Identifiers
  - Would need an attestation that research was free of conflicts
  - Research would need to be reviewed before Identifiers would be granted
  - Need to work on Communications with Industry, prior to Publication

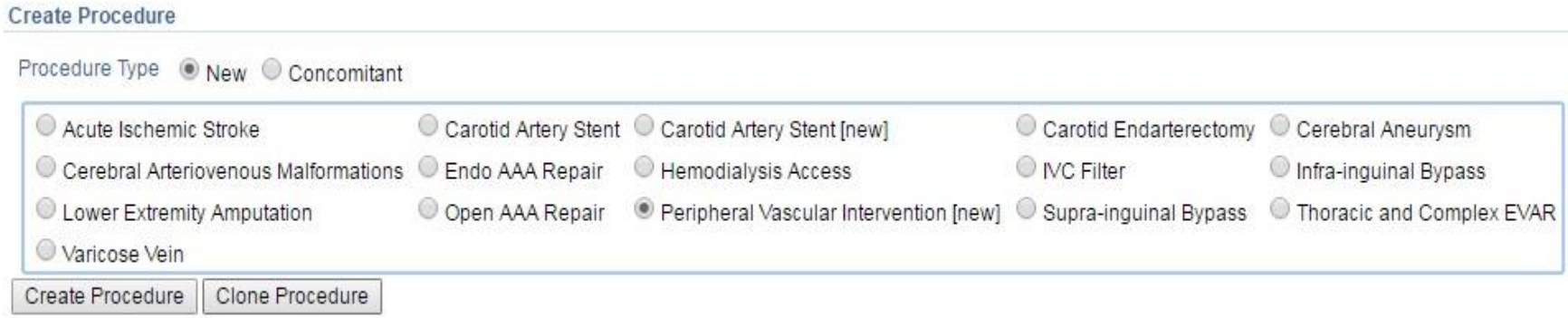
- Potential New Projects
  - EVAR Cost Study with MedAssets/Visient
  - Venous Stenting Registry
  - US News and World Report

Pathways Development Update

-Debbie MacAulay

PVI Clone Data

- Release in Q1 of this year.
- Functionality will allow users to generate a new PVI procedure based on an existing PVI procedure.



PVI Clone Data

- Certain data elements from the Demographics and History section are included and all have are time sensitive to the date of procedure.
- This should provide a large time savings to users who are entering repeat PVI procedures for a single patient.

Clone from:

* Procedure 02/09/2017 - Moloney2, Bob - Incomplete, Submitted

Clone to:

* Procedure Date 02/10/2017 * Primary Physician Freeman, Walter

Report

Page	Region	Field Name	Long Field Name	Field Value	
Demographics	Pre-Adm Status:	Living Status	Living Status	Home	☑
Demographics	Pre-Adm Status:	Functional Status	Functional Status	Full	☑
Demographics	Co-morbidities:	CVD	CVD	None	☑
Demographics	Co-morbidities:	CAD	CAD Symptoms	None	☑
Demographics	Co-morbidities:	CHF	Prior CHF	None	☑
Demographics	Co-morbidities:	Dysrhythmia	Dysrhythmia	No	☑
Demographics	Co-morbidities:	COPD	COPD	Not Treated	☑
Demographics	Co-morbidities:	Diabetes	Diabetes	None	☑
Demographics	Co-morbidities:	Dialysis	Dialysis	No	☑
Demographics	Co-morbidities:	Hypertension	Hypertension	No	☑
Demographics	Co-morbidities:	Smoking	Smoking	Never	☑
Demographics	Testing:	Stress Test	Stress Test	Normal	☑
Demographics	Testing:	Creatinine	Creatinine	12	☑
Demographics	Testing:	Creatinine (umol/L)	Creatinine	1060.8	☑
Demographics	Pre-Procedure Medications	Pre ACE-Inhibitor/ARB	Pre-op ACE-Inhibitor/ARB	No	☑
Demographics	Pre-Procedure Medications	Pre ASA	Pre-op ASA	Yes	☑
Demographics	Pre-Procedure Medications	Pre Chronic Anticoagulant	Pre-op Chronic Anticoagulant	Vitamin K Antagonist	☑
Demographics	Pre-Procedure Medications	Pre Antiplatelet Drugs	Pre-op P2Y12 Antagonist	None	☑

PVI Post-Procedure Tab Revision

- Redesign of the Post-Procedure tab of the PVI registry.
- Goal of improving data collection and complication rate accuracy.
- Streamlined the user experience and reduces the chance of information being missed.
- Discharge Status is now being collected for every PVI procedure.

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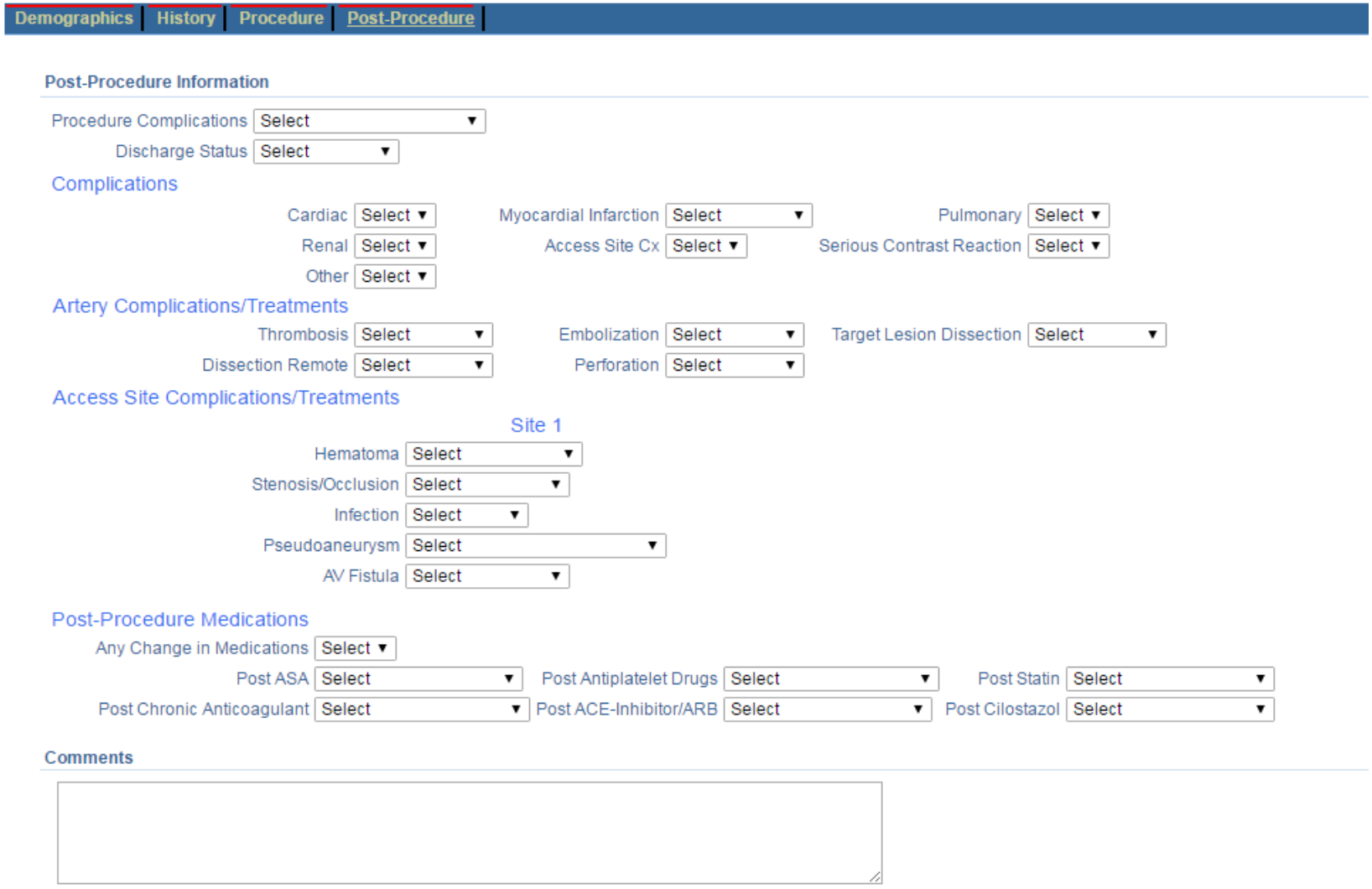
PVI Post-Procedure Tab Revision



TEVAR Dissection Postmarket Surveillance

- Sponsors: Medtronic and W.L. Gore
- Sites have received $854,100 as of 1/31/2017 as compensation for their time.
- FDA has received 4 summary reports (non-identifiable data)
- Steering Committee is drafting a abstract highlighting 30 day outcomes

Cohort	Enrolling new sites	Number of Sites	Number of Patients	Follow Up	Reimbursement
5 Year	No	50	400 (389 patients enrolled)	At 30 days and annually for 5 years	**Per Subject: $4,000** - $1300 Initial Treatment - $400 Each follow up visits - - $700 Final 5 year follow up $700 Add' l intervention
1 Year	**Yes**	Up to 50	200 (143 patients enrolled)	Annually for 1 year	$400 for each procedure with a completed 1 year follow up

Lombard Aorfix Postmarket Surveillance

- Sponsor: Lombard Medical
- EVAR Registry
- Sites have received $79,200.00 as of 1/31/2017 as compensation for their time.
- Lombard has received 4 data reports (non-identifiable data)

Enrolling	Number of Sites	Number of Patients	Follow Up	Reimbursement
Yes	50	234 (40 patients enrolled)	At 30 days and annually for 5 years	**Per Subject: $4,000** - $1300 Initial Treatment - $400 Each follow up visits - - $700 Final 5 year follow up $700 Add' l intervention

Medtronic IN.PACT DCB ISR Postmarket Surveillance

- Sponsor: Medtronic
- PVI Registry
- The Medtronic IN.PACT® Admiral® DCB ISR Project is a prospective, non-randomized, multi-center, single arm post market registry surveillance of the clinical use of the Medtronic IN.PACT® Admiral® Paclitaxel-Coated PTA Balloon
- The primary objective of this project is to assess the long-term safety and performance of the IN.PACT® Admiral® DCB in a U.S. population for the **treatment of ISR lesions in the superficial femoral and popliteal arteries**.

Enrolling	Number of Sites	Number of Patients	Follow Up	Reimbursement
Yes	50	300 (2 patients enrolled)	At 12, 24 and 36 Months	**Per Subject: $1,950** - $350 Initial Treatment - $500 1 and 2 year FU visits - $600 Final 3 year FU visit

Bard® LifeStent® Popliteal Artery Stent Project

- Sponsor: Bard Peripheral Vascular, Inc.
- PVI Registry
- Objective: to conduct long term post-market surveillance of the safety (including fractures assessed at revision) and effectiveness of the Bard® LifeStent® Vascular Stent Systems for the treatment of symptomatic de novo or restenotic lesions in the popliteal artery.

Enrolling	Number of Sites	Number of Patients	Follow Up	Reimbursement
Yes	Up to 30 (5 currently enrolled)	74	12 months and 24 months	**Per Subject: $1400** - $400 Initial Treatment - $500 Each follow up visits - $400 Additional TLR or TVR intervention

CREST 2 Registry Project

- CAS Registry with Supplemental 1-page form
- Enrolling
- 64 Physicians are participating through VQI
- Objectives
  - Promote rapid initiation and completion of enrollment in the CREST-2 trial
  - Ensure that CAS is performed by adequately experienced operators within CREST-2 and C2R
  - Closely monitor clinical outcomes of C2R patients
  - Prevent inappropriate use of CAS outside of C2R
- C2R Investigators have received 10 reports
  - Patient-level data is non-identifiable per HIPAA
  - Physician and center names are transferred IAW project data sharing agreement

Trans-Carotid Artery Revascularization Project

- Collaboration with CMS to provide reimbursement for TCAR in medical high risk symptomatic or asymptomatic patients if entered into VQI CAS Registry + 1 Yr follow-up
- Data will be compared with outcome of CEA procedures in VQI during the same time interval
- Goal is to generate real-world data for future decisions about coverage of TCAR as distinct from trans-femoral CAS
- Enter TCAR case using FDA approved stent/flow-reversal into Registry, submit Medicare claim using NCT 02850588

Trans-Carotid Artery Revascularization Project

VQI Information:

http://www.vascularqualityinitiative.org/vqi-resource-library/tcar-surveillance-project/

Clinical Trials Information:

https://clinicaltrials.gov/ct2/show/NCT02850588?term=TCAR&rank=1

CMS:

- https://www.cms.gov/Medicare/Medicare-General-Information/MedicareApprovedFacilitie/Carotid-Artery-Stenting-CAS-Investigational-Studies.html

TCAR vs. CREST2

- For physicians that are doing TCAR and are not in CREST2:
  - Use the new CAS form, include the NCT# on the claim

- For physicians that are doing just CREST2 or TCAR and ARE in CREST2:
  - Use the original CAS form (not the new CAS form), and follow the CREST2 instructions. This ensures that the case is provided to the CREST2 team and the physician gets paid

Email Deliverability

Have you experienced problems receiving our email newsletters or PATHWAYS updates? Contact us at vqi@m2s.com if you are not receiving emails from the VQI or PATHWAYS.

Types of emails we are currently sending:

- VQI Pulse eNewsletter
- PATHWAYS product updates
- VQI Registry news
- Webinar events
- and much more!

Potential Members

Memorial Hospital of Carbondale	Carbondale	IL
University of Iowa	Iowa City	IA
Genesis Medical Center	Davenport	IA
St. Luke's Hospital	Cedar Rapids	IA
Holy Cross Hospital	Chicago	IL
Christ Hospital and Medical Center	Oak Lawn	IL
Evanston Hospital	Evanston	IL
St. Joseph's Hospital	Bloomington	IL
Shawnee Mission Medical Center	Shawnee Mission	KE
Rush University Medical Center	Chicago	IL
St. Louis University Hospital	St. Louis	MO

General Business:

Round Table

Next Meeting

- Fall 2017 – Chicago, IL – Wednesday, Sept 6, 2017 (In conjunction with MVSS – 9/7-9/17)
- Spring 2018 – Peoria, IL
- Fall 2018 – Accepting offers
- Spring 2019 – Accepting offers