Rocky Mountain Vascular Quality Initiative (RMVQI)

February 23, 2018
10am - 4pm MT
Carondelet Heart and Vascular Institute at St. Mary's Hospital
Agenda:

I. Welcome and Introduction
   Scott Berman, MD

II. National VQI Update
    Carrie Bosela, PSO

III. AQC Update
     Magdriel Trinidad, MD

IV. VQC Update
    Brigitte Smith, MD

V. RAC Update
   Benjamin Brooke, MD

VI. Governing Council Committee Update
    Scott Berman, MD

LUNCH BREAK: Paper Presentations

I. Regional Data Review
   Scott Berman, MD

II. M2S: Development Update
    Anne Parker, M2S

III. Next Evaluation
Welcome and Introductions

Arizona Endovascular Center, AZ
Carondelet Heart and Vascular Institute Physicians, AZ
Carson Tahoe Regional Hospital, NV
Cheyenne Regional Medical Center, WY
Lovelace Health System, NM
Mayo Clinic, AZ
Memorial Hospital Center, CO
Penrose St. Francis, CO
Porter Adventist Hospital, CO
Presbyterian Healthcare Services, NM
Presbyterian/St. Luke's Medical Center, CO
Providence St. Patrick Hospital, MT

Rose Medical Center, CO
Saint Joseph Hospital, CO
St. Luke's Regional Medical Center, ID
St. Mary Corwin Medical Center, CO
St. Vincent Healthcare, MT
Tucson Medical Center, AZ
University of Arizona MC, AZ
University of Colorado, CO
University of Utah, UT
Abrazo Arizona Heart Hospital, AZ
Western Vascular Institute, NM
# Top Potential Members

<table>
<thead>
<tr>
<th>Hospital/Center</th>
<th>Contact</th>
<th>Stage</th>
</tr>
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<tbody>
<tr>
<td>HealthOne Swedish</td>
<td>Dr. Donald Frei and Ryan LeMasters</td>
<td>Contracting</td>
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<tr>
<td>Providence - St. Patrick Hospital and Health</td>
<td>Lynn Pauly, Quality Specialist Help needed with physician champion</td>
<td>Proposal</td>
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<tr>
<td>Intermountain Health</td>
<td>Dr. Jason Buckway and Dr. Steven Merrell</td>
<td>Proposal</td>
</tr>
<tr>
<td>Nebraska Heart Hospital</td>
<td>Emily Pewett</td>
<td>Early Discussions</td>
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<tr>
<td>Kootenai Hospital</td>
<td>Dr. Ward</td>
<td>Early Discussions</td>
</tr>
<tr>
<td>Portneuf Medical Center</td>
<td>Julio Vasquez</td>
<td>Contracting</td>
</tr>
<tr>
<td>St. Mary's Hospital &amp; Medical Center (Exempla)</td>
<td>Merrilee Phillips</td>
<td>Active Redlines</td>
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</table>
National VQI Update:
Carrie Bosela, SVS PSO
Number of Participating Centers

Location of VQI Participating Centers

456 Centers, 46 States + Canada
18 Regional Quality Groups
### Total Procedures Captured (as of 2/1/2018)

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Count</th>
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<tbody>
<tr>
<td>Peripheral Vascular Intervention</td>
<td>141,135</td>
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<tr>
<td>Carotid Endarterectomy</td>
<td>95,970</td>
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<tr>
<td>Infra-Inguinal Bypass</td>
<td>42,977</td>
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<tr>
<td>Endovascular AAA Repair</td>
<td>38,655</td>
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<tr>
<td>Hemodialysis Access</td>
<td>36,925</td>
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<tr>
<td>Carotid Artery Stent</td>
<td>19,506</td>
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<tr>
<td>Varicose Vein</td>
<td>18,518</td>
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<tr>
<td>Supra-Inguinal Bypass</td>
<td>14,465</td>
</tr>
<tr>
<td>Thoracic and Complex EVAR</td>
<td>10,623</td>
</tr>
<tr>
<td>Open AAA Repair</td>
<td>10,549</td>
</tr>
<tr>
<td>Lower Extremity Amputations</td>
<td>9,774</td>
</tr>
<tr>
<td>IVC Filter</td>
<td>9,438</td>
</tr>
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</table>

**VQI Total Procedure Volume**

Total Procedure Volume tab reflects net procedures added to the registry for the month.
The Society for Vascular Surgery Patient Safety Organization (SVS PSO) has scheduled a full day of programming for physicians and data managers from 8 a.m. to 5 p.m. Wednesday, June 20, during the third annual VQI@VAM. Poster presentations and a networking reception will immediately follow at 5 p.m. There will be an additional half-day meeting for data managers from 8 a.m. to noon on Thursday, June 21. A complete agenda will be available later. The VQI registration fee is $250.
VQI Approved by CMS as a 2018 Qualified Clinical Data Registry (QCDR)

- MIPS Quality Component is 50% of the total MIPS score
- VQI QCDR offers 25 measures

View VQI QCDR Press Release
View VQI QCDR Measures
View VQI QCDR Non-QPP Measures

Reminder: Physicians must enroll with M2S annually to participate in the QCDR
For more information, contact PATHWAYSSupport@m2s.com or go to www.M2S.com
Data Audits starting in 2018!!

• **Inter-rater reliability exercise:** We asked for volunteers to abstract identical cases for selected registries to see how often they agree/disagree. This will let us identify problem data elements that we can improve with better help text and/or training.

• **Random Center Audits:** we plan to audit random cases at selected centers in order to 1) estimate the overall VQI data-element error rate, and 2) identify areas for improvement. Details to come!

• **New PSO-Center Communication Tool for Data Cleanup:** We will use our new web-based “Audit Tool” to ask centers to verify/correct suspicious data entries (out of range, improbable or impossible values in specific records).
2018 Participation Award:

- There will be 4 categories scored, each on a 0-6 point scale:
  - LTFU
  - Meeting attendance
  - QI project involvement
  - Number of registry subscriptions
2018 Participation Award:

- Scores for the categories will be weighted 40%, 30%, 20%, 10% for LTFU, meeting attendance, QI projects, and # of registry subscriptions, respectively. Therefore, the final score will be calculated as follows:

- Total points = 4 x LTFU score + 3 x Attendance score + 2 x QI project score + 1 x Registry score
2018 Participation Award:

• **QI Project Charter Initiation:** A center may submit a project charter to the SVS PSO that documents a 2018 quality improvement project. It is up to the site to determine what the project will be, but the SVS PSO asks that it is a new activity, initiated in 2018. If a site is looking to identify a potential QI project, we recommend that the site refer to its semi-annual reports to identify areas of opportunity. PSO staff are available to assist with selection of QI projects. Sites are also encouraged to initiate improvement activities around the two VQI national quality initiatives, “Discharge Medications” and “EVAR Imaging LFTU.” Information on the VQI National Quality Initiatives can be found in the Members Only area of the VQI website at www.vqi.org/national-data.
2018 Participation Award:

• Charters for your 2018 QI Projects are due by **February 28, 2018** to QI@SVSPSO.ORG.

• In order to support you in your 2018 QI Project, the VQI will offer assistance through:
  – A bi-monthly quality focused newsletter
  – Focused group webinars
  – Review of QI tools (PDSA, DMAIC, cause and effect diagrams, charts)
  – Group discussions in the “Members Forums” on the VQI website [https://www.vqi.org/forums/](https://www.vqi.org/forums/)
February: Merit-Based Incentive Payment System (MIPS) for your Vascular Team

February: Starting a QI project

March: TEVAR difficult case abstraction

April: Analytic Engine and Reporting

May: Quality Improvement (TBD)

June: VQI@VAM
Registry Updates:

- **Hemodialysis Access:** Under major revision with release in 2018 (TBD)
- **Vascular Medicine Registry:** Finalizing changes for release in 2018 (TBD)
- **30-day Follow-up Measures**
- **Varicose Vein:** Under revisions to only collect data on treated leg (shorten the form)
- **Venous Stent Registry:** Under development
- **PVI short form:** Under development
Having the SSN in the record allows us to:

- Match patients with the Social Security Death Index which allows accurate assessment of mortality following vascular procedures
- Match patients in VQI to their respective Medicare claims to assess long term outcomes which greatly enhances the length of follow up without requiring data entry

M2S has designed its security and privacy protocols to ensure PHI is safeguarded in accordance with HIPAA and HITECH. PHI is encrypted both while being transmitted and when data is at rest.

VQI is organized under the legal structure of a patient safety organization (PSO) which has greater data protection than most!!
Arterial Quality Council Update: Magdiel Trinidad, MD
• Finalizing Common Variable select options and helptext amongst registries where applicable
• Completing all “missing helptext”
• Clinically reviewing all helptext to site scientific support where applicable
• 30 day variables for all registries are being reviewed
• LTFU required fields are complete and M2S is in the process of development for 2018 release
2018 Special Reports

• **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 planned for June.

• **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.

• **National QI Initiative Updates**: Reports will be issued quarterly starting in March tracking centers’ progress on Discharge Medications and Follow-Up Imaging After EVAR.
Research Advisory Council Update
Benjamin Brooke, MD
Check Approved Project List:
Approved Project List – Regional – 1.26.18
(Searchable Excel format)

To submit a proposal to be considered for the National RAC, please follow the link below:
http://abstracts123.com/svs1/meetinglogin
## National Research Process

### Proposal Submissions

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<th>February 13, 2018</th>
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<td>Call for Proposals:</td>
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<tr>
<td>Meeting:</td>
<td></td>
</tr>
<tr>
<td>Notifications Sent:</td>
<td></td>
</tr>
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Update: Rocky Mtn VQI Renal Protection project

Dr. Benjamin S. Brooke, MD, PhD
Julie Beckstrom, MSN, RN, CCRC
Dr. Larry Kraiss, MD

Division of Vascular Surgery, University of Utah, SLC, UT

Rocky Mountain Vascular Quality Initiative Meeting, Tucson, AZ
February 23, 2018
Project Synopsis

• QI efforts needed to standardize indication and use of CIN preventive measures

• Targeting pts undergoing EVAR being captured in VQI

• Record creatinine at 3 time points

• Record pre-op renal protective measures

• Participating institutions asked to collect data on all pts undergoing EVAR since April 2015
#hashtag format: creatinine value

<table>
<thead>
<tr>
<th>Time Point</th>
<th>Data Collection Window</th>
<th>#Hashtag</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-op</td>
<td>within one week prior, typically morning of</td>
<td>#RP_pre_cr_x.x</td>
</tr>
<tr>
<td>Post-op day 1</td>
<td>post-op day 1, inpatient prior to discharge</td>
<td>#RP_POD1_cr_x.x</td>
</tr>
<tr>
<td>*Post-op day 3</td>
<td>post-op days 3 to 6, inpatient or outpatient</td>
<td>#RP_POD3_cr_x.x</td>
</tr>
<tr>
<td>Post-op month 1</td>
<td>post-op 1 month +/- 7 days</td>
<td>#RP_POM1_cr_x.x</td>
</tr>
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</table>

*If post-op day 1 value is > 10% increase compared to pre-op value, then a post-op day 3 value should be collected.
#hashtag format: pre-op protective measure

<table>
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<th>Pre-op Renal Protective Measure</th>
<th>#Hashtag</th>
</tr>
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<tr>
<td>IV sodium bicarbonate</td>
<td>#RP_Bicarb</td>
</tr>
<tr>
<td>Carbon dioxide angiography</td>
<td>#RP_CO2</td>
</tr>
<tr>
<td>N-acetylcysteine</td>
<td>#RP_Mucomyst</td>
</tr>
<tr>
<td>*Other</td>
<td>#RP_Other</td>
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</table>
Participating Centers:

Data Collection began April 2015

- University of Utah
- St. Luke’s - Boise, ID
- St. Vincent - Billings, MT
- Carondelet - Tucson, AZ
- Penrose St. Francis - Colorado Springs, CO
- St. Pat’s - Missoula, MT
Data Entry: #Hashtags

If no value exists for a given time point, do **not** enter any #hashtag at all.

Examples of #hashtags **not** to enter:

- #RP_POM1_cr_NA
- #RP_POM1_cr_Unavailable at this time
- #RP_POM1_cr_NOF
- #RP_POM1_cr_x.x
- #RP_POM1_cr_
Data Entry: #Hashtags

Pre-Op Creatinine
   – 230 patients with entries to date

Post-op Creatinine Month 1
   – 160 missing (~70%)

Typos:
   – #RP_pre_cr_x1.37
   – #RP_pre_cr-0.9
   – #RP_POD1_cr..93_
   – #RP_POM_cr 0.83
## Change in Renal Function After EVAR

<table>
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<tr>
<th>Pre-Operative Creatinine Category</th>
<th>Mean Creatinine Pre-Op</th>
<th>Mean Creatinine POD #1</th>
<th>Mean Creatinine POD #3</th>
<th>Mean Creatinine 1 month Post-Op</th>
</tr>
</thead>
<tbody>
<tr>
<td>Creatinine &lt;1.3 (N = 101)</td>
<td>0.95</td>
<td>0.92</td>
<td>0.99</td>
<td>0.97</td>
</tr>
<tr>
<td>Creatinine 1.3–2.0 (N = 30)</td>
<td>1.48</td>
<td>1.43</td>
<td>1.40</td>
<td>1.54</td>
</tr>
<tr>
<td>Creatinine &gt;2.0 (N = 19)</td>
<td>2.16</td>
<td>2.42</td>
<td>2.67</td>
<td>3.54</td>
</tr>
</tbody>
</table>
Regional Research Projects:

• Any new ideas?
Venous Quality Council Update
Brigitte Smith, MD
Varicose Vein Appropriateness Project:

- Drs. Almeida and Osborne are analyzing VQI and Claims data to identify trends in the number of procedures being performed on the same patient in a single year.
- Dr. Osborne will be presenting at AVF on how the VQI can be used to monitor appropriateness through appropriateness “CAPI” reports.
- Workgroups are determining how to present payors with data so they can make informed payment decisions, based on appropriateness.
Venous Stent Registry: release 2018

Clinical Workgroup:
Marc Passman, MD (chair), William Marston MD, Tony Gasparis MD, Rabith Chaer MD, BK Lal MD, Lowell Kabnick MD

Industry and FDA Collaboration:
Bard, Cook, Gore, Medtronic, Veniti
Governing Council Update
Scott Berman, MD
– Blinded datasets audits have been completed. No major issues were identified.
  • M2S is instituting new and additional data checks
  • PSO will be initiating statistical auditing and random audits
– GC members were asked to go back to their regions and encourage participation in the Bard and Medtronic PVI studies
The VQI continues to work with the FDA and Industry on the Registry Assessment of Peripheral Interventional Devices “RAPID” project.

- Core PVI data elements were identified and incorporated into VQI in 2016. NCDR will not be ready until 2019.
- Desire to create a multivariable objective performance criteria based on this data, to be funded by industry.
- Potential to lead to many new device evaluation projects for the VQI.

New work has begun with Cerner on data integration. A pilot group is being formed to create standardized Op notes and utilize natural Language Processing to automate abstraction.

Two Regions are making changes to their bylaws requiring attendance to be linked to right to voting and the ability to serve as Regional officers.
Break for Lunch!
Regional Reports:

Scott Berman, 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.

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 June 30, 2017.
Dashboard

The table below summarizes your center’s results as presented in each of the subsequent reports and provides regional and national benchmarks for comparison. In the “Your Center” column, percentages represent the rate of cases with the noted outcome. Numbers in parentheses are the number of cases with the outcome/the total number of cases meeting the exclusion criteria (see the full report for details). In the “Region” and “VQI” columns, the numbers represent the 25th, 50th (median) and 75th percentiles for centers in your region and across all centers in the VQI.

Your center’s results are highlighted in green if your center is at or above the top 25th percentile nationally, in yellow if your center is among the middle 50% of centers, and in red if at or below the bottom 25th percentile.
| Registry       | Outcome                                | Your Center, % (n/N) | Region [25p|50p|75p] | VQI [25p|50p|75p] |
|---------------|----------------------------------------|----------------------|------------------------|-------------------|
| All           | Total Procedure Volume                 | [39 | 166 | 277]              | [37 | 141 | 322]              |
| Multiple (2015)| Long-Term Follow-Up                   | [62% | 79% | 85%]              | [46% | 73% | 87%]              |
| Multiple      | Discharge Medications                  | [73% | 82% | 90%]              | [73% | 81% | 89%]              |
| AVACCESS      | Primary AVF vs. Graft                  | [75% | 81% | 86%]              | [76% | 83% | 90%]              |
| CAS           | In-Hospital Stroke/Death               | [0% | 0% | 0%]                 | [0% | 0% | 0%]                 |
| CEA           | In-Hospital Stroke/Death               | [2% | 0% | 0%]                 | [2% | 0% | 0%]                 |
| CEA           | LOS>1 Day                              | [28% | 16% | 12%]              | [33% | 24% | 14%]              |
| EVAR          | LOS>2 Days                             | [18% | 11% | 7%]                 | [20% | 12% | 5%]                 |
| EVAR (2015)   | Sac Diameter at LTFU                   | [34% | 50% | 69%]              | [35% | 56% | 69%]              |
| INFRA         | Chlorhexidine Skin Prep                | [97% | 100% | 100%]             | [87% | 96% | 100%]             |
| INFRA         | Major Complications                    | [0% | 0% | 0%]                 | [7% | 1% | 0%]                 |
| IVCF (2015-16)| Filter Retrieval                      | NA (<3 centers)       | [5% | 26% | 57%]               |
| LEAMP         | Postop Complications                   | NA (<3 centers)       | [24% | 17% | 9%]                |
| OAAA          | In-Hospital Mortality                  | [0% | 0% | 0%]                 | [0% | 0% | 0%]                 |
| PVI           | Ultrasound Guidance                    | [95% | 97% | 98%]              | [69% | 92% | 99%]              |
| PVI           | ABI/TBI Reported                       | [68% | 74% | 96%]              | [63% | 83% | 94%]              |
| SUPRA         | Postop Complications                   | [44% | 29% | 16%]              | [38% | 25% | 10%]              |
| TEVAR         | Sac Diameter at LTFU                   | [5% | 20% | 42%]               | [18% | 38% | 55%]               |
| VW (2015-16)  | PROMs at LTFU                          | NA (<3 centers)       | [77% | 100% | 100%]             |
### Total Procedure Volume, All Years (2003-Dec 2017)

<table>
<thead>
<tr>
<th>Your Region (N)</th>
<th>VQI (N)</th>
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<tbody>
<tr>
<td>AVACCESS</td>
<td>1773</td>
</tr>
<tr>
<td>CAS</td>
<td>502</td>
</tr>
<tr>
<td>CEA</td>
<td>3239</td>
</tr>
<tr>
<td>EVAR</td>
<td>1892</td>
</tr>
<tr>
<td>INFRA</td>
<td>1179</td>
</tr>
<tr>
<td>IVCF</td>
<td>NA (&lt;3 centers)</td>
</tr>
<tr>
<td>LEAMP</td>
<td>NA (&lt;3 centers)</td>
</tr>
<tr>
<td>OAAA</td>
<td>396</td>
</tr>
<tr>
<td>PVI</td>
<td>5186</td>
</tr>
<tr>
<td>SUPRA</td>
<td>428</td>
</tr>
<tr>
<td>TEVAR</td>
<td>203</td>
</tr>
<tr>
<td>Varicose Veins</td>
<td>1474</td>
</tr>
<tr>
<td>Overall</td>
<td>16363</td>
</tr>
</tbody>
</table>
Physician Specialties Across VQI (as of Dec. 31, 2017, N=3072 Physicians)
Physician Specialties Across Your Region (as of Dec. 31, 2017, N=125 Physicians)

- Vascular Surgery: 50%
- Cardiology: 10%
- General Surgery: 10%
- Radiology: 5%
- None: 5%
- Cardiothoracic Surgery: 5%
- Neurosurgery: 5%
- Other: 0%
### Percentage of Procedures With 9 Months or Greater Follow-Up (Jan. 1, 2015-Dec. 31, 2015)

<table>
<thead>
<tr>
<th>Region</th>
<th>Your Region</th>
<th>VQI</th>
</tr>
</thead>
<tbody>
<tr>
<td>AVACCESS</td>
<td>339 (74%)</td>
<td>6955 (64%)</td>
</tr>
<tr>
<td>CAS</td>
<td>100 (73%)</td>
<td>2973 (65%)</td>
</tr>
<tr>
<td>CEA</td>
<td>661 (76%)</td>
<td>15581 (72%)</td>
</tr>
<tr>
<td>EVAR</td>
<td>406 (71%)</td>
<td>6211 (75%)</td>
</tr>
<tr>
<td>INFRA</td>
<td>188 (70%)</td>
<td>6195 (76%)</td>
</tr>
<tr>
<td>IVCF</td>
<td>NA (&lt;3 centers)</td>
<td>2360 (71%)</td>
</tr>
<tr>
<td>LEAMP</td>
<td>NA (&lt;3 centers)</td>
<td>2033 (73%)</td>
</tr>
<tr>
<td>OAAA</td>
<td>68 (71%)</td>
<td>1343 (73%)</td>
</tr>
<tr>
<td>PVI</td>
<td>977 (67%)</td>
<td>22950 (72%)</td>
</tr>
<tr>
<td>SUPRA</td>
<td>78 (71%)</td>
<td>2102 (74%)</td>
</tr>
<tr>
<td>TEVAR</td>
<td>39 (46%)</td>
<td>1937 (69%)</td>
</tr>
<tr>
<td>2015 overall</td>
<td>2867 (71%)</td>
<td>70640 (71%)</td>
</tr>
<tr>
<td>2014 overall</td>
<td>2019 (69%)</td>
<td>62882 (72%)</td>
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Long-Term Follow-Up by Center in Your Region (Jan-Dec 2015)

- **Other centers in your region**
- **Your center**

```
90%  80%  70%  60%  50%  40%  30%  20%  10%  0%
```

Centers

“***” indicates center’s rate differs significantly from the regional rate.

Long-Term Follow-Up by Region Across VQI (Jan-Dec 2015)

```
80%  70%  60%  50%  40%  30%  20%  10%  0%
```

Centers:
- Others*
- New York*
- Southeast*
- Virginia*
- New England*
- So. Cal.*
- Nor. Cal.*
- SOVONET*
- Midwest
- Rocky Mtns.
- VQI
- Pacific NW
- MidSouth*
- Mid-Atlantic*
- Carolinas*
- Michigan*
- Mid-America*
- G. Lakes
- Up.
- Midwest*

“Others” indicates centers that do not belong to a regional group. “***” indicates region’s rate differs significantly from the VQI rate.
Excludes patients who died in hospital and patients who were not treated for medical reason or non-compliant. Data for this report include all cases with surgery date between Jan. 1 and Dec. 31, 2017, that had been entered into the VQI as of Jan. 31, 2018.
Hemodialysis Access: Percentage of Primary AVF vs. Graft:
Procedures performed between Jan. 1 and Dec. 31, 2017
Excludes patients with previous access procedure in the same arm.
Data for this report include all cases with surgery date between Jan. 1 and Dec. 31, 2017, that had been entered into the VQI as of Jan. 31, 2018.

<table>
<thead>
<tr>
<th></th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of access procedures meeting inclusion criteria</td>
<td>316</td>
<td>5655</td>
</tr>
<tr>
<td>Percentage with primary AVF</td>
<td>77%</td>
<td>81%</td>
</tr>
</tbody>
</table>
Rate of Primary AVF Access in Your Region (Jan-Dec 2017)

Other centers in your region  Your center

Centers (centers with <10 cases not shown)

** Indicates center's rate differs significantly from the regional rate.

Rate of Primary AVF Access by Region Across VQI (Jan-Dec 2017)
Carotid Artery Stent: Stroke or Death in Hospital

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. 31, 2018, and the observed and expected rates of in-hospital stroke or death for those cases

<table>
<thead>
<tr>
<th></th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of CAS procedures meeting inclusion criteria</td>
<td>117</td>
<td>2822</td>
</tr>
<tr>
<td>Observed rate of stroke or death among procedures meeting inclusion criteria</td>
<td>1.7%</td>
<td>1.7%</td>
</tr>
<tr>
<td>Number of procedures with complete data*</td>
<td>105</td>
<td>2602</td>
</tr>
<tr>
<td>Observed rate of stroke or death among cases with complete data</td>
<td>1.9%</td>
<td>1.6%</td>
</tr>
<tr>
<td>Expected rate of stroke or death among cases with complete data*</td>
<td>1.6%</td>
<td>NA</td>
</tr>
<tr>
<td>P-value for comparison of observed and expected rates</td>
<td>0.69</td>
<td>NA</td>
</tr>
</tbody>
</table>
Rate of In-Hospital Stroke or Death After CAS in Your Region  (Jan-Dec 2017)

- Other centers in your region
- Your center
- Observed
- Expected

Centers (centers with <10 cases not shown)

*** indicates center's observed rate differs significantly from its expected rate.

Rate of In-Hospital Stroke or Death After CAS by Region Across VQI  (Jan-Dec 2017)

- Observed
- Expected

“Others” indicates centers that do not belong to a regional group. “***” indicates region’s observed rate differs significantly from its expected rate.
Carotid Endarterectomy: Stroke or Death in Hospital
Procedures performed between Jan. 1 and Dec. 31, 2017

Elective procedures, excluding prior ipsilateral CEA and concomitant CABG, endovascular or other arterial procedure. Data for this report include all cases with surgery date between Jan. 1 and Dec. 31, 2017, that had been entered into the VQI as of Jan. 31, 2018.

<table>
<thead>
<tr>
<th></th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of CEA procedures meeting inclusion criteria</td>
<td>628</td>
<td>13967</td>
</tr>
<tr>
<td>Observed rate of stroke or death among procedures meeting inclusion criteria</td>
<td>1%</td>
<td>1.1%</td>
</tr>
<tr>
<td>Number of procedures with complete data*</td>
<td>585</td>
<td>13234</td>
</tr>
<tr>
<td>Observed rate of stroke or death among cases with complete data</td>
<td>1%</td>
<td>1.1%</td>
</tr>
<tr>
<td>Expected rate of stroke or death among cases with complete data*</td>
<td>1.1%</td>
<td>NA</td>
</tr>
<tr>
<td>P-value for comparison of observed and expected rates</td>
<td>1</td>
<td>NA</td>
</tr>
</tbody>
</table>
Rate of In-Hospital Stroke or Death After CEA by Year

- Your Center
- Your region
- VQI Overall
Rate of In-Hospital Stroke or Death After CEA in Your Region (Jan-Dec 2017)

Centers (centers with <10 cases not shown)

*** indicates center’s observed rate differs significantly from its expected rate.

Rate of In-Hospital Stroke or Death After CEA by Region Across VQI (Jan-Dec 2017)

“Others” indicates centers that do not belong to a regional group. *** indicates region’s observed rate differs significantly from its expected rate.
Carotid Endarterectomy: Percentage of Patients with LOS>1 Day (Jan. 1, 2017-Dec. 31, 2017)

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. Data for this report include all cases with surgery date between Jan. 1 and Dec. 31, 2017, that had been entered into the VQI as of Jan. 31, 2018.

<table>
<thead>
<tr>
<th></th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of CEA procedures meeting inclusion criteria</td>
<td>574</td>
<td>12564</td>
</tr>
<tr>
<td>Observed rate of LOS&gt;1 day among procedures meeting inclusion criteria</td>
<td>21%</td>
<td>25%</td>
</tr>
<tr>
<td>Number of procedures with complete data*</td>
<td>543</td>
<td>12037</td>
</tr>
<tr>
<td>Observed rate of LOS&gt;1 among cases with complete data</td>
<td>21%</td>
<td>24%</td>
</tr>
<tr>
<td>Expected rate of LOS&gt;1 among cases with complete data*</td>
<td>23%</td>
<td>NA</td>
</tr>
<tr>
<td>P-value for comparison of observed and expected rates</td>
<td>0.44</td>
<td>NA</td>
</tr>
</tbody>
</table>
Rate of CEA Patients With LOS>1 Day by Year

- Your Center
- Your region
- VQI Overall

Year:
- 2014
- 2015
- 2016
- 2017

Percentage:
- 0%
- 5%
- 10%
- 15%
- 20%
- 25%
Rate of CEA Patients With LOS>1 Day in Your Region (Jan-Dec 2017)

- Other centers in your region
- Your center

Centers (centers with <10 cases not shown)

"***" indicates center’s observed rate differs significantly from its expected rate.

Rate of CEA Patients With LOS>1 Day by Region Across VQI (Jan-Dec 2017)

- Observed
- Expected

Nor. Cal. Midwest* Pacific NW Carolina* Rocky Mtn. Mid-America Virginias New York MidSouth G. Lakes VQI SOVONET Un. Midwest So. Cal. Michigan* New England* Southeast* Mid-Atlantic* Canada* "Others" indicates centers that do not belong to a regional group. "***" indicates region’s observed rate differs significantly from its expected rate.
Endovascular AAA Repair: Percentage of Patients with LOS>2 Days (Jan. 1, 2017-Dec 31, 2017)

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. Data for this report include all cases with surgery date between Jan. 1 and Dec. 31, 2017, that had been entered into the VQI as of Jan. 31, 2018.

<table>
<thead>
<tr>
<th></th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of EVAR procedures meeting inclusion criteria</td>
<td>376</td>
<td>5175</td>
</tr>
<tr>
<td>Observed rate of LOS&gt;2 days among procedures meeting inclusion criteria</td>
<td>12%</td>
<td>14%</td>
</tr>
<tr>
<td>Number of procedures with complete data*</td>
<td>358</td>
<td>4907</td>
</tr>
<tr>
<td>Observed rate of LOS&gt;2 among cases with complete data</td>
<td>12%</td>
<td>14%</td>
</tr>
<tr>
<td>Expected rate of LOS&gt;2 among cases with complete data*</td>
<td>13%</td>
<td>NA</td>
</tr>
<tr>
<td>P-value for comparison of observed and expected rates</td>
<td>0.69</td>
<td>NA</td>
</tr>
</tbody>
</table>
Rate of EVAR Patients With LOS>2 Days in Your Region (Jan-Dec 2017)

- Other centers in your region
- Your center
- Observed
- Expected

Centers (centers with <10 cases not shown)

*** indicates center’s observed rate differs significantly from its expected rate.

Rate of EVAR Patients With LOS>2 Days by Region Across VQI (Jan-Dec 2017)

- Observed
- Expected
EVAR: Rate of Sac Diameter Reporting at Long-Term Follow-Up
(Jan. 1, 2015-Dec. 31, 2015)
Percentage of those cases in which the patient had a follow-up visit between 9 and 21 months post-surgery at which a sac diameter was recorded. Data for this report include all cases with surgery date between Jan. 1 and Dec. 31, 2015, that had been entered into the VQI as of Jan. 31, 2018.

<table>
<thead>
<tr>
<th></th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of EVAR procedures with at least 9 months of follow-up</td>
<td>406</td>
<td>6211</td>
</tr>
<tr>
<td>Percentage with sac diameter recorded at follow-up</td>
<td>54%</td>
<td>55%</td>
</tr>
</tbody>
</table>
Rate of LTFU Sac Diameter Reporting by Year

- Your Center
- Your region
- VQI Overall
Infrainguinal Bypass: Percentage of Procedures with Chlorhexidine or Chlorhexidine+Alcohol Skin Prep (Jan. 1, 2017-Dec. 31, 2017)

In VQI patients, chlorhexidine and chlorhexidine+alcohol skin preps have been shown to reduce the surgical-site infection rate by 50% compared to iodine-based skin prep. Data for this report include all cases with surgery date between Jan. 1 and Dec. 31, 2017, that had been entered into the VQI as of Jan. 31, 2018.

<table>
<thead>
<tr>
<th></th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of procedures</td>
<td>255</td>
<td>6885</td>
</tr>
<tr>
<td>Rate of chlorhexidine or chlorhexidine+alcohol skin prep</td>
<td>84%</td>
<td>87%</td>
</tr>
<tr>
<td>Rate of chlorhexidine+iodine or chlorhexidine+iodine+alcohol prep</td>
<td>4%</td>
<td>5%</td>
</tr>
<tr>
<td>Rate of in-hospital surgical-site infection</td>
<td>3.9%</td>
<td>2.6%</td>
</tr>
</tbody>
</table>
**Percentage With Chlorhexidine or Chlorhexidine+Alcohol Skin Prep in Your Region (Jan-Dec 2017)**

- **Other centers in your region**
- **Your center**

**Centers (centers with <10 cases not shown)**

- ***** indicates center’s rate differs significantly from the regional rate.**

**Percentage With Chlorhexidine or Chlorhexidine+Alcohol Skin Prep by Region (Jan-Dec 2017)**

- **Canada**
- **So. Cal.**
- **Carolinas**
- **G. Lakes**
- **MidSouth**
- **Mid-Atlantic**
- **Southeast**
- **Rocky Mts.**
- **New England**
- **VQI**
- **Up. Midwest**
- **Mid-America**
- **New York**
- **Virginiast**
- **SOVONET**
- **Michigan**
- **Midwest**
- **Pacific NW**
- **Nor. Cal.**

- **“Others” indicates centers that do not belong to a regional group. *** indicates region’s rate differs significantly from the VQI rate.**
Infrainguinal Bypass: Rate of Major Complications
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. Data for this report include all cases with surgery date between Jan. 1 and Dec. 31, 2017, that had been entered into the VQI as of Jan. 31, 2018.

<table>
<thead>
<tr>
<th></th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of access procedures meeting inclusion criteria</td>
<td>138</td>
<td>4042</td>
</tr>
<tr>
<td>Percentage with major complications after INFRA</td>
<td>2.2%</td>
<td>4.1%</td>
</tr>
</tbody>
</table>
Rate of Major Complications After INFRA by Year

- Your Center
- Your region
- VQI Overall


Complication Rate:
- 0%
- 1%
- 2%
- 3%
- 4%
- 5%
- 6%
Rate of Major Complications After INFRA in Your Region (Jan-Dec 2017)

- Other centers in your region
- Your center

Centers (centers with <10 cases not shown)

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

Rate of Major Complications After INFRA by Region Across VQI (Jan-Dec 2017)

- "Others" indicates centers that do not belong to a regional group. **"*** indicates region’s rate differs significantly from the VQI rate.
IVCF: Percentage of Temporary Filters With Retrieval or Attempt at Retrieval
Excludes patients with permanent filters and patients who have died since discharge
(RMVQI did not have at least 3 centers with 10 procedures)
Lower-Extremity Amputation: Rate of Postop Complications

Complications are defined as myocardial infarction, dysrhythmia, congestive heart failure, surgical site infection, reperfusion symptoms and/or amputation-related reoperation. Data for this report include all cases with surgery date between Jan. 1 and Dec. 31, 2017, that had been entered into the VQI as of Jan. 31, 2018.

(RMVQI did not have at least 3 centers with 10 procedures)
Non-Ruptured Open AAA: In-Hospital Mortality

Excludes ruptured aneurysms
Data for this report include all cases with surgery date between Jan. 1 and Dec. 31, 2017, that had been entered into the VQI as of Jan. 31, 2018.

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

Excludes cut-down access guidance

Data for this report include all cases with surgery date between Jan. 1 and Dec. 31, 2017, that had been entered into the VQI as of Jan. 31, 2018.

<table>
<thead>
<tr>
<th></th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of percutaneous femoral access sites</td>
<td>683</td>
<td>21425</td>
</tr>
<tr>
<td>Rate of ultrasound access guidance</td>
<td>91%</td>
<td>74%</td>
</tr>
<tr>
<td>Rate of closure device usage</td>
<td>59%</td>
<td>67%</td>
</tr>
<tr>
<td>Rate of any hematoma (minor, moderate or major)</td>
<td>2.9%</td>
<td>2%</td>
</tr>
<tr>
<td>Rate of moderate or major hematoma</td>
<td>1.2%</td>
<td>0.6%</td>
</tr>
</tbody>
</table>
Rate of Ultrasound Access Guidance in Your Region (Jan-Dec 2017)

- Other centers in your region
- Your center

Centers (centers with <10 cases not shown)

*** Indicates center’s rate differs significantly from the regional rate.

Rate of Ultrasound Access Guidance by Region Across VQI (Jan-Dec 2017)


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

“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. Data for this report include all cases with surgery date between Jan. 1 and Dec. 31, 2017, that had been entered into the VQI as of Jan. 31, 2018.

<table>
<thead>
<tr>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>444</td>
<td>10986</td>
</tr>
<tr>
<td>75%</td>
<td>76%</td>
</tr>
</tbody>
</table>
Rate of ABI/TBI Assessment Before PVI by Year

- Your Center
- Your region
- VQI Overall
Rate of ABI/TBI Assessment Before PVI in Your Region (Jan-Dec 2017)

- Other centers in your region
- Your center

Centers (centers with <10 cases not shown)

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

Rate of ABI/TBI Assessment Before PVI by Region Across VQI (Jan-Dec 2017)

- Midwest
- New York
- Canada
- Pacific NW
- MidSouth
- So. Cal.
- Southeast
- New England
- Rocky Mtns.
- Carolinas
- Up. Midwest
- VQI
- Mid-Atlantic
- Virginias
- Nor. Cal.
- Mid-America
- G. Lakes
- Michigan
- SOYONET

“Others” indicates centers that do not belong to a regional group. *** indicates region’s rate differs significantly from the VQI rate.
Supra-Inguinal Bypass: Rate of Postop Complications
Procedures performed between Jan. 1 and Dec. 31, 2017

Complications are defined as myocardial infarction, dysrhythmia, congestive heart failure, respiratory complications, renal complications, surgical site infection, graft infection, leg ischemia/emboli, reoperation, amputation and/or stroke.

Data for this report include all cases with surgery date between Jan. 1 and Dec. 31, 2017, that had been entered into the VQI as of Jan. 31, 2018.

<table>
<thead>
<tr>
<th></th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of SUPRA procedures</td>
<td>87</td>
<td>2120</td>
</tr>
<tr>
<td>Percentage with complications after SUPRA</td>
<td>25%</td>
<td>26%</td>
</tr>
</tbody>
</table>
Rate of Complications After SUPRA in Your Region  (Jan-Dec 2017)

- Other centers in your region
- Your center

Centers (centers with <10 cases not shown)

*** indicates center’s rate differs significantly from the regional rate.

Rate of Complications After SUPRA by Region Across VQI  (Jan-Dec 2017)

- Nor. Cal.
- MidSouth
- Mid-Atlantic
- Michigan
- Virginias
- SOVONET
- Mid-America
- G. Lakes
- Up.
- Midwest
- Rocky/Mtns.
- VQI
- Canada
- Southeast
- Carolinas
- New York
- New England
- Midwest
- So. Cal.

"Others" indicates centers that do not belong to a regional group. *** indicates region’s rate differs significantly from the VQI rate.
Varicose Veins: Percentage of Procedures With Complete Patient-Reported Outcome Measures Recorded at Follow-Up

Includes 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.

---

*** indicates center’s rate differs significantly from the overall VQI rate.
Top two VQI papers

• Slide placeholder
PATHWAYS Updates

Spring Regional Group Meeting
Technology Update
Technology Released in Q3 2017

- IVC Filter Retrieval interactive report in PATHWAYS
  - Released on 8/23/2017
IVC Filter Retrieval interactive report in PATHWAYS

- Advanced Features
Technology Released in Q3 2017

- IVC Filter Retrieval interactive report in PATHWAYS
  - Conditional Highlighting

### Primary Physician: F1698 M L1698

<table>
<thead>
<tr>
<th>PrimProc ID</th>
<th>Patient ID</th>
<th>First Name</th>
<th>Last Name</th>
<th>Date of Birth</th>
<th>MRN</th>
<th>Procedure Date</th>
<th>Planned Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>224055</td>
<td>205661</td>
<td>TestT5</td>
<td>TestO</td>
<td>02/22/1935</td>
<td>1000001</td>
<td>12/16/2014</td>
<td>Temporary</td>
</tr>
<tr>
<td>223095</td>
<td>204923</td>
<td>TestT4</td>
<td>TestO</td>
<td>02/23/1938</td>
<td>1000001</td>
<td>12/10/2014</td>
<td>Temporary</td>
</tr>
</tbody>
</table>

### Primary Physician: F1704 M L1704

<table>
<thead>
<tr>
<th>PrimProc ID</th>
<th>Patient ID</th>
<th>First Name</th>
<th>Last Name</th>
<th>Date of Birth</th>
<th>MRN</th>
<th>Procedure Date</th>
<th>Planned Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>188324</td>
<td>175119</td>
<td>TestT5</td>
<td>Test7</td>
<td>08/17/1936</td>
<td>1000001</td>
<td>06/04/2014</td>
<td>Temporary</td>
</tr>
<tr>
<td>182244</td>
<td>171841</td>
<td>TestT1</td>
<td>Test7</td>
<td>06/13/1941</td>
<td>1000001</td>
<td>06/02/2014</td>
<td>Temporary</td>
</tr>
<tr>
<td>186936</td>
<td>175569</td>
<td>TestT5</td>
<td>Test7</td>
<td>11/16/1952</td>
<td>1000001</td>
<td>06/06/2014</td>
<td>Temporary</td>
</tr>
<tr>
<td>192223</td>
<td>179717</td>
<td>TestT9</td>
<td>Test7</td>
<td>07/25/1949</td>
<td>1000001</td>
<td>06/30/2014</td>
<td>Temporary</td>
</tr>
</tbody>
</table>
- IVC Filter Retrieval interactive report in PATHWAYS
  - Charting
  
  ![Chart]

  **Chart**
  - **Chart Type**: Options for chart types.
  - **Label**: Primary Physician, Axis Title for Label: Physician.
  - **Value**: Days Since Procedure, Axis Title for Value: Average Days Outstanding.
  - **Function**: Average.
  - **Sort**: Value - Descending.

  ![Bar Chart]

  **Physician**
  - FL704 M L1704
  - FL598 N L1598
  - Morus Jekyll
  - P3072 L3072
  - Walter J Freeman
  - Num Doc
  - Name Doc

  **Average Days Outstanding**
  - Range: 300.00 to 1,300.00
Automated IVC Filter retrieval email reminders

- Released on 12/14/2017
- Develop a new user interface for users to manage/configure automated email reminders
  - Enable/disable email reminder
  - Specify reminder frequency
  - Edit email address
Technology Released in Q3 2017

- **NPI Validation**
  - Released on **9/14/2017**

Luhn “mod 10” checksum algorithm
Center Characteristics Data Collection
- Released on 1/4/2018
- Add variables including email addresses for Lead Physician, Quality Officer, Financial Officer, and Department Chair
- Allow Hospital Manager users to edit/maintain to keep the information up to date.

Add EVAR follow-up Imaging Date
- Released on 1/4/2018

PVI Registry revision III
- Released on 2/1/2018
- GUDID import for PVI stent/stent graft: 5 new manufacturers and 1617 new devices added
• Re-design of Procedure Requiring Follow-up report
• Procedure Requiring Follow-up reminder
• Revise LTF completion rate report with IVC, HDAccess, VVR specific rules
• Remove "Heart Rate" fields (for INFRA, SUPRA, OPEN, AMP, and CEA)
• PVI Short Form
• 30-day Follow-up Form(s)
• Patient/procedure search by primprocID
• New Vascular Medicine Registry
• Mandatory Fields for LTFU Forms for CAS, PVI, HDAccess, EVAR, TEVAR, VVR

Development in Q1 & Q2 2018
Registry Projects
<table>
<thead>
<tr>
<th>Title</th>
<th>Registry</th>
<th>Enrolling</th>
<th>Targets</th>
<th>Follow-Up</th>
<th>Typical $ Per Patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>TCAR Surveillance Project</td>
<td>CAS</td>
<td>Yes</td>
<td>-</td>
<td>1 yr</td>
<td>NCD</td>
</tr>
<tr>
<td>Bard® LifeStent® Popliteal Artery Stent Project</td>
<td>PVI</td>
<td>Yes</td>
<td>74 pts 30 sites</td>
<td>1, 2 yr</td>
<td>$1400</td>
</tr>
<tr>
<td>Medtronic IN.PACT® Admiral® DCB ISR Project</td>
<td>PVI</td>
<td>Yes</td>
<td>300 pts 50 sites</td>
<td>1, 2, 3 yr</td>
<td>$1950</td>
</tr>
<tr>
<td>CREST 2 Registry</td>
<td>CAS</td>
<td>Yes</td>
<td>-</td>
<td>1 yr</td>
<td>-</td>
</tr>
<tr>
<td>TEVAR Dissection Surveillance Project</td>
<td>TEVAR</td>
<td>No*</td>
<td>600 pts 50 sites</td>
<td>30 day 1, 2, 3, 4, 5 yr</td>
<td>$4000</td>
</tr>
<tr>
<td>Lombard Aorfix Surveillance Project</td>
<td>EVAR</td>
<td>No</td>
<td>234 pts 50 sites</td>
<td>30 day 1, 2, 3, 4, 5 yr</td>
<td>$4000</td>
</tr>
</tbody>
</table>

*Expect enrollment to re-open in late 2018

For more information, contact PATHWAYSsupport@m2s.com
VQI QCDR
VQI QCDR 2018

- MIPS Quality Component is 50% of the total MIPS score
- VQI QCDR offers 25 measures
- An invitation to enroll for 2018 will be sent by PATHWAYS Support in Q1
  - Reminder:
    - Physicians must enroll with M2S **annually**
- More information:
  - PATHWAYSSupport@m2s.com
  - www.M2S.com
PATHWAYS Support
Ticketing System
PATHWAYS Support Ticketing System

- PATHWAYS Support Ticketing System
  - Q1 and Q2
- Benefits to VQI members
  - Automated Feedback
  - Prioritization
  - Efficient Routing
Meeting Evaluation:

- What did you like about this meeting?
- What can we do better?
- Next meeting location: