Spring Meeting

April 25, 2018
2:00pm – 7:00pm
Walt Disney Four Seasons Resort
PLEASE SIGN THE ATTENDANCE SHEET
**Agenda:**

<table>
<thead>
<tr>
<th>Topic</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>National VQI Update</td>
<td>SVS PSO</td>
</tr>
<tr>
<td>Pathways Development Update –</td>
<td>M2S</td>
</tr>
<tr>
<td>Regional Report Findings</td>
<td>Yazan Duwayri, MD</td>
</tr>
<tr>
<td>Arterial and Venous Quality Council Updates</td>
<td>Adam Beck, MD</td>
</tr>
<tr>
<td>Governing Council Update</td>
<td>Yazan Duwayri, MD</td>
</tr>
<tr>
<td>Lessons Learned from the Carolinas VSG</td>
<td>Jeb Hallett, MD</td>
</tr>
<tr>
<td>Racial Disparities in LOS after LE Bypass</td>
<td>Emily Spangler, MD</td>
</tr>
<tr>
<td>Update on the Quality Payment Program –</td>
<td>Brad Johnson, MD</td>
</tr>
<tr>
<td>UHC and VQI Data</td>
<td>Kristina Giles, MD</td>
</tr>
<tr>
<td>EVAR Surveillance</td>
<td>Salvatore Scali, MD</td>
</tr>
<tr>
<td>VQI Paper Review</td>
<td>Olamide Alabi, MD</td>
</tr>
<tr>
<td>AAA Size in VQI and NSQIP/ VQI Effect on Mortality</td>
<td>Jaime Benarroch, MD</td>
</tr>
<tr>
<td>Transcervical Carotid Stenting in VQI</td>
<td>Siddharth Patel, MD</td>
</tr>
<tr>
<td>Data Managers Presentation</td>
<td>Alexis Neill, RN MSN</td>
</tr>
</tbody>
</table>
18 Regional Quality Groups
Welcome and Introductions

Albany Vascular Specialist Center
Anderson Regional Medical Center
Baptist Hospital of Miami
Celebration Health
Central Florida Regional Hospital
Coastal Vascular & Interventional- PLLC
Cobb Hospital
Emory Saint Joseph’s Hospital
Florida Hospital
Floyd Medical Center
Grady Memorial Hospital (GA)
Gregory L. Nedurian MD PA
Kennestone Hospital
Lee Memorial Health System - Gulf Coast Medical Center
Lee Memorial Health System - HealthPark
Lyerly Baptist Neurosurgery
Mayo Clinic Florida
Memorial Health University Medical
Memorial Hospital Pembroke
Memorial Hospital West
Memorial Regional Hospital
Miami Vein Center
Mobile Infirmary
Northside Hospital Atlanta
Northside Hospital Cherokee
Northside Hospital Forsyth
Orlando Health - Dr. P. Phillips Hospital
Orlando Health - Orlando Regional
Orlando Health - South Seminole
Piedmont Athens Regional Medical
Piedmont Hospital
Redmond Regional Medical Center
Rush Foundation Hospital
Sarasota Memorial Hospital
South Miami Hospital
St. Anthony’s Hospital
Surgical Specialists of Central Florida
Tampa Cardiovascular Associates
Tampa General Hospital
The Emory Clinic
The Medical Center, Navicent Health
The Vein and Vascular Institute of Tampa Bay
University Of Alabama Medical Center
University of Florida- Gainesville
Vascular Associates of South Alabama
Vascular Surgery Associates
<table>
<thead>
<tr>
<th>Hospital/Center</th>
<th>Contact</th>
<th>Stage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northwell/Boca Raton Regional Hospital</td>
<td>Dr. Anthony Lee</td>
<td>Contracting</td>
</tr>
<tr>
<td>Health First Holmes Regional Medical Center</td>
<td>Physician Contact Needed</td>
<td>Proposal</td>
</tr>
<tr>
<td>Northeast Georgia Medical Center</td>
<td>Dr. Reeves</td>
<td>Proposal</td>
</tr>
<tr>
<td>Delray Medical Center</td>
<td>Dr. Joseph Ricotta</td>
<td>Contracting</td>
</tr>
<tr>
<td>Baptist Hospital-Jacksonville</td>
<td>Dr. Erin Moore</td>
<td>Prospect</td>
</tr>
<tr>
<td>Mobile Infirmary Medical Center</td>
<td>Dr. Glenn Esses</td>
<td>Awaiting Sign-off</td>
</tr>
<tr>
<td>Florida Hospital Zephyrhills</td>
<td>Dr. Paul Citrin</td>
<td>Proposal</td>
</tr>
<tr>
<td>Southeast Alabama Medical Center</td>
<td>Dr. Ross Davis</td>
<td>Proposal</td>
</tr>
<tr>
<td>North Okaloosa Medical Center</td>
<td>Physician Contact Needed</td>
<td>Contracting</td>
</tr>
</tbody>
</table>
National VQI Update:
Dan Neal, SVS PSO
Number of Participating Centers

Location of VQI Participating Centers

467 Centers, 46 States + Canada
### Total Procedures Captured (as of 4/1/2018)

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peripheral Vascular Intervention</td>
<td>148,558</td>
</tr>
<tr>
<td>Carotid Endarterectomy</td>
<td>99,522</td>
</tr>
<tr>
<td>Infra-Iguinal Bypass</td>
<td>44,828</td>
</tr>
<tr>
<td>Endovascular AAA Repair</td>
<td>40,251</td>
</tr>
<tr>
<td>Hemodialysis Access</td>
<td>38,810</td>
</tr>
<tr>
<td>Carotid Artery Stent</td>
<td>20,527</td>
</tr>
<tr>
<td>Varicose Vein</td>
<td>20,070</td>
</tr>
<tr>
<td>Supra-Iguinal Bypass</td>
<td>15,040</td>
</tr>
<tr>
<td>Thoracic and Complex EVAR</td>
<td>11,237</td>
</tr>
<tr>
<td>Open AAA Repair</td>
<td>10,871</td>
</tr>
<tr>
<td>Lower Extremity Amputations</td>
<td>10,321</td>
</tr>
<tr>
<td>IVC Filter</td>
<td>9,812</td>
</tr>
</tbody>
</table>

**VQI Total Procedure Volume**

Total Procedure Volume tab reflects net procedures added to the registry for the month.
Date: Wednesday, June 20, through Thursday, June 21, 2018
Place: Hynes Convention Center, Boston, MA

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:

• 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/
February: Merit-Based Incentive Payment System (MIPS) for your Vascular Team

February: Starting a QI project

March: Validation

April: Audit Tool and Center Characteristics

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
Social Security Numbers

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!!
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**
Technology Released in Q3 2017

- IVC Filter Retrieval interactive report in PATHWAYS
  - Advanced Features
Technology Released in Q3 2017

- IVC Filter Retrieval interactive report in PATHWAYS
  - Conditional Highlighting
• IVC Filter Retrieval interactive report in PATHWAYS
  - Charting
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 Q4 2017
Technology Released in Q3 2017

- NPI Validation
  - Released on 9/14/2017

Luhn “mod 10” checksum algorithm
Registry Projects
The Bard® LifeStent® Popliteal Artery Stent Project

• A Prospective Registry Surveillance of the clinical use of the Bard® LifeStent® Vascular Stent Systems.

• Objective: To conduct long term post-market surveillance of the safety and effectiveness of the Bard® LifeStent® Vascular Stent Systems for the treatment of symptomatic de novo or restenotic lesions in the popliteal artery.

• Patients will have 12 month and a 24 month follow up visits.

• Total reimbursement of $1,400 per patient for a patient followed annually for 2 years

• 2 additional fields added:
  – Check box to indicate that patient is eligible to enroll project based on the inclusion and exclusion criteria.
  – Post-procedure – site will be asked if the patient has had a stroke.
  – Angios performed at re-intervention and sent to M2S.
Enrollment

• 18 of the 74 required patients enrolled
  - Retrospective enrollment allowed- All eligible cases from 10/1/2016 (protocol FDA approval date)

• 21 of 30 sites enrolled
  - This project is conducted within the SVS PSO and only non-identifiable data (removal of patient, center and physician information) will be provided to Bard or the FDA. Only standard of care practice is being evaluated. For such PSO activities, patient informed consent and Institutional Review Board review are not required.
Medtronic IN.PACT® Admiral® DCB ISR Project

- The Medtronic IN.PACT® Admiral® DCB ISR Project is a post-market registry surveillance of the clinical use of the Medtronic IN.PACT® Admiral® Paclitaxel-Coated PTA Balloon.

- Objective: 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.

- Patients will be followed at 12, 24 and 36 months (standard FU form)
- Total reimbursement of $1,950 per patient for a patient followed annually for 3 years
- 1 additional field added:
  - Check box to indicate that patient is eligible to enroll project based on the inclusion and exclusion criteria.
Enrollment

• 88 of the 300 required patients enrolled
  – Retrospective enrollment allowed- All eligible cases from December 6, 2016 (protocol FDA approval date)

• 39 of 50 sites enrolled
  – This project is conducted within the SVS PSO and only non-identifiable data (removal of patient, center and physician information) will be provided to Medtronic or the FDA. Only standard of care practice is being evaluated. For such PSO activities, patient informed consent and Institutional Review Board review are not required.
• 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
Governing Council Update
Yazan Duwayri, MD
GC meeting at VEITH

– 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
# VQI 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>
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<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</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</td>
<td>$4000</td>
</tr>
</tbody>
</table>

*Expect enrollment to re-open in late 2018

For more information, contact PATHWAYSsupport@m2s.com
PVI Registry
Post-market Surveillance Projects

Medtronic IN.PACT® Admiral® DCB ISR Project
The Bard® LifeStent® Popliteal Artery Stent Project
For More Information Contact:

Medtronic IN.PACT® Admiral® DCB ISR Project
Elizabeth Schwendler or Anita Duxbury
MedtronicAdmiralDCB@m2s.com

The Bard® LifeStent® Popliteal Artery Stent Project
Kathryn Coughlin or Charlotte Stirewalt
BardLifeStent@m2s.com
– Registry Assessment of Peripheral Interventional Devices

– VQI continues to work with the FDA and Industry
  • 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.
Regional Reports:

Yazan Duwayri, 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 January 1, 2018.
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 inclusion 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. Percentiles are ordered so that a higher percentile always indicates better performance.

Your center’s results are highlighted in green if your center is at or above the 75th percentile nationally, in yellow if your center is among the middle 50% of centers, and in red if at or below the 25th percentile.
### Dashboard

Legend: **Green** = At or above 75th percentile  **Yellow** = Middle 50%  **Red** = At or below 25th percentile

| Registry     | Outcome                               | Your Center, % (n/N)       | Region [25p|50p|75p] | VQI [25p|50p|75p] |
|--------------|---------------------------------------|-----------------------------|-------------------------|-------------------|
| All          | Total Procedure Volume                | [15 | 65 | 269]                   | [37 | 141 | 322]                |
| Multiple (2015) | Long-Term Follow-Up                  | [48% | 66% | 74%]                   | [46% | 73% | 87%]                |
| Multiple     | Discharge Medications                 | [68% | 76% | 88%]                   | [73% | 81% | 89%]                |
| AVACCESS     | Primary AVF vs. Graft                 | [79% | 81% | 85%]                   | [76% | 83% | 90%]                |
| CAS          | In-Hospital Stroke/Death              | [0% | 0% | 0%]                     | [0% | 0% | 0%]                |
| CEA          | In-Hospital Stroke/Death              | [0% | 0% | 0%]                     | [2% | 0% | 0%]                |
| CEA          | LOS>1 Day                             | [33% | 20% | 10%]                   | [33% | 24% | 14%]                |
| EVAR         | LOS>2 Days                            | [38% | 12% | 8%]                     | [20% | 12% | 5%]                |
| EVAR (2015)  | Sac Diameter at LTFU                  | [18% | 40% | 58%]                   | [35% | 56% | 69%]                |
| INFRA        | Chlorhexidine Skin Prep               | [66% | 97% | 100%]                   | [87% | 96% | 100%]               |
| INFRA        | Major Complications                   | [7% | 2% | 0%]                     | [7% | 1% | 0%]                 |
| IVCF (2015-16)| Filter Retrieval                     | [0% | 16% | 20%]                   | [5% | 26% | 57%]                |
| LEAMP        | Postop Complications                  | [22% | 19% | 13%]                   | [24% | 17% | 9%]                |
| OAAA         | In-Hospital Mortality                 | [0% | 0% | 0%]                     | [0% | 0% | 0%]                |
| PVI          | Ultrasound Guidance                   | [53% | 94% | 100%]                   | [69% | 92% | 99%]                |
| PVI          | ABI/TBI Reported                      | [57% | 70% | 100%]                   | [63% | 83% | 94%]                |
| SUPRA        | Postop Complications                  | [34% | 20% | 0%]                     | [38% | 25% | 10%]                |
| TEVAR        | Sac Diameter at LTFU                  | [0% | 20% | 40%]                     | [18% | 38% | 55%]                |
| VV (2015-16) | PROMs at LTFU                         | [83% | 100% | 100%]                   | [77% | 100% | 100%]               |
Total Procedure Volume, All Years (2003-Dec 2017)

<table>
<thead>
<tr>
<th>Your Region (N)</th>
<th>VQI (N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>AVACCESS</td>
<td>589</td>
</tr>
<tr>
<td>CAS</td>
<td>329</td>
</tr>
<tr>
<td>CEA</td>
<td>1045</td>
</tr>
<tr>
<td>EVAR</td>
<td>352</td>
</tr>
<tr>
<td>INFRA</td>
<td>527</td>
</tr>
<tr>
<td>IVCF</td>
<td>156</td>
</tr>
<tr>
<td>LEAMP</td>
<td>354</td>
</tr>
<tr>
<td>OAAA</td>
<td>56</td>
</tr>
<tr>
<td>PVI</td>
<td>1299</td>
</tr>
<tr>
<td>SUPRA</td>
<td>143</td>
</tr>
<tr>
<td>TEVAR</td>
<td>118</td>
</tr>
<tr>
<td>Varicose Veins</td>
<td>963</td>
</tr>
<tr>
<td>2017 overall</td>
<td>5931</td>
</tr>
<tr>
<td>2016 overall</td>
<td>7044</td>
</tr>
</tbody>
</table>
Procedure Volume by Center in Your Region (Jan-Dec 2017)

Procedure Volume Across VQI (Jan-Dec 2017)

"Others" indicates centers that do not belong to a regional group.
Physician Specialties by Region

Physician Specialties Across VQI (as of Dec. 31, 2017, N=3072 Physicians)
## Percentage of Procedures With 9 Months or Greater Follow-Up (Jan. 1, 2015-Dec. 31, 2015)

<table>
<thead>
<tr>
<th>Your Region</th>
<th>VQI</th>
</tr>
</thead>
<tbody>
<tr>
<td>AVACCESS</td>
<td>910 (58%)</td>
</tr>
<tr>
<td>CAS</td>
<td>217 (61%)</td>
</tr>
<tr>
<td>CEA</td>
<td>1318 (61%)</td>
</tr>
<tr>
<td>EVAR</td>
<td>424 (63%)</td>
</tr>
<tr>
<td>INFRA</td>
<td>592 (69%)</td>
</tr>
<tr>
<td>IVCF</td>
<td>308 (47%)</td>
</tr>
<tr>
<td>LEAMP</td>
<td>233 (59%)</td>
</tr>
<tr>
<td>OAAA</td>
<td>76 (89%)</td>
</tr>
<tr>
<td>PVI</td>
<td>1762 (55%)</td>
</tr>
<tr>
<td>SUPRA</td>
<td>198 (71%)</td>
</tr>
<tr>
<td>TEVAR</td>
<td>174 (55%)</td>
</tr>
<tr>
<td>2015 overall</td>
<td>6212 (59%)</td>
</tr>
<tr>
<td>2014 overall</td>
<td>4795 (59%)</td>
</tr>
</tbody>
</table>
Long-Term Follow-Up by Center in Your Region (Jan-Dec 2015)

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

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

"Others" indicates centers that do not belong to a regional group. "**" indicates region's rate differs significantly from the VQI rate.
Discharge Medications Procedures performed between Jan. 1 and Dec. 31, 2017

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>460</td>
<td>5655</td>
</tr>
<tr>
<td>Percentage with primary AVF</td>
<td>76%</td>
<td>81%</td>
</tr>
</tbody>
</table>
Rate of Primary AVF Access by Year

- Your Center
- Your region
- VQI Overall
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)

- So. Cal.*
- Mid-America*
- Michigan*
- Southeast*
- Mid-Atlantic
- Rocky Mtns.*
- VQI
- Carolinas
- Virginias
- Midwest
- New York
- MidSouth*
- New England*

"*" indicates centers that do not belong to a regional group. "***" indicates region’s rate differs significantly from the VQI rate.
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 center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of CAS procedures meeting inclusion criteria</td>
<td>174</td>
<td>2822</td>
<td></td>
</tr>
<tr>
<td>Observed rate of stroke or death among procedures meeting inclusion criteria</td>
<td>1.1%</td>
<td>1.7%</td>
<td></td>
</tr>
<tr>
<td>Number of procedures with complete data*</td>
<td>167</td>
<td>2602</td>
<td></td>
</tr>
<tr>
<td>Observed rate of stroke or death among cases with complete data</td>
<td>1.2%</td>
<td>1.6%</td>
<td></td>
</tr>
<tr>
<td>Expected rate of stroke or death among cases with complete data*</td>
<td>1.6%</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>P-value for comparison of observed and expected rates</td>
<td>1</td>
<td>NA</td>
<td></td>
</tr>
</tbody>
</table>

“Expected rate” is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. “Cases with complete data” include patients who have data on all of those factors.
Rate of In-Hospital Stroke or Death After CAS 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 CAS 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: 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 center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of CEA procedures meeting inclusion criteria</td>
<td>834</td>
<td>13967</td>
<td></td>
</tr>
<tr>
<td>Observed rate of stroke or death among procedures meeting inclusion criteria</td>
<td>1%</td>
<td>1.1%</td>
<td></td>
</tr>
<tr>
<td>Number of procedures with complete data*</td>
<td>791</td>
<td>13234</td>
<td></td>
</tr>
<tr>
<td>Observed rate of stroke or death among cases with complete data</td>
<td>0.9%</td>
<td>1.1%</td>
<td></td>
</tr>
<tr>
<td>Expected rate of stroke or death among cases with complete data*</td>
<td>1.2%</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>P-value for comparison of observed and expected rates</td>
<td>0.51</td>
<td>NA</td>
<td></td>
</tr>
</tbody>
</table>

*“Expected rate” is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. “Cases with complete data” include patients who have data on all of those factors.*
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 center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of CEA procedures meeting inclusion criteria</td>
<td>679</td>
<td>12564</td>
<td></td>
</tr>
<tr>
<td>Observed rate of LOS&gt;1 day among procedures meeting inclusion criteria</td>
<td>28%</td>
<td>25%</td>
<td></td>
</tr>
<tr>
<td>Number of procedures with complete data*</td>
<td>652</td>
<td>12037</td>
<td></td>
</tr>
<tr>
<td>Observed rate of LOS&gt;1 among cases with complete data</td>
<td>28%</td>
<td>24%</td>
<td></td>
</tr>
<tr>
<td>Expected rate of LOS&gt;1 among cases with complete data*</td>
<td>24%</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>P-value for comparison of observed and expected rates</td>
<td>0.02</td>
<td>NA</td>
<td></td>
</tr>
</tbody>
</table>

*“Expected rate” is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. “Cases with complete data” include patients who have data on all of those factors.
Rate of CEA Patients With LOS>1 Day in Your Region (Jan-Dec 2017)

*** 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)

“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 center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of EVAR procedures meeting inclusion criteria</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Observed rate of LOS&gt;2 days among procedures meeting inclusion criteria</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of procedures with complete data*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Observed rate of LOS&gt;2 among cases with complete data</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expected rate of LOS&gt;2 among cases with complete data*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P-value for comparison of observed and expected rates</td>
<td></td>
<td>0.56</td>
<td>NA</td>
</tr>
</tbody>
</table>

“Expected rate” is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. “Cases with complete data” include patients who have data on all of those factors.
Rate of EVAR Patients With LOS>2 Days by Year

- Your Center
- Your region
- VQI Overall

Year:
- 2014
- 2015
- 2016
- 2017
Rate of EVAR Patients With LOS>2 Days 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 EVAR Patients With LOS>2 Days 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.
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 center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of EVAR procedures</td>
<td></td>
<td>424</td>
<td>6211</td>
</tr>
<tr>
<td>Percentage with sac diameter recorded at follow-up</td>
<td>44%</td>
<td></td>
<td>55%</td>
</tr>
</tbody>
</table>
Rate of LTFU Sac Diameter Reporting in Your Region (Jan-Dec 2015)

- Other centers in your region
- Your center

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

Rate of LTFU Sac Diameter Reporting by Region Across VQI (Jan-Dec 2015)

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

"Others" indicates centers that do not belong to a regional group. "***" indicates region's rate differs significantly from the VQI rate.
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>527</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>9%</td>
<td>5%</td>
</tr>
<tr>
<td>Rate of in-hospital surgical-site infection</td>
<td>3.2%</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
- MidAtlantic
- Southeast
- Rocky Mtn.
- New England
- VQI
- Up.
- Midwest
- Mid America
- New York
- Virginias
- 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>291</td>
<td>4042</td>
</tr>
<tr>
<td>Percentage with major complications after INFRA</td>
<td>5.2%</td>
<td>4.1%</td>
</tr>
</tbody>
</table>
**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)**

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

"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
(SEVSG did not have at least 3 centers with 10 procedures)
Lower-Extremity Amputation: Rate of Post-op 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.

<table>
<thead>
<tr>
<th></th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of amputation procedures</td>
<td>353</td>
<td>2602</td>
</tr>
<tr>
<td>Percentage with complications after LEAMP</td>
<td>16%</td>
<td>19%</td>
</tr>
</tbody>
</table>
Rate of Complications After LEAMP by Year

- Your Center
- Your region
- VQI Overall
Rate of Complications After LEAMP 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 LEAMP by Region Across VQI (Jan-Dec 2017)

- Virginia
- Midwest
- Carolinas
- Southeast
- VQI
- Up. Midwest
- New England
- Mid-America
- New York

“Others” indicates centers that do not belong to a regional group. “***” indicates region’s rate differs significantly from the VQI rate.
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.
(SEVSG did not have at least 3 centers 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>1183</td>
<td>21425</td>
</tr>
<tr>
<td>Rate of ultrasound access guidance</td>
<td>63%</td>
<td>74%</td>
</tr>
<tr>
<td>Rate of closure device usage</td>
<td>56%</td>
<td>67%</td>
</tr>
<tr>
<td>Rate of any hematoma (minor, moderate or major)</td>
<td>1.1%</td>
<td>2%</td>
</tr>
<tr>
<td>Rate of moderate or major hematoma</td>
<td>0.3%</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."
PVI: Percentage of Claudicants With ABI or TBI Reported Before Procedure

“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></th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of PVI procedures with indication of claudication</td>
<td>646</td>
<td>10986</td>
</tr>
<tr>
<td>Percentage with ABI/TBI recorded before procedure</td>
<td>73%</td>
<td>76%</td>
</tr>
</tbody>
</table>
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)


"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>143</td>
<td>2120</td>
</tr>
<tr>
<td>Percentage with complications after SUPRA</td>
<td>26%</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)


“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.
Arterial Quality Council Update: Adam Beck, MD
2018 Special Reports

- **Physician and Center Dashboards**: Physician and center stats on critical outcomes by registry over the past year, including regional/VQI benchmarks. First physician reports delivered in February 2018 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*.

- **Please update your email addresses with VQI!**
2018 Special Reports

• Comparative CAPI (Center Appropriateness Profile for Improvement) Reports:
  – Venous and Arterial committees

• Will not replace COPI reports
  – Indications reports to demonstrate your patient selection vs. regional/national benchmarks
  – E.g. AAA diameter at elective repair, ABI performed before procedure, Active smoking in claudicants

• Work to be done
Research Advisory Council Update
Adam Beck, MD
National Research Process

Proposal Submissions

**June 2018**
- Call for Proposals: April 10, 2018
- Due Date: May 21, 2018
- Meeting: June 11, 2018
- Notifications Sent: June 12, 2018

**August 2018**
- Call for Proposals: June 12, 2018
- Due Date: TBD
- Meeting: August 13, 2018
- Notifications Sent: August 14, 2018
National Research Process

Check Approved Project List:

Approved Project List – National – 2.15.18 (Searchable Excel format)

Or

https://www.vqi.org/vqi-resource-library/quality-research/rac-approved-project-search/

(search engine by topic: “disparities”)
Vascular Quality Initiative®

This Search function is designed to assist investigators before submitting new dataset requests to the National Research Advisory Committee (RAC). In particular, the Search results will provide past Project ID, Submission Period, Date Range, Project Title, PI and Research Question.

Please note: If you wish to search “All Datasets” for a key word, you can leave the dataset check boxes blank, and the Search will default to “All”. You do not need to check every box in this instance.

Please check the boxes for the datasets to search:
- Amputation
- Carotid Artery Stent
- Carotid Endarterectomy
- Endovascular AAA
- Hemodialysis Access
- Infragenual Bypass
- IVC Filter
- Open AAA Repair
- Peripheral Vascular Intervention
- Suprainguinal Bypass
- TEVAR/Complex EVAR
- Varicose Veins

To refine your Search, you may add search terms by Project Title or by Research Hypothesis.

Keywords from the Research Question

Approved Project Title

Search

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Quality Champions

Quality Partners

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Vascular Quality Initiative®

This Search function is designed to assist investigators before submitting new dataset requests to the National Research Advisory Committee (NRA), in particular, the Search results will provide past Project ID, Submission Period, Date Range, Project Title, PI and Research Question.

Please note: If you wish to search "All Datasets" for a key word, you can leave the dataset check boxes blank, and the Search will default to "All". You do not need to check every box in this instance.

Please check the boxes for the datasets to search

- Amputation
- Carotid Artery Stent
- Carotid Endarterectomy
- Endovascular AAA
- Hemodialysis Access
- Infragenual Bypass
- IVC Filter
- Open AAA Repair
- Peripheral Vascular Intervention
- Suprainguinal Bypass
- TEVAR/Complex EVAR
- Varicose Veins

To refine your Search, you may add search terms by Project Title or by Research Hypothesis.

Keywords from the Research Question

Approved Project Title

Clear Search

Search

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Quality Champions

Quality Partners

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Search Results
5 Results found

<table>
<thead>
<tr>
<th>ID</th>
<th>Submission Period</th>
<th>Date Range</th>
<th>Project Title</th>
<th>PI</th>
<th>Research Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>3228</td>
<td>April 2018</td>
<td>All</td>
<td>The Impact of Race on Vascular Care and Long-term Outcomes after Lower Extremity Revascularization for Peripheral Artery Disease</td>
<td>William Robinson</td>
<td>...race does impact outcomes, what are the reasons for the disparities in outcomes among racial minorities... Read More »</td>
</tr>
<tr>
<td>3096</td>
<td>December 2017</td>
<td>All</td>
<td>Evaluation of individual and system contributions to race disparities in treatment of AAA</td>
<td>Conrad Mark</td>
<td>...we included and system-based factors contributing to disparities in AAA repair, we seek to determine whether... Read More »</td>
</tr>
<tr>
<td>3103</td>
<td>December 2017</td>
<td>2003-2017</td>
<td>Examination of Racial Disparities in Length of Stay in Lower Extremity Bypass Surgery</td>
<td>Emily Spangler</td>
<td>...base... Read More »</td>
</tr>
<tr>
<td>3017</td>
<td>August 2017</td>
<td>2011-2016</td>
<td>Racial disparity and Outcomes of Thoracic Endovascular Aortic Aneurysm Repair (TEVAR)</td>
<td>Mehrnoosh Malaa</td>
<td>...racial groups. We hypothesize that identifying racial disparities in national outcomes following TEVAR and... Read More »</td>
</tr>
</tbody>
</table>
National Research Process

To submit a proposal to be considered for the National RAC, please follow the link below:
http://abstracts123.com/svs1/meetinglogin
National Research Process
Medicare Matched Datasets:
https://www.vqi.org/vqi-resource-library/quality-research/blinded-datasets/

VQI Medicare Matched Blinded Datasets

Please review the Overview, Datasets and Flowcharts on this page before you start a National RAC project submission to ensure that the data will be suitable for Medicare-matching as the process has changed.

As the Medicare individual level data are subject to Data Use Agreements (DUAs) with the Centers for Medicare and Medicaid Services (CMS), no individual level data can be shared, but TDI will share CMS data that meets aggregated data release guidelines outlined in our DUA. While prior user agreements suggested that blinded datasets could be disseminated, the new DUA requires that no patient-level data be shared.

Overview for Use of VQI-Medicare Matched Datasets

Dataset Profiles
- Dataset Profile CAS 3.19.18
- Dataset Profile CFA 3.19.18
- Dataset Profile EVAR 3.19.18
- Dataset Profile HEMO 3.19.18
- Dataset Profile INFRA 3.19.18
- Dataset Profile OPEN 3.19.18
- Dataset Profile PVI 3.19.18
- Dataset Profile SUPRA 3.19.18
- Dataset Profile TFVAR 3.19.18
Venous Quality Council Update
Adam Beck, 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 Quality Council

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
From the American Venous Forum

First 10-month results of the Vascular Quality Initiative Varicose Vein Registry
Andrea T. Obi, MD,\textsuperscript{1} Danielle C. Sutzko, MD, MS,\textsuperscript{2} Jose I. Almeida, MD,\textsuperscript{3} Lowell Kabnick, MD,\textsuperscript{4} Jack L. Cronemvett, MD,\textsuperscript{5} Nicholas H. Osborne, MD, MS,\textsuperscript{6} Brajesh K. Lal, MD,\textsuperscript{7} and Thomas W. Wakefield, MD,\textsuperscript{8} Ann Arbor, Mich, Miami, Fla, New York, NY, Lebanon, NH, and Baltimore, Md

From the American Venous Forum

Age is not a barrier to good outcomes after varicose vein procedures
Danielle C. Sutzko, MD, MS,\textsuperscript{9} Elizabeth A. Andraska, MD, MS,\textsuperscript{9} Andrea T. Obi, MD,\textsuperscript{9} Mikel Sadek, MD,\textsuperscript{9} Lowell S. Kabnick, MD,\textsuperscript{9} Thomas W. Wakefield, MD,\textsuperscript{9} and Nicholas H. Osborne, MD, MS,\textsuperscript{9} Ann Arbor, Mich, and New York, NY

Clinical Outcomes After Varicose Vein Procedures in Octogenarians Within the Vascular Quality Initiative Varicose Vein Registry (VQI VVR)
Danielle C. Sutzko, MD, Andrew S. Kimball, MD, Margaret E. Smith, MD, Andrea T. Obi, MD, Thomas W. Wakefield, MD, Nicholas H. Osborne, MD. University of Michigan, Ann Arbor, Mich
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Meeting Evaluation

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