I. Data Managers Meeting
   a. Welcome and introductions by Dr. Randall DeMartino, Medical Director.
   b. There was discussion regarding the follow-up period for a temporary vs. permanent IVC Filter. CAS is currently the registry with the most growth. This is due to TCARs. There was discussion regarding PVI abstraction and how time consuming it is to abstract a case. Many of the elements are not included in the operative note, such as: Total Treated Length, TASC and Calcification. Apparently National Language Processing can pick up 95% of the data.
   c. Questions were raised regarding when registries will be updated with suggestions provided by users. Jim indicated that updating registries is a work in progress. One example: When ABI/TBI are not measured, can there be a check box for not measured instead of submitting without validation. Updates to the current registries are an on-going process and comments from users are always reviewed and taken into consideration.
   d. There are five potential provider sites that are interested in VQI. Current members were asked to assist these sites with any questions that they may have. A list of all current VQI participants is on the web site. There was discussion about EPIC Smart Forms. EPIC Smart Forms are located in Hyperspace. It was pointed out that EPIC does not have any rights to the Smart Forms. A question was asked if social security numbers should still be entered. Jim indicated it helps when matching data with Medicare claims. For providers with multiple sites, the question was raised if a patient receives services within the same network of providers, can providers view those cases. M2S is looking into permissions in which a provider would be able to see the cases performed within the same institution. Cases would not be able to be edited if you were not the attending provider. The ability to Clone like the PVI registry, will be added in the future to other registries. There was discussion about pre-operative skin preparation for CEAs. One provider site has seen an increase in iodine usage. There was further discussion if the Chloraprep report should be eliminated. Jim will have discussion this with the PSO Medical Director. The PSO Medical Director is working on a regional report dashboard. The volume for the Medtronic IN.PACT study has been small. There was discussion about DCB usage. The discussion included CMS financial issues and if there is a decrease in additional interventions due to DCB usage. Can a potential decrease in interventions be tracked in VQI? There was discussion about having to obtain an IRB with the BARD and IN.PACT studies. According to the PSO, consent is not
required. The data is de-identified. Incentives are given with these programs. Questions were raised if that influenced what type of device is utilized.

II. Research Update
   i. Daniel Ortiz, MD-presented a research paper which utilized VQI data. He developed a risk scoring tool to predict patients at risk for access site complications. The tool was incorporated into EPIC.
   ii. Dr. Randall DeMartino-presented a research paper by the New England group on Under Utilization of Antiplatelets and Statin Therapy After Post-Op MI Following Vascular Surgery. VQI data was utilized. 26% of the patients did not have antiplatelet/statin therapy. Dr. Randall DeMartino presented a second paper by Lemmon et al JVS 2017. The paper utilized VQI data. It looked at CMS claims data with registry data. It looked at DRGs 237 and 238. It is challenging with those DRGs, because they may include other procedures besides an EVAR. The highest component of the cost is the device(s). The study only included Medicare patients. Dr. CJ Lee presented a paper regarding cardiac stress testing prior to AAA repair. It was determined that cardiac stress testing prior to the procedure is not associated with improved patient outcomes. There was discussion about utilizing risk calculators. Dr. CJ Lee also presented Long-Term Follow-Up Outcome Assessment After AAA Repair which utilized VQI data matched to Medicare claims.

III. Break

IV. Upper Midwest Vascular Network Meeting
   a. Go To Meeting was utilized for the Spring Conference. That seemed to work well. Since the Spring Meeting is held in conjunction with the Minnesota Vascular Society Annual Meeting, the attendance is higher.
   b. National VQI Update-Jim Wadzinski indicated five sites have been added in Canada. There have also been requests from international provider sites. Overall, the procedure volume is increasing. Each region has a separate web page. Information regarding quality projects and resources are on the website. Videos from the National Conference are also on the website. Please feel free to view them. At last year’s conference, there were 160 participants. There was discussion about the breakout sessions and new and experienced sites. For 2018, sessions regarding ask experts questions and quality stories are being considered as potential agenda items. Please email Jim with any ideas or potential presenters. MACRA/MIPS webinars were presented on July 26 and 27. They are available on the web site. M2S is in the process of developing an audit tool. In may be implemented in late 2018 or early 2019.
      i. 2015 claims validation information was sent to users today.
      ii. Changes to the Star Participation Award Program were reviewed. Quality initiatives and projects have been included. To get credit for a quality project, it must contain VQI data. The reward program has no financial impact. If your Follow-Up rate is under 50%, you cannot utilize VQI data for research.
iii. There is a planned CAS data mapping in the 4th quarter. This will be similar to the PVI mapping. A date field for imaging is going to be added for EVARs.

iv. There are plans for a venous stent registry. Release is planned for 2018.

v. November 2017: There are 2 planned webinars. They include changes to the participation awards and advanced analytics engine. December 2017: There will be a planned webinar about difficult case abstraction. Please send Jim any suggestions for webinars.

vi. The national conference will be June 20-23 in Boston.

c. Regional Data Review was presented by Jim Wadzinski. In this region, Radiology performs the majority of the procedures. Please see your individual reports. SVS is exploring a Vascular Certification Program. There was discussion about regional dues. This fee could be incorporated into the registry cost. Regions could utilize the fees for meetings and speakers.

d. Committee Updates: AQC update-Dr. CJ Lee indicated the committee is working on uniform definitions for all registries. VQC-Jim indicated the Venous Stent Registry will be released in 2018. RAC-Jim provided an update. Governing Council-Jim discussed the CAS mapping and the new medicine registry.

e. Future topics were discussed. Please let Dr. DeMartino know if there are any topics you would like to see on the Spring Meeting agenda or any ideas for speakers.

f. Spring and Fall Meetings-2018: The Spring Meeting will be April 27-28 in Minneapolis. The meeting will be held in conjunction with the Minnesota Vascular Society Annual Meeting. For the annual meeting, CME’s may be available. CMEs will not include the full meeting and there may be a minimal charge. A tentative date for the Fall Meeting is October 26 in Milwaukee.