

Upper Midwest Vascular Network
Fall Meeting
UW Hospital & Clinic, Madison, WI
October 4, 2019

- I. Meeting combined data abstractors, analysts, nurses, and physicians
 - a. Welcome and introductions by Jim Wadzinski SVS, PSO and Dr. Randall DeMartino, Medical Director.
 - b. Research project presentation by Dr. DeMartino on Short Term and Long Term Outcomes of EVAR vs. Open for Ruptured AAA Repair. This generated comments and insight regarding an opportunity for a future regional retrospective review of data on conversion from local to general anesthesia. This will be pursued once the question and variables are defined. A hashtag methodology was proposed for collecting variables. It was noted that the Rocky Mountain Region has done multiple hashtag projects. A presentation was given at the 2019 National Conference on hashtags and may be viewed on the member's only website.
 - c. Dr. DeMartino continued with sharing three UMWVN Journal Club papers using VQI data from past year. Discussion among the group included chlorhexidine showers, use of transverse incision, occlusive dressings, and wound vac. It was noted that incisions in VQI are vertical or horizontal. Transverse is not currently included as an option. One paper used 30 –Day follow up results. A show of hands indicated no one was using this voluntary option. The importance and value of 30-Day was discussed as well as obstacles for why it may not be used.
 - d. Deb Macaulay gave updates on regional sites where M2S is working on contracts and adding new sites. All attending were encouraged to have their peers in the vascular community join VQI to add depth to this group.
 - e. Standard National Updates covered by Jim included an overview of program standings. VQI continues to have very nice growth, now up to 602 centers. As new sites are added to the existing 18 regions, possible consolidation within the larger geographical regions could facilitate less travel and increase meeting attendance. PVI leads the largest procedure volume. Varicose Vein module has eliminated the contralateral variables thus reducing the form by 50% which might increase the uptake on this module.
 - f. Staffing Updates included an introduction to Kristopher Huffman, who was in meeting attendance, new Director of Analytics on September 30, 2019. He has a background with ACS and NSQIP and much experience including quality reports. It is great to have him join the team and he will be a valuable resource going forward. Dan Neal will continue part-time. On September 30, 2019 Caroline Morgan, BSN has started in a new position as Clinical Operations Associate. She comes with much experience from NCDR in developing registry modules and also has a VQI abstraction background. Caroline will support Carrie with answering

clinical questions and in time will be supporting Regional meetings as well. The SVS PSO will be hiring an Associate Medical Director as of May 2020. This position will work with Carrie and Caroline on clinical aspects and variables throughout the 15 registries. Applications accepted until October 31, 2019. A Venous RAC creation apart from the Arterial RAC has been approved due to growing bi-monthly proposal reviews. Recommended for the initial chair is Dr. Osborne from the University of Michigan.

- g. VQI at VAM 2019 attendance was 161. The 1.5 days is held in conjunction with the SVS annual meeting. A full 2 day expansion for VQI would be favorable but difficult to arrange as the annual meeting is booked out years in advance. Jim reviewed how feedback is used to modify program content. The poster and networking session has been well attended and continues to grow in number and quality. Input has led to more content on data abstraction with concurrent sessions to learn and ask questions while doing de-identified cases with the experts.
- h. New Topics were then discussed regarding the Opioid Workgroup. The committee has created recommendations for variables to be added to all the VQI modules (except IVC filter). Data collected is to reflect how patients are presenting, what is being prescribed, and then the follow-up at 30-Days.
- i. Quality Improvement Activities are part of being a PSO. Tools and resources are provided to put data into action. Cheryl Jackson is the Director of Quality and does quarterly webinars on how to start and how to maintain quality improvement projects. Over 50 charters were done, 25 submitted for posters at the annual meeting, several elevated to podium presentations. Newsletters go out every month. If anyone is not receiving them check spam filters. Participation awards will have the same scoring system in place for 2019 data but in 2020 the Participation Award Group committee will now include more non-physician members and will meet to make changes.
- j. UMVN Committee Appointments included discussion of a Vice-Medical Director for the region. Dr. DeMartino has currently served three years. Protocol for his continuance, open nominations and bylaws for election were discussed and will be continued. Discussion then went to appointing a regional member to serve on the Venous RAC Council. Arterial Quality Council recent change was to elect Dr. Peter Rossi. Dr. Fahad Shuja is on the Venous Quality Council.
- k. Council Updates. The RAC has revised conflict of interest policies that mainly impact the Executive committee and the Industry Study Steering committees. These members cannot have a direct relationship with a company that is part of that study. Policy was also updated around device identification and industry studies relative to receiving blinded data sets for RAC requests. Activities within the AQC are continued refinement of GUDID working with FDA and M2S adding additional information in PVI. More expansion is ahead to add GUDID possibly into Hemodialysis, EVAR, and TEVAR. Data accuracy on the part of the FDA and device companies is an expectation. Continuing the three to five year cycle of major registry updates will see Infra, Supra and Open AAA updated in 2020.

Governing Council update includes Dr. Yazan Duwayri from SEVSG, elected to a three year term. The data use agreement was clarified to ensure data for proposal submission is solely used for that proposal and excluded from all other research. To get data, you must be a VQI member and participate in the module. Data anonymity is under further protection by having center ID's randomized annually. Audits continue to roll out in phases. First was claims auditing. Next was statistical audits based on outcomes and outliers. Final phase is the source data audits where registry data is compared to the medical record. Q-Centrix is contracted but due to PHI protection, more needs exist for further modifications in sites without existing contracts.

- I. Regional Reports covered by Dr. DeMartino. The Upper Midwest continues to be a robust region. Looking at total numbers of cases and where it puts us across the VQI (in the middle) is encouraging for being a newer region. For follow-up we remain highest of all regions, let's continue this trend. For DC meds ASA and P2Y12 we're at 83%, significantly above the VQI national average. CAS Stroke or Death in Hospital Asymptomatic Lesions rate is 1.5%, same as expected rate, at average for the nation. CEA Stroke or Death in Hospital our rate is 0.5% which is below the national average. LOS >1day CEA has a 21% rate in the region, this is coming down from previous reports and is close to the VQI overall rate. Measures to shorten stay have been discussed multiple times at various meetings. Endo AAA LOS >2 Days is at 16% in region compared to 12% overall. Here is an area for improvement. We are higher here than last report. EVAR Sac Diameter Reporting in LTFU has this region again at the top at 74% vs VQI overall of 57%. This is also a national VQI Quality Initiative. Infra-Inguinal Bypass: Rate of Major Complications we're at 3.5% vs 3.8% VQI overall. LE Amputation Complication Postop has us right at the mean VQI rate. PVI: Percentage of Claudicants with ABI/Toe Pressure Reported Before Procedure was 77% with 77% overall so in the middle across regions. EVAR: Percentage of Elective Patients with AAA Diameter Within SVS Guidelines was above VQI overall with 76% compared to 72%.
- m. M2S Updated-Technology Updates led by Deb Macaulay. Releases in Q2 were GUDID integration for PVI balloons and atherectomy and Medicare Beneficiary Identifier as an optional patient ID. As SSN collection goes away the MBI is hopeful to use for Medicare morbidity report and SSDI. Industry trials include TCAR, TEVAR Dissection Surveillance Project, and PVI post market surveillance projects with Bard and Medtronic. Openings still available. Claims validation for 2018 is in process. Webinars were recorded and posted to Resource tab. New Spring reports will split out TCAR and CAS.
 - a. Many thanks to Madison for hosting our 2019 Fall meeting. The Spring meeting is planned for May 1-2, 2020 at the Radisson Blu in Bloomington, MN, Mall of America. This is in conjunction with the Upper Mid-West Vascular Society meeting. Based on last year's results we will return to the prior format with the VQI meeting on Friday afternoon from 1 pm to 5 pm.

