

Upper Midwest Vascular Network
Fall Meeting-Remote
November 13, 2020

- I. Meeting conducted remotely due to COVID-19. Welcome and introductions by Jim Wadzinski, Deputy Executive Director, PSO and Dr. Randall DeMartino, Medical Director. New sites were recognized as having joined our region.
- II. Three journal articles were presented and discussed: (1) Long-term Reintervention After Endovascular Abdominal Aortic Aneurysm Repair, Columbo et al, Annals of Surgery, July 2019, Dr. Courtney Morgan, MD, UW Health, Madison WI was the presenter; (2) Vascular Quality Initiative assessment of compliance with Society for Vascular Surgery clinical practice guidelines on the care of patients with abdominal aortic aneurysm, Jens Eldrup-Jorgensen, MD, et al, Journal of Vascular Surgery, September 01, 2020, Dr. Neel Mansukhani, Froedtert and Medical College of WI was the presenter; (3) Endovascular repair of ruptured abdominal aortic aneurysm is superior to open repair: Propensity-matched analysis in the Vascular Quality Initiative, Linda J. Wang et al, Journal of Vascular Surgery 2020; 72:498-507, Dr. Randall DeMartino, Mayo Clinic was the presenter.
- III. Regional VQI Project: The region is moving forward with a project which involves reviewing ruptured endovascular AAA repair with the conversion from local anesthesia to general anesthesia. Parvathi Balachandran, M.B.B.S., Ph.D presented an overview of the project and hash tags that will need to be entered in Pathways. To be able to capture the data, the hash tags are unique and need to be entered in the same format by all sites that are going to participate in the project. A post meeting survey will be sent out to see how many sites are interested in participating in the project. The regional project will provide a larger sample size, de-identified data and not require a lot of time.
- IV. Data Manager Q&A: There was a discussion regarding the CEA Registry and capturing IV Med Required for: Hypertension and Hypotension under the Post-Op Tab. There are no systolic or diastolic parameters. The Help Text only indicates when to capture a medication. Without any BP parameters, there may be inconsistencies with capturing the data. This data point is captured in the Dashboard. There was discussion if it should even be included in the Dashboard. When reviewing this measure, you may also want to look at: Length of stay, outcomes, post-op strokes. When looking at BP parameters, it is difficult to record in a meaningful manner and hard to define the parameters. Dr. DeMartino will forward this concern to the CEA Committee.
- V. Regional Data Review covered by Dr. DeMartino. Our region accounts for 41553 procedures. The leading Registry is PVI followed by CEA. Radiology performs the majority of cases in our region followed by Vascular Surgery. For Long-Term

Follow-Up, our region remains the highest of all regions. Some sites in our region are at 100%. For DC meds Antiplatelet and Statin, we are at 87% which puts us above the national average. Our regional centers are between 70%-100%. This could be a quality project for some sites. Our regional observed rate of stroke or death for TCAR Asymptomatic cases is 3.2 % and VQI overall is 1%. Our region is the highest of all regions. There was discussion about inviting a guest speaker for our next meeting. Our region will continue to monitor this rate. For Transfemoral CAS Symptomatic cases, the observed rate of stroke or death is 3.1% which is lower than the overall VQI rate of 3.6%. The Help Text for ICA Distal Tortuosity is being updated. There were angulation inconsistencies. It is too difficult to update the data point retrospectively. There was also discussion that TFEM procedures are decreasing compared to TCAR. CEA Asymptomatic Stroke or Death in Hospital our rate is 1.0 % which is slightly higher than the national average of 0.9%. LOS >1day CEA has a 22.5% rate in the region, with an overall VQI rate of 23.3%. Best practices have been discussed at previous meetings. CEA Symptomatic Stroke or Death rate is 1% with is slightly below the overall VQI rate of 1.7%. Endo AAA LOS >2 Days is at 16.9% in our region compared to 14.2% overall. EVAR Sac Diameter Reporting in LTFU has this region second from the top at 72.4% vs VQI overall of 58.6%. Our region is second highest of all regions with Canada being first. This is also a national VQI Quality Initiative. No region has reached 100%. The practice of consistently putting the diameter into all reports takes ongoing effort. By not indicating exact size measurement it limits the utility of the report. EVAR: SVS SAC Size Guideline is 81.5% for our region and 73.4% VQI overall. This places our region second highest of all regions. There was discussion about getting radiologists to document the sac size in the radiology reports. The TEVAR: Sac Diameter Reporting is 91.8% for our region and 56.7% for VQI overall. Our region is the highest of all regions. Infra-Inguinal Bypass: Rate of Major Complications we are at 4.0% vs. 4.1% VQI overall. LE Amputation Complication Postop rate is 12.5% with VQI overall rate of 12%. PVI: Percentage of Claudicants with ABI/Toe Pressure Reported Before Procedure was 71.3% with 74.6% as the overall rate. It was noted that this rate is not reported by specialty. There appears to be practice pattern differences in our region. There were also discussions about the cost of performing ABI/Toe Pressure vs. CTA.

- VI. National VQI Updates were covered by Jim. VQI continues to grow, now up to 715 centers which includes 18 regions. There are 714 centers in North America and 1 center in Singapore. There was even continued growth through COVID-19. Procedure totals are 750,153. PVI leads the largest procedure volume. VQI at VAM 2020 was cancelled due to COVID-19. There was virtual education programming beginning the week of June 22 through July 28. The sessions were live webinars and also recorded for later viewing. They included Registry and quality improvement education and national updates. The sessions were free. VQI Online hosted 12 sessions over the 6 week period. Attendance ranged from 125-300 liver users. If you have questions about accessing the recordings, please

contact Nancy Heatley at nheatly@svspso.org. Going forward, virtual sessions will be incorporated even when a live event is available. ACC and SVS have joined forces on a single vascular Registry. The new Vascular Medicine Consult Registry collaborated with: Society for Vascular Surgery, American Heart Association and Society for Vascular Medicine. The Society for Vascular Surgery Vascular Quality Initiative is seeking practices to participate in a pilot program for the collection of patient reported outcomes on patients undergoing endovascular treatment for peripheral arterial disease. CMS and FDA are interested in this information. The Varicose Vein Registry is currently the only Registry that collects patient reported outcomes. VQI is looking at creating patient education materials. Reports are being updated. Centers will be able to drill down their data to physician level which will include cases and attached variables. There will also be new on-line LTFU reports. The EVAR Registry will be first. These will be real time reports and the ability to drill down. There was a suggestion that the Dashboard and Regional Reports be distributed at the same time. There is a one month difference between the two reports. There were minor changes with the Bylaws. All voting for nominations and election of officers will be conducted electronically in the Spring for all 18 regions. Each region will have an Associate Medical Director. CME/CE Credit is available for this meeting. Des Moines University is the continuing education provider for this activity. PSO is covering the cost at this time. There will be webinar in December regarding changes to the Participation Award. Long Term F/U will not be included due to COVID-19. Follow-up visits were delayed, workflow disruptions may have caused delays in data entry and staff may have been reassigned. The number of procedures entered in the Registries declined. 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 14 charters have been submitted. Newsletters go out every month. The focused phone calls have been well attended. You may attend these calls even if you do not have a project. One on one calls are an option if requested. Twenty-eight poster abstracts were submitted and accepted for the presentation at the 2020 VQI Annual Meeting.

- VII. Research Advisory Council update covered by Jim. Dr. Nicholas Osborne from the University of Michigan is the first Chair of the new Venous RAC.
- VIII. Arterial Quality Council has a new Chair. Dr. Randall DeMartino from Mayo Clinic. Dr. Jessica Simons is the new Vice-Chair. Current projects include: Common variable Help Text updates, OAAA Registry revisions, SVS guidelines collaboration, COVID variables and patient reported outcome variables.
- IX. Venous Quality Council covered by Jim. Dr. Marc Passman from the University of Alabama is the new chair for 2020. The Council will be working on LTFU dashboards for all three venous procedures. There is continued interest from United Healthcare on collaborating on the appropriateness for ablations. This could eliminate pre-authorization processes for providers. The overall IVC filter

retrieval rate is 30%. In August 2017, VQI launched a process where sites can set up reminders to be automatically sent for all temporary filters. This needs to be a national quality initiative.

- X. Governing Council update covered by Dr. DeMartino. Appointments were made for Vice-Chairs to the VQC and VRAC. Dr. Mark Iafrati has been nominated to serve at the Vice-Chair of the VQC and Dr. Fedor Lurie for the Venous RAC. Unblinding EVAR imaging LTFU requires a vote by each region. The Council discussed the impact of moving to virtual regional meetings and making the meetings more interactive. There has been an increase in virtual meeting attendance vs. in person meetings. Dr. Adam Beck is the new Vice-Chair of the Executive Committee. The PSO will be appointing 2 new at-large members to the PSO Executive Committee.
- XI. Meeting Evaluation covered by Dr. DeMartino and Jim. At this time, the Spring will be held virtually. A post-meeting survey will be emailed to attendees. Please complete your CME/CE Credit within 7 days of the meeting date.