

Upper Midwest Vascular Network
Fall Meeting-Remote
October 22, 2021

- I. Meeting conducted remotely due to COVID-19. Welcome and introductions by Caroline Morgan, Clinical Operations Associate, SVS PSO and Dr. Randall DeMartino, Medical Director. Welcome to Dr. Gary Lemmon, Associate Medical Director SVS PSO who is also present. Welcome Dr. Neel Mansukhani who will be the new Medical Director for our region.
- II. **Data Manager Review:** There was discussion about how to capture a complex EVAR case which required a revision due to an endoleak. The Inclusion/Exclusion is not clear as to how to capture these types of cases. **Action Item:** Dr. Lemmon will discuss with the Leads of those Registries. There was discussion about capturing Renal Replacement Therapy. The Pre and Post definitions do not match. It was determined that Renal Replacement Therapy should be captured as dialysis. **Action Item:** Caroline will review the Pre and Post definitions and drop downs. It was recommended that the CAD drop down options in the CAS Registry be added to all Registries. Caroline indicated that was the plan moving forward as other Registries are updated.
- III. **Research Presentation:** Dr. Ayokunle S. Olowofela- Medical College of Wisconsin- Vascular Surgery Division presented a paper he co-authored entitled: Machine Learning-Driven Quality Improvement Intervention for Reducing Length of Stay Following Elective EVAR Using the Vascular Quality Initiative Database. Their center was an outlier for LOS after elective EVAR. VQI data for elective EVARs from 2013-2019 was utilized. BART Model was utilized, and Enhanced Recovery Protocols were implemented. The facility noted a decrease in the LOS from greater than 2 days to a mean LOS of 1.3 days. The proportion of elective EVAR with LOS of greater than 2 days was reduced from 39% to 2.7%. LTFU and EVAR Sac Reporting was discussed. Our Region used to be ranked number one, and now is ranked number four. There were discussions as to why our ranking has dropped. In 2018, mandatory fields were implemented. If these fields were not completed, there is no credit for the visit. The data included F/U visits from July 2018-June 2019. This timeframe was pre-COVID. During COVID, there were discussions about staffing issues and resource re-allocation. There were more tele-visits and patients were not comfortable coming in for their imaging. Our Region currently unblinds data for the Sac Size rate but could consider unblinding data for Follow-up Rate. **Action Item:** Caroline will reach out to the top centers for this measure.
- IV. **Regional Data Review covered by Dr. DeMartino.** The 10th and 90th percentiles are now provided in the dashboard. This will provide opportunities for more targeted monitoring of outcomes. Mandatory fields for Long-Term Follow-Up

were implemented in 2018. Procedures with an approach other than carotid open or percutaneous are now excluded from the TCAR ASYMP and SYMP reports. OAAA reports now include four years of data. Our region accounted for 7581 procedures for July 2020-June 2021 and 50626 procedures overall. The leading Registry is PVI followed by CEA. Vascular Surgery performs the majority of cases in our region followed by Radiology. For Long-Term Follow-Up, our region is the fourth highest of all regions. Regarding Long-Term Follow-ups, multiple visits may be added. For DC meds Antiplatelet and Statin, we are at 89% which puts us above the national average. Our regional centers are between 70%-100%. Our regional observed rate of stroke or death for TFEM Asymptomatic cases is 1.9 % and VQI overall is 1.8%. For Transfemoral CAS Symptomatic cases, the observed rate of stroke or death is 5.9% which is the same as the overall VQI rate of 5.9%. There was also discussion that TFEM procedures are decreasing compared to TCAR. For TCAR Asymptomatic Stroke or Death rate is 1.5% for our region which is slightly higher than the overall national rate of 1.4%. TCAR Symptomatic Stroke or Death rate our region is 2.5% compared to the overall national average of 2.4%. CEA Asymptomatic Stroke or Death in Hospital our rate is 1.2 % which is slightly higher than the national average of 1.0 %. CEA Symptomatic Stroke or Death is 0.6% for our region which is lower than the VQI overall rate of 2.1%. LOS >1day for CEA asymptomatic has a 22.9% rate in the region, with an overall VQI rate of 22.1%. Best practices have been discussed at previous meetings. CEA Symptomatic LOS >1day is 38.3% compared to the VQI overall rate of 40.8%. Endo AAA LOS >2 Days is at 12.1% in our region compared to 15.8% overall. EVAR Sac Diameter Reporting in LTFU has this region fourth from the top at 62.2% vs VQI overall of 56.1%. Waukesha Memorial Hospital is the leader for our region. To de-identify a process measure, all sites must agree to self-disclose. This is also a national VQI Quality Initiative. There has been little improvement since inception in 2016. 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. Some sites indicated they have imaging performed locally and then perform a virtual visit, so the patient does not have to travel. This has shown to increase patient satisfaction. Challenges were discussed regarding the Long-Term Follow-up imaging timeframe. One center indicated their first imaging is performed at 6 months. So, the second imaging falls outside the 9-21 month timeframe. Should the timeframe be extended to 24 months? Dr. Lemmon indicated that the follow-up visit criteria should be re-visited. There are no consistent clinical practice guidelines. EVAR: SVS SAC Size Guideline is 82.0% for our region and 74.3% VQI overall. This places our region second highest of all regions. The TEVAR: Sac Diameter Reporting is 86.6% for our region and 55.7% for VQI overall. OAAA: In-Hospital Mortality: Our region is at 2.6% compared to 4.4% VQI overall. OAAA: SVS Cell-Saver Guideline is 96.3% with VQI overall at 92.4%. OAAA: SVS Iliac Inflow Guideline: Our region rate is 98.8% with VQI overall at 97.4%. PVI: Percentage of Claudicants with ABI/Toe Pressure Reported

Before Procedure was 73.3% with 75.4% as the overall rate. It was noted that this rate is not reported by specialty. Infra-Inguinal CLTI: Rate of Major Complications we are at 4.7% vs. 4.8% VQI overall. Supra CLTI: Major Complication rate is 4.5% with VQI overall rate of 8.0%. LEAMP: Postop Complications: Our region rate is 8.8% and 10.6% VQI overall. HDA: Primary AVF vs. Graft: Our region is at 79.3% and VQI overall 81.8%. For IVCF: Filter Retrieval Reporting: Our region has less than 3 centers so there is no data available.

- V. **National VQI Updates were covered by Caroline.** VQI continues to grow, now up to 861 centers which includes 18 regions. There are 860 centers in North America and 1 center in Singapore. There was even continued growth through COVID-19. Procedure totals are 873,059. PVI leads the largest procedure volume. There is a new VQI Trainee Program for medical students, residents and fellows. VQI is seeking members to become a mentor. The purpose of the program is for trainees to learn about quality improvement and research. Dr. Gary Lemmon is the Chairperson for this workgroup. There is also a new PSO Diversity Committee. Dr. Leila Mureebe is the Chairperson. The Committee will include a broad representation. VQI at VAM 2021 was held August 17-18 at the San Diego Convention Center. The meeting was a hybrid meeting and all sessions were live-streamed. There were 175 virtual attendees and 125 in-person attendees. The meeting included Registry and national updates and quality improvement education. The SVS/VQI is celebrating their 10th Anniversary. COVID-19 Update: There is greater than 97% of variable inclusion rate for COVID status in all registries. 1.2% of patients tested positive for COVID-19. There was minimal difference in mortality across the geographic regions. LTFU analysis of COVID variable data will not be completed until September 2023. Vaccination status will be added in the coming weeks. This will include boosters. Patient Reported Outcomes was launched in April 2021. Currently 10 centers are participating. There are three collection time points: Pre-procedure, one month and one year post-operatively. Data entry options include: Paper forms, computer, tablet and smart phone. 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. Please complete your CME/CE Credit within 7 days of the meeting date. Quality Improvement Activities are part of being a PSO. Tools and resources are provided to put data into action. Betsy Wymer is the new Director of Quality and does quarterly webinars on how to start and how to maintain quality improvement projects. Newsletters go out every month. There are also quarterly charter calls. One on one calls are available by request. VQI at VAM included 13 posters. 2020 Participation Awards did not include Long-Term Follow-ups. Sites received a separate LTFU Recognition Certificate. For 2021, it will be re-instated. There are four domains. Virtual meeting attendees will get credit.
- VI. **Arterial Quality Council** covered by Caroline. Priorities include major revisions to the following registries: Infra/Supra and OAAA. There are new Pathway follow-up reports. Please consider joining the new Vascular Medicine Consult Registry.

- VII. **Venous Quality Council** covered by Caroline. The Venous SVS PSO Venous structure was reviewed including the three-year goals. The Venous Stent Inclusion/Exclusion Criteria was developed. Sites were encouraged to join the Venous Stent Registry.
- VIII. **Arterial Research Advisory Council** covered by Caroline. There is new RAC education available. Dr. Leila Mureebe has created videos on how to submit a RAC proposal and creating useful tools and tips to train new investigators.
- IX. **VISION (Medicare Match Data)** covered by Caroline. It is a partnership between SVS PSO and Medical Device Epidemiology Network (MDEpiNet). VISION developed algorithms which allows certain VQI registry patients to be matched to Medicare claims data. The primary goal is to facilitate low-cost, high-value and real-world evidence research through creation of a national repository of linked clinical claims analytic data sets. VQI is able to provide centers with SRS Reports.
- X. **Governing Council** update covered by Dr. DeMartino and Caroline. The last GC meeting was held on April 12, 2021. Dr. Mureebe discussed the formation of the new SVS PSO Diversity, Equity and Inclusion Committee. A new PSO Trainee Scholarship Program was reviewed. US News and World Report collaboration was also discussed.
- XI. **fivos** covered by Caroline. Medstreaming+M2S are now fivos. Updates and releases were reviewed. Projects in progress were also discussed.
- XII. **Meeting Evaluation** covered by Dr. DeMartino and Caroline. There were discussions about the 2022 Spring Meeting. A date has not been determined at this time. The meeting will probably be a hybrid meeting. In the past, the Spring Meeting was held in conjunction with the Annual Minnesota Vascular Meeting. A poll will be sent out to members.