

# WELCOME

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## UPPER MIDWEST VASCULAR NETWORK

October 20, 2023

1:00 PM– 4:00 PM CT

Milwaukee, WI

Hybrid

# In-Person Regional Registration QR Code

**REMOTE ATTENDEES - DO NOT USE THE QR CODE**

# Remote Meeting Attendance Credit

Before we get started, please sign in.

- 1 Click “Participants” in the box at the top or bottom of your screen.
- 2 If your full name is not listed, hover next to your name and look for “rename”. Select & sign in.
- 3 Can’t sign in? Email Angela Churilla at [achurilla@vascularsociety.org](mailto:achurilla@vascularsociety.org) & include identifier you were signed in under (ex – LM7832) or phone number.

**\*NOTE: Credit is NOT given to any attendee or speaker that does not have an ACTIVE PATHWAYS user account.**

# Appreciation and Thanks

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Thank you to everyone who helped make this event possible:

Joseph Hart, MD - Regional Medical Director

Open Position - Regional Associate Medical Director

Ashley Verhyen - Regional Lead Data Manager

Jennifer Farrell - Regional Lead Data Manager

Kaity Sullivan – SVS PSO Analytics Team

Angela Churilla– SVS PSO Education & Quality Program Manager

Jennifer Correa – Marketing Manager

Betsy Wymer - SVS PSO Director of Quality

SVS PSO Staff

# Today's Agenda

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1:00 PM	Welcome	No CE Credit
1:05 PM	Carotid Disease Presentation/ Discussion- Dr. Peter Rossi	No CE Credit
1:50 PM	FIT Presentation- Dr. Leah Gober	No CE Credit
2:20 PM	<p>Regional Data Review –Joseph Hart, MD, UMVN Medical Director</p> <p>Learning Objectives:</p> <ul style="list-style-type: none"><li>• Use the VQI regional reports to establish quality improvement goals for the vascular patients (outcomes) and for their center (process).</li><li>• Interpret and compare each centers' VQI results to regional and national benchmarked data.</li><li>• Learn, through group discussion the VQI regional results to improve the quality of vascular health care by monitoring measurable performance indicators, SVS PSO evidence-based research, and outcomes.</li><li>• Identify high performing regional vascular centers to discuss variations in care and clinical practice patterns to improve outcomes and prompt quality improvement recommendations for vascular care patients. Sharing of best practices/pathways of care.</li></ul>	CE Credit
	<p>Regional QI Proposal –Joseph Hart, MD, UMVN Medical Director</p> <p>Learning Objectives:</p> <ul style="list-style-type: none"><li>• Use the VQI regional reports to establish quality improvement goals for the vascular patients (outcomes) and for their center (process).</li><li>• Interpret and compare each centers' VQI results to regional and national benchmarked data.</li><li>• Learn, through group discussion the VQI regional results to improve the quality of vascular health care by monitoring measurable performance indicators, SVS PSO evidence-based research, and outcomes.</li><li>• Identify high performing regional vascular centers to discuss variations in care and clinical practice patterns to improve outcomes and prompt quality improvement recommendations for vascular care patients. Sharing of best practices/pathways of care.</li></ul>	CE Credit

# Today's Agenda - Continued

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3:20 PM	<p>National VQI Update – Betsy Wymer, DNP, RN, CV-BC, PSO Director of Quality</p> <p>Learning Objectives:</p> <ul style="list-style-type: none"><li>• Use the VQI regional reports to establish quality improvement goals for the vascular patients (outcomes) and for their center (process).</li><li>• Identify high performing regional vascular centers to discuss variations in care and clinical practice patterns to improve outcomes and prompt quality improvement recommendations for vascular care patients. Sharing of best practices/pathways of care.</li></ul>	CE Credit
3:40 pm	Council / Committee Updates	No CE Credit
4:00 pm	Open Discussion/Next Meeting/Meeting Evaluation	No CE Credit

# Disclosures

- No disclosures

# Welcome and Introductions **67 centers**

Abbott Northwestern Hospital (Allina)  
Advocate Christ Medical Center  
Advocate Condell Medical Center  
Advocate Good Samaritan Hospital  
Advocate Good Shepherd Hospital  
Advocate Illinois Masonic Medical Center  
Advocate Lutheran General Hospital  
Advocate Sherman Hospital  
Advocate South Suburban Hospital  
Advocate Trinity Hospital  
All Saints Hospital  
Altru Hospital  
Aspirus Wausau Hospital, Inc.  
Aurora BayCare Medical Center  
Aurora Medical Center Grafton  
Aurora Medical Center Kenosha  
Aurora Medical Center Manitowoc County  
Aurora Medical Center Oshkosh  
Aurora Medical Center Summit  
Aurora Medical Center Washington County  
Aurora Memorial Hospital Burlington  
Aurora Sheboygan Memorial Medical Center  
Aurora Sinai Medical Center  
Aurora St. Luke's Medical Center

Aurora St. Luke's South Shore  
Aurora West Allis  
Avera Heart Hospital of South Dakota  
Avera McKennan Hospital  
Bellin Memorial Hospital, Inc.  
Bismarck - CHI St. Alexius Health  
CentraCare Health  
Columbia St. Mary's Hospital Milwaukee, Inc.  
Columbia St. Mary's Hospital Ozaukee, Inc.  
Elmbrook Memorial  
Essentia Health - Fargo  
Essentia Health - St. Mary's Medical Center  
Fairview Southdale Hospital  
Fairview St. John's Hospital  
Fox Valley Surgical Associates Ltd.  
Franklin Hospital  
Froedtert Health  
HealthPartners, Inc.  
M Health Fairview Clinic - Woodwinds  
Marshfield Clinic Health System, Inc.  
Mayo Clinic Health System - Franciscan Healthcare, Inc. (in La Crosse)  
Mayo Clinic Health System - Mankato  
Mayo Clinic Hospital - Rochester

Mayo Clinic Northwest Wisconsin  
Mercy Hospital (Allina)  
Monument Health Rapid City Hospital, Inc.  
North Memorial Health Hospital  
Radiology Associates-Fox Valley  
Sacred Heart Hospital of the Hospital Sisters of the Third Order of St. Francis  
Sanford Clinic Vascular Associates  
Sanford Medical Center Fargo  
SSM Health St. Agnes Hospital - Fond du Lac, WI  
SSM Health St. Mary's Hospital - Madison  
St. Elizabeth's Medical Center  
St. Francis Hospital - Milwaukee  
St. Luke's Hospital - MN  
St. Vincent Hospital of the Hospital Sisters of the Third Order of St. Francis  
United Hospital (Allina)  
UnityPoint Health - Meriter Hospital  
University of Minnesota Medical Center (UMMC)  
University of Wisconsin Hospitals and Clinics Authority  
Waukesha Memorial Hospital



# Active Regional Charters

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# Fall 2023 SVS VQI Regional Report Slides

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The VQI Regional Quality Report is produced semiannually to provide centers and regions targeted, comparative results and benchmarks for a variety of procedures, process measures, and postoperative outcomes.

**Please note the following updates have been implemented to enhance and improve the report:**

- Ability to Download/Print Dashboard

The dashboard summary can now be downloaded as an Excel file or printed directly using buttons included above the dashboard table. Please note that printing allows you to save as PDF with the “Print to PDF” feature in your browser.

- Interactive Plots

All graphics are now interactive.

[https://www.vqi.org/wp-content/uploads/FALL\\_2023\\_REGIONAL\\_REPORT\\_SLIDES\\_REGION\\_UMVN.html](https://www.vqi.org/wp-content/uploads/FALL_2023_REGIONAL_REPORT_SLIDES_REGION_UMVN.html)

\*\*\*\*Ctrl + Click to follow link

# Regional Procedure Volumes

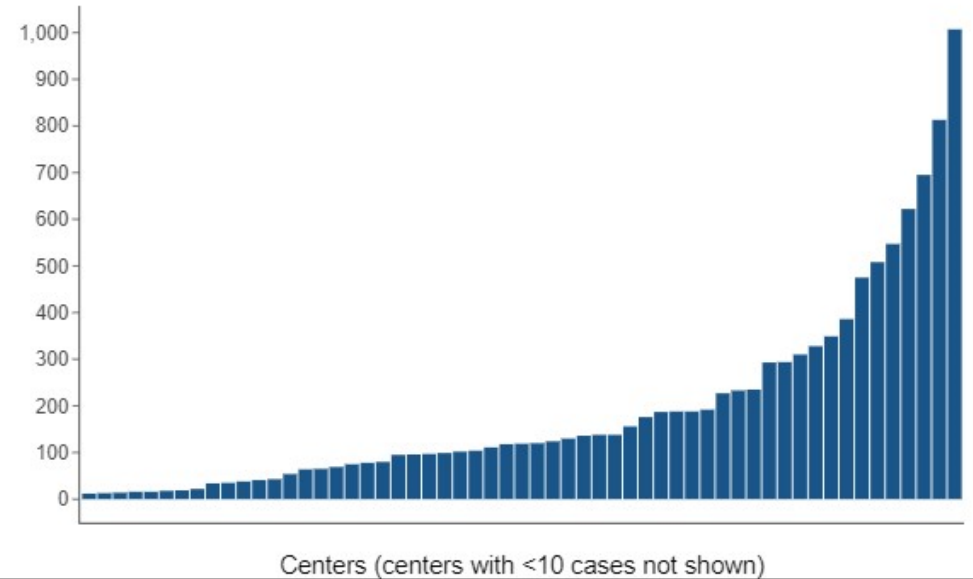
## Procedure Volume

Procedures performed between July 1, 2022 and June 30, 2023

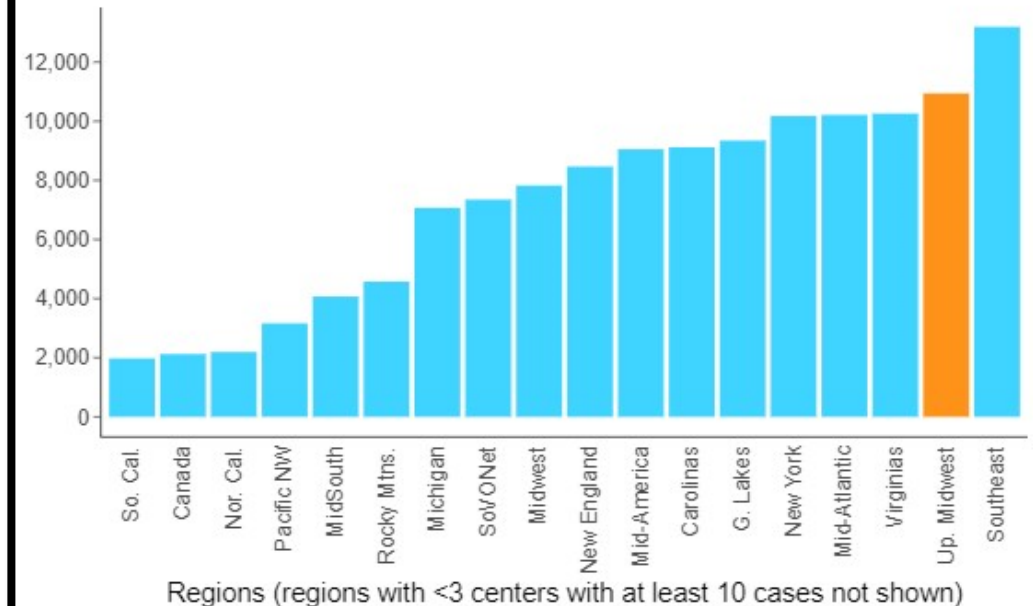
Number of cases entered into the VQI, by registry and overall

	Your Region (N)	VQI Overall (N)
CAS (TFEM CAS & TCAR)	1226	23334
CEA	1627	19076
EVAR	651	8085
HDA	113	5660
INFRA	505	7272
IVCF	NA (<3 centers)	1006
LEAMP	826	3670
OAAA	94	1348
PVI	4926	50854
SUPRA	93	2032
TEVAR	186	3849
Varicose Veins	712	6196
Overall (July 2022-June 2023)	10966	132382
Overall (July 2021-June 2022)	8808	127080

Procedure Volume by Center in Your Region (July 2022-June 2023)

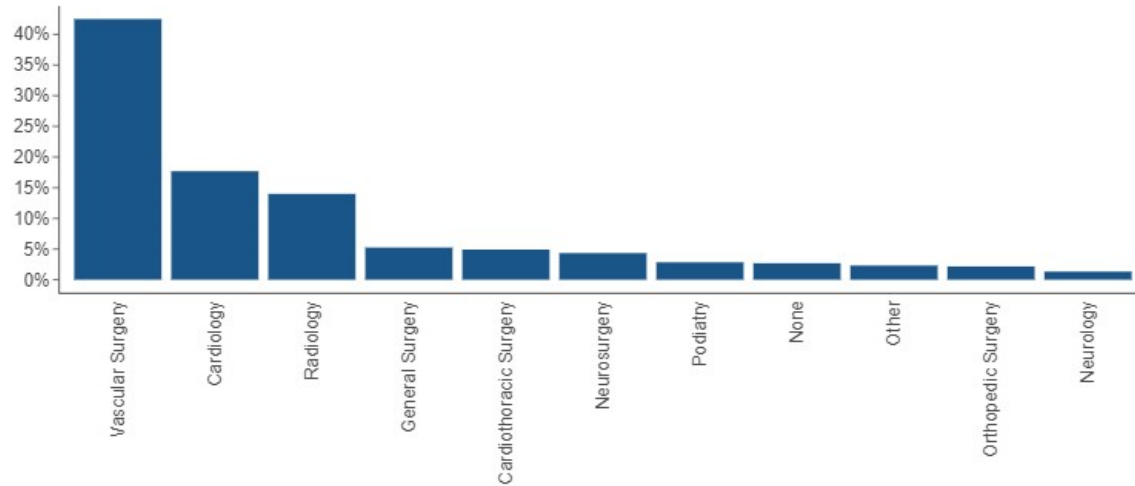


Procedure Volume Across VQI (July 2022-June 2023)

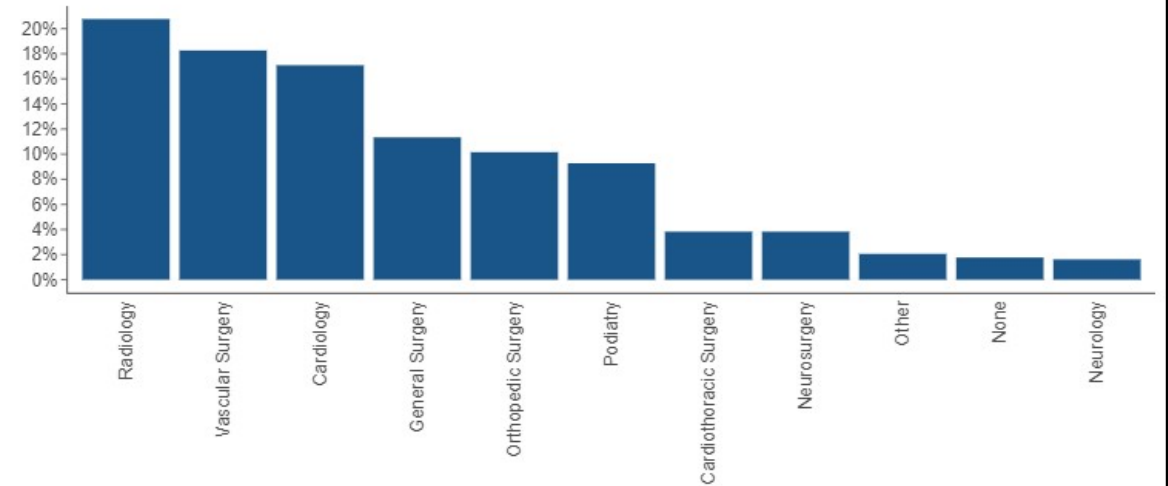


# Physician Specialties

Physician Specialties Across VQI (as of July 31, 2023, N=6880 Physicians)

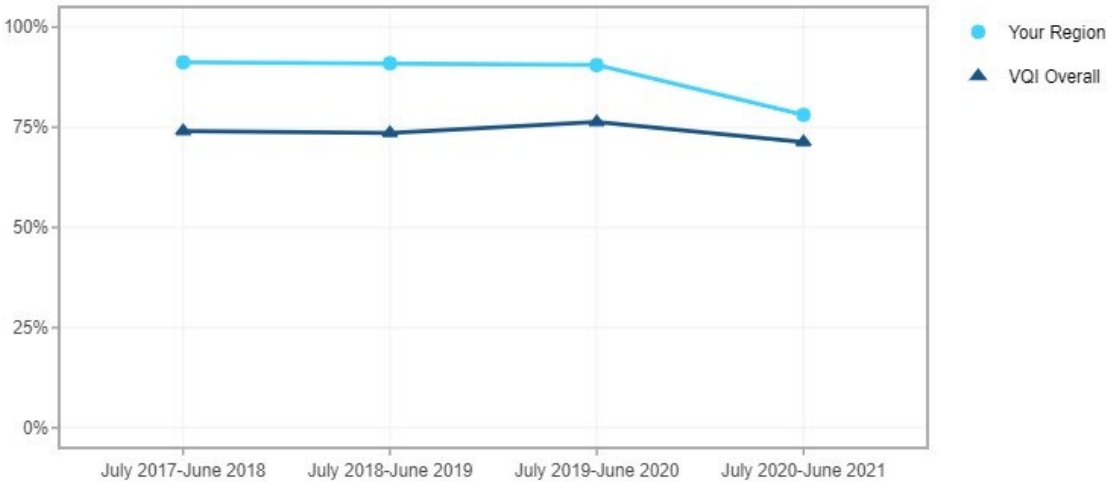


Physician Specialties Across Your Region (as of July 31, 2023, N=679 Physicians)

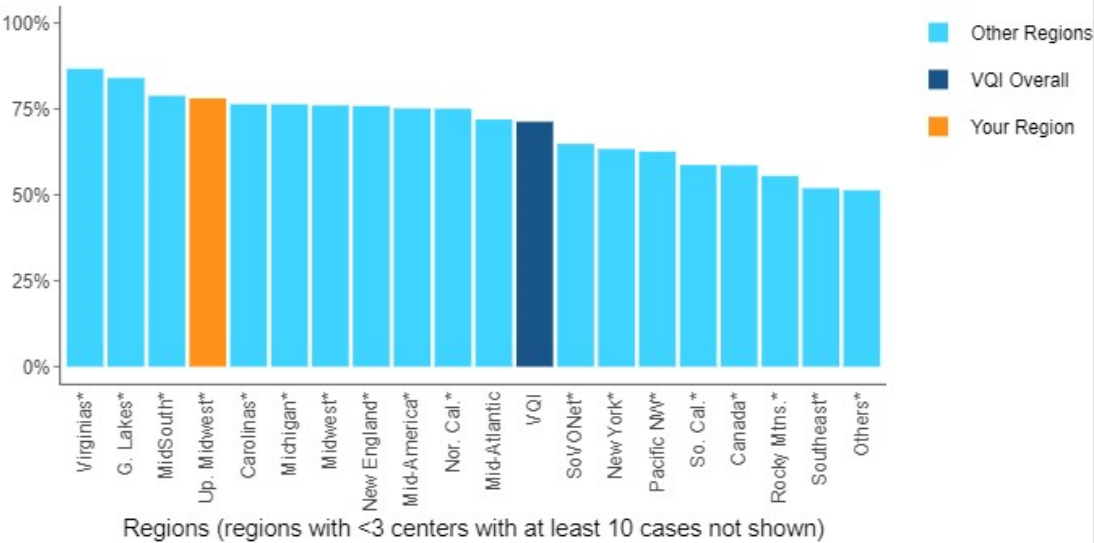


# Long Term Follow-Up

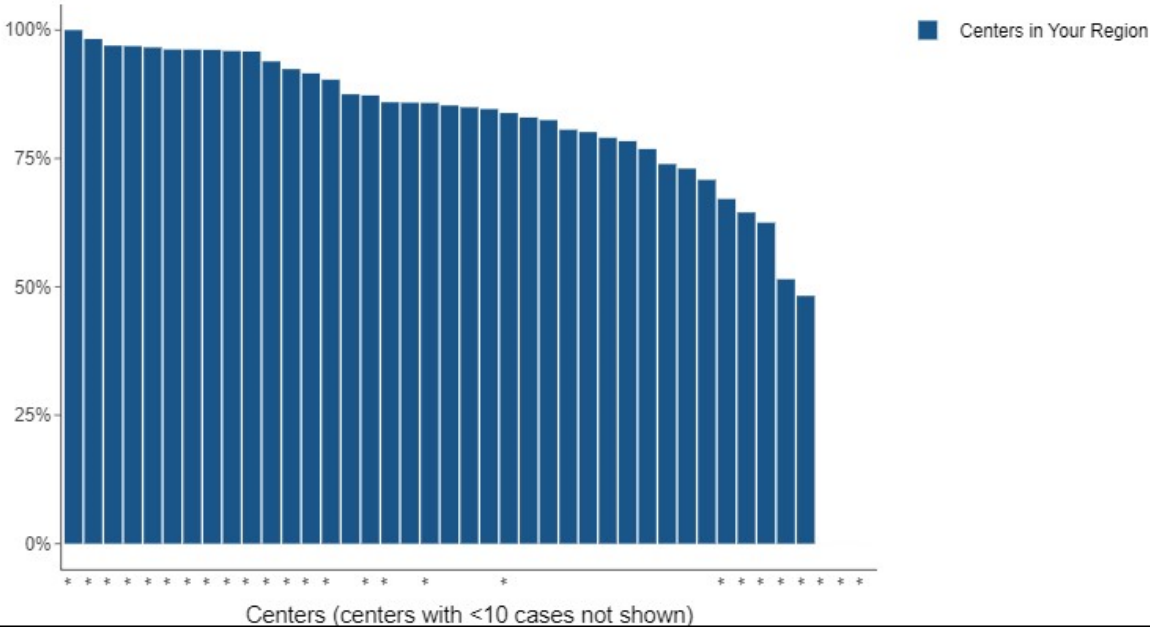
Long-Term Follow-Up by Year



Long-Term Follow-Up by Region Across VQI (July 2020-June 2021)

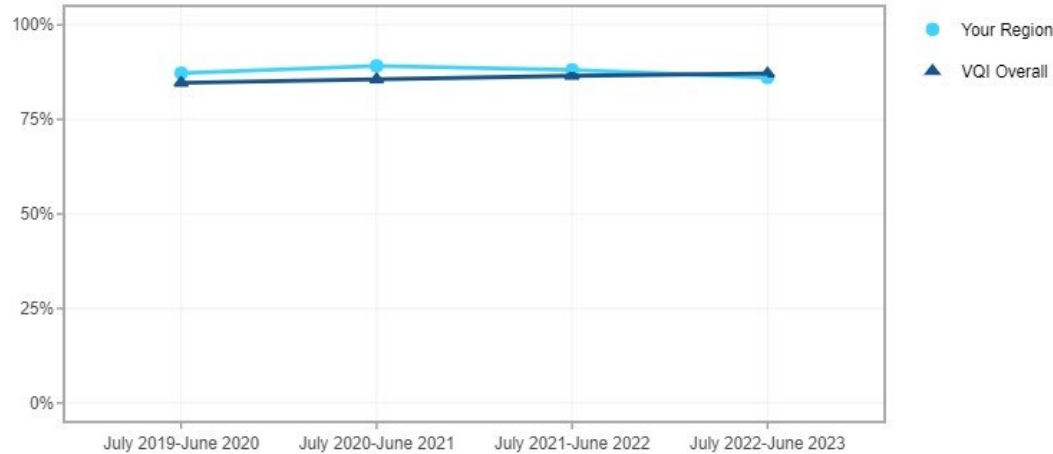


Long-Term Follow-Up by Center in Your Region (July 2020-June 2021)

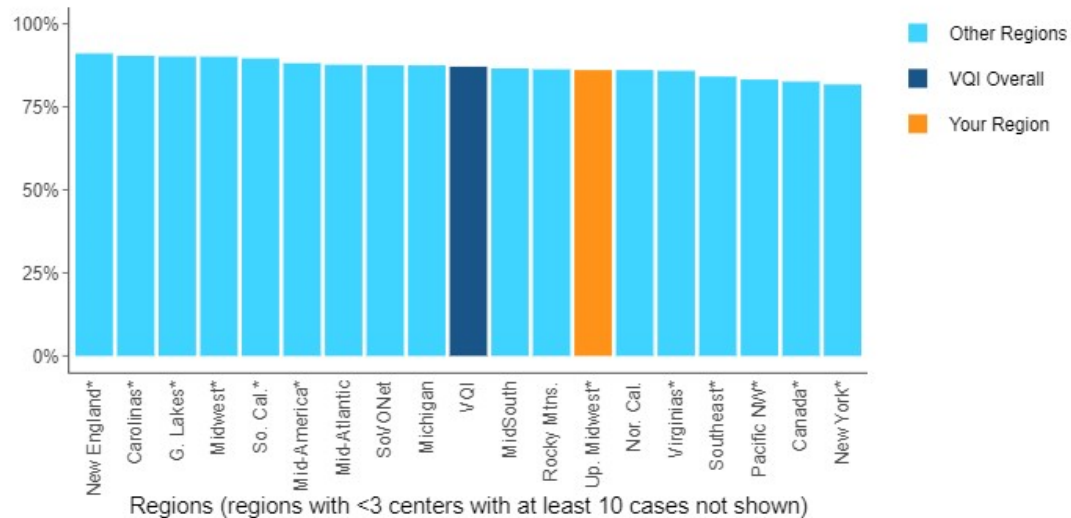


# Discharge Medications

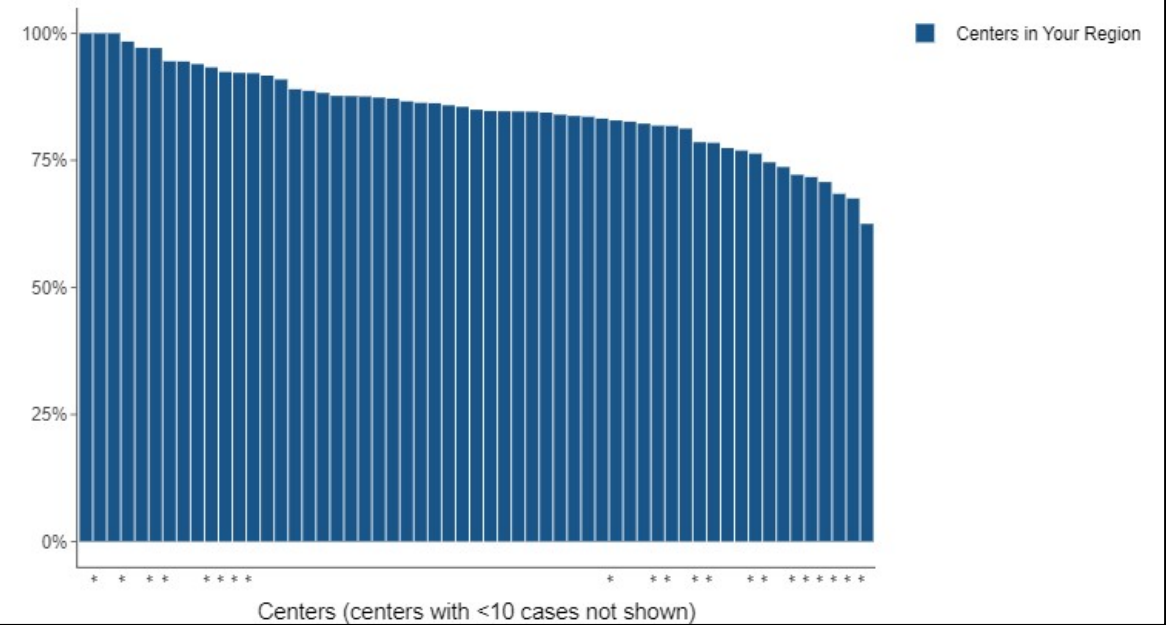
Discharge Antiplatelet+Statin by Year



Discharge Antiplatelet+Statin by Region Across VQI (July 2022-June 2023)

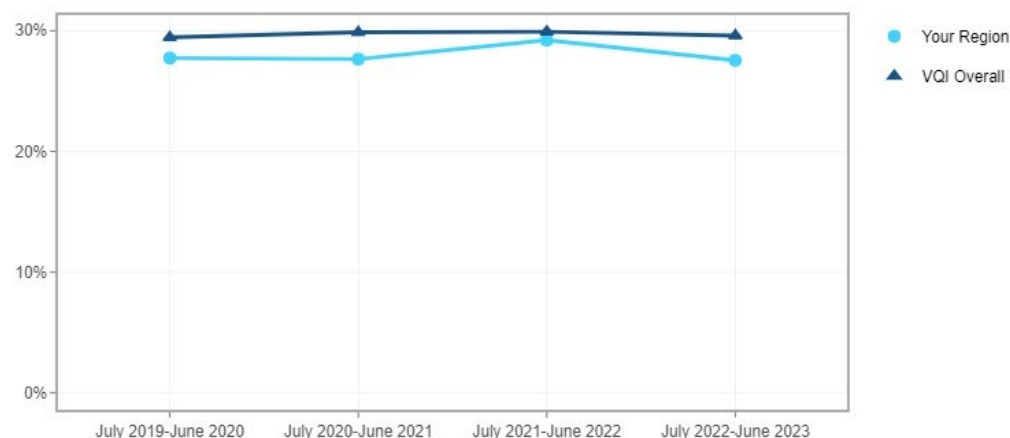


Discharge Antiplatelet+Statin by Center in Your Region (July 2022-June 2023)

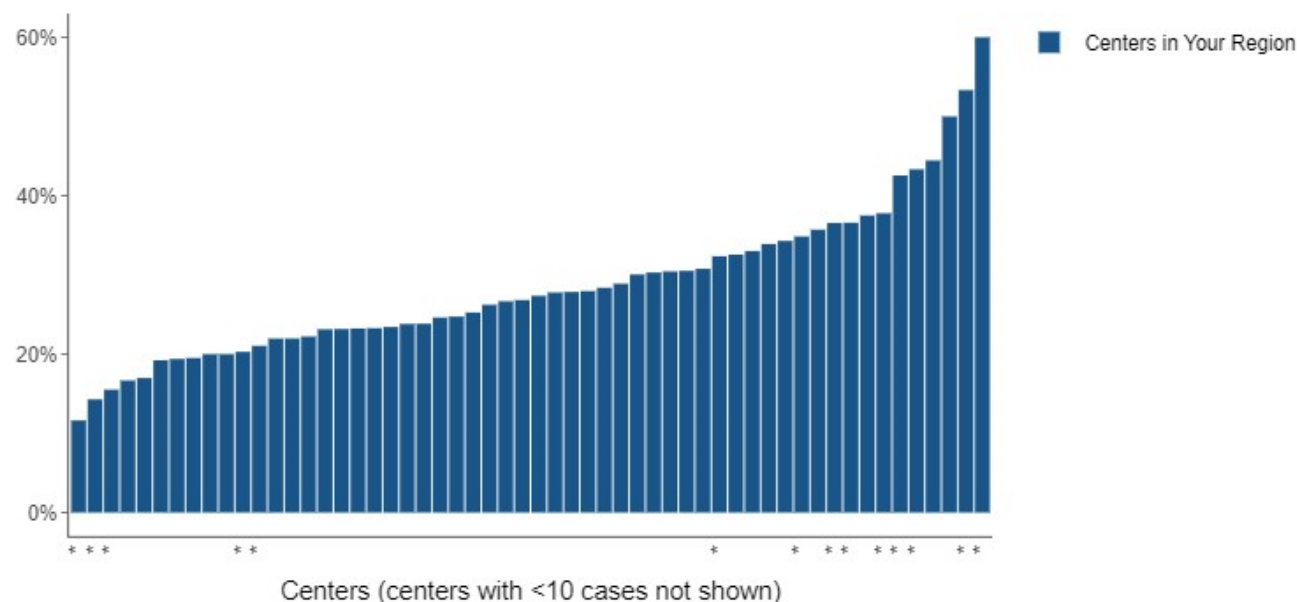


# Pre-op Smoking [Elective Cases only]

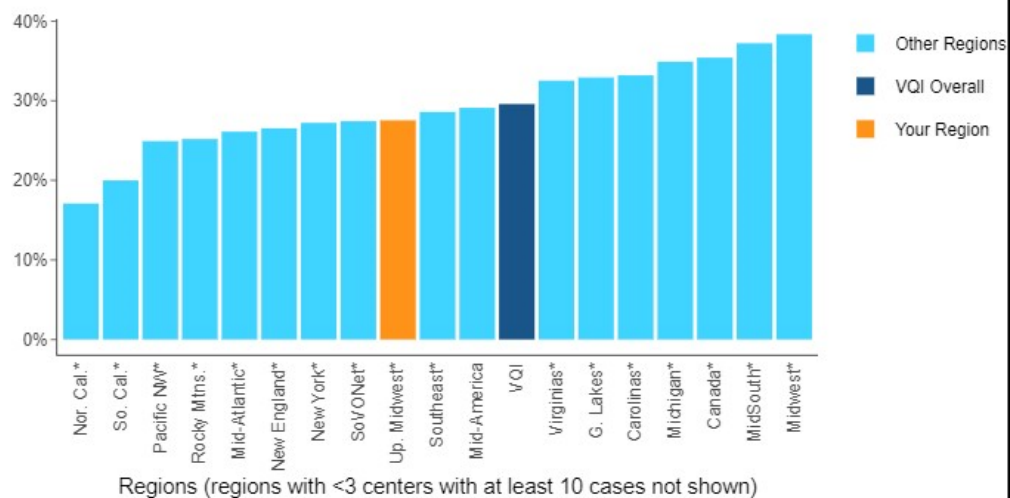
Preop Smoking by Year



Preop Smoking by Center in Your Region (July 2022-June 2023)

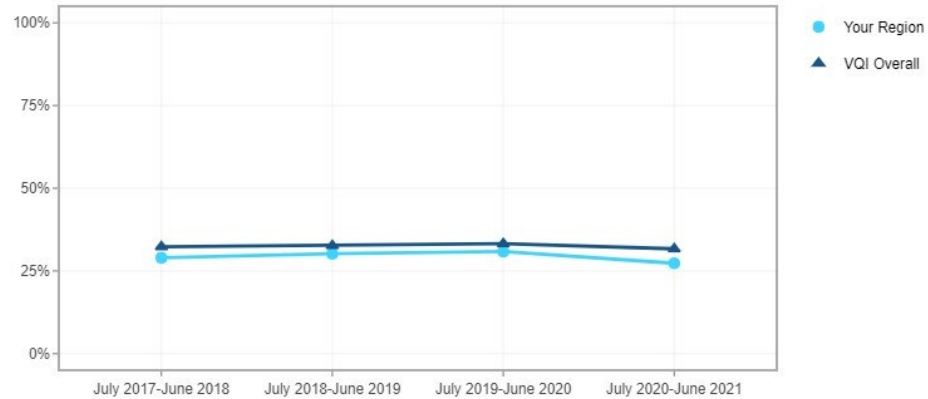


Preop Smoking by Region Across VQI (July 2022-June 2023)

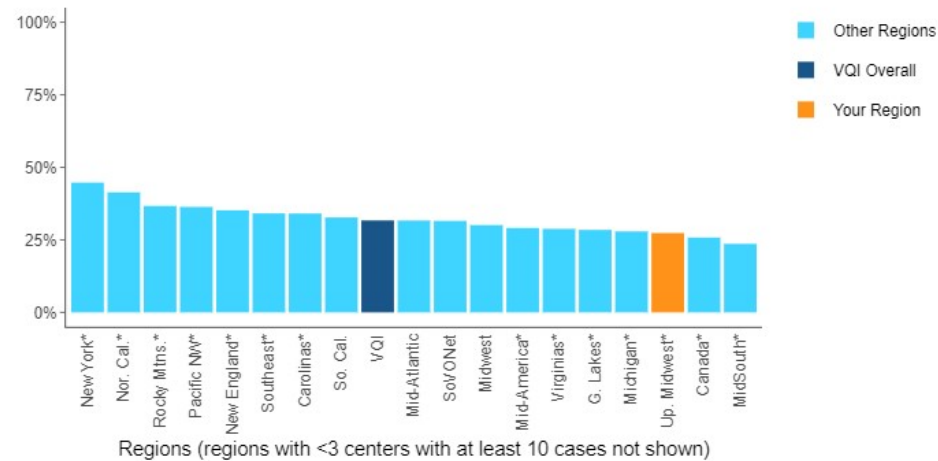


# Smoking Cessation

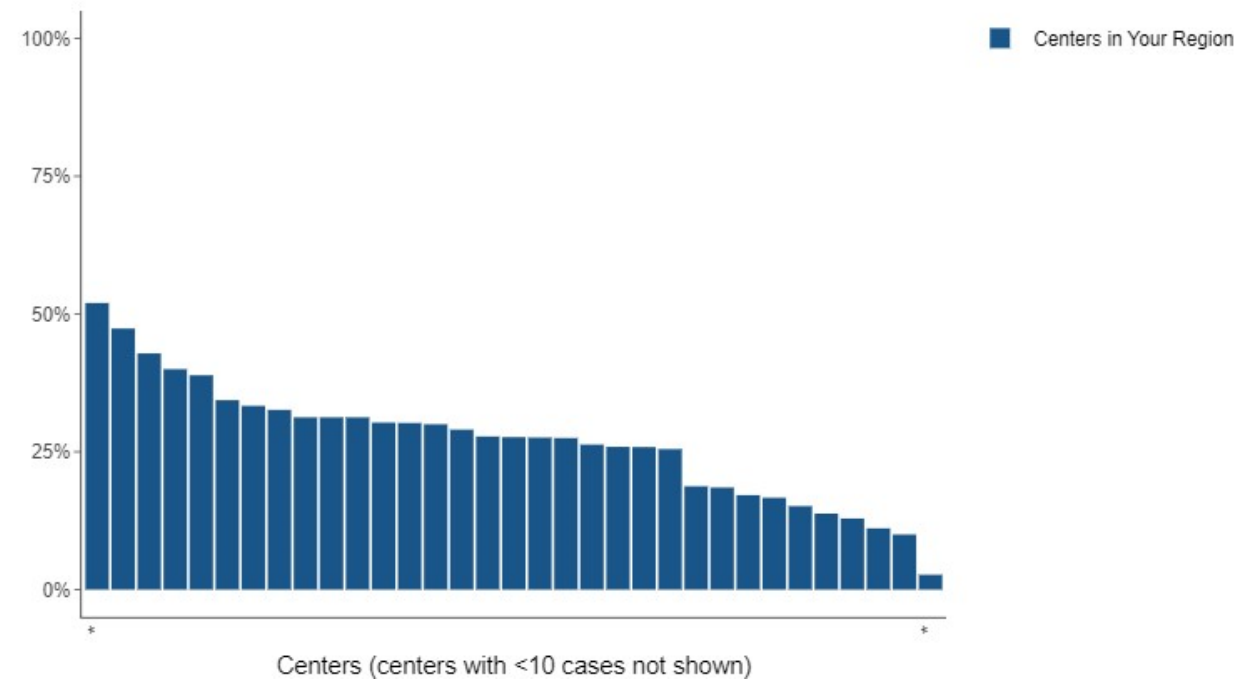
Smoking Cessation by Year



Smoking Cessation by Region Across VQI (July 2020-June 2021)



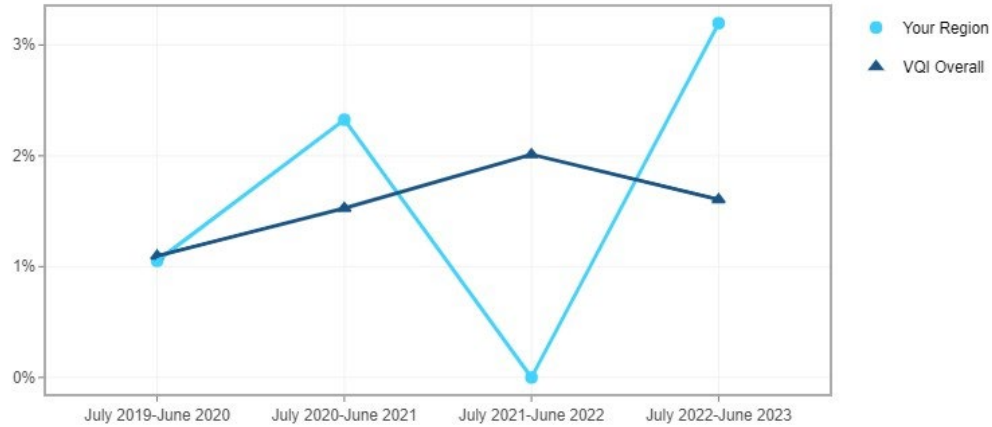
Smoking Cessation by Center in Your Region (July 2020-June 2021)



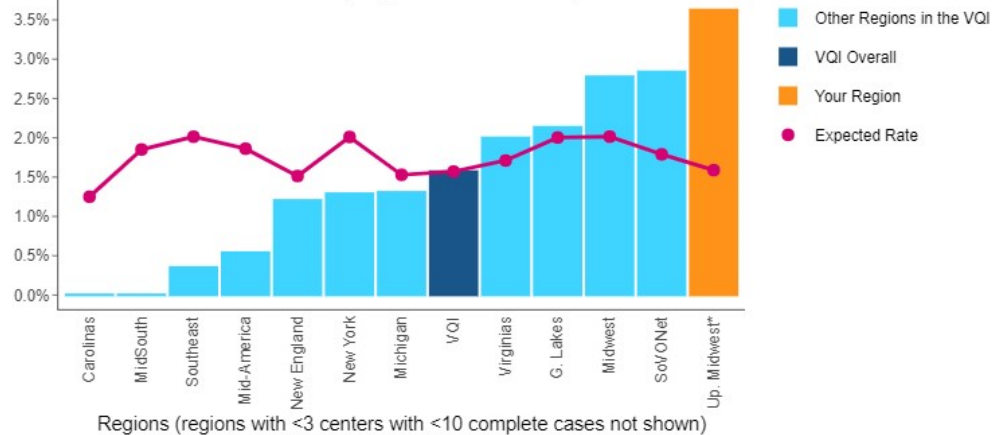


# TF CAS Asym- Stroke or Death

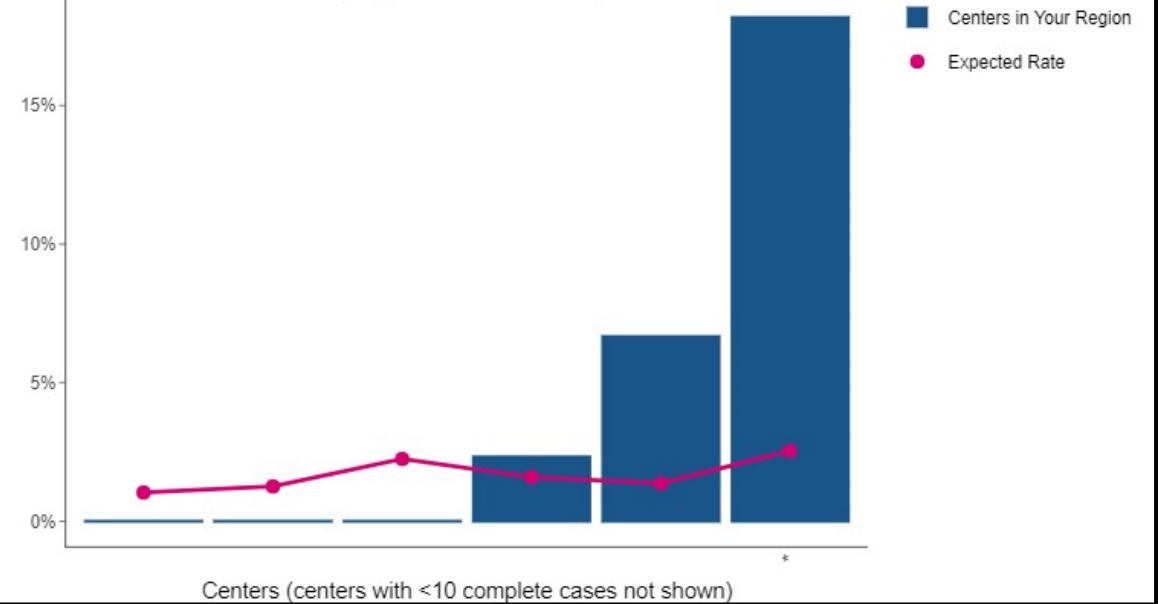
Stroke or Death after TFEM CAS for Asymptomatic Patients by Year



Stroke or Death after TFEM CAS for Asymptomatic Patients by Region Across VQI (July 2022-June 2023)

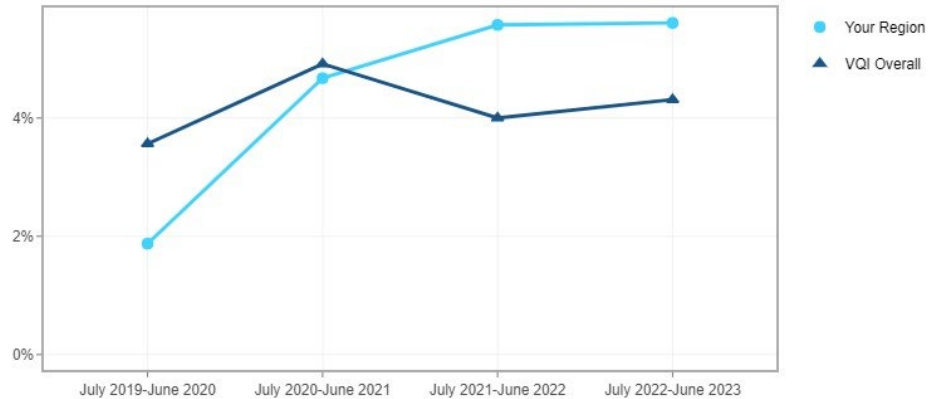


Stroke or Death after TFEM CAS for Asymptomatic Patients in Your Region (July 2022-June 2023)

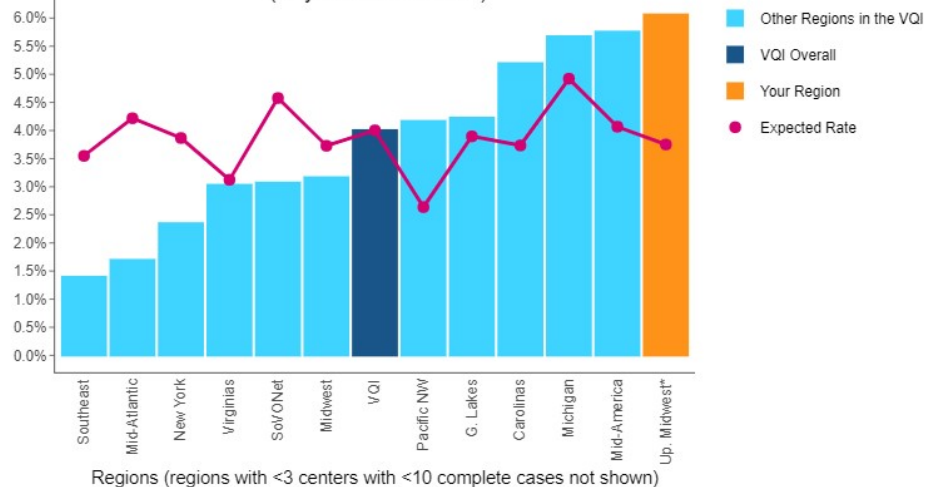


# TF CAS Symp- Stroke or Death

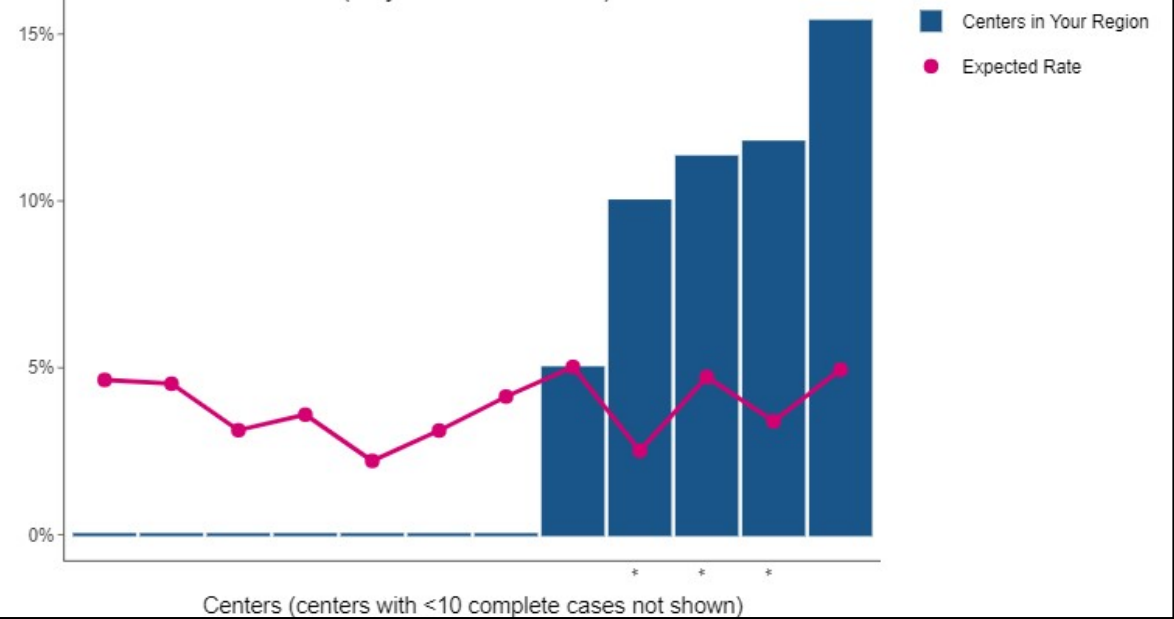
Stroke or Death after TFEM CAS for Symptomatic Patients by Year



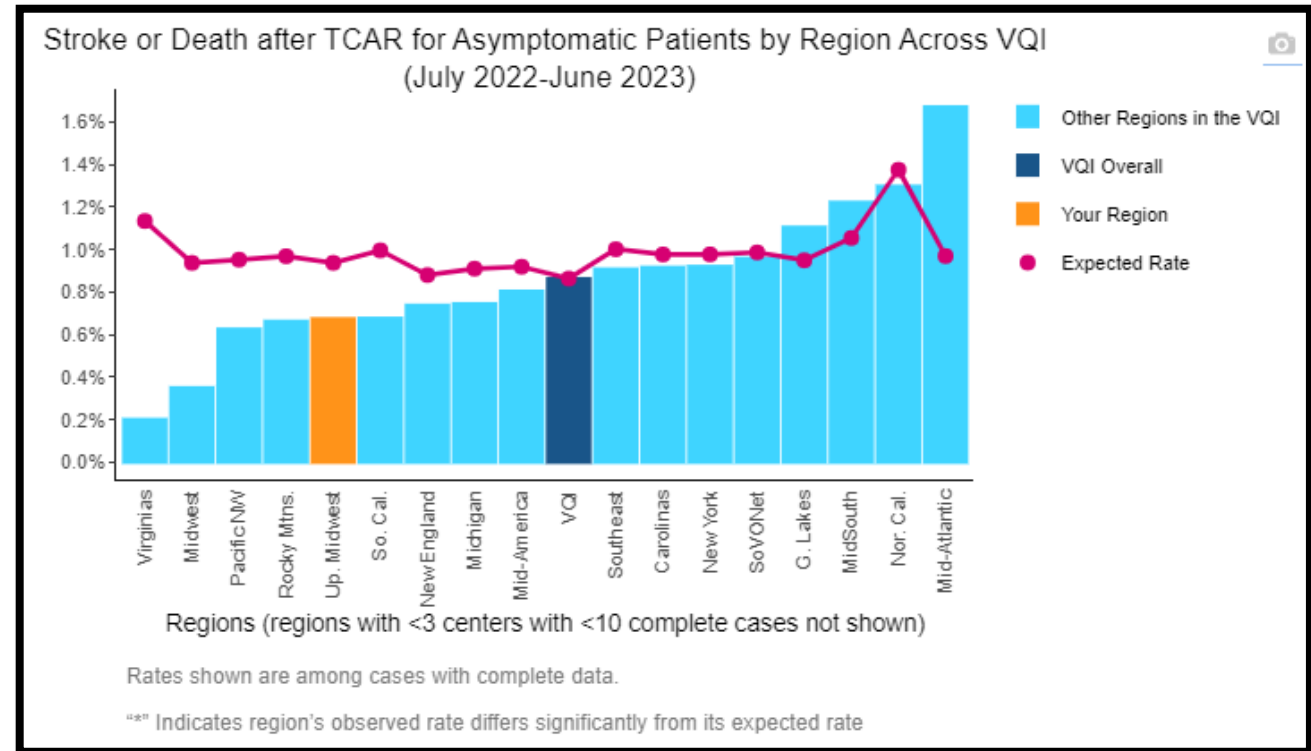
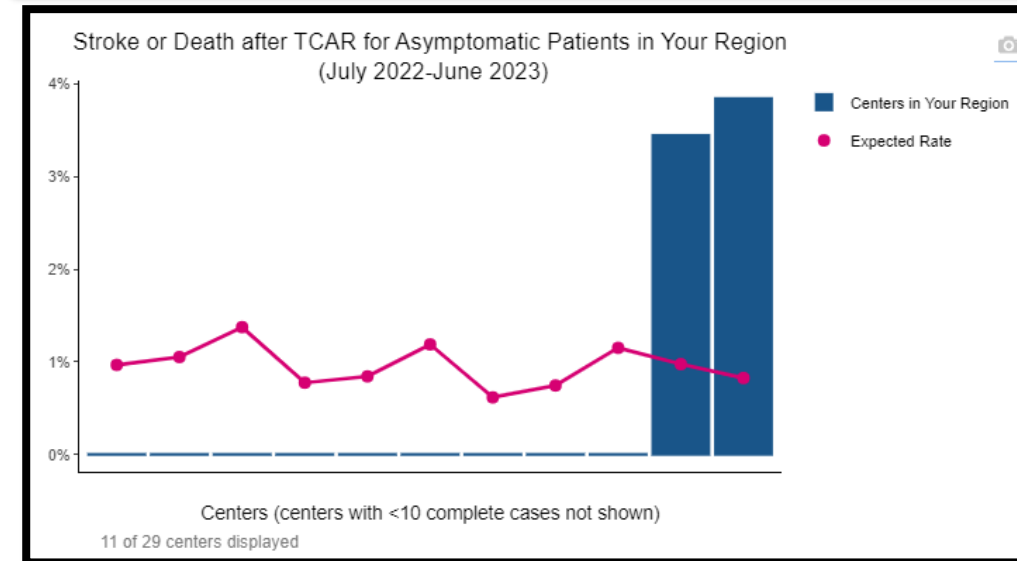
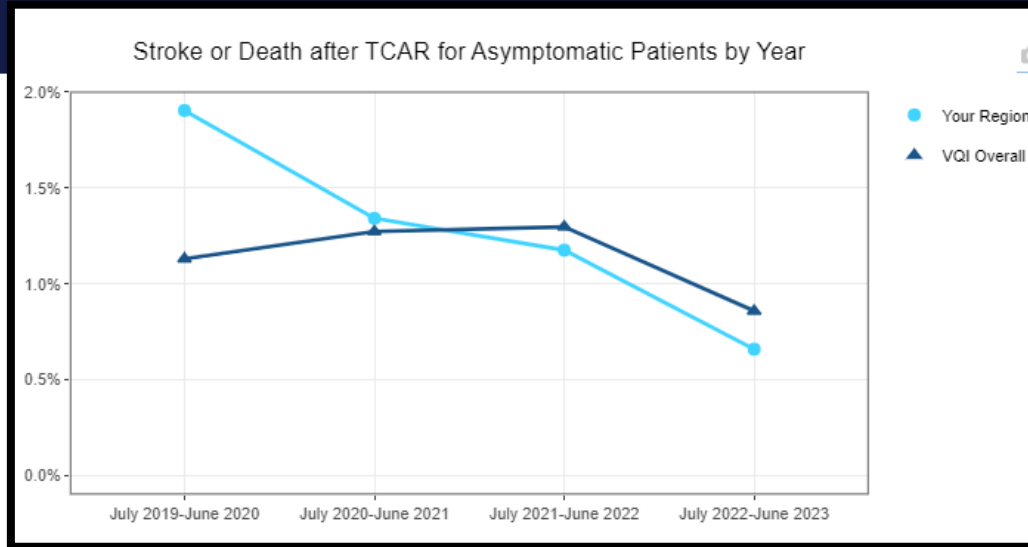
Stroke or Death after TFEM CAS for Symptomatic Patients by Region Across VQI  
(July 2022-June 2023)



Stroke or Death after TFEM CAS for Symptomatic Patients in Your Region  
(July 2022-June 2023)

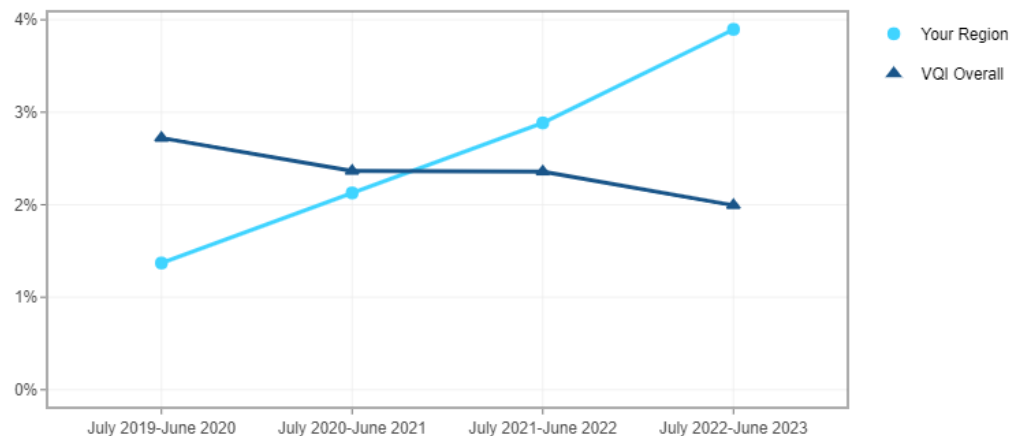


# TCAR Asymp- Stroke or Death

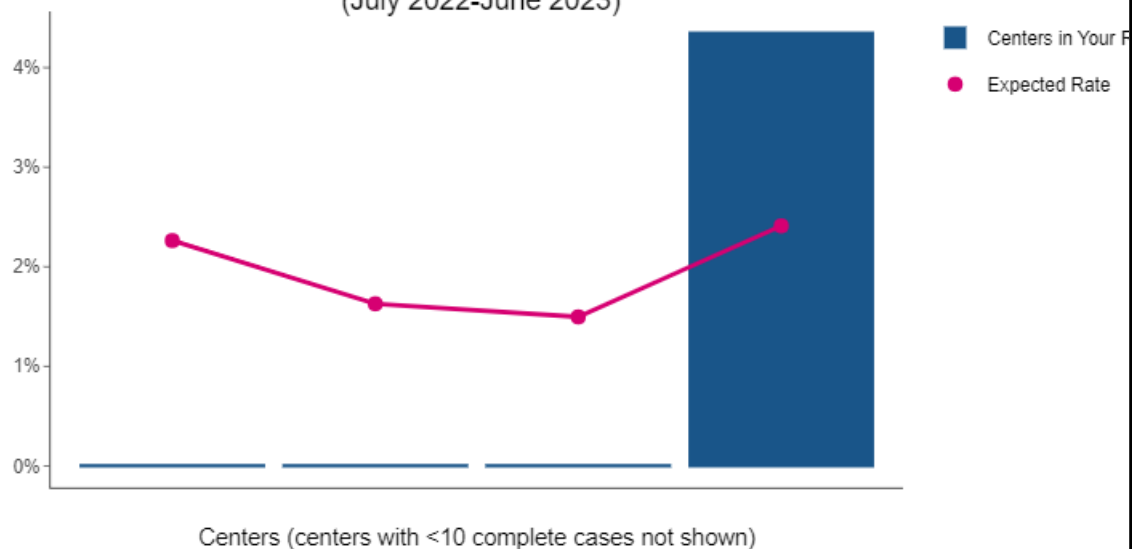


# TCAR Symp- Stroke or Death

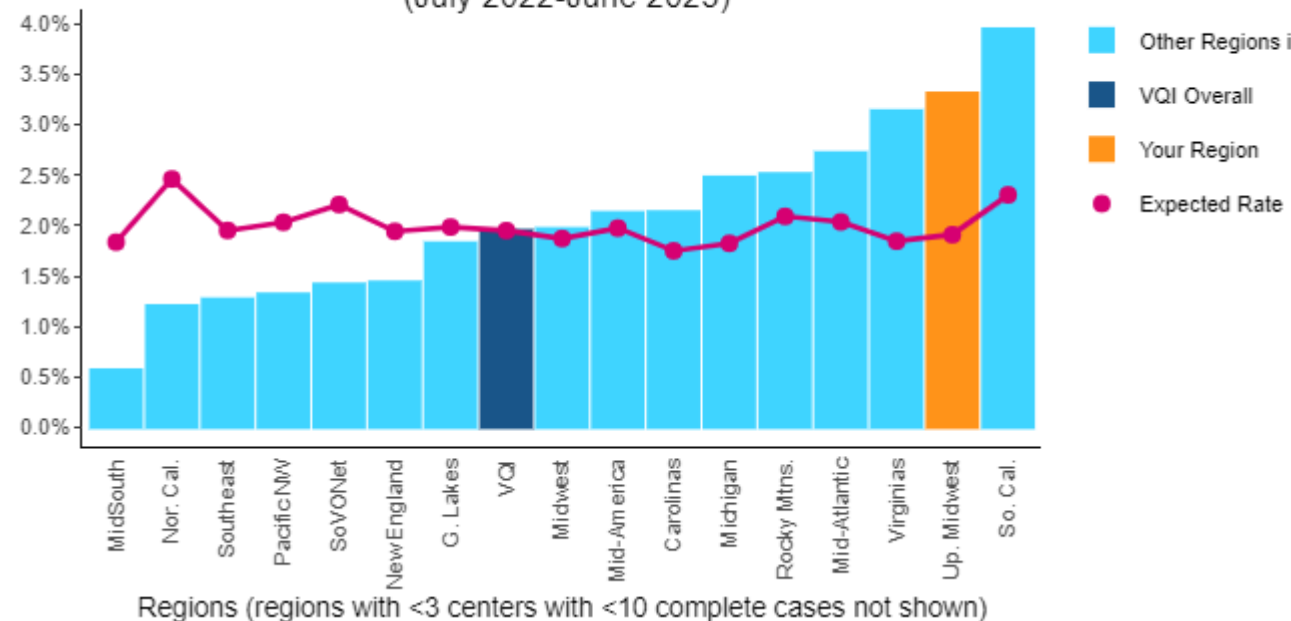
Stroke or Death after TCAR for Symptomatic Patients by Year



Stroke or Death after TCAR for Symptomatic Patients in Your Region (July 2022-June 2023)

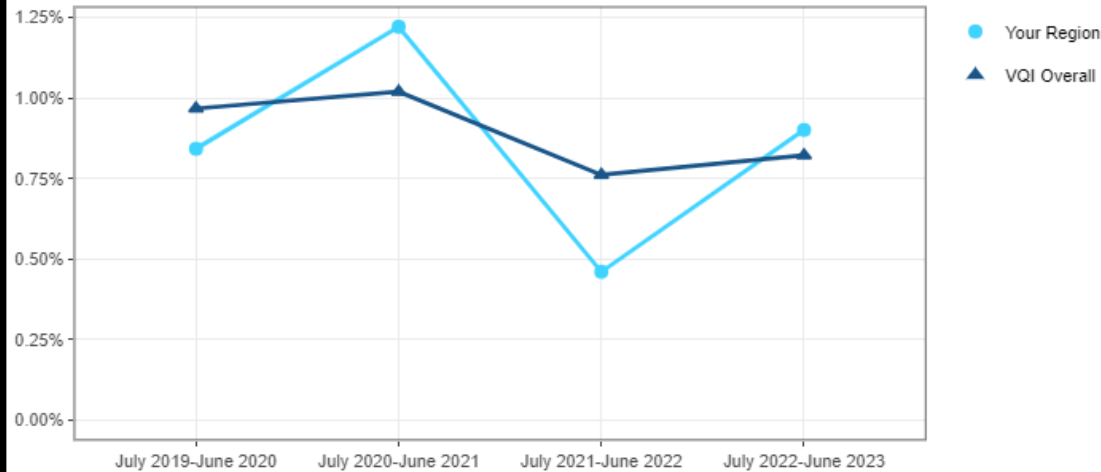


Stroke or Death after TCAR for Symptomatic Patients by Region Across VQI (July 2022-June 2023)

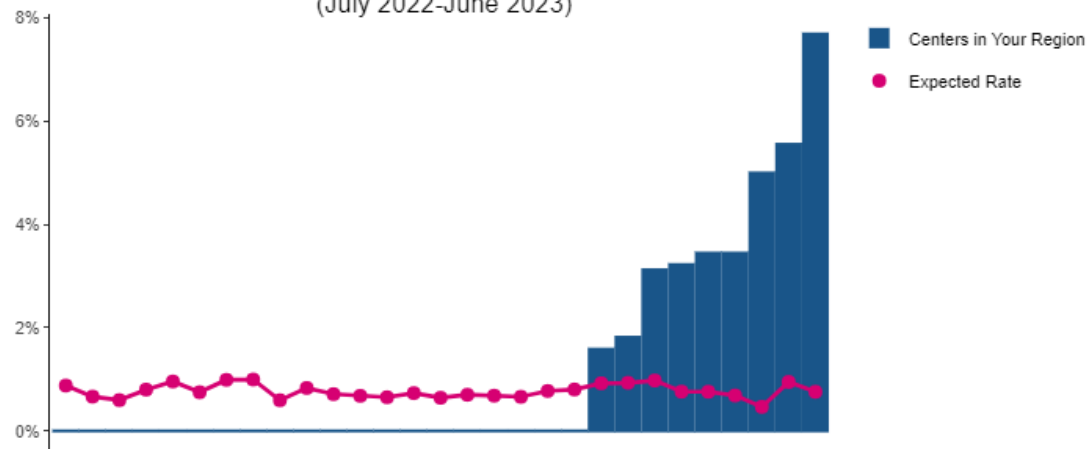


# CEA Asymp- Stroke or Death

Stroke or Death after CEA for Asymptomatic Patients by Year



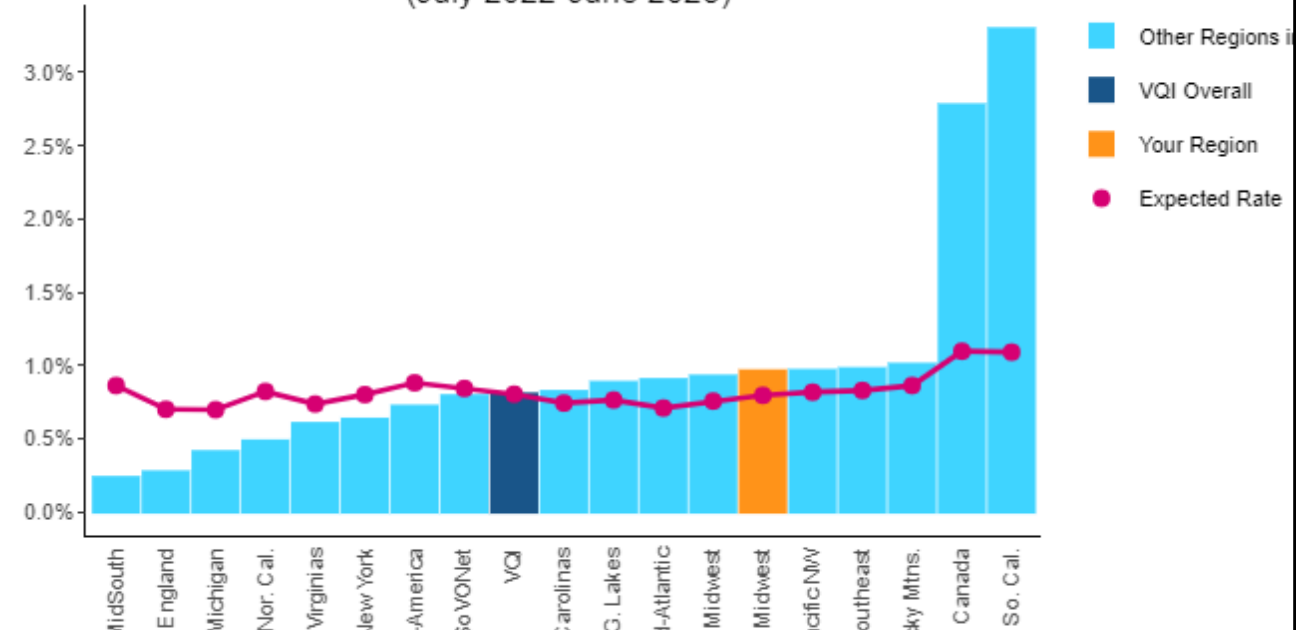
Stroke or Death after CEA for Asymptomatic Patients in Your Region  
(July 2022-June 2023)



Centers (centers with <10 complete cases not shown)

29 of 41 centers displayed

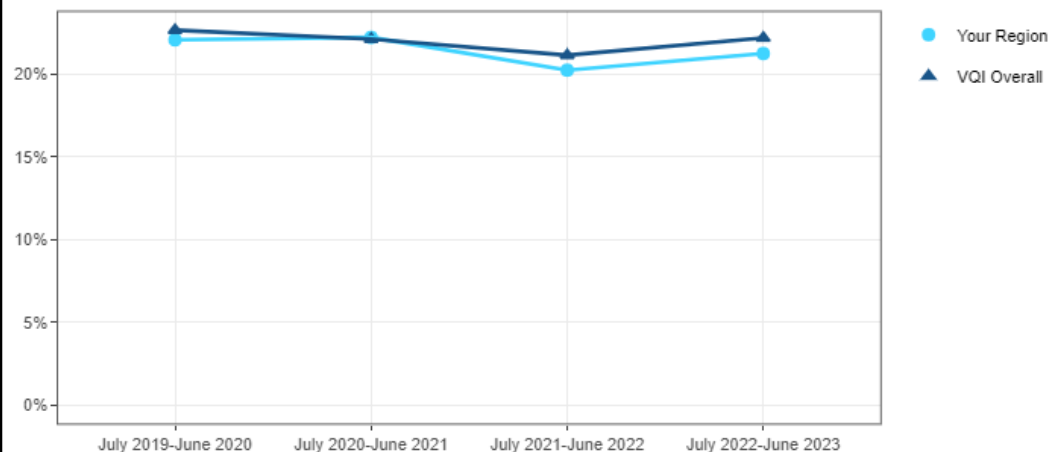
Stroke or Death after CEA for Asymptomatic Patients by Region Across VQI  
(July 2022-June 2023)



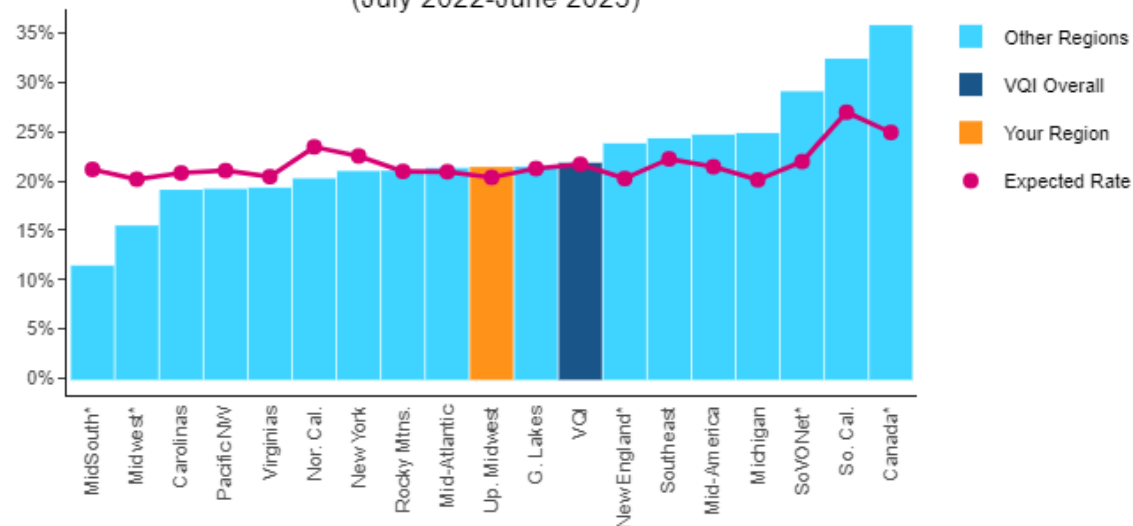
Regions (regions with <3 centers with <10 complete cases not shown)

# CEA Asymp- Postop LOS >1 Day

Postop LOS>1 Day after CEA for Asymptomatic Patients by Year

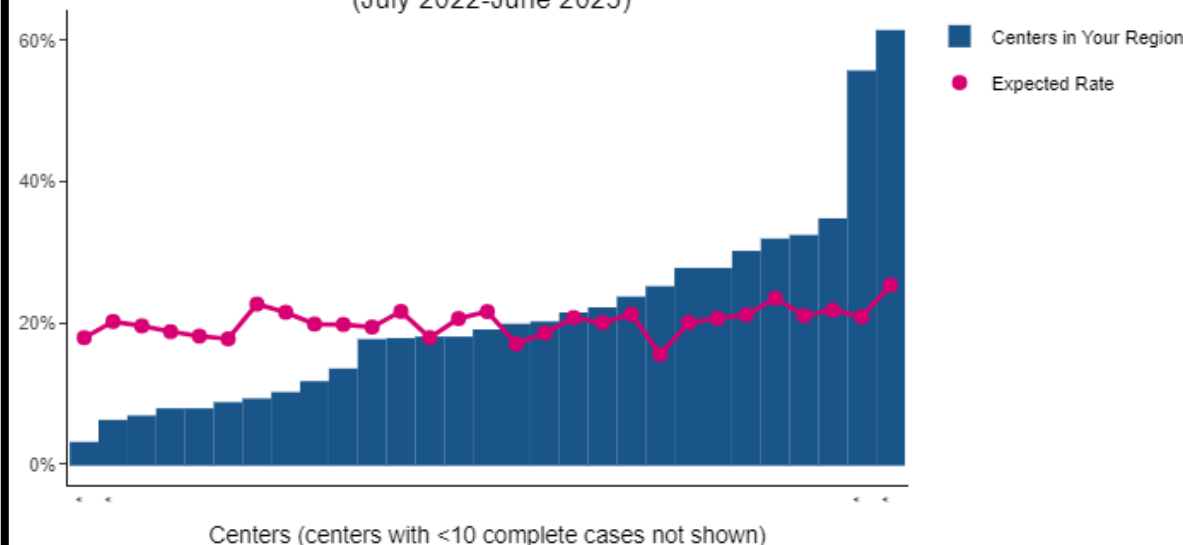


Postop LOS>1 Day after CEA for Asymptomatic Patients by Region Across VQI (July 2022-June 2023)



Regions (regions with <3 centers with <10 complete cases not shown)

Postop LOS>1 Day after CEA for Asymptomatic Patients in Your Region (July 2022-June 2023)



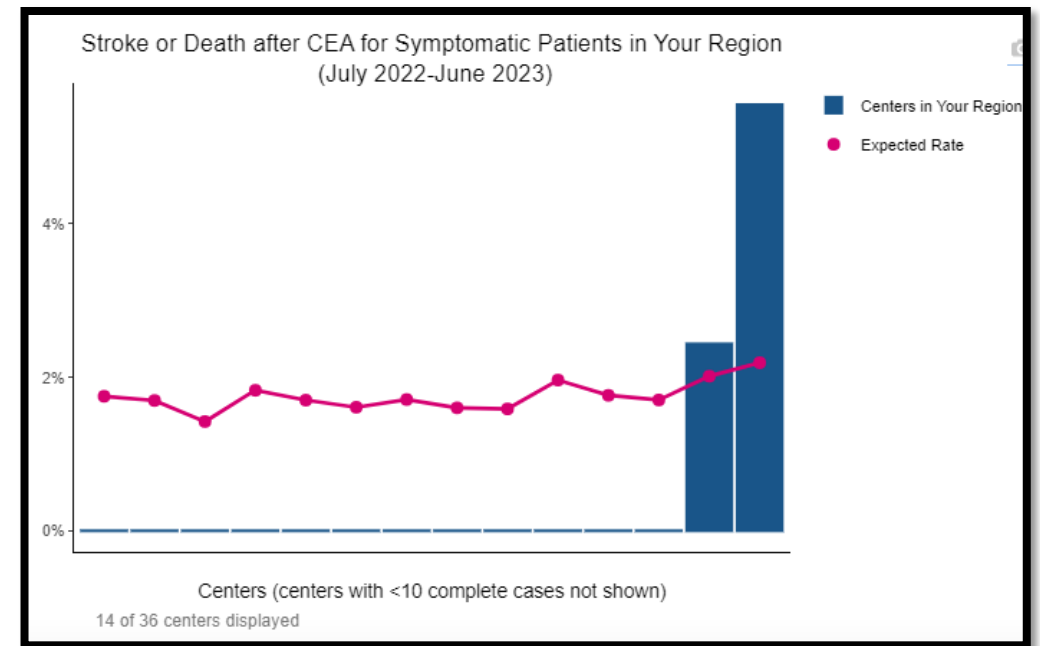
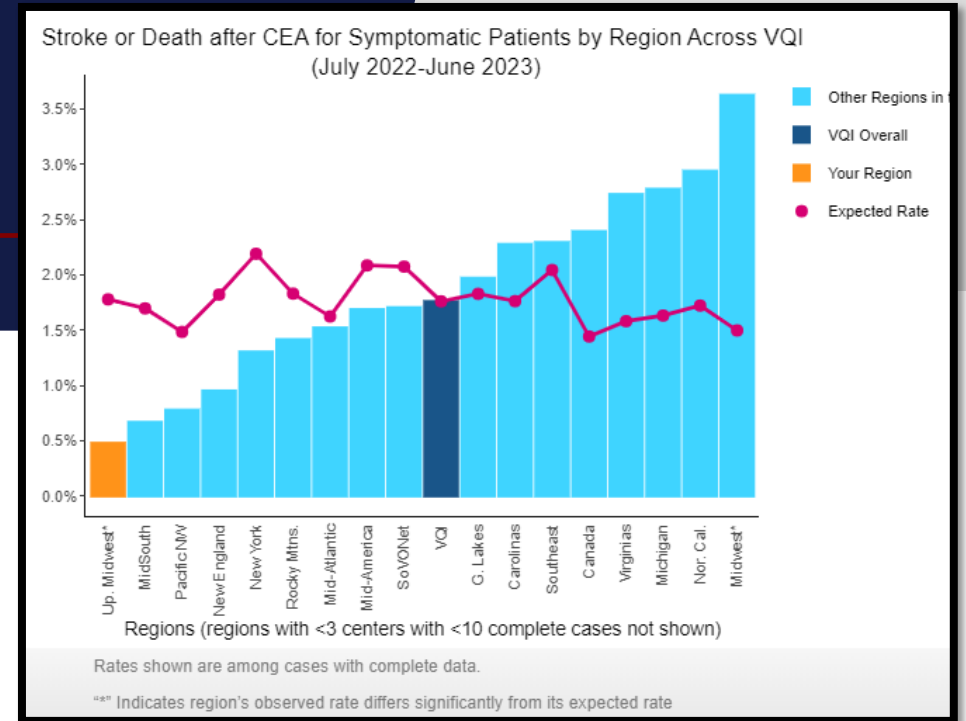
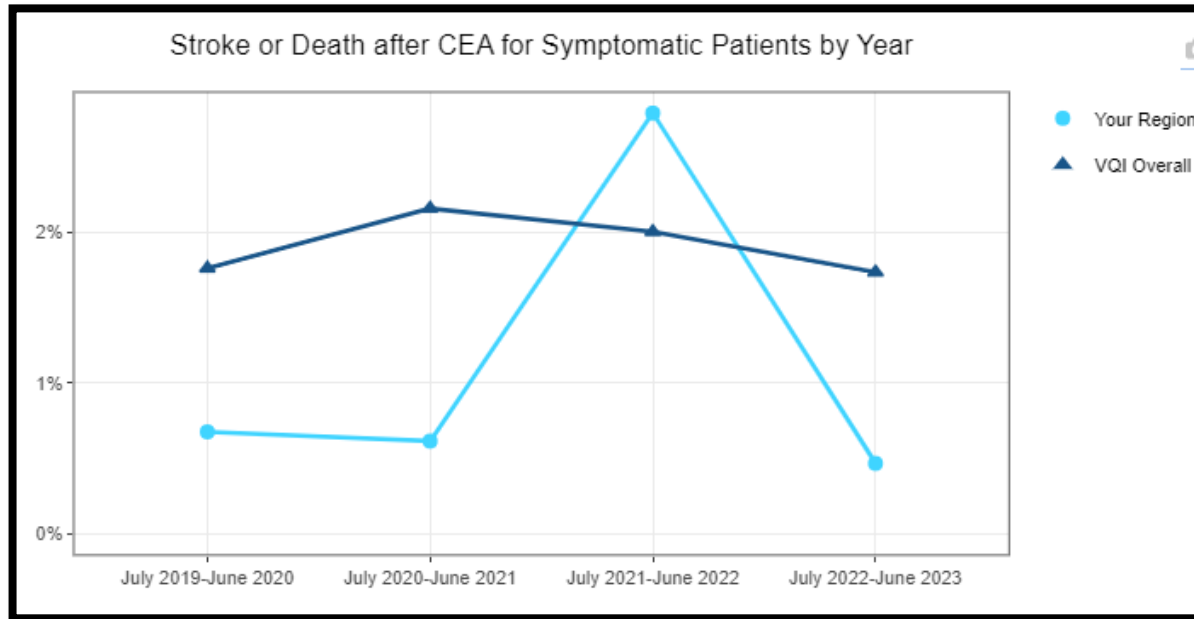
Centers (centers with <10 complete cases not shown)

29 of 41 centers displayed

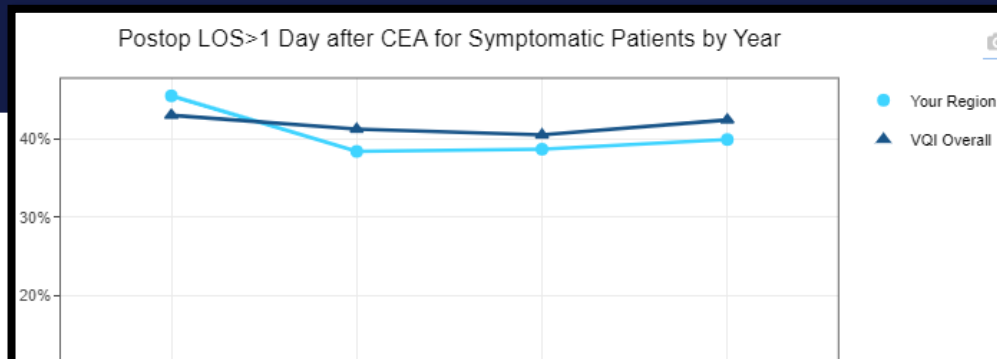
Rates shown are among cases with complete data.

"\*" Indicates center's observed rate differs significantly from its expected rate

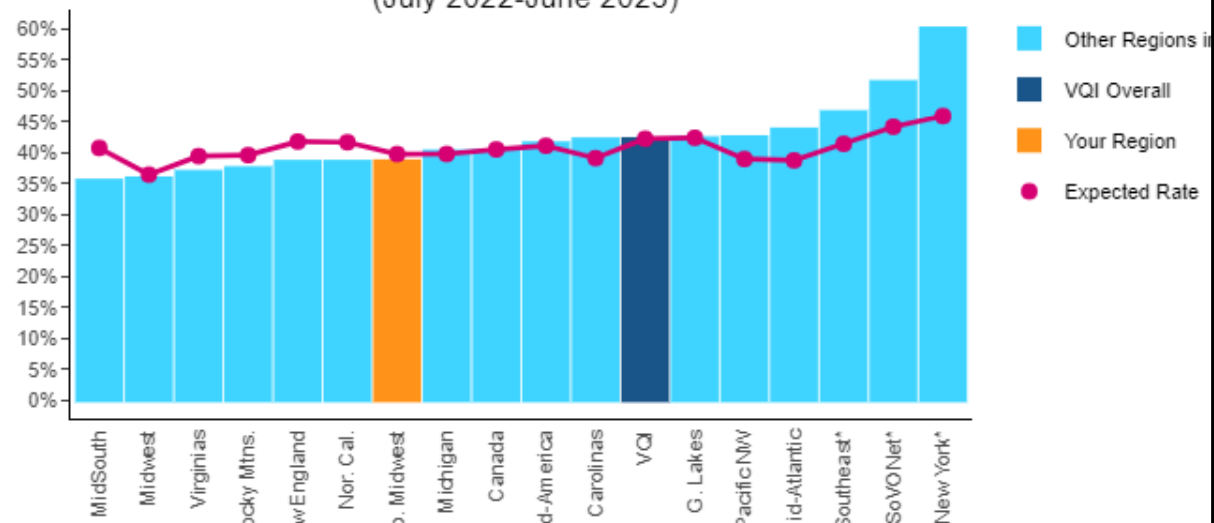
# CEA Symp- Stroke or Death



# CEA Symp- Postop LOS >1 Day



Postop LOS>1 Day after CEA for Symptomatic Patients by Region Across VQI  
(July 2022-June 2023)

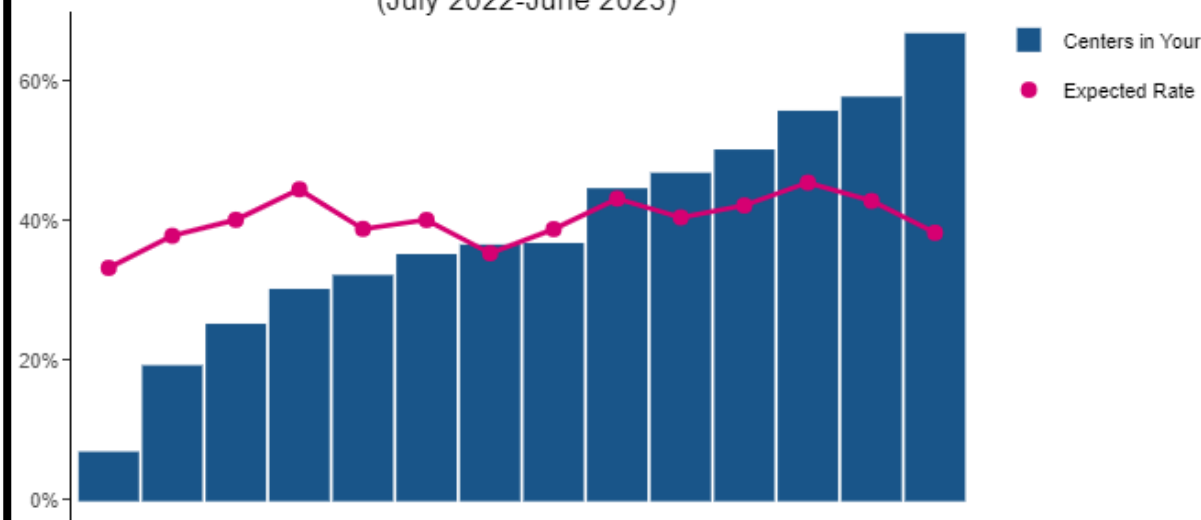


Regions (regions with <3 centers with <10 complete cases not shown)

Rates shown are among cases with complete data.

\*\*\* Indicates region's observed rate differs significantly from its expected rate

Postop LOS>1 Day after CEA for Symptomatic Patients in Your Region  
(July 2022-June 2023)



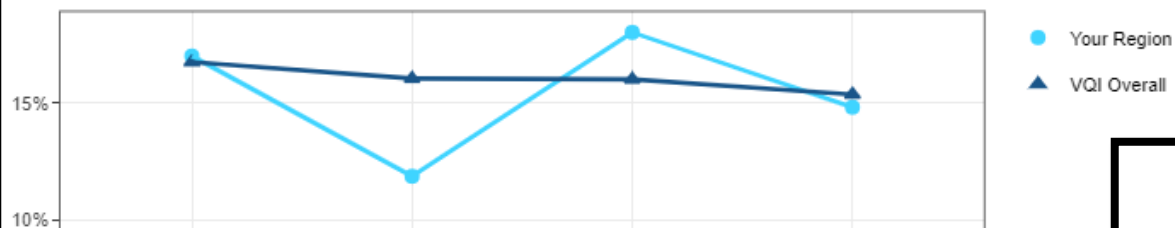
Centers (centers with <10 complete cases not shown)

14 of 36 centers displayed

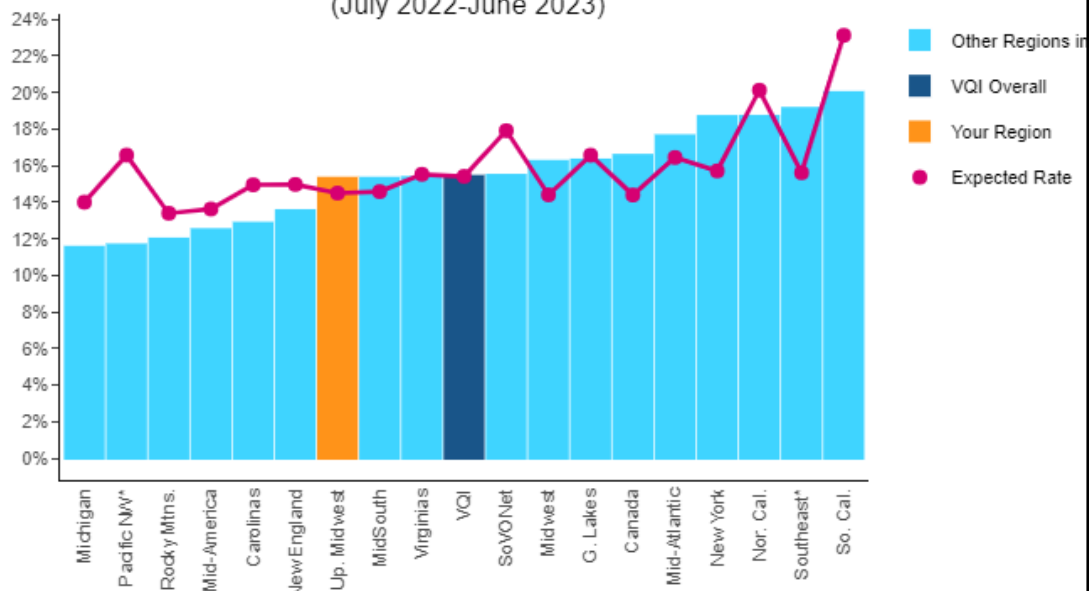


# EVAR- Postop LOS > 2 Days

Postop LOS>2 Days after EVAR by Year



Postop LOS>2 Days after EVAR by Region Across VQI (July 2022-June 2023)

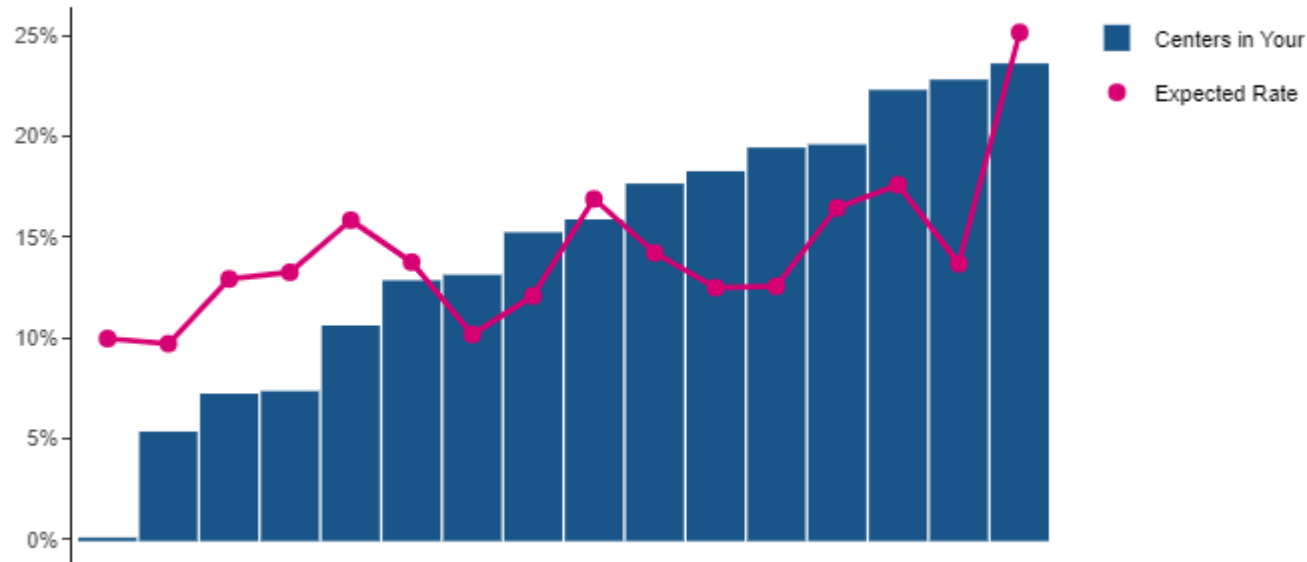


Regions (regions with <3 centers with <10 complete cases not shown)

Rates shown are among cases with complete data.

“\*” Indicates region’s observed rate differs significantly from its expected rate

Postop LOS>2 Days after EVAR in Your Region (July 2022-June 2023)

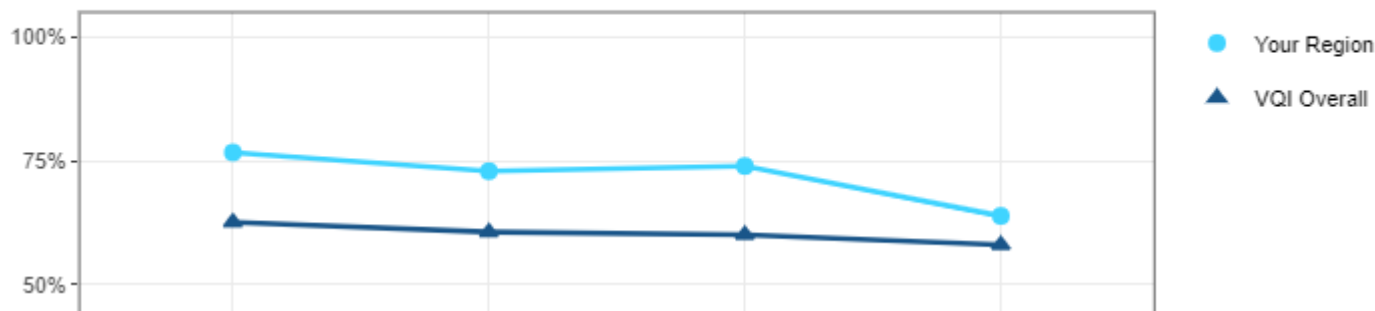


Centers (centers with <10 complete cases not shown)

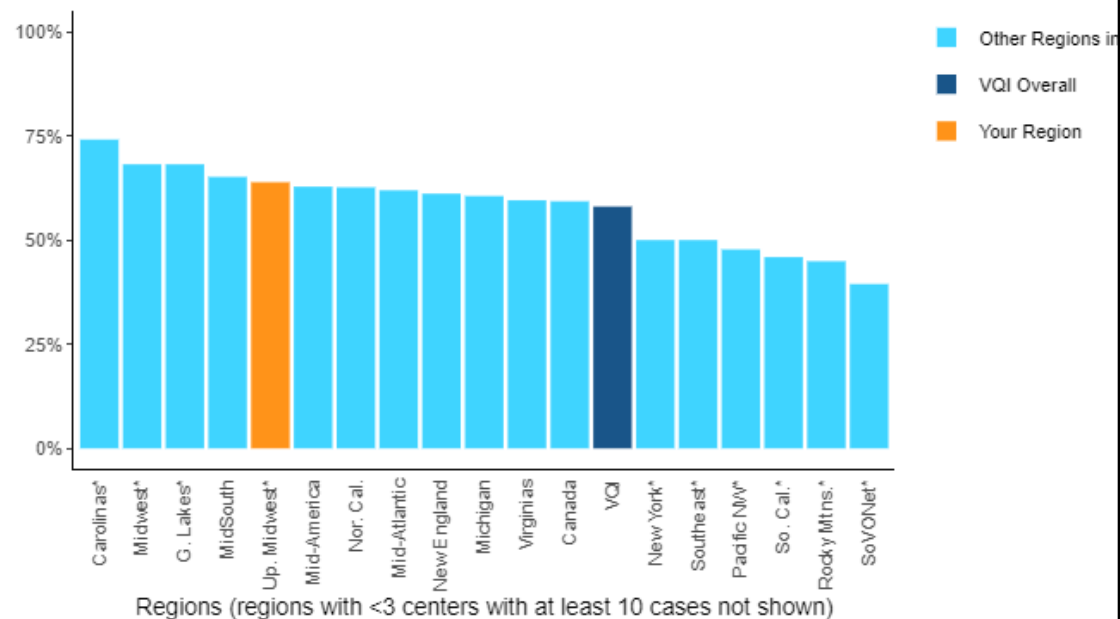
16 of 31 centers displayed

# EVAR- Sac Diameter Reporting

EVAR Sac Diameter Reporting by Year

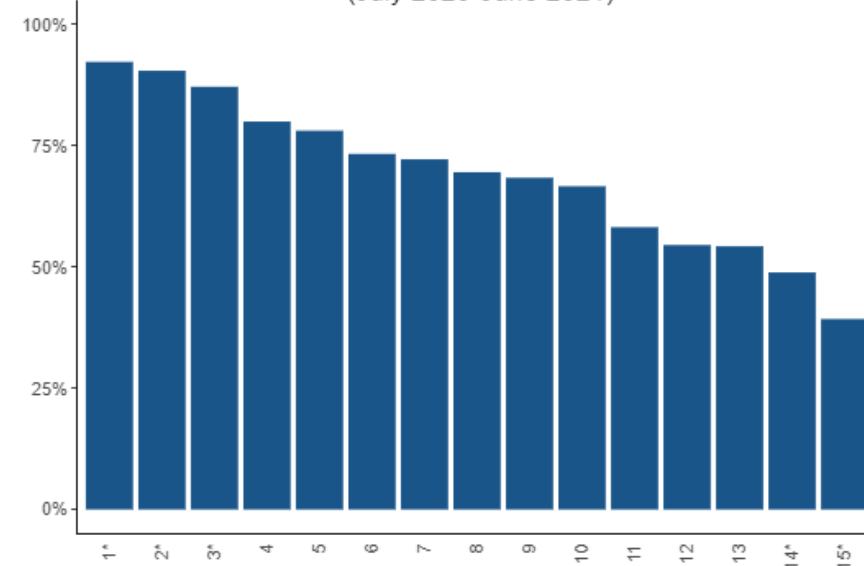


EVAR Sac Diameter Reporting by Region Across VQI (July 2020-June 2021)



\*\*\* Indicates region's rate differs significantly from the VQI rate.

EVAR Sac Diameter Reporting in Your Region (July 2020-June 2021)



Centers (centers with <10 cases not shown)

15 of 22 centers displayed

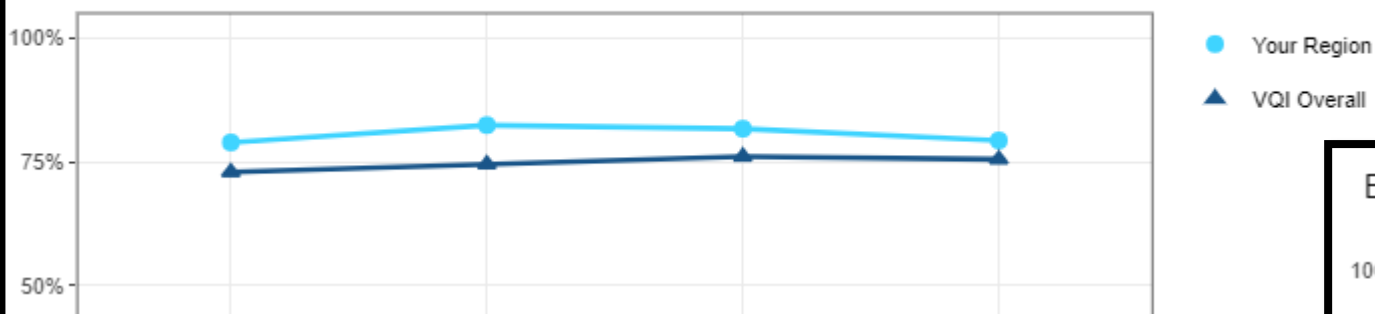
\*\*\* Indicates center's rate differs significantly from the regional rate.

EVAR Sac Diameter Reporting Unblinding Legend for Your Region

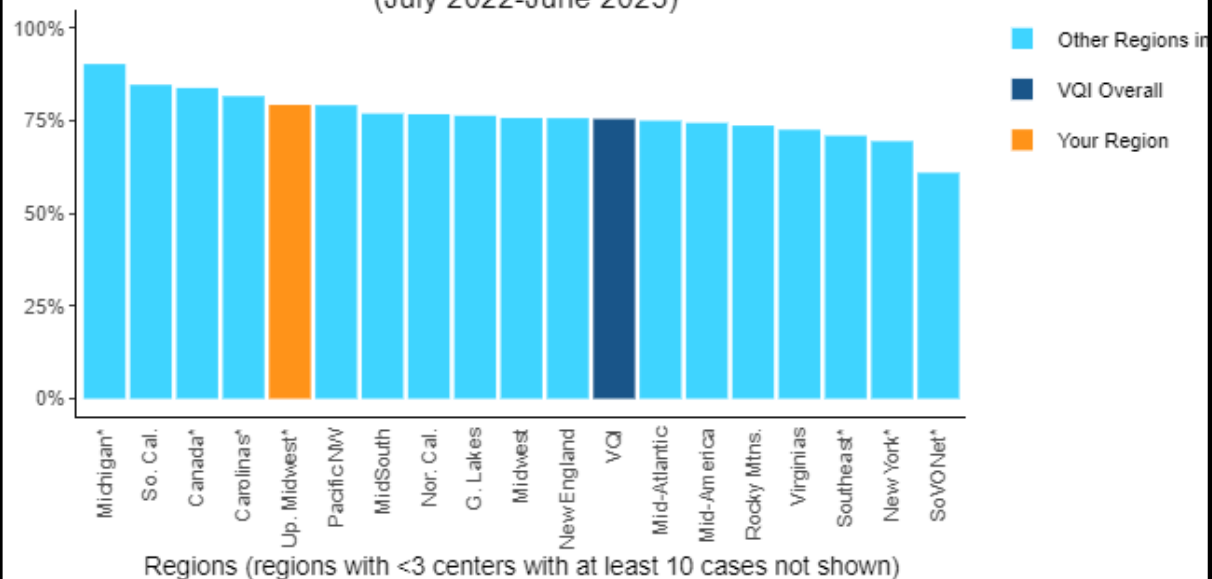
Index	Medical Center Name
1	Monument Health Rapid City Hospital, Inc.
2	St. Luke's Hospital - MN
3	Froedtert Health
4	Mayo Clinic Northwest Wisconsin
5	Mercy Hospital (Allina)
6	Fairview Southdale Hospital
7	Waukesha Memorial Hospital
8	Aspirus Wausau Hospital, Inc.
9	United Hospital (Allina)
10	Aurora BayCare Medical Center
11	Aurora St. Luke's Medical Center
12	University of Minnesota Medical Center (UMMC)
13	University of Wisconsin Hospitals and Clinics Authority
14	SSM Health St. Mary's Hospital - Madison
15	Mayo Clinic Hospital - Rochester

# EVAR-SVS AAA Diameter Guideline

EVAR SVS AAA Diameter Guideline by Year

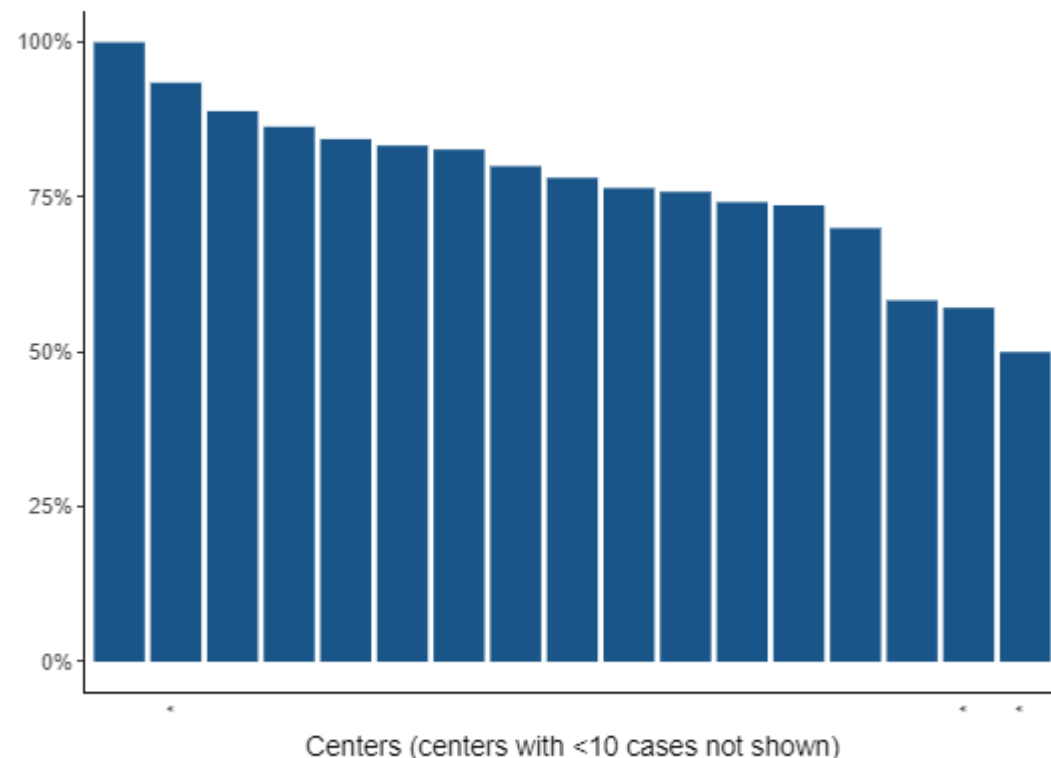


EVAR SVS AAA Diameter Guideline by Region Across VQI  
(July 2022-June 2023)



\*\*\* Indicates region's rate differs significantly from the VQI rate.

EVAR SVS AAA Diameter Guideline in Your Region (July 2022-June 2023)

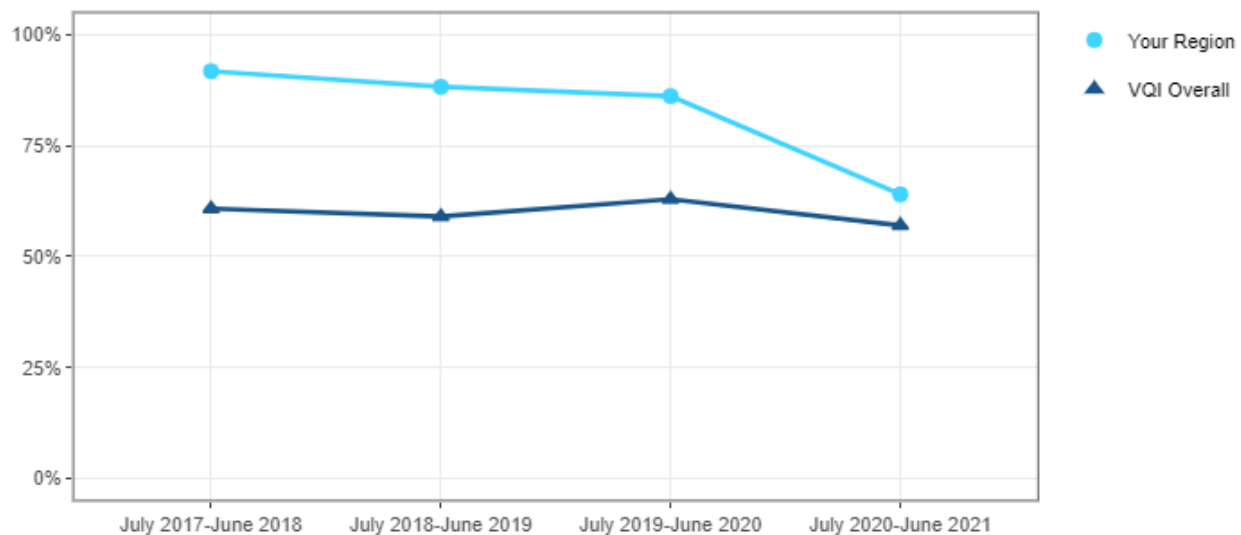


17 of 31 centers displayed

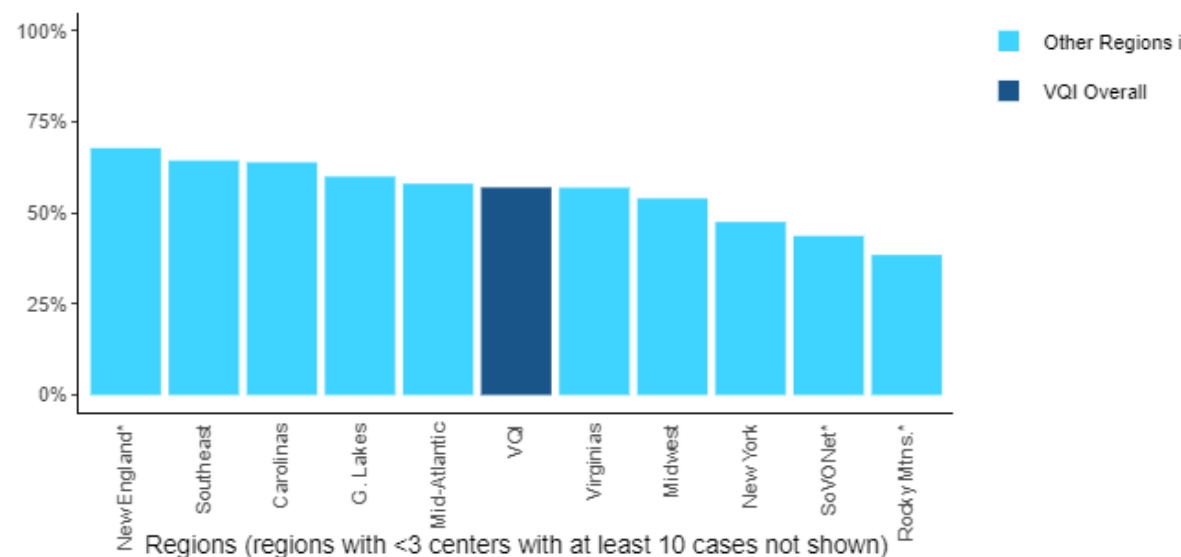
\*\*\* Indicates center's rate differs significantly from the regional rate.

# TEVAR- Sac Diameter Reporting

TEVAR Sac Diameter Reporting by Year



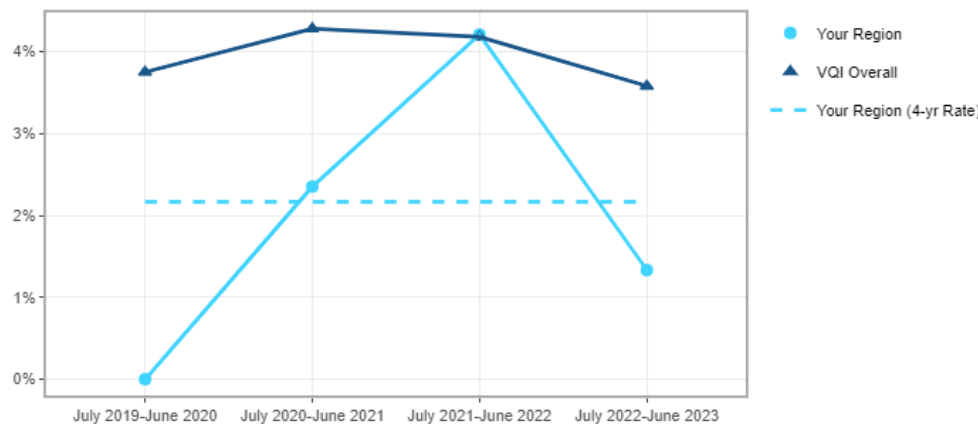
TEVAR Sac Diameter Reporting by Region Across VQI (July 2020-June 2021)



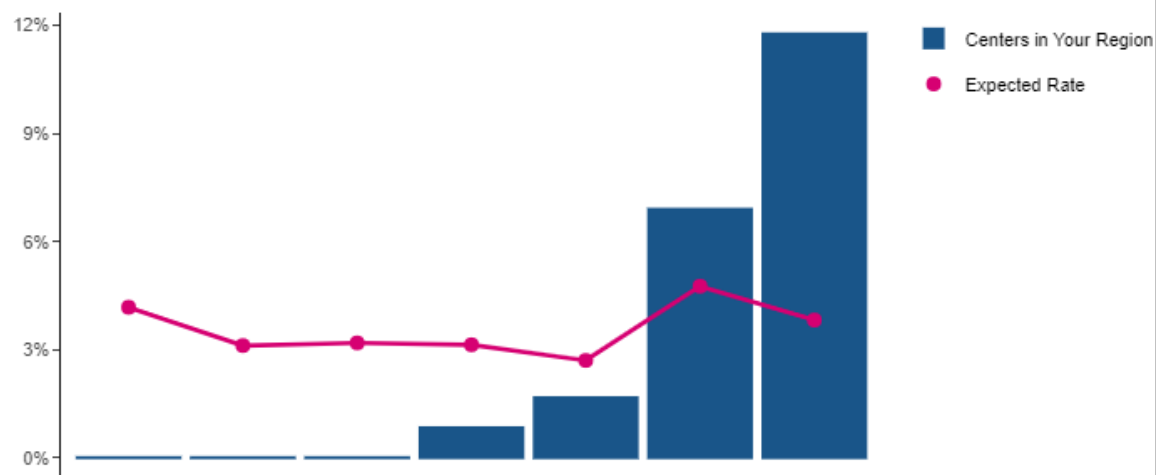
\* Indicates region's rate differs significantly from the VQI rate.

# OAAA- In Hospital Mortality

In-Hospital Death after OAAA by Year



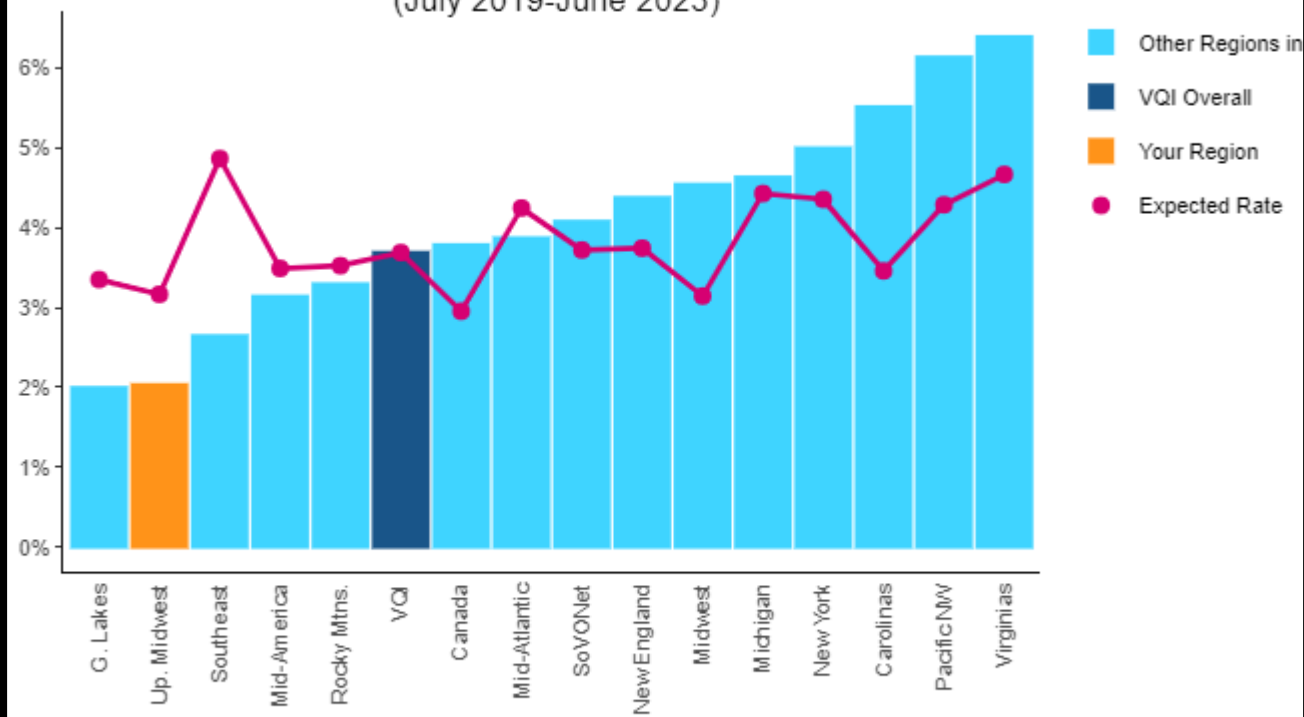
In-Hospital Death after OAAA in Your Region (July 2019-June 2023)



Centers (centers with <10 complete cases not shown)

7 of 11 centers displayed

In-Hospital Death after OAAA by Region Across VQI  
(July 2019-June 2023)



Regions (regions with <3 centers with <10 complete cases not shown)

Rates shown are among cases with complete data.

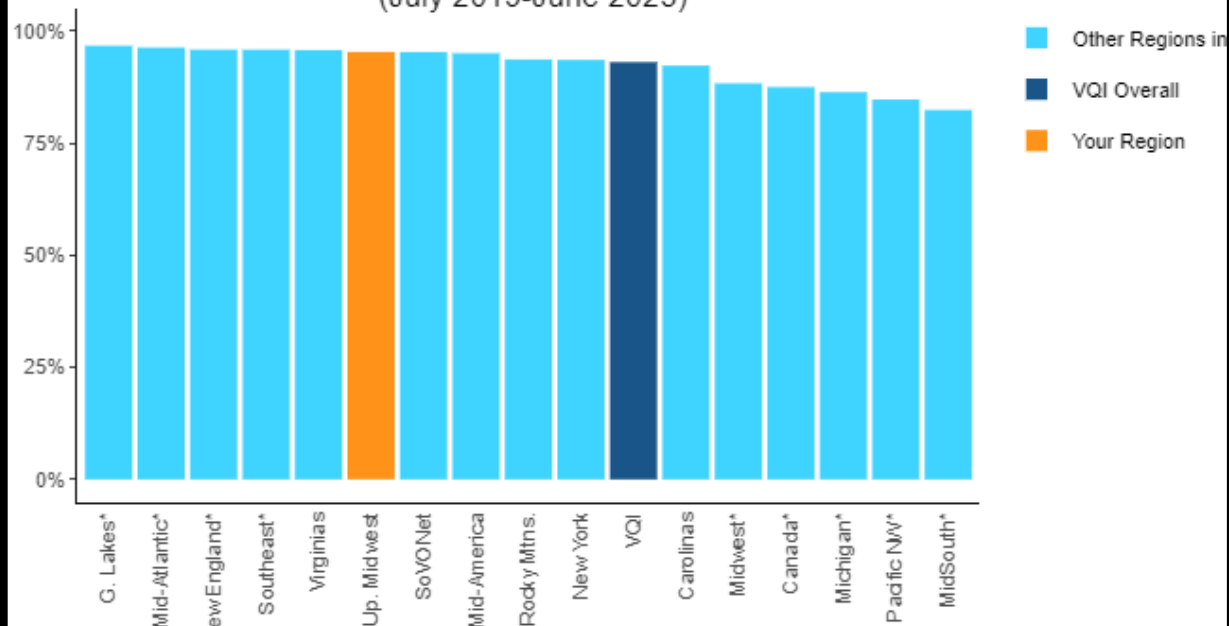
"\*" Indicates region's observed rate differs significantly from its expected rate

# OAAA- SVS Cell Saver Guideline

OAAA Cell-Saver Guideline by Year



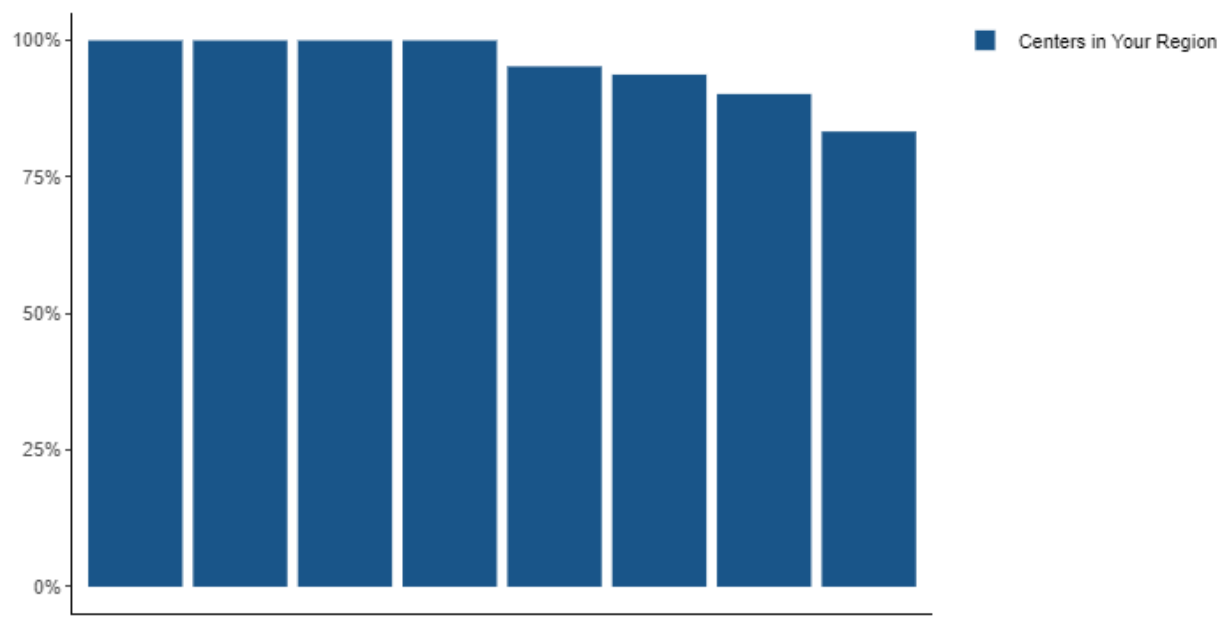
OAAA Cell-Saver Guideline by Region Across VQI  
(July 2019-June 2023)



Regions (regions with <3 centers with at least 10 cases not shown)

\*\* Indicates region's rate differs significantly from the VQI rate.

OAAA Cell-Saver Guideline in Your Region (July 2019-June 2023)



Centers (centers with <10 cases not shown)

8 of 11 centers displayed

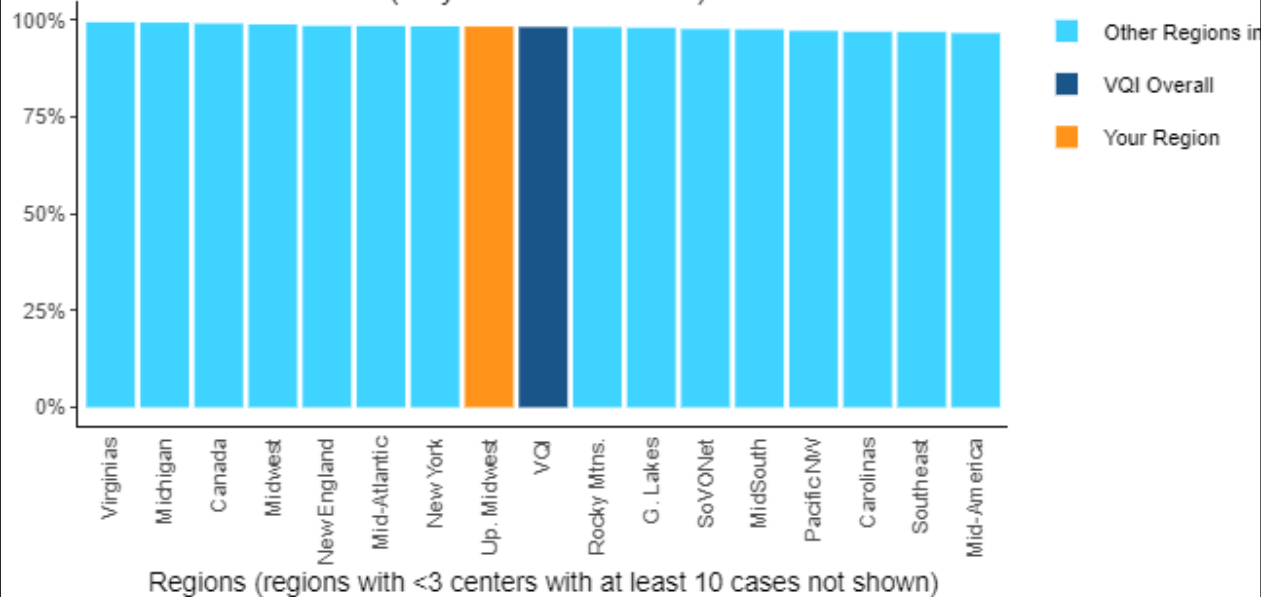
\*\* Indicates center's rate differs significantly from the regional rate.

# OAAA- SVS Iliac Inflow Guideline

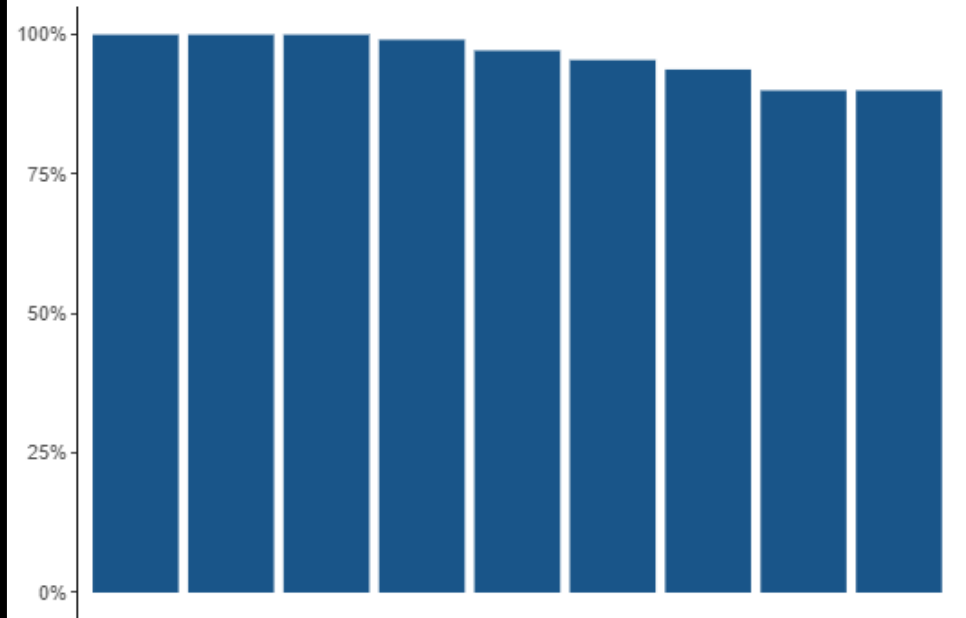
OAAA Iliac Inflow Guideline by Year



OAAA Iliac Inflow Guideline by Region Across VQI  
(July 2019-June 2023)



OAAA Iliac Inflow Guideline in Your Region (July 2019-June 2023)

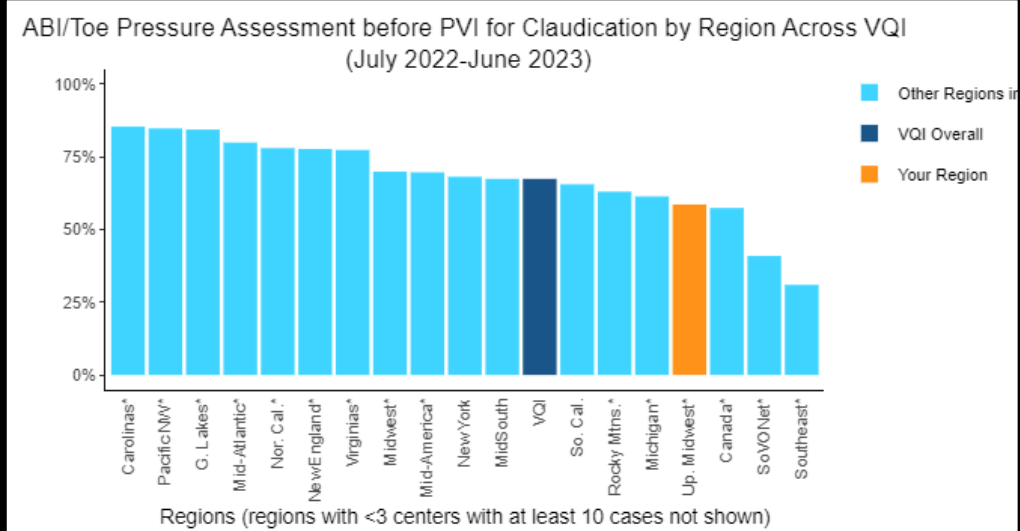
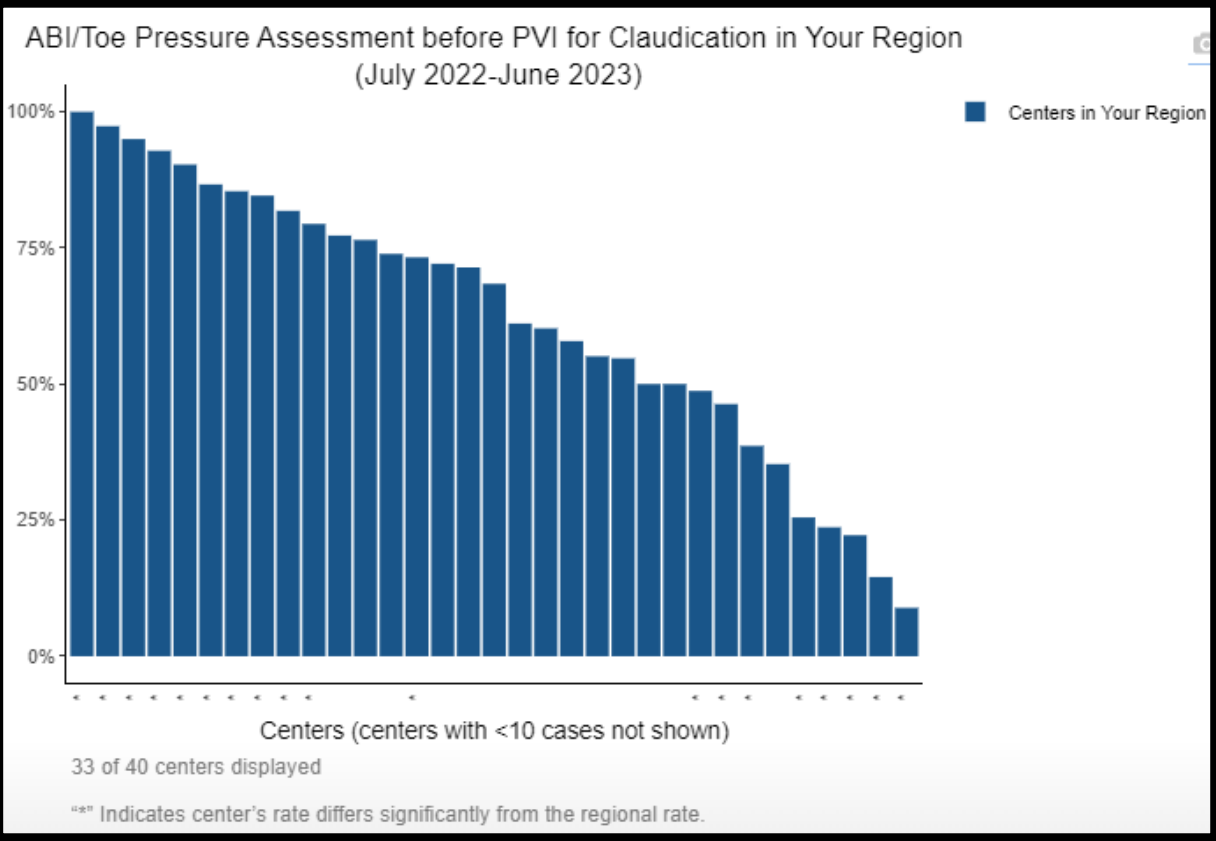
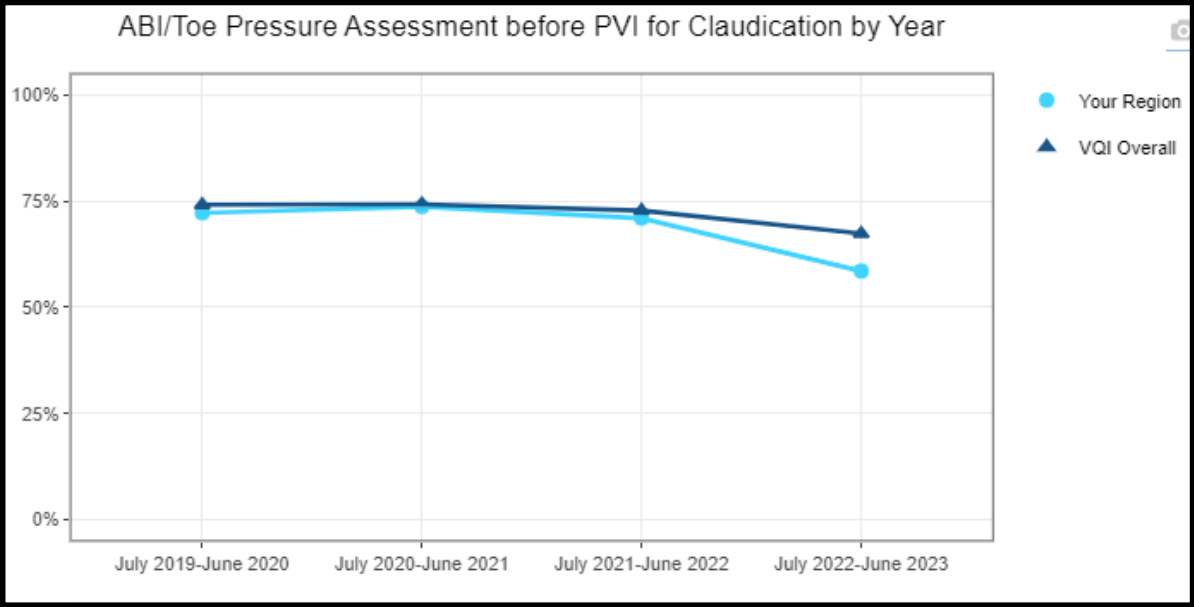


Centers (centers with <10 cases not shown)

9 of 11 centers displayed

\*\* Indicates center's rate differs significantly from the regional rate.

# PVI Claud- ABI/Toe Pressure

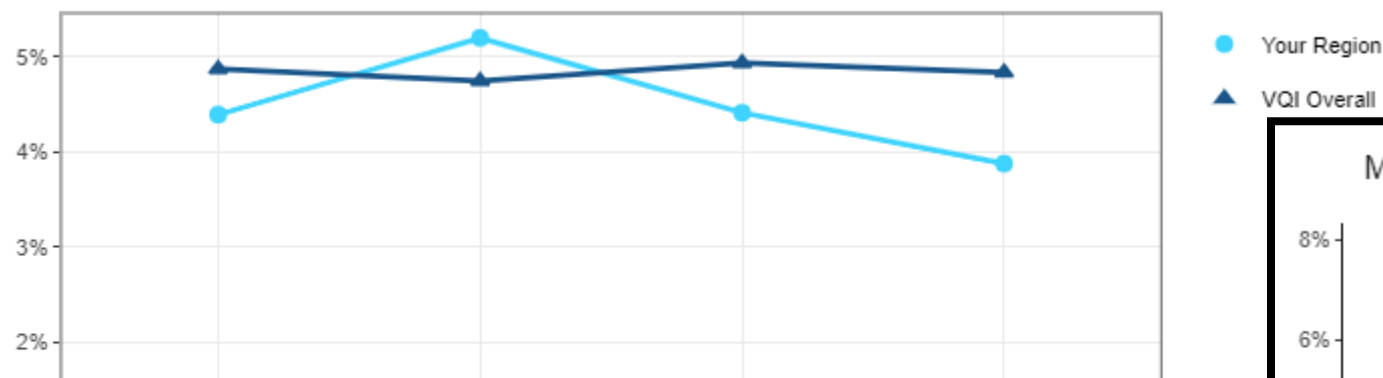


\*\*\* Indicates region's rate differs significantly from the VQI rate.

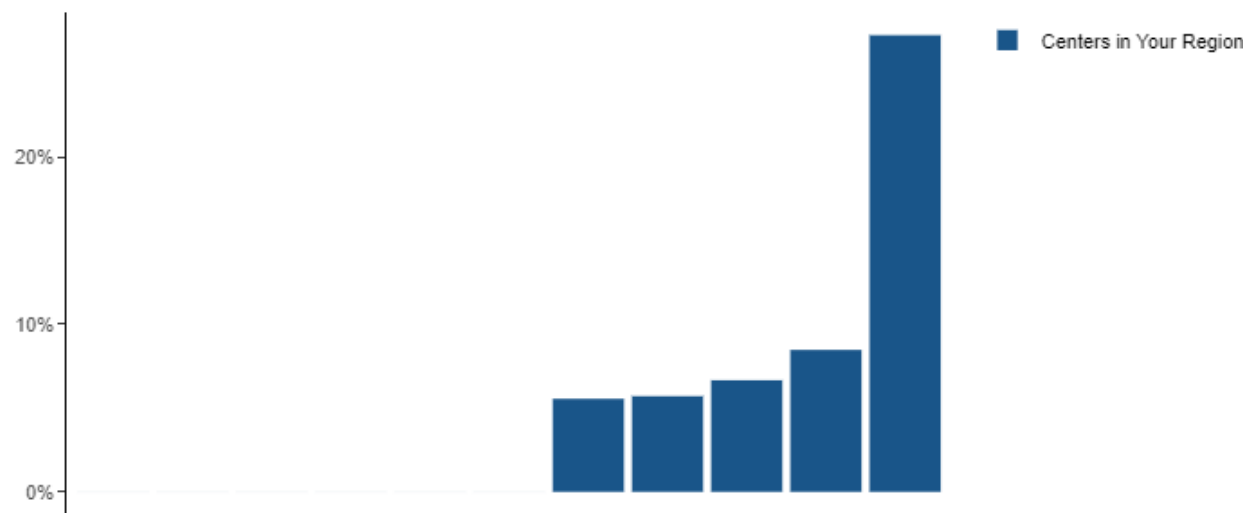


# Infra CLTI- Major Complications

Major Complications after INFRA for CLTI by Year



Major Complications after INFRA for CLTI in Your Region (July 2022-June 2023)

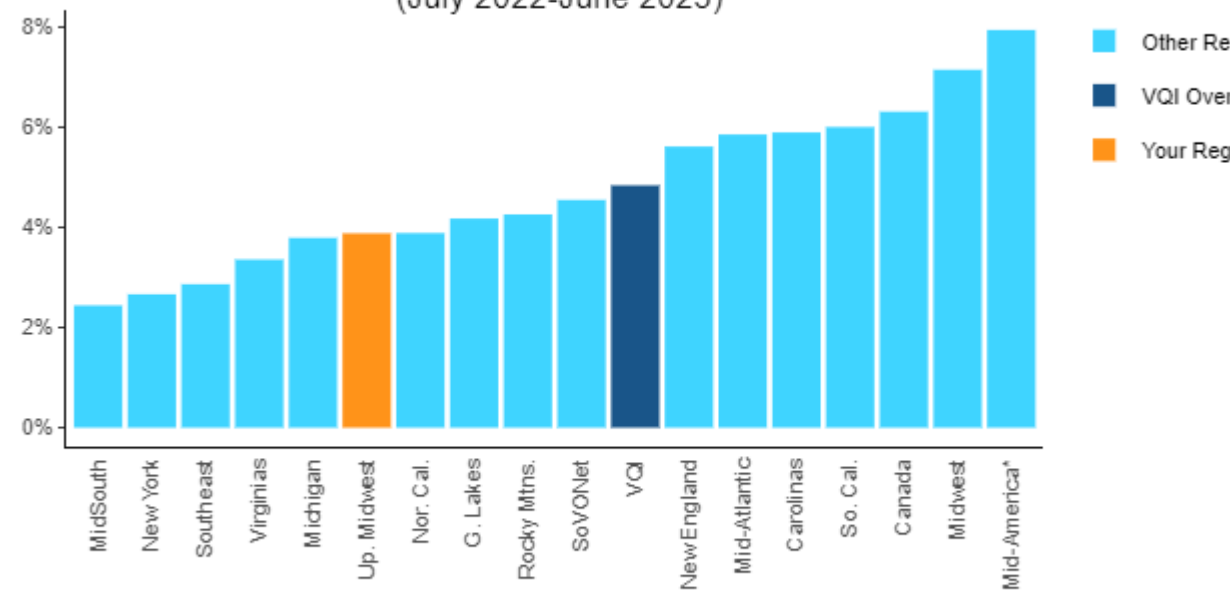


Centers (centers with <10 cases not shown)

11 of 26 centers displayed

“\*” Indicates center’s rate differs significantly from the regional rate.

Major Complications after INFRA for CLTI by Region Across VQI (July 2022-June 2023)

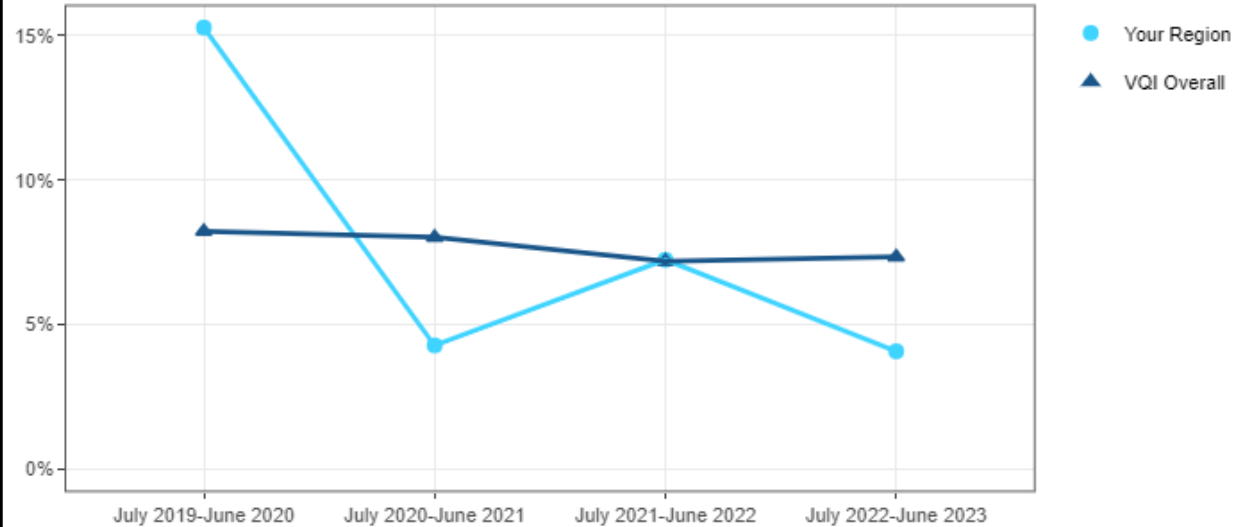


Regions (regions with <3 centers with at least 10 cases not shown)

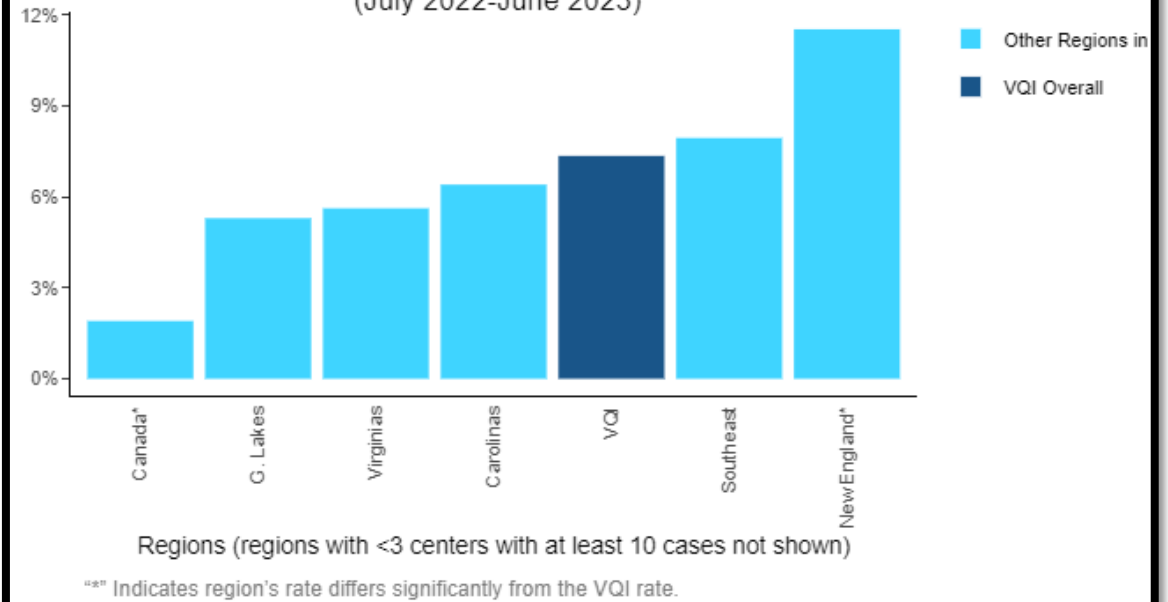
“\*” Indicates region’s rate differs significantly from the VQI rate.

# Supra CLTI- Major Complications

Major Complications after SUPRA for CLTI by Year

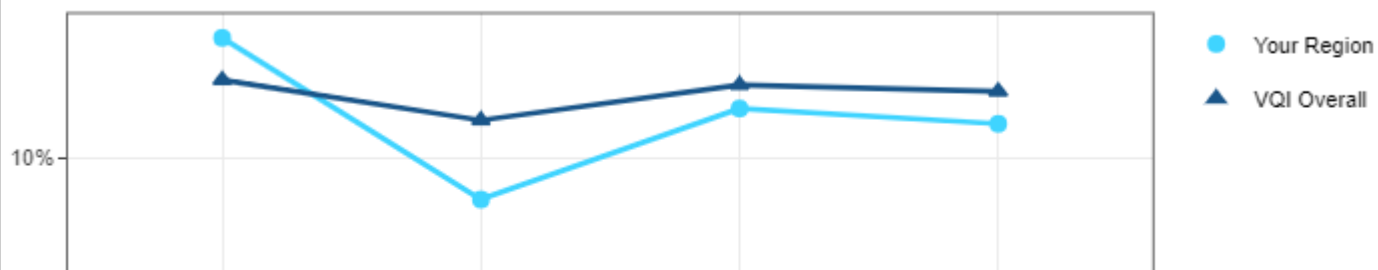


Major Complications after SUPRA for CLTI by Region Across VQI  
(July 2022-June 2023)

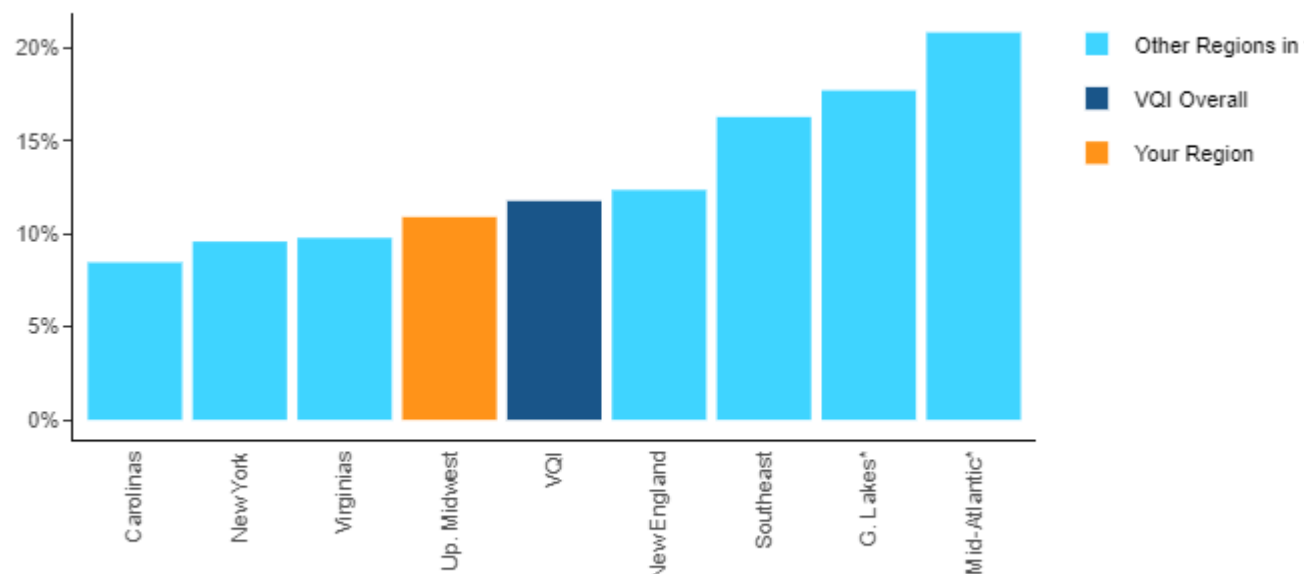


# LE Amp- Postop Complications

Postop Complications after LEAMP by Year



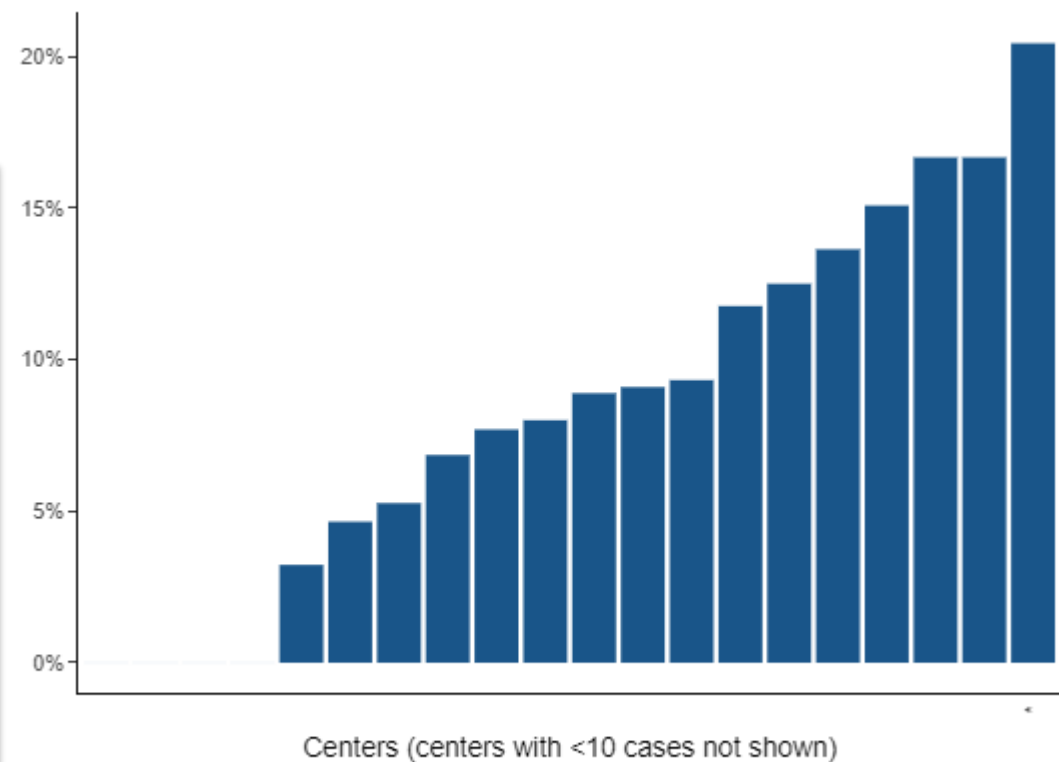
Postop Complications after LEAMP by Region Across VQI (July 2022-June 2023)



Regions (regions with <3 centers with at least 10 cases not shown)

\*\*\* Indicates region's rate differs significantly from the VQI rate.

Postop Complications after LEAMP in Your Region (July 2022-June 2023)



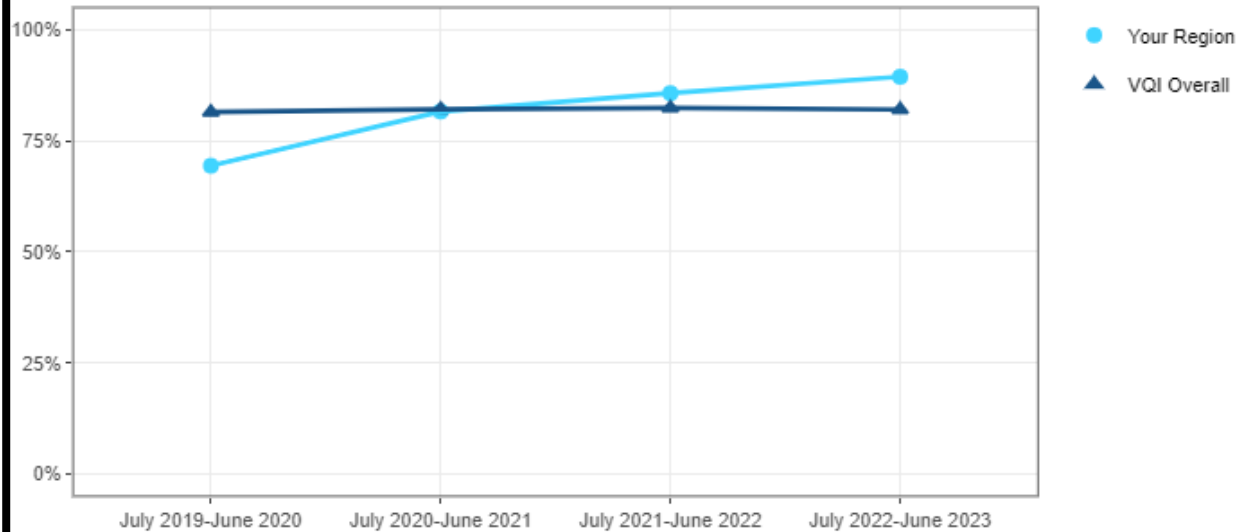
Centers (centers with <10 cases not shown)

20 of 24 centers displayed

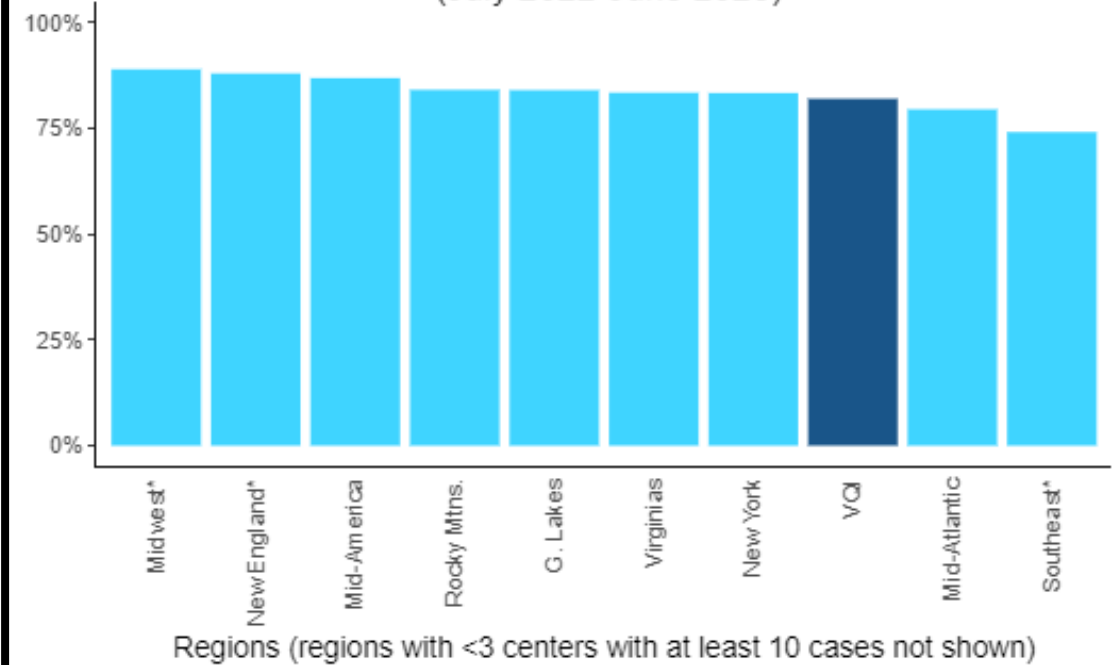
\*\*\* Indicates center's rate differs significantly from the regional rate.

# HDA: Primary AVF vs Graft

Primary AVF Access by Year



Primary AVF Access by Region Across VQI  
(July 2022-June 2023)

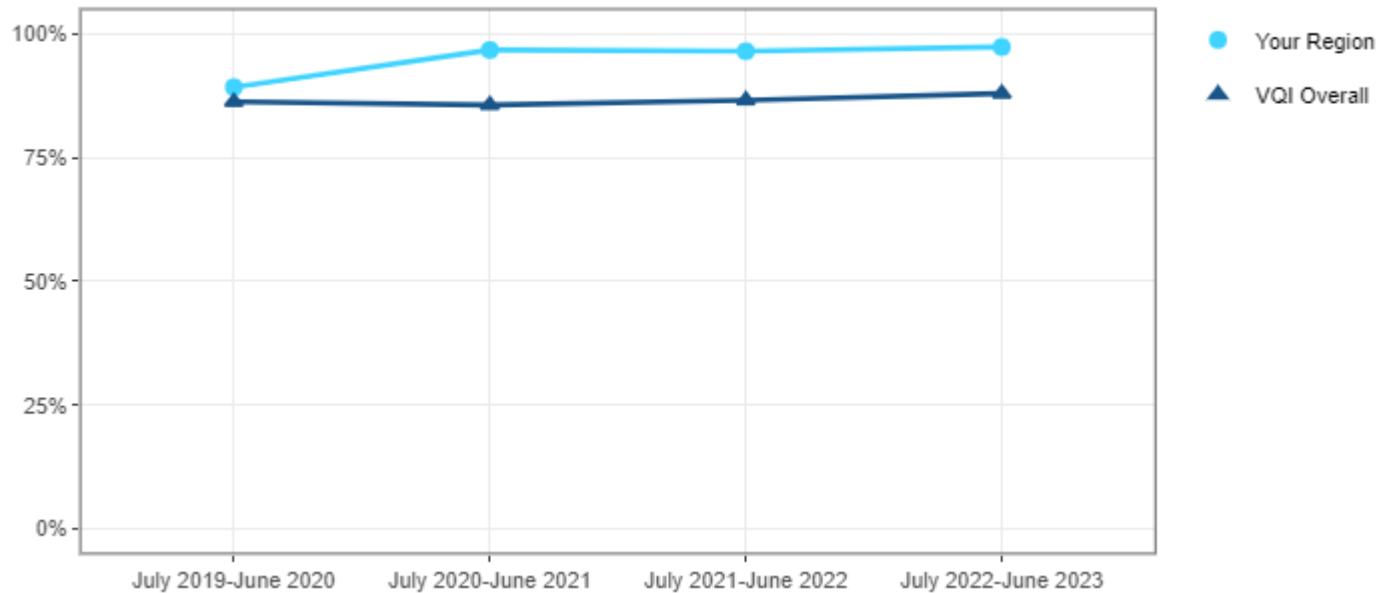


Regions (regions with <3 centers with at least 10 cases not shown)

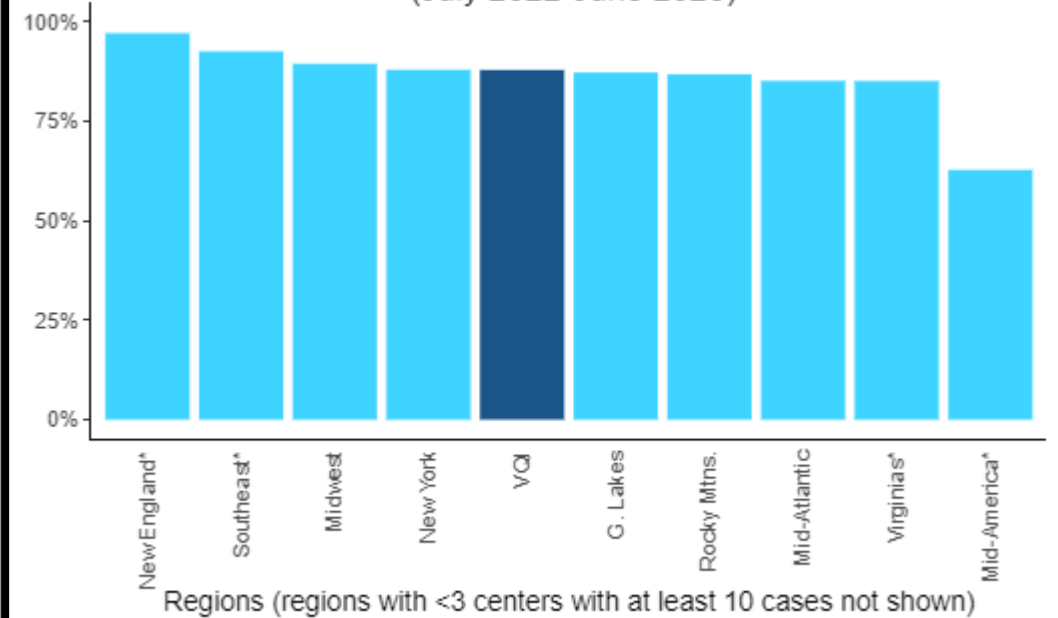
\*\*\* Indicates region's rate differs significantly from the VQI rate.

# HDA: US Vein Mapping

Ultrasound Vein Mapping by Year



Ultrasound Vein Mapping by Region Across VQI  
(July 2022-June 2023)

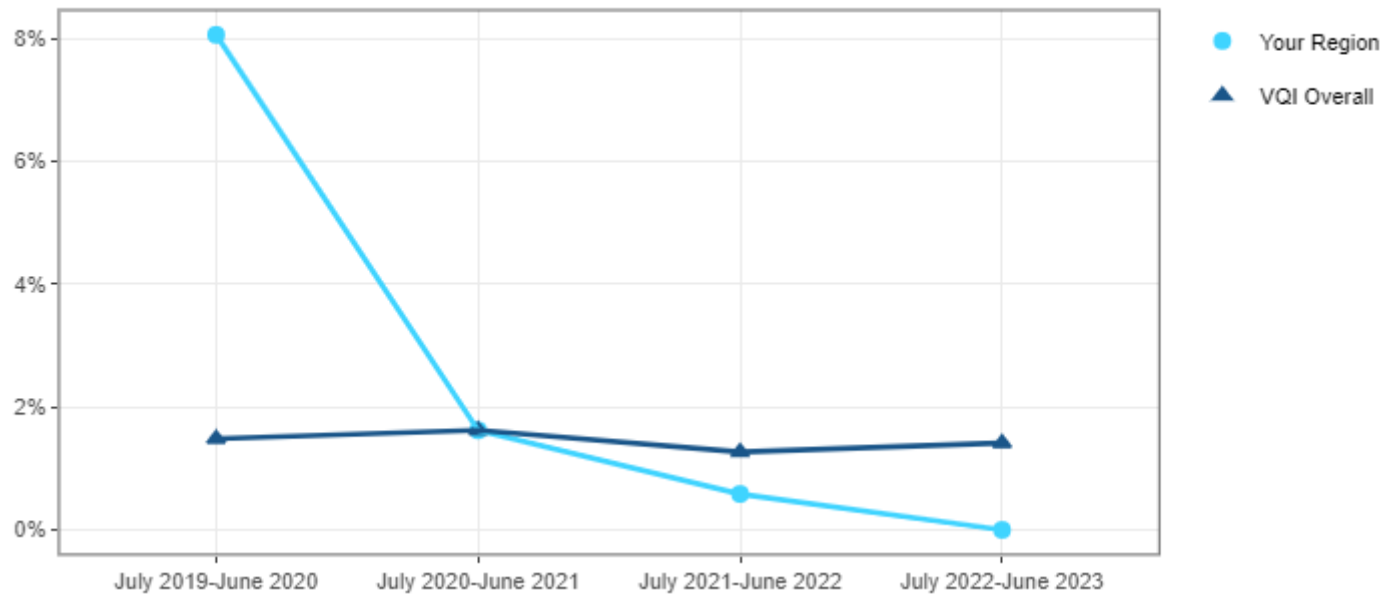


Regions (regions with <3 centers with at least 10 cases not shown)

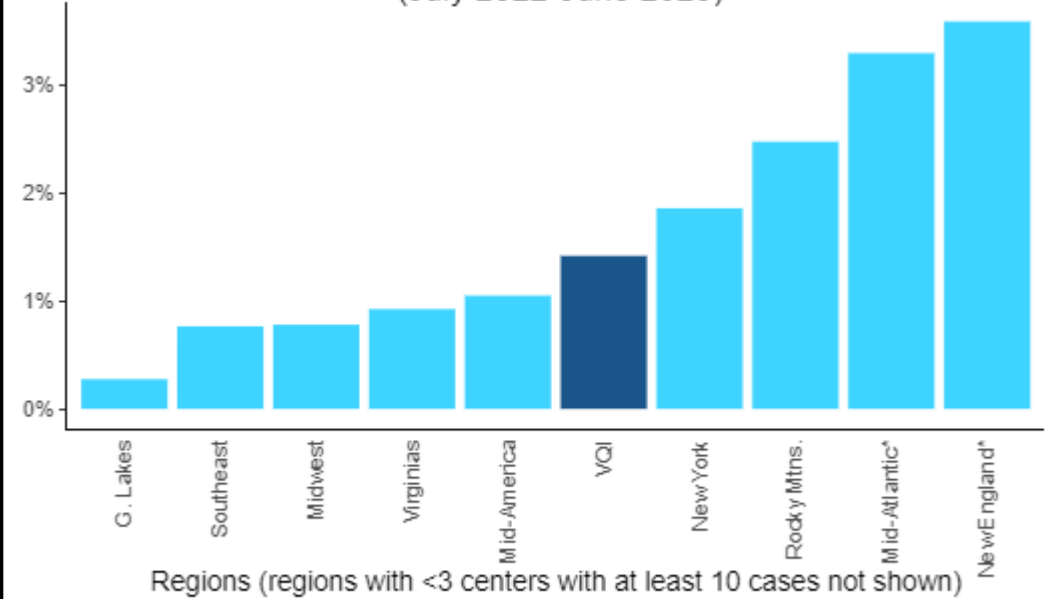
“\*” Indicates region's rate differs significantly from the VQI rate.

# HDA: Postop Complications

Postop Complications after HDA by Year

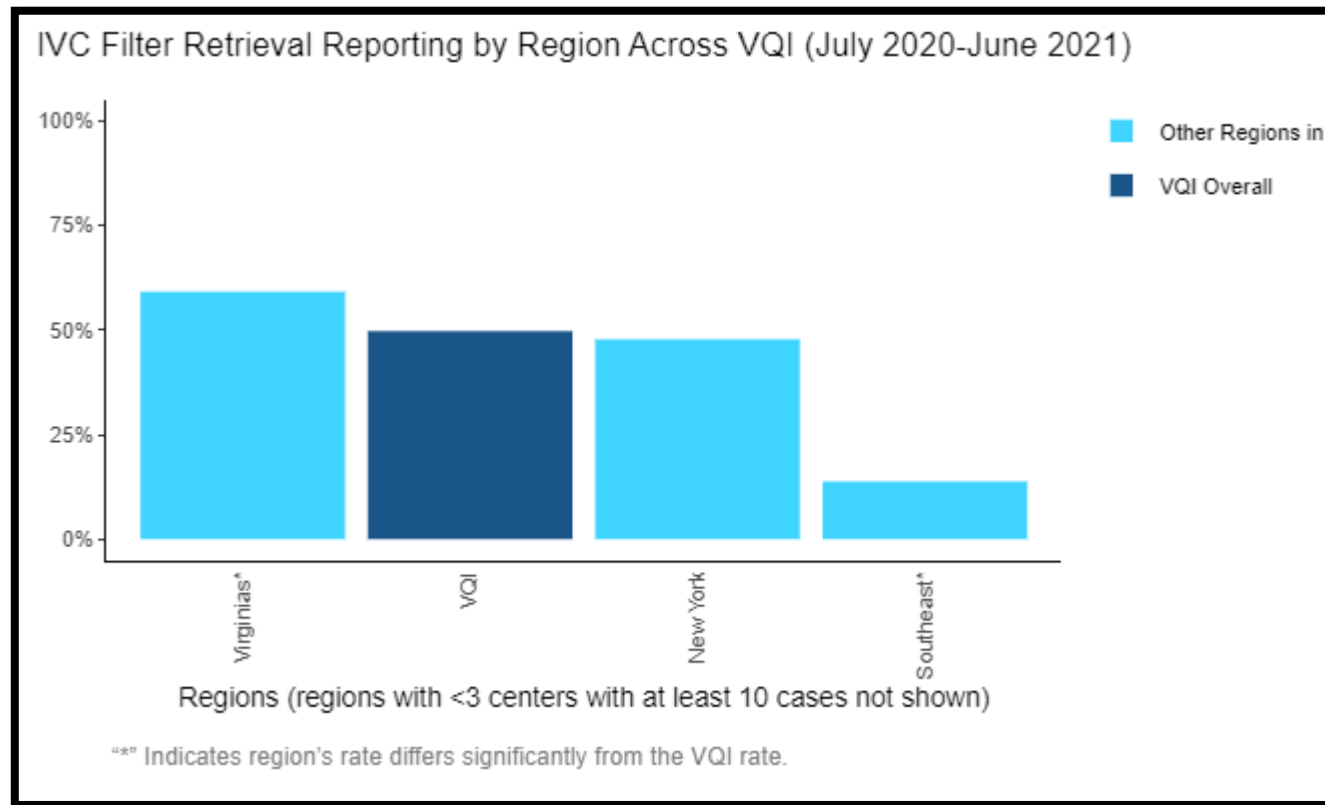


Postop Complications after HDA by Region Across VQI  
(July 2022-June 2023)



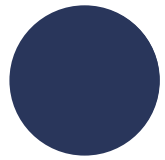
\* Indicates region's rate differs significantly from the VQI rate.

# IVCF: Filter Retrieval Reporting

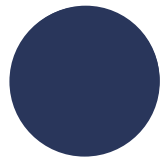


# CE/CME Meeting Attendance Credit

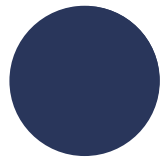
7 days to submit; No email reminder



**P**UT your FULL NAME in Zoom for remote attendees. Record of meeting attendance is required for CME/CE credit (no exceptions will be made)



**S**END an email to [achurilla@vascularsociety.org](mailto:achurilla@vascularsociety.org) with names of group members that are sharing 1 device



**O**FFICIALLY apply for CME/CE credit by clicking the URL or QR code provided



[https://dmu.co1.qualtrics.com/jfe/form/SV\\_6nwqeOIF](https://dmu.co1.qualtrics.com/jfe/form/SV_6nwqeOIF)

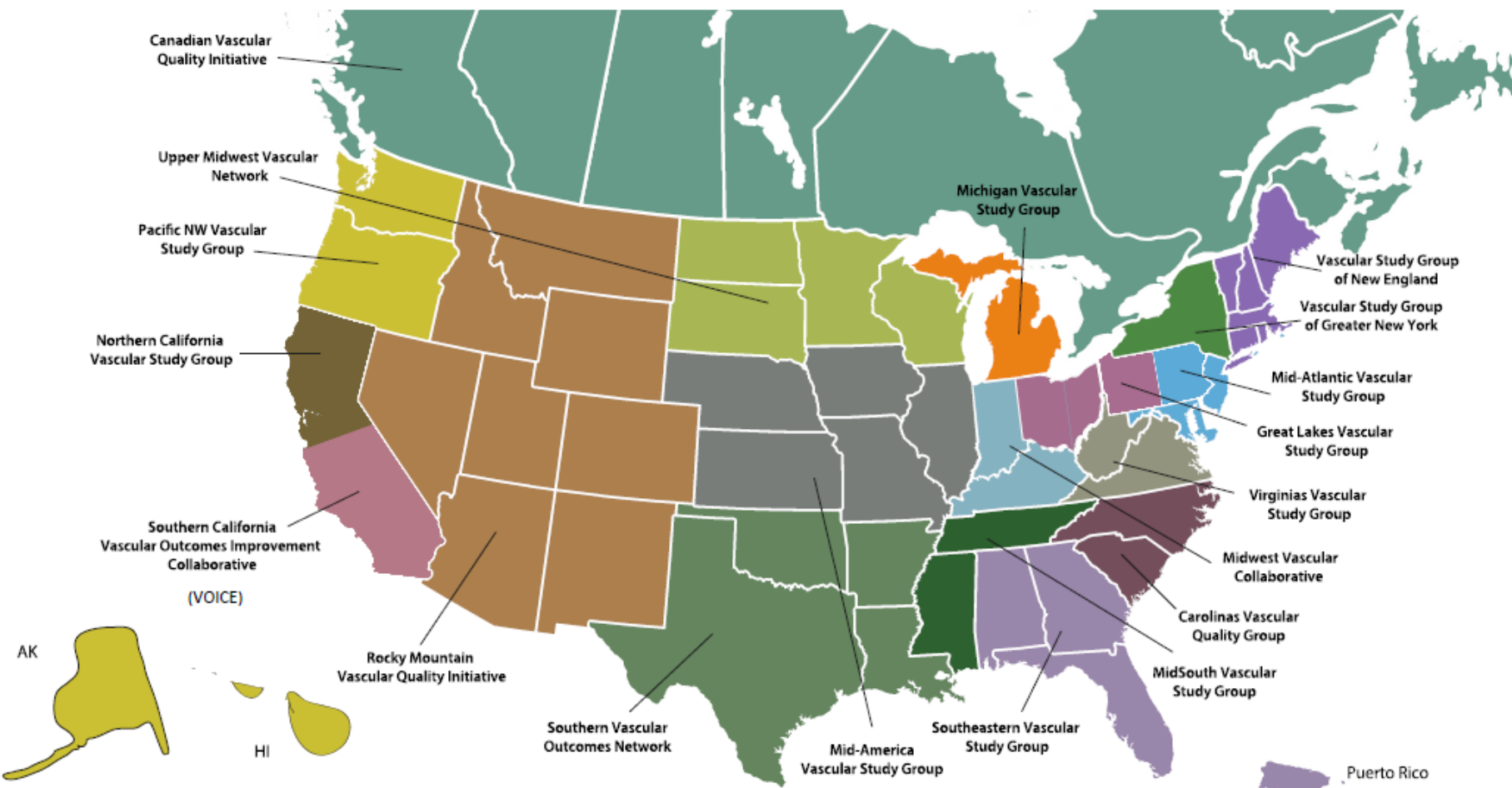


# VQI National Update

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Betsy Wymer, DNP, RN, CV-BC  
SVS PSO Director of Quality

# VQI Participation



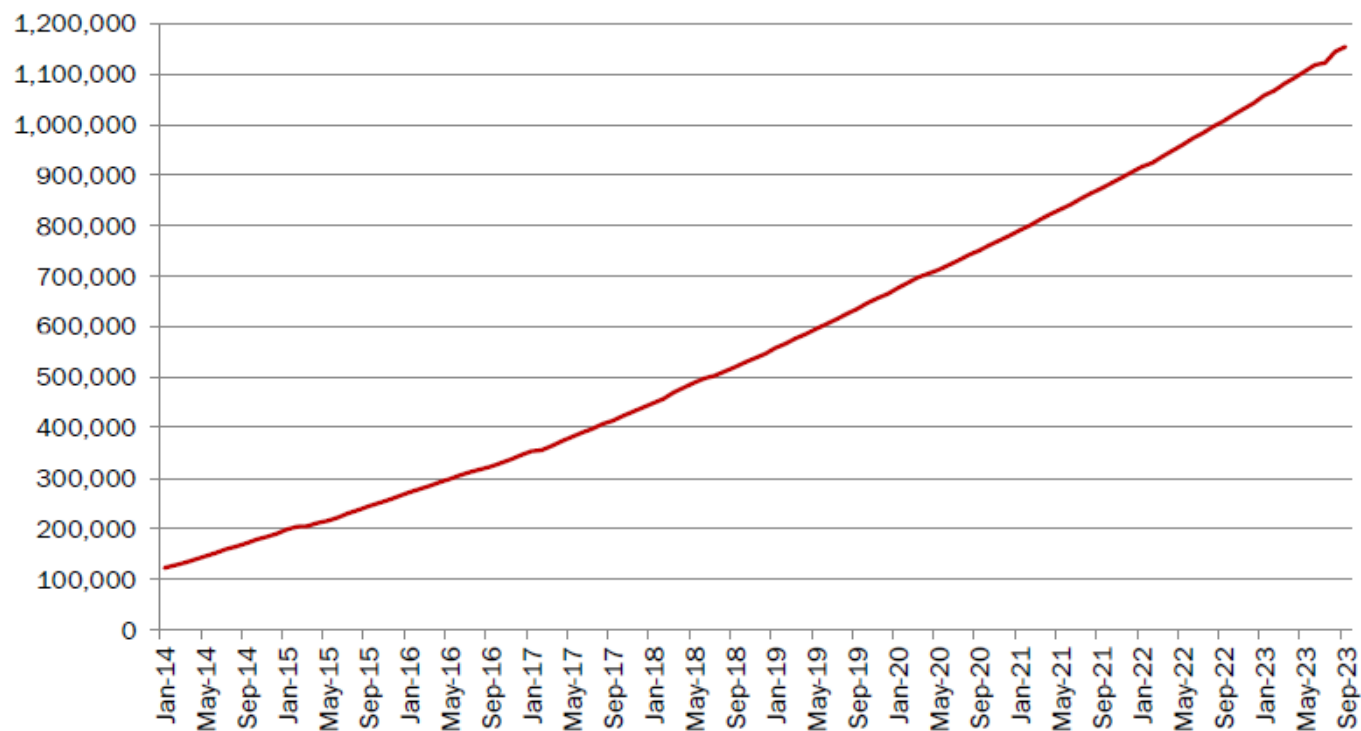
## Regional Breakdown

Canadian Vascular Quality Initiative	7 Centers
Carolinas Vascular Quality Group	40 Centers
Great Lakes Vascular Study Group	63 Centers
Michigan Vascular Study Group	37 Centers
Mid-America Vascular Study Group	74 Centers
Mid-Atlantic Vascular Study Group	90 Centers
MidSouth Vascular Study Group	27 Centers
Midwest Vascular Collaborative	51 Centers
Northern California Vascular Study Group	27 Centers
Pacific NW Vascular Study Group	41 Centers
Rocky Mountain Vascular Quality Initiative	58 Centers
Southeastern Vascular Study Group	140 Centers
Southern California VOICE	42 Centers
Southern Vascular Outcomes Network	114 Centers
Upper Midwest Vascular Network	66 Centers
Vascular Study Group of Greater New York	47 Centers
Vascular Study Group of New England	51 Centers
Virginias Vascular Study Group	45 Centers
Singapore	1 Center
<b>TOTAL CENTERS</b>	<b>  1,022 Centers</b>

# Procedures Captured

<b>TOTAL PROCEDURES CAPTURED (as of 10/1/2023)</b>	
	<b>1,153,531</b>
Peripheral Vascular Intervention	399,362
Carotid Endarterectomy	202,995
Infra-Inguinal Bypass	84,711
Endovascular AAA Repair	84,460
Hemodialysis Access	79,600
Carotid Artery Stent	110,945
Varicose Vein	64,039
Supra-Inguinal Bypass	27,063
Thoracic and Complex EVAR	30,969
Lower Extremity Amputations	30,369
IVC Filter	18,770
Open AAA Repair	18,485
Vascular Medicine Consult	1,523
Venous Stent	240

## VQI Total Procedure Volume





Total Procedure Volume reflects net procedures added to the registry for the month

# 2023 VQI@VAM Wrap Up

- Recordings & slides available on the VQI@VAM Planner
  - Log into the Planner <https://2023svsvam.eventscribe.net/>
  - Select Full Schedule
  - Select your preferred day
  - Select your session



Tuesday, June 14, 2022

12:00 PM – 5:00 PM EDT      VQI Annual Meeting  


Location:312

VQI Annual Meeting



**PSO Reporting and Analytics: Drilling into Quarterly Dashboards**



 Tuesday, June 14, 2022     12:15 PM – 12:45 PM EDT

**Presenter(s)**



**Leila Mureebe, MD**  
Duke University Medical Center  
Durham

 Video 

 Slides 

# Have you checked out the new VQI Website?

If not, here's just a peek at what you're missing!

- 1 Registry specific pages – deeper dive into each of the SVS VQI's 14 registries
- 2 The ability to view the VQI.org website in your preferred language! Don't see your preferred language, reach out to see about getting it added to the site
- 3 New webinars & presentations added regularly – either on the main events page, or in Members Only

For more information about the VQI website, contact Jen Correa, SVS PSO Marketing Manager at [jcorrea@svspsso.org](mailto:jcorrea@svspsso.org).

“Participation in the Vascular Quality Initiative is the best way to study our outcomes, and make sure we provide the highest quality care possible to our patients with vascular disease.”

Dr. Phillip Goodney – Dartmouth Health

## IMPORTANCE OF REGIONAL GROUPS

Through regional quality group meetings, participants share and analyze collected data to initiate quality improvement projects to reduce complications, readmissions, and length of stay. Quality improvements projects can translate directly to hospital cost reduction. With continued expansion of the SVS VQI and regional quality groups, data will more rapidly accumulate and can be leveraged for benchmarking and quality improvement initiatives.

Benefits of regional quality group participation include:

- Anonymous, benchmarked reports for comparison
- Increasing power and ability to detect root causes of outcomes
- Facilitating & initiating quality improvement projects
- Access to blinded datasets for data analysis at regional and national level
- Improving long-term patient surveillance

[FIND YOUR REGIONAL GROUP →](#)





## QUALITY IMPROVEMENT – MEMBERS ONLY



**Access to information exclusively available to members of the SVS VQI**

## VQI Members Only

- Find information that is not publicly shared on the VQI Website (ex: Quality Guide, Specific Registry Webinars, etc....)
- Find links and other information for upcoming Regional Group meetings
- Remember, access to the Members Only area of the VQI Website requires a different login than your PATHWAYS user account
- For account access email Jen Correa at: [jcorrea@svspso.org](mailto:jcorrea@svspso.org) to receive your username and temporary password

# FDA Communications

<https://www.vqi.org/resources/fda-communication/>

## FDA COMMUNICATIONS

### NEWS/UPDATES FROM THE U.S. FOOD AND DRUG ADMINISTRATION

September 12, 2022

**FDA Advisory Panel Recommendations on Lifelong Surveillance and Long-Term Postmarket Data Collection for Patients with AAA Endovascular Aortic Repair – Letter to Health Care Providers**

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March 9, 2022

**Medtronic Recalls TurboHawk Plus Directional Atherectomy System Due to Risk of Tip Damage During Use**



# Readmission Study University of Rochester

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- 30d Readmission rates
  - Review of readmission cost
  - Frequency of readmissions
  - Frequency of reoperations & cost
- Univ Rochester piloting 30D readmission project
- To join the pilot or for questions contact Stacey Esposito at:

[Stacey\\_Esposito@URMC.Rochester.edu](mailto:Stacey_Esposito@URMC.Rochester.edu)

Benefits determined by the study include:

- More accurate capture of complications after discharge/use of LTFU form for complications prior to 9 mos.
- Track & trend unplanned readmissions
- Identify the reason for unplanned readmissions
- Evidence based data to identify at risk patient populations
- Benchmark against Region and All VQI



# VQI Updates

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- Smoking Cessation launched as a new NQI June 2023 w/ variables added to all Arterial Registries – Early Q3 2023
- Help Text Enhancement Tool – May 2023
- Interactive plots for the Biannual Center and Regional Level Reports
- Retirement of most COVID Variables
- Retirement of >500 Opioid variables
- Collection of Exercise Program variables in Lower Extremity Registries
- In Development:
  - Open Aorta Registry
  - Infrainguinal/Suprainguinal Registry Follow-up reports
  - Continued efforts for harmonization across registries
  - Enhanced reporting measure for biannual reports
  - EPIC integration into VQI. *Looking for Center volunteers*

what's next?

# Cardiac Risk Index

**SVS | VQI**  
In collaboration with NCDR

Home

Calculators

About

FAQ

### Suprainguinal Bypass (SUPRA)

Applicable to any primary, non-emergent suprainguinal bypass for aneurysmal or occlusive disease for indications of claudication, rest pain, tissue loss, or acute ischemia

[Generate report](#)

Age ⓘ  
Under 60

Graft Origin ⓘ  
Axillary

ASA Class ⓘ  
1, 2, or 3

History of Coronary Artery Disease ⓘ  
None

Results of Stress Test within Past 2 Years ⓘ  
Not Done

Indication for Surgery ⓘ  
Claudication

### Risk of In-Hospital Postoperative Myocardial Infarction:

## 1.1 %

**Your Risk: 1.1%    Average Risk: 2%**

Your risk value falls within the 1st quartile (0-25th percentile) of risk.

#### How to interpret figure:

Black bar represents your risk value based on input variables

Average Risk → Black vertical line represents median risk of patients undergoing SUPRA procedure

**Your Risk: 4.4%    Average Risk: 2%**

Maximum possible risk based on highest risk category of all input variables

Background shaded by risk quartile:  
First Quartile (0 – 25<sup>th</sup> percentile)  
Second Quartile (25<sup>th</sup> – 50<sup>th</sup> percentile)  
Third Quartile (50<sup>th</sup> – 75<sup>th</sup> percentile)  
Fourth Quartile (75<sup>th</sup> – 100<sup>th</sup> percentile)

<https://www.vqi.org/risk-calculators/>

The VQI-CRI is also available in a mobile-friendly format

## Welcome to the VQI Cardiac Risk Index

Last updated: February 2023

This calculator estimates a patient's risk of in-hospital postoperative myocardial infarction for five primary vascular procedures based on the input of preoperative patient characteristics and planned procedure details.

**Disclaimer:**

The VQI Cardiac Risk Index (VQI-CRI) estimates the chance of an adverse outcome based on preoperative patient and procedure information entered into the calculator. These estimates are calculated using VQI data collected from a large number of patients who had a procedure similar to the one for which the patient may be a candidate.

It is important to note that VQI-CRI risk estimates only take certain information into account. There may be other factors that are not used in the estimate which may increase or decrease the risk of an adverse outcome. Estimates obtained are not a guarantee of results. An adverse outcome may occur even if the risk is low. Similarly, an adverse outcome may not occur even if the risk is high.

The information presented by the VQI-CRI is not meant to replace the advice of a physician or healthcare provider regarding diagnosis, treatment, or potential

AA

svs-vqi.shinyapps.io

## Suprainguinal Bypass (SUPRA)

Applicable to any primary, non-emergent suprainguinal bypass for aneurysmal or occlusive disease for indications of claudication, rest pain, tissue loss, or acute ischemia

Age i

Under 60

Graft Origin i

Axillary

ASA Class i

1, 2, or 3

History of Coronary Artery Disease i

None

Results of Stress Test within Past 2 Years i

Not Done

AA

svs-vqi.shinyapps.io

Normal

Results of Stress Test within Past 2 Years i

Not Done

Indication for Surgery i

Claudication

### Risk of In-Hospital Postoperative Myocardial Infarction:

# 1.1 %

Your risk value falls within the 1st quartile (0-25th percentile) of risk.

[GENERATE REPORT](#)

AA

svs-vqi.shinyapps.io



# Physician Snapshot Report Discussion

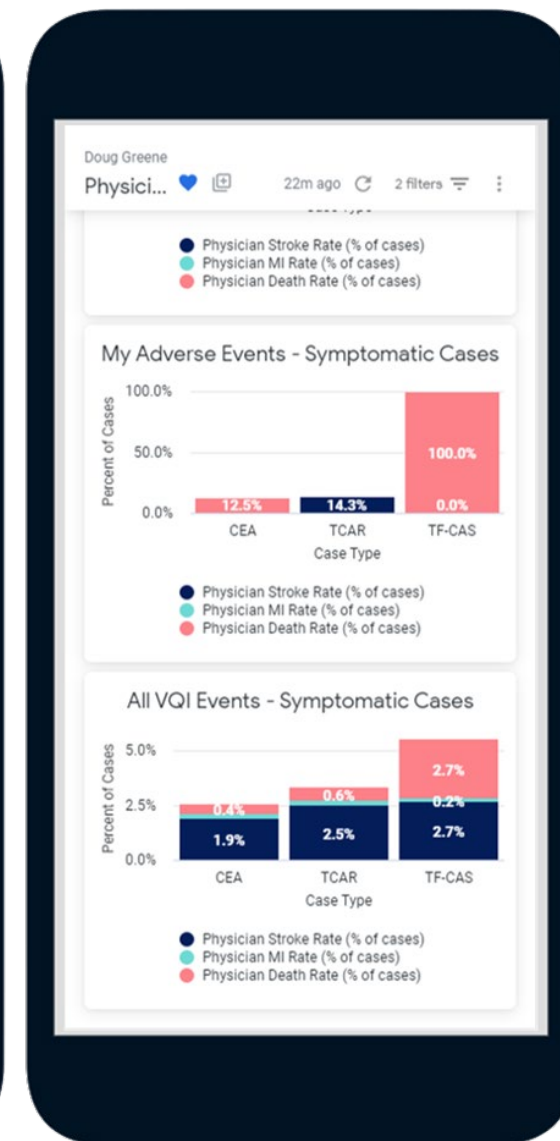
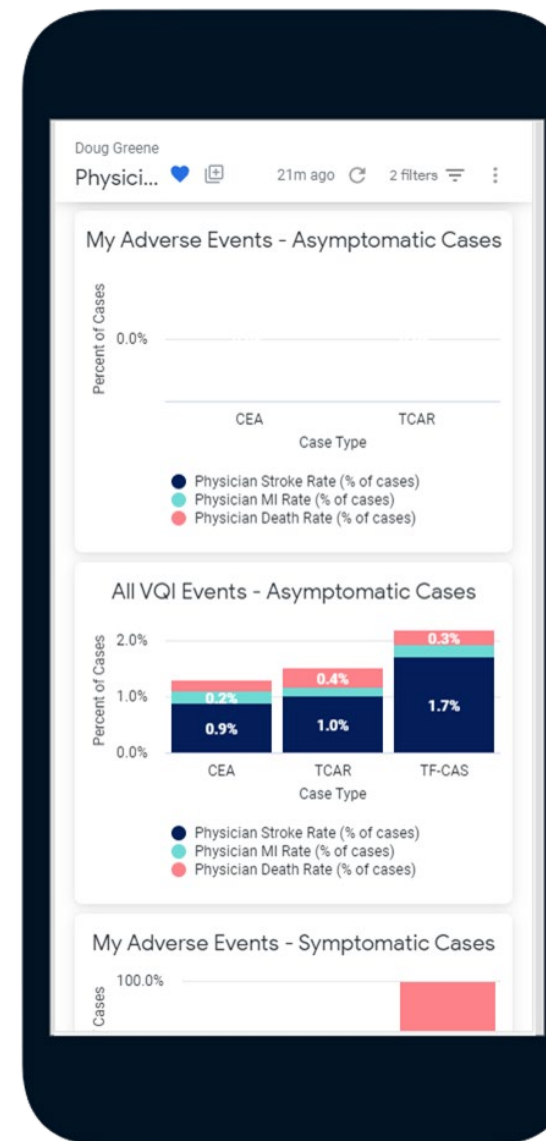
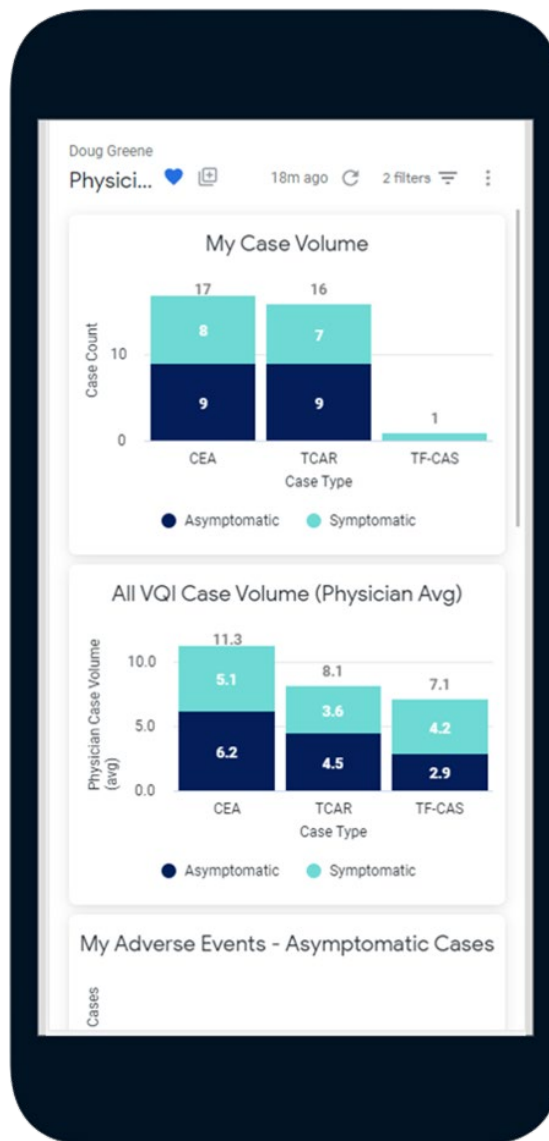
# Introducing Physician Snapshot Reports for Carotid Treatment

- Individual Physician Reporting for individual physicians to compare key outcomes against all VQI cases
- Key features
  - Flexible access: Available on your smart phone or through Pathways reports on your desktop
  - Near real time data with nightly updates
  - CEA, TCAR and TF-CAS available on the same report
  - Flexible time interval views- default view is the last 365 days with options to adjust the date range
  - Secured- viewable only by **you** via your VQI PATHWAYS password



# Compare Physician with VQI Average Annual Case Volume and Key Outcomes

CEA vs TCAR vs TF-CAS, Asymptomatic vs Symptomatic Cases, Stroke, Death, MI

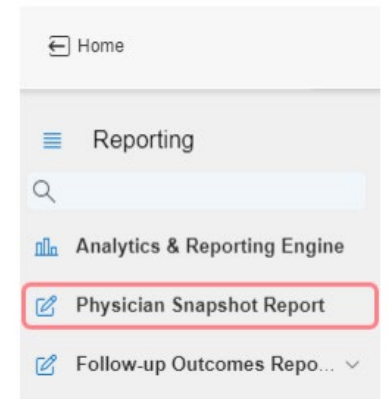


# How do I access my Carotid snapshot?



## Two Options:

1. An email with your URL entitled **View my Carotid Snapshot** was sent to the email on file for you in PATHWAYS- simply click the link and enter your PATHWAYS password
2. From a desktop computer- URL Access: <https://pathways.m2s.com>
  - From the reporting menu in the top right, click the option for the Physician Snapshot Report



Note: You will need your VQI PATHWAYS password to view the report

- If you do not know your VQI PATHWAYS password, please see your VQI hospital manager
- You may also email PATHWAYS support for assistance at [PATHWAYSsupport@fivoshealth.com](mailto:PATHWAYSsupport@fivoshealth.com)

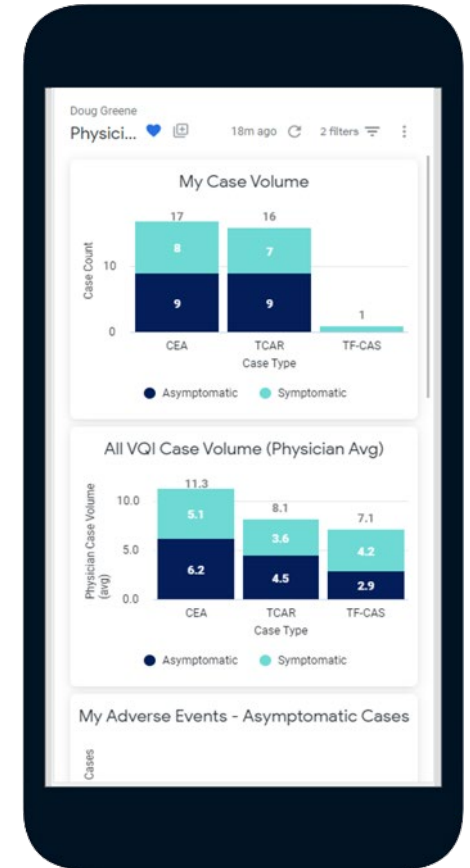
# Physician Snapshot Report Feedback



## Polling Questions:

- How many of you have viewed your report?
- If you have not viewed the report, why?
- Can you share your initial reaction or feedback if you have used it?

Note: In order to obtain future feedback, we may send a very brief email survey. Your participation is greatly appreciated!







# General RAC Submission Guidelines

- Active Pathways Account w/ 'Share a File' privileges
- Center Registry Subscription
- Regional RAC approval required for all regional proposals



# General RAC Submission Guidelines Cont.

- Check email for approval status from Melissa Latus  
[mlatus@svspso.org](mailto:mlatus@svspso.org)
- Check email notification from FIVOS health that data set is available in 'Share A File'
- Data in 'Share A File' will expire after 30 days of receipt

# 2022 UMVN Participation Award Winners



Mayo Clinic Hospital - Rochester  
Fairview Southdale Hospital  
Froedtert Health  
Mayo Clinic Northwest Wisconsin  
Fairview St. John's Hospital



Aurora St. Luke's Medical Center  
Aurora St. Luke's South Shore  
Aurora Sinai Medical Center  
Aurora West Allis  
Aurora Medical Center Washington  
County  
Aurora Memorial Hospital  
Burlington  
Aurora Medical Center Kenosha  
Aurora BayCare Medical Center  
Aurora Medical Center Oshkosh  
Aurora Sheboygan Memorial  
Medical Center  
Aurora Medical Center Grafton  
Aurora Medical Center Summit  
Sanford Clinic Vascular Associates  
Abbott Northwestern Hospital  
(Allina)  
Mercy Hospital (Allina)  
United Hospital (Allina)

University of Minnesota Medical  
Center (UMMC)  
Aurora Medical Center Manitowoc  
County  
SSM Health St. Mary's Hospital -  
Madison  
Altru Hospital  
University of Wisconsin Hospitals &  
Clinics Authority  
UnityPoint Health - Meriter Hospital  
Mayo Clinic Health System -  
Franciscan Healthcare, Inc. (in La  
Crosse)  
Marshfield Clinic Health System,  
Inc.  
SSM Health St. Agnes Hospital -  
Fond du Lac, WI  
Sanford Medical Center Fargo  
Sanford Bemidji Medical Center



Waukesha Memorial Hospital  
Columbia St. Mary's Hospital Milwaukee, Inc.  
Columbia St. Mary's Hospital Ozaukee, Inc.  
Radiology Associates-Fox Valley  
Aspirus Wausau Hospital, Inc.  
M Health Fairview Clinic - Woodwinds  
Monument Health Rapid City Hospital, Inc.

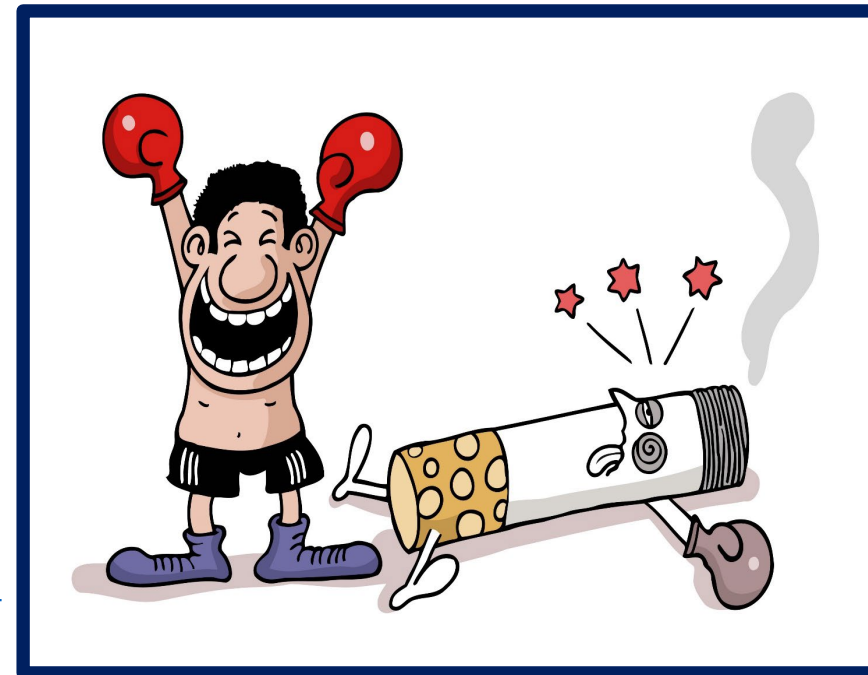
Congratulations!

# Quality Improvement Updates

Betsy Wymer, DNP, RN, CV-BC  
Director of Quality, SVS PSO

# Quality Improvement: National Quality Initiative - Smoking Cessation

- Introduced at VQI@VAM 2023
- CAN-DO Program
  - Choosing Against combustible Nicotine Despite Obstacles
- Arterial registries only
- Reporting measures added Spring 2023
  - Preop Smoking – Elective procedures
  - Smoking Cessation – Elective, Urgent, Emergent procedures
- Currently have smoking variables
  - Minimal addition of variables
  - Go LIVE August 31, 2023
- Webinars
  - July and August (register at [www.vqi.org](http://www.vqi.org))
- Education <https://www.vqi.org/quality-improvement/national-qi-initiatives/>
  - Physician and Patient
  - Toolkits
  - Billable codes and sample dictation
  - Resources



# Quality Improvement – Participation Points

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The following is a list of the four domains for the 2023 Participation Awards criteria:

- **Domain 1 – LTFU – 40% weighted**
- **Domain 2 – Regional Meeting Attendance – 30% weighted**
- **Domain 3 – QI Project – 25% weighted** 
- **Domain 4 – Registry Subscriptions – 5% weighted**

# Quality Improvement – Participation Points

## QI Project Domain

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### Domain – Quality Improvement Project – 25% weighted

Scoring on 0 – 6-point scale to keep consistent with other measures. This gives centers options for getting **6 maximum QI points**.

- Initiation of a QI Project, evidenced by submitting a Project Charter to [QI@SVSPSO.ORG](mailto:QI@SVSPSO.ORG) or [bwymmer@svspso.org](mailto:bwymmer@svspso.org) (2 points). **One charter per year.**
- Presenting a QI Project (presentation or poster) at a Regional VQI, \*Regional Society Meeting, or \***Hospital Board and/or C Suite** meeting (2 points) *When presenting at succinct regional meetings, project slides must reflect a change or update in status.*
- Presenting a QI Project (presentation or poster) at the National VQI or \*Vascular Annual Meeting (2 points)
- \*Publish a **VQI quality improvement** article in a Peer Reviewed Journal (2 points)
- Centers with significant improvement or excellent performance rates on National QI Initiatives will receive one additional point (per initiative), for a maximum of 6 QI points

\* Please send attestation (proof) to [bwymmer@svspso.org](mailto:bwymmer@svspso.org) on or before December 31, 2023.

# Quality Improvement – QI Project Domain Requirements

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- Present VQI data to C-Suite (leadership, CNO, COO, Chief Vascular Surgeon, etc.)
- Contact Betsy at [bwymmer@svspso.org](mailto:bwymmer@svspso.org)
- Provide the following
  - Agenda/Meeting Minutes (date, your name and presentation, attendees)
  - Copy of presentation (feel free to cover center data)
  - Maximum of 2 presentations per year – slides must present a change or an update in status
- You will receive an email confirmation from Betsy which verifies participation points



# Fellows in Training (FIT) Program 2022-2023

## Jack Cronenwett Scholarship Winners

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### Quality

Dr. Christine Kariya

FIT Mentor Dr. Danny Bertges

University of Vermont Medical Center

Dr. Hanna Dakour Aridi

FIT Mentor Dr. Michael Murphy

Indiana University Health – Methodist

### Research

Dr. Ben Li

FIT Mentor Dr. Graham Roche-Nagle

Toronto General Hospital

Dr. Brianna Krafcik

FIT Mentor Dr. Phil Goodney

Dartmouth Hitchcock Medical Center

Dr. Caronae Howell

FIT Mentor Dr. Benjamin Brooks

University of Utah Hospital and Clinics/The University of Arizona



# Quality – Fellows in Training (FIT) Program

## 2023-2024 FIT Mentor, FIT Fellow, and Center

<b>FIT Mentor</b>	<b>FIT Fellow</b>	<b>Center</b>
Michael Costanza	Deena Chihade	University Hospital
Samantha Minc	Paul Rothenberg	WVU
Nikolaos Zacharias	Mitri Khoury	Massachusetts General Hospital
Nikolaos Zacharias	Tiffany Bellomo	Massachusetts General Hospital
Arash Bornack	Christopher Chow	University of Miami
Michael Madigan/Mohammed Eslami	Mikayla Lowenkamp	UPMC
Thomas Brothers	Saranya Sundaram	Medical University in South Carolina
Benjamin Jacobs/Sal Scali	Michael Fassler	University of Florida
Adam Beck	Amanda Filiberto	University of Alabama Birmingham
Brian DeRubertis	Nakia Sarad	Weill Cornell Medical Center
Dan Newton	Syeda Ayesha Farooq	Virginia Commonwealth University

# Improve Your Quality of Care in Vascular Surgery and Interventional Care

Introducing a new quality program developed by the American College of Surgeons and the Society for Vascular Surgery: a standards-based framework designed to meet the unique needs of vascular programs



*facs.org/vascular*

Email [vascular@facs.org](mailto:vascular@facs.org) for information

# Committee Updates

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# AQC Update

Peter Rossi, MD

- Committee meets every other month
  - Jan, March, May.....
- Re-engagement of registry committees
  - New reporting measures for ea. registry
  - Review of variables for possible retirement
  - One committee each Mtg. will give progress update
- Review & discussion of proposed registry revisions
  - LE/VMC SET variables to align w/guidelines
  - Pilot ERAS Variables
  - Initial discussion of required vs non-required procedure variables

# VQC Update

Fahad Shuja, MD

- Committee meets bi-annually
- Re-engagement of registry committees
  - New reporting measures for each registry
  - Review of variables for possible retirement
  - Each committee will give updates during the VQC meetings
- Active review of Venous Stent to decrease registry burden
- Discussion on how to increase venous registry presence w/in the venous community
- Next Meeting VEITH (hybrid)
  - November 12-17, 2023



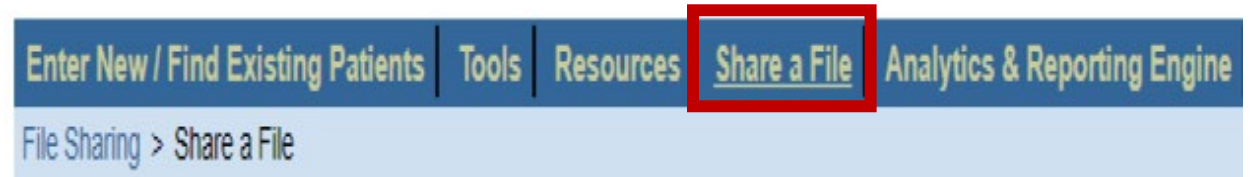
# Arterial RAC Update

Joseph Hart, MD

- The proposal review committee meets quarterly
- Comprises of all RAC chairs nationally and some other members
- Reviews about 20-30 abstracts each cycle
- The process is fair and open with the aim of approving most proposals
- The committee advises investigators on how to improve the proposals

# Arterial RAC

- When requesting a Data Set, the investigator must have an ACTIVE PATHWAYS account.
- Once approved, the Data Set will be transferred through the “SHARE a FILE” function in PATHWAYS.



- The Data Set will be available through “Share a File” for 30 days



# Arterial RAC

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- Components of a VQI proposal.
- For more information:
  - Podcast: Requesting Data presented by Dr. Leila Mureebe, MD  
[https://drive.google.com/file/d/1tBsYrzhOPu-Oz5gu\\_eHhMmrVvyEtk5i2/view](https://drive.google.com/file/d/1tBsYrzhOPu-Oz5gu_eHhMmrVvyEtk5i2/view)

- Abstract
- Research question/Hypothesis
- Background/significance
- Approach
- Analytic plan
- Mock Tables
- Potential problems/solutions
- IRB approval/exemptions.

# RAC Data Use Agreement

The Data Use Agreement needs to be signed by the Attending Physician when submitting in Abstract 123

<https://abstracts123.com/svs1/>

## Data Use Agreement

### Data Use Agreement

Below are the terms of the Data Use Agreement for the Society for Vascular acknowledging the terms below.

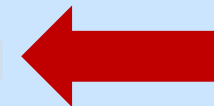
1. The Recipient shall not use or further disclose the data set other than as required to complete T
2. The Recipient shall allow access to the data only to individuals directly accountable to the Recipient
3. The Recipient shall use appropriate safeguards to prevent use or disclosure of the data set other than as required to complete T
4. The recipient agrees that this study must be approved by the IRB of the institution that takes responsibility for the study
5. Upon completion of the project, or should this Agreement be terminated for any reason, including non-compliance with the terms of this Agreement, the Recipient shall destroy all copies of the data set and any derivative works
6. The Recipient agrees to present or publish approved project within 24 months with one refresh

☐ I acknowledge I have read and understood the Data Use Agreement.

☐ I have received approval from my regional RAC, only applicable for those regions that require a regional RAC approval.  
(required answer)

Signature:

Select Today's Date:



# RAC Proposal Process

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## **1. Review list of projects:**

<https://www.vqi.org/data-analysis/rac-approved-project-search/>

## **2. Submit proposal online:**

<http://abstracts123.com/svs1/meetinglogin>

## **3. Deadlines for submissions:**

<https://www.vqi.org/svs-vqi-national-arterial-rac-schedule/>

- Your Regional RAC chair is available to help answer questions or help with proposal writing

# Venous RAC Update

- The July Venous RAC had 4 venous proposals submitted
- Podcast: Requesting Data presented by Dr. Leila Mureebe, MD. Follow link below
  - [https://drive.google.com/file/d/1tBsYrzh0Pu-Oz5gu\\_eHhMmrVvyEtk5i2/view](https://drive.google.com/file/d/1tBsYrzh0Pu-Oz5gu_eHhMmrVvyEtk5i2/view)
- The current venous registries with blinded data sets
  - Varicose Vein
  - IVC Filter
- Types of information available:
  - Demographics
  - Comorbidities
  - Operative characteristics
  - Post-operative characteristics
  - Follow-up

# Governing Council Update

Joseph Hart, MD

- Meets twice a year
- Last meeting: June 16, 2023
- Committee designation:
  - Each region represented by the Regional Lead Medical Directors
- Adam Beck – newly appointed GC Chair; Grace Wang – newly appointed Vice Chair
- All Regional RAC requests must have regional RAC approval; committee highly recommends that the Regional RAC also approve national requests
- Next meeting VEITH; November 2023



# Updates for Fall 2023 VQI Regional Meetings



# 2023 Technology Updates for VQI

- TEVAR Fenestration Treatment Minor Revision
  - “Fenestration Type”, a new field was added to the nine different branches in the branches tab
- CAS Minor Revision
  - Modified the “Approach” field and dependencies
  - Updated “Lesion 2 Side” to auto-populate the value entered for “Lesion 1 Side”
- PVI Minor Revision
  - The PVI registry was modified to align with changes made during the INFRA/SUPRA major revision
- Infra-inguinal Bypass and Supra-inguinal Bypass Revision
  - Major revisions were made to the lower extremity bypass registries



## Same Registry Cloning for Infra/Supra-inguinal Bypass

- The ability to copy data from existing procedure records to a new procedure record for the same patient and registry has been added

[Enter New Patient / Find Existing Patient](#) | [Tools](#) | [Resources](#) | [Share a File](#) | [Analytics & Reporting Engine](#)

**Patient Details**

**Patient Information**

Last Name: Testss First Name: sunil MI: Sdfs DOB: 12/01/1996 MRN: 98765421 SSN: XXX-XX-4321 MBI:

**Procedure Records**

☒ ☒ Procedure = 'Infra-inguinal Bypass'

☒  Procedure Status

Procedure Status : Complete

Procedure Date	Procedure	PrimprocID	Surgery Side	Physician	Visit Code	Follow-up	PRO Status	Delete
11/01/2022	Infra-inguinal Bypass	19974633	-	AYA AKL	-	<a href="#">Create/View</a>	-	<input type="button" value="x"/>

1 - 1 of 1

**Create Procedure**

Procedure Type ☒ New

☐ Acute Ischemic Stroke ☐ Carotid Artery Stent ☐ Carotid Endarterectomy ☐ Cerebral Aneurysm ☐ Cerebral Arteriovenous Malformations

☐ DFL Dev Registry ☐ DFL Test Registry ☐ Drainage Catheter ☐ Endo AAA Repair ☐ Hemodialysis Access

☐ IVC Filter ☒ Infra-inguinal Bypass ☐ Lower Extremity Amputation ☐ Open AAA Repair ☐ Orthopaedic Foot and Ankle Registry

☐ Peripheral Vascular Intervention ☐ Supra-inguinal Bypass ☐ Thoracic and Complex EVAR ☐ Varicose Vein ☐ Vascular Medicine Consult

☐ Vascular Ultrasound ☐ Venous Stent

## Follow-up Outcome Report Drilldowns

- Drilldown option has been provided to list the PRIMRPCID for procedures included in the calculator for My Center. This option is available for outcomes employing Mean/ STD and Median/IQR calculations.
- Outcomes reports impacted include:
  - CEA
  - HDA
  - VV



CEA Follow-up Outcomes Report

Follow-Up Rate

CEA PDT (7 Filters) ▼

	PRIMRPCID
1	2559725
2	2561458

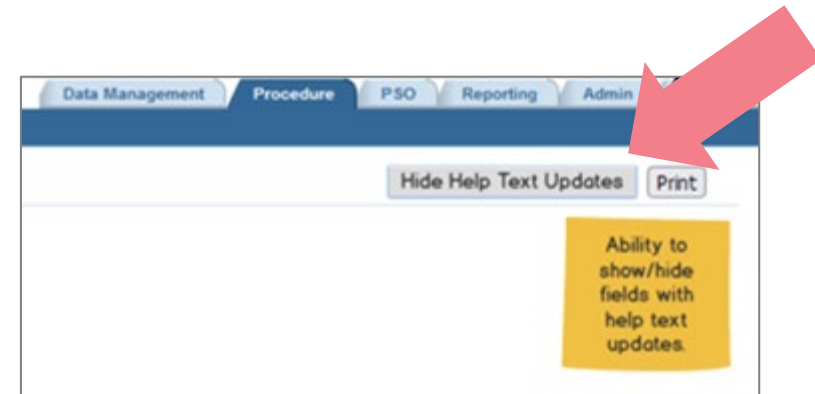
Download ×

# Released in Q2 2023



## Help Text

- Enhancement to highlight fields with recently updated help text to alert abstractors to revised definitions



## Support Tab Enhancements

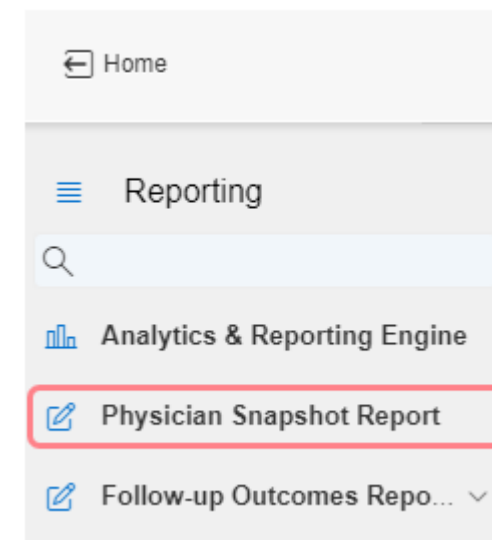
- Addition of "Useful Links" section
- "Training Schedule" page has been renamed to "Upcoming Trainings"
- "Video Library" added on the Support tab

# Released in Q2 2023



## Physician Snapshot Report

- Introduced new Carotid Physician Snapshot Report.
  - New report privilege added to the Users and Permissions Report



Released in Q2 2023



Claims Validation

- Sort by Response Provided in the Unmatched Claims – You can now sort or filter the “Unmatched Claims” report by the Response column

Claims Validation Year : 2015

Q

Go

3. Unmatched Claims

⬆

Actions

Save Changes

▼

☒

⚠

Response in 'Exclude from PATHWAYS, Miscoded in Billing, To be added in PATHWAYS, To be updated in PATHWAYS, Wrong Identifier in Billing'

×

☒

⚠

Status = 'Unmatched Claims'

×

1 - 14 of 14

Filename	Status	Response	Mismatch Reason	Claims NPI	Claims Provider First Name
claim-07.csv	Unmatched Claims	Miscoded in Billing	Claims record didnt match PATHWAYS record	1122112233	Coco
claim-08.csv	Unmatched Claims	Wrong Identifier in Billing	Claims record didnt match PATHWAYS record	1122112233	Coco



# PATHWAYS Support

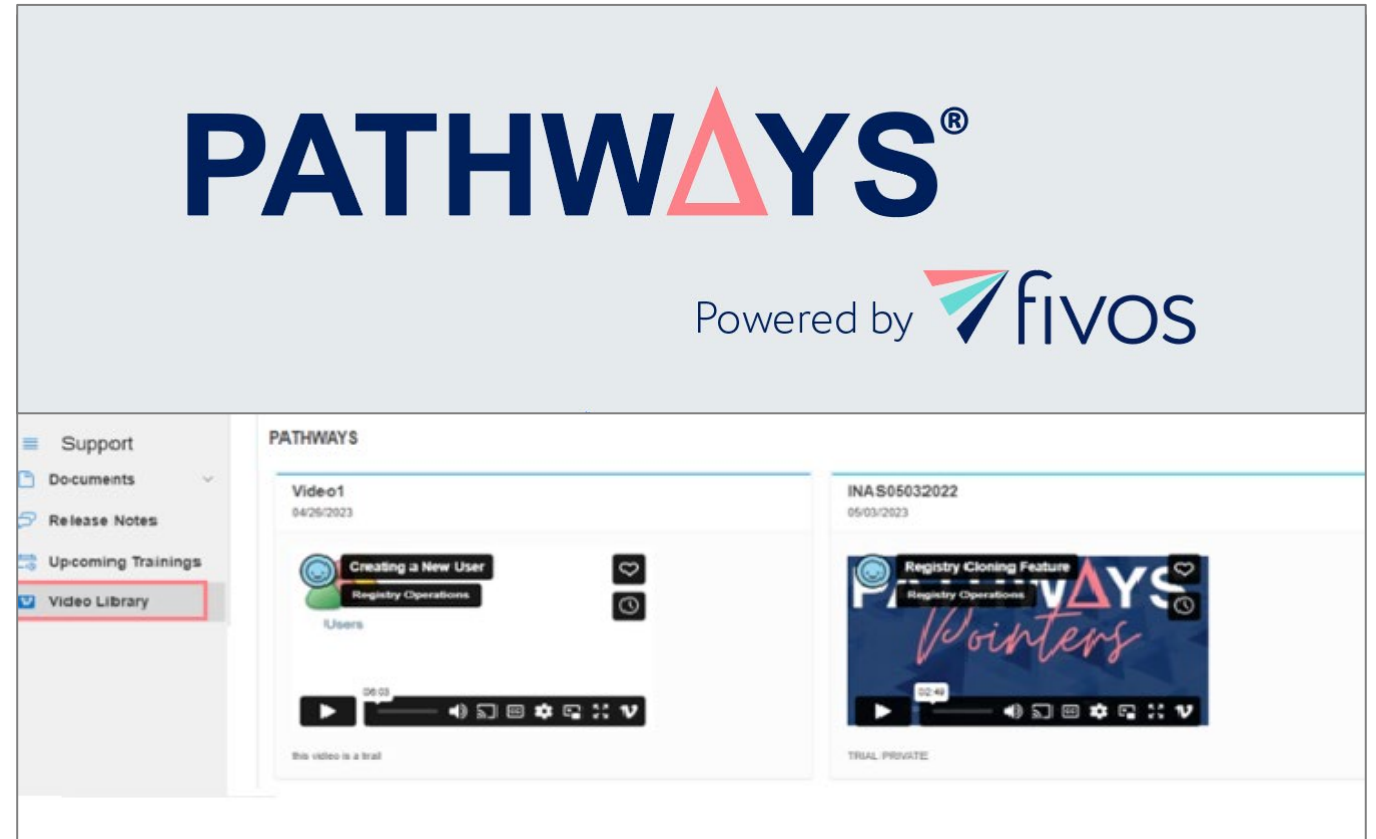
# PATHWAYS Support



## Need help?

Check out the PATHWAYS Support tab.

- **Documents** – List of essential documents necessary for new staff and experienced abstractors to assist with data abstraction.
- **Release Notes** – Listing of release announcements highlighting changes and improvements to the registries.
- **Upcoming Trainings** – List of upcoming training opportunities with registration links for new staff and experienced abstractors.
- **Video Library** – Listing of video tutorials to help you learn at your convenience.



# PATHWAYS Support Updates



## Announced in the spring:

### PATHWAYS Hospital Manager Guide

- Added to the Resources Tab
- Helps users better understand role responsibilities

## NEW announcement:

### PATHWAYS Administrative Training Video

- Added to the Support Tab Video Library
- Provide even more support to assist new centers and new HMs
- In beta > we welcome feedback on its usefulness during onboarding



# PATHWAYS Support Updates



## Claims Validation

### Recent news:

- The **2022** Claims Validation process was launched in April 2023 and closed in July
- Powerful testimonials about ROI projects during VQI at VAM
  - Direct result of the claims validation audit
- This process can provide even more centers with opportunities to expose revenue leakage and mitigate financial loss (a great opportunity to **WOW** your administrative team)

### Up next:

We are looking forward to launching the **2023** Claims Validation cycle in the **Spring of 2024!**



## Coming Soon

The Support Team continues to develop brief training videos to assist with specific functionality and tasks.

We appreciate feedback we received during our recent VQI@VAM Support Update webinar. We will be sure to use this information for future development!

# PATHWAYS Support – A Closing Note



A friendly reminder...

The following registries are all available in VQI. Reach out to our Sales team for assistance with additional VQI registry opportunities at your center.

Carotid Artery Stent  
Carotid Endarterectomy  
Endovascular AAA Repair  
Hemodialysis Access  
Infra-Inguinal Bypass  
IVC Filter  
Lower Extremity Amputations

Open AAA Repair  
Peripheral Vascular Intervention  
Supra-Inguinal Bypass  
Thoracic and Complex EVAR  
Varicose Vein  
Vascular Medicine Consult  
Venous Stent



# Registry Projects

# SVS Post-Market Surveillance Projects



- The following projects are conducted within the SVS PSO, and only non-identifiable data (removal of patient, center and physician information) will be provided to Medtronic/BARD/Cook/Gore 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.
- Sites must follow their institutional guidelines.

# TEVAR Dissection Surveillance Project



- The SVS PSO is excited to announce the continuation of the TEVAR Dissection Surveillance Project to evaluate the Cook Zenith Dissection Endovascular System. FDA approval was granted for this device after safety and effectiveness were demonstrated in pre-market studies of complicated dissection with the proviso that the efficacy of TEVAR treatment of descending aortic dissection would be more fully analyzed through post-market surveillance, as was done through VQI for the W. L. Gore and Medtronic devices after their approval.
- Patients will have 30 day, and annual visits for 5 years.
- Total reimbursement of \$4,000 per patient for a patient followed annually for 5 years.

For enrollment information: Sarah Van Muyden | [sarah.vanmuyden@fivoshealth.com](mailto:sarah.vanmuyden@fivoshealth.com)

# TEVAR Dissection Surveillance Project – Cook Only



- 122 of the 180 required patients enrolled (14 potential cases in process)
- 60 Chronic Cases Enrolled - Enrollment Complete
- 62 Acute Cases Enrolled Currently -52% of total Acute Cases Enrolled
- Retrospective enrollment allowed- All eligible cases from December 31, 2018 (protocol FDA approval date)
- (76) 30-Day visits completed, (66) 1-year follow-up visits completed, (40) 2-year follow-up visit completed and (12) 3-year follow up visits completed
- 28 sites currently participating
- This project is conducted within the SVS PSO and only non-identifiable data (removal of patient, center and physician information) will be provided to Cook 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.



# Gore TBE Project



Gore is collaborating with the Society for Vascular Surgery Vascular Quality Initiative (VQI) to collect data and images from the **TEVAR** registry for a 10-year follow-up project.

Project Objective: To ensure that the clinical outcomes during the commercial use of the GORE® TAG® Thoracic Branch Endoprosthesis are as anticipated.

Patient Population: Patients who undergo treatment with the GORE® TAG® Thoracic Branch Endoprosthesis device.

## Number of Patients

- Max number of patients: 350
- Start Date 01/15/2023





# About the Gore TBE Project



Project specific dynamic content has been added to the TEVAR registry.

Project Timeline:

- **Phase I:** Start-up, development, enrollment (3 years) Current Phase
- **Phase II:** Surveillance period (10 years)
- Total expected duration of the project: (13 years)

Project Imaging Requirements: Procedure + 1 Month + Annually



# Gore TBE Project



- 23 fully executed addendums
- 22 sites full trained
- Current enrollment as of 8/14/23 = 58 patients

For enrollment information:  
Megan Henning  
[megan.henning@fivoshealth.com](mailto:megan.henning@fivoshealth.com)



Please contact  
[PATHWAYSSUPPORT@fivoshealth.com](mailto:PATHWAYSSUPPORT@fivoshealth.com)  
for questions

# Fall Report Reminder

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## Reminder:

Spring 2024 Report Cut Date = February 1, 2024, for  
procedures CY 2023

# Spring 2024 Regional Meeting

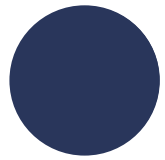
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- April 19<sup>th</sup> 2024
- Hybrid

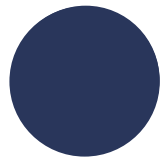


# CE/CME Meeting Attendance Credit

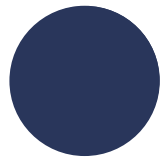
7 days to submit; No email reminder



**P**UT your FULL NAME in Zoom for remote attendees. Record of meeting attendance is required for CME/CE credit (no exceptions will be made)



**S**END an email to Angela Churilla [achurilla@vascularsociety.org](mailto:achurilla@vascularsociety.org) with names of group members that are sharing 1 device



**O**FFICIALLY apply for CME/CE credit by clicking the URL or QR code provided



[https://dmu.co1.qualtrics.com/jfe/form/SV\\_6nwqeOIF](https://dmu.co1.qualtrics.com/jfe/form/SV_6nwqeOIF)



# Regional Meeting CME/CE Credit



Des Moines University is the continuing education provider for this activity.



The attendance roster will be cross-referenced with those applying for CME/CE. Sign in correctly.



Each participant **MUST COMPLETE BOTH** the attendance attestation and the meeting evaluation from the URL site – one form.



You will have 7 days from the date of the meeting to complete the forms and **SUBMIT**.




Approximately 14 days from the meeting, Des Moines University will email you instructions on how to access your certificate.



PSO leadership is providing continuing education credit to you at no charge!

- Thank you to our members for your continued participation and support of VQI



- 
- A solid dark blue vertical bar on the left side of the slide.
- Thank you to COOK and GORE for your contributions and making these meetings possible
  - Thank you to Des Moines University for providing CE/CME credit for today's meeting

# Thank You

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