

**Upper Midwest Vascular Network**  
**April 27, 2018 1-5 pm**  
**JW Marriott**  
**Minneapolis, MN**

- I. Data Managers Meeting
  - a. Welcome and introductions by Dr. Randall DeMartino, Medical Director.
  - b. Dr. Jens Eldrup-Jorgensen, Medical Director, SVS Patient Safety Organization Vascular Quality Initiative indicated there are currently 458 centers within 46 states and Canada that are currently participating in VQI. There are 18 Regional Quality Groups and 12 Registries. The Registry with the largest volume is PVI. The Third Annual VQI Meeting will be held in Boston on June 20-21. The meetings will include presentations for Data Managers. There will also be poster presentations. VQI recently completed a voluntary IRR Exercise. The data is currently being reviewed to identify areas of concern or issues. CMS is moving towards value based reimbursement. VQI is an approved 2018 Qualified Clinical Data Registry (QCDR) by CMS. Dr. Jens Eldrup-Jorgensen encouraged attendees to utilize the Members Only website. It contains valuable information. The four categories and calculation of the Participation Awards were discussed. The QI Project Charter Initiation deadline has passed. The schedule for the 2018 educational webinars and registry updates were discussed. The topic for the May webinar will be Quality Improvement. A date has not been announced. The Hemodialysis Access Registry is under major revision with release in 2018. The Vascular Medicine Registry is being finalized with release in 2018. A Venous Stent Registry and PVI short form are under development. The 30 day Follow-up Measures is voluntary. Dr. Jens Eldrup-Jorgensen indicated the importance of entering the Social Security number in VQI. The SS number is used to match patients with their Medicare claims. This is very valuable data. Security and privacy protocols are in place to safeguard this information.
  - c. Questions were submitted prior to the meeting for discussion. **Question 1:** Is it possible for all users to receive an email when new documents are posted to the Resources tab or some kind of schedule for this? **Question 1 Response:** Yes, we can make sure all users receive this, typically we just notify the Data Managers. **Question 2:** Can a list be provided of enhancement suggestions to everyone so others know if they have similar issues or concerns? **Question 2 Response:** Carrie has requested this list from M2S, hope to have soon and post to the Members Only Section Resource Tab. **Question 3:** What is the status of making Help Text improvements? **Question 3 Response:** M2S works with Carrie to update the help text for 25 variables quarterly. All requests for clarity of help text should be sent to Carrie for review with the appropriate committee before being sent to M2S to go on the quarterly list. The IRR project will lead to many help text changes.

**Question 4:** Regarding contacting Pathways, how many questions are received each day? **Response:** 50-70 incoming emails per day. How are questions prioritized? **Response:** Triage-1<sup>st</sup> priority: Help people who can't continue working. Examples: passwords, user level permissions, outage, technical issues. 2<sup>nd</sup> priority: We generally answer the questions in the order that they are received. Do the various questions for a particular module get forwarded to the chair person or discussed within the Pathways support team? **Response:** Escalation: 1) Discuss within the team 2) Discuss with the Clinical Operations Manager 3) Discuss with Carrie 4) Forward to the chairperson What is the status on the way FAQs get submitted (automated vs email)? **Response:** Frequently asked questions are recognized by the Reg Ops team and are compiled, reviewed and discussed with the team. The information is shared with the PSO for approval for release. Are the FAQs updated quarterly? Can a date be added as to when it was updated? At what point is a submitted question(s) added to the FAQ list? **Response:** They are updated based on volume. Yes, moving forward a date can be added. Repetitive questions are added to the list. Update on the ticketing system. **Response:** The ticketing system has been purchased and is currently in the internal implementation process. The process was delayed to allow for additional scrutiny to maximize the user enhancement. **Question 5:** How does VQI use or intend to use follow-up visit data? **Response:** Follow up data is critical for long term assessment of patients and procedures. The more data, the better. Serial follow ups allows us to identify natural history and create life tables. If an operation develops a complication at 2 years, the timepoint is important. For LTFU calculations we use the follow up within 9-21 months from the procedure but more visits allow better assessment of natural history. The last follow up allows the best determination of performance. **Question:** Should the last relevant follow-up visit be captured; OR the one closest to the one-year mark? **Response:** Multiple follow up entry allows us to create life tables (more is better). **Question 6:** What is the value of VQI vs other databases such as NSQIP? **Question 6 Response:** VQI has one year follow up, NSQIP only has 30 day follow up. NSQIP uses random sampling of cases, VQI includes all cases which is more real world outcomes. VQI also collects more vascular procedures than NSQIP. VQI was written by vascular surgeons for vascular surgeons to do quality assessment/improvement. The data is far more granular and provides more detailed feedback. VQI has regional study groups that allow members to participate in quality improvement with colleagues from other institutions. VQI provides dashboards and benchmarks on key outcome measures. VQI also provides surgeon-level reporting and allows for sites to participate in industry trials, which helps offset the cost of participation. **Question 7:** What does the future hold for VQI? **Question 7 Response:** Continued growth and expansion as it maintains its place as the de facto vascular registry; Enhanced structured reports on key outcome variables; Focus on reducing center resource utilization; National quality initiatives to improve patient care; Supporting center efforts to engage in quality improvement projects with toolkits, guidance and other resources; Work with FDA to assess critical outcomes; Work with industry to run clinical trials; Lessening the data entry burden by creation of short forms for PVI, EVAR and VV; Using VQI data to address appropriateness and adoption of national guidelines; Major revisions to Hemo; Improved reporting on LTFU; 30-day

Follow-up forms to monitor readmissions and other key outcomes; Increased reporting both in quantity of measures and frequency. The new dashboards are a prime example; Continued support on quality improvement efforts through work on the National Quality Initiatives and the Participation Awards.

- d. 2 PVI case examples were discussed and entered in Pathways Demo. Thank you to Bryanna from SSM health St. Mary's Hospital –Madison for submitting the 2 cases. Bailout Stent and Bailout Stent Grafts should be chosen if they were utilized to treat a dissection. The Total Occlusion Length and the Total Treated Length will rarely have the same values. The BARD LifeStent and Medtronic IN.PACT Admiral DCB projects were discussed.

II. Break

III. Upper Midwest Vascular Network Meeting

- a. Go To Meeting was utilized for the Fall Conference. That seemed to work very well.
- b. The National Research Process-Proposal Submission deadlines were reviewed.
- c. National VQI Updates: 2018 Special Reports were discussed. They include: Physician and Center Dashboards, Comparative COPI Reports and National QI Initiative Updates.
- d. Regional Data Review: Dr. DeMartino presented the regional data. PVI is the largest Registry for our region. Radiology has the highest volume in our region for procedures compared to the national data which is Vascular Surgery. Our region has the best Long-Term Follow-Up rates. The Medical Director only receives de-identified regional data for these meetings which are provided in the slide presentation. You may reach out to Carrie if you would like additional information. She can contact a site to see if they are willing to identify themselves and share their experiences.
- e. Dr. CJ Lee presented an update on the Arterial Quality Council. Dr. Mark Mewissen presented an update on the Research Advisory Council. The Venous Quality Council and Governing Council updates were provided by Dr. DeMartino.
- f. Future topics were discussed. Please let Dr. DeMartino know if there are any topics you would like to see on the Spring Meeting agenda or any ideas for speakers.
- g. Fall Meeting-2018: A tentative date for the Fall Meeting is October 5 in Milwaukee.