

**Upper Midwest Vascular Network**  
**Spring Meeting-Remote**  
**May 1, 2020**

- I. Meeting conducted remotely due to COVID-19. Welcome and introductions by Carrie Bosela SVS, PSO and Dr. Randall DeMartino, Medical Director. Five new sites were recognized as having joined our region.
- II. Regional Data Review covered by Dr. DeMartino. Our region accounts for 39105 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%. Carrie addressed concerns regarding Long-Term Follow-Up due to COVID-19. Data Managers are being redeployed and sites have to perform telehealth visits. With these visits, not every follow-up data point is being addressed. Carrie indicated that this is being looked at and it may be an excluded measurement from the Star Rewards Program for 2020. When doing a follow-up, the visit may not meet all criteria; however it is still very important to enter whatever information is available. A COVID-19 workgroup, the Covid Interest Group and Response Team, has been established under the leadership of Dr. Jens Jorgensen. For DC meds Antiplatelet and Statin, we are at 87% which puts us at the top third nationally. This is the first time that reports have separated out TCAR and CAS cases. Our regional observed rate of stroke or death for TCAR cases is 3.2 % and VQI overall is 1%. Our region will continue to monitor this rate. For Transfemoral CAS cases, the observed rate of stroke is 1.3% which is lower than the overall VQI rate of 1.6%. CEA Asymptomatic Stroke or Death in Hospital our rate is 0.7% which is slightly below the national average. LOS >1day CEA has a 22% rate in the region, which is the same as the overall VQI rate. Best practices have been discussed at previous meetings. Endo AAA LOS >2 Days is at 15% in our region compared to 11% overall. The variability within the region may be an area for further discussion at our Fall meeting. EVAR Sac Diameter Reporting in LTFU has this region second from the top at 74% vs VQI overall of 60%. 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. Infra-Inguinal Bypass: Rate of Major Complications we are at 3.8% vs 4.5% VQI overall. LE Amputation Complication Postop rate is 11%, the same as the VQI overall rate. PVI: Percentage of Claudicants with ABI/Toe Pressure Reported Before Procedure was 75% with 76% as the overall rate. This continues to be a discussion for appropriate use criteria. EVAR: Percentage of Elective Patients with AAA Diameter Within SVS Guideline was above VQI overall at 80% compared to 72%. There was discussion if the diameter is being abstracted from

the surgeon or imaging note. Some sites indicated they initially use diameter from the surgeon note, and other sites look at both notes for comparison.

- III. Regional Improvement Projects were briefly discussed. Two topics were mentioned which included TCAR and lower extremity amputations. One facility is currently working on a bypass/lower extremity amputation length of stay project and would be willing to share their information at the Fall meeting.
- IV. National VQI Updates were covered by Carrie. VQI continues to grow, now up to 683 centers which includes 18 regions. Procedure totals are close to 700,000. PVI leads the largest procedure volume. VQI at VAM 2020 was cancelled due to COVID-19. There will be virtual education programming beginning the week of June 22 through July 28. The sessions will be live webinars and also recorded for later viewing. They will include Registry and quality improvement education and national updates. The sessions will be free. Due to COVID-19, sites selected for Validation will have two years to complete the process. There are two VQI National Initiatives: EVAR-LTFU Imaging Sac Diameter and Discharge Medications-Statin and Antiplatelet. VQI is looking for a new national initiative. If you have any ideas, please email Carrie. 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 37 charters have been submitted. Newsletters go out every month. 2020 Participation Awards: 3 sites in our region were awarded 3 Stars. The sites are: Sanford Vascular Associates, Mayo Clinic-Rochester and Froedtert Health. Certificates will be mailed to these sites. Please refer to the 2020 Push Report Schedule. Dashboard reports are scheduled to be sent out on Monday. Kristopher Huffmann, Director of Analytics has added a new feature to these reports. You will be able to identify every patient behind the result. This information will be included as an addendum to the report. Release of Registry Updates covered by Carrie. Hemodialysis Access had major revisions and released in Quarter 3, 2019. Varicose Vein also had major revisions and released in Quarter 1 of 2020. The changes included capturing information for the treated side only which should reduce the abstraction process by 40-50%. New Venous Stent Registry was released in Quarter 3 of 2019 and has a few subscribers. The new Vascular Medicine Registry was released in Quarter 1 of 2020. This Registry is in collaboration with SVM and AHA. Due to COVID-19, there are currently no subscribers. Dr. DeMartino provided leadership for this Registry. Dr. DeMartino provided a brief summary regarding insight and purpose of this Registry. Deb Macaulay indicated contracts are in the process of being converted to a flat rate vs. pay volume. 2020 planned revisions include: Infra/Supra and Open AAA. There is an Open AAA Committee and the Open AAA Registry will be adding thoracoabdominal. Pathways has developed an audit tool which is very simple to utilize. Audits may need to be slowed down due to COVID-19 and staffing issues. Third party source data audits will continue. Please contact Carrie with any issues. There has been interest for VQI to develop a tool to track excluded cases. This will be voluntary.

Carrie briefly discussed Data Extraction and Longitudinal Trend Analysis (DELTA). This software may be built into Pathways.

- V. Research Advisory Council update covered by Carrie. There have been policy changes related to industry studies. Due date for proposal submissions is July 20, 2020. There is no restriction of data release based on similar projects and only one refresh of data within 24 months of initial approval.
- VI. Arterial Quality Council update covered by Dr. Peter Rossi. Opioid Workgroup continues to move forward. GUDID integration in the PVI Registry continues to be refined as well as harmonizing common variables across all registries. There is a large workgroup looking at templated notes, beginning with CEA as a pilot project. There is discussion about capturing patient outcomes utilizing the VQ6 survey. M2S already has this built in for other products. An email is automatically sent to the patient to complete. Issues were raised regarding a third party reaching out to a patient when the patient does not know their data is being collected. The email looks like is it coming from the patient's provider.
- VII. Venous Quality Council covered by Carrie. Dr. Marc Passman from the University of Alabama is the new chair for 2020. There is continued interest from United Healthcare on collaborating on the appropriateness for ablations. This could eliminate pre-authorization processes for providers. There has been formation of the Venous RAC lead by Dr. Nicholas Osborne. 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. The Venous Stent Registry was launched in October 2019. Consortium of Venous Registries (COVER) includes many stakeholders with Dr. Osborne leading the initiative. Efforts include combining resources, talent and information of VQI and AVLS PRO registries.
- VIII. Governing Council update covered by Dr. DeMartino. Data Use Agreement has been updated. Non-VQI members cannot have access to the data. Members can only have access to data for the registries they participate in. Regional studies require at least 3 centers with greater than 10 procedures. SVS PSO may deny requests due to volume. There are two new Associate Medical Directors: Dr. Leila Mureebe-Technical Associate Medical Director and Dr. Gary Lemmon-Quality Improvement Associate Medical Director. They report to Dr. Jens Jorgensen.
- IX. Meeting Evaluation covered by Dr. DeMartino and Carrie. The Fall meeting is tentatively planned to be held in Rochester, MN. No date has been determined at this time. There were discussions about having one meeting in person and one meeting remotely. A couple of regions have already decided not to meet in person for their fall meetings. Regarding today's meeting, everyone could hear what was being said and the format to ask questions or make comments was easy. Due to financial restrictions, people may not be able to travel. Nomination for our regional Medical Director was discussed. Dr. DeMartino has been the Medical Director for over 3 years. An email will be sent out requesting nominations.