

Upper Midwest Vascular Network
Spring Meeting-Remote
May 7, 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. Jens Eldrup-Jorgensen and Carrie Bosela SVS PSO who are also present. Welcome Dr. Neel Mansukhani-Assistant Medical Director for our region. There is a vacant Venous RAC position for our region. The site must be in a Venous Registry to participate.
- II. **Data Manager Review:** There was discussion regarding capturing plain and drug coated balloons in the PVI Registry. If a drug balloon is re-inflated should it be captured? The question will be referred to the Registry Committee. For the TEVAR Registry, frozen elephant trunks are excluded. The Procedure Inclusion/Exclusion Criteria has been updated. There was discussion about new employee orientation. Information regarding individual registries were recorded last year for the annual VQI conference. They are available for review. There was also discussion when new sites join VQI, there may be a possibility of group training session. VQI is discussing adding COVID immunizations to the registries. If you need assistance signing on to the VQI Member only site, please contact Jen Correa at jcorrea@svspsso.org. When completing Long-Term Follow-Up, mandatory fields need to be completed or the follow-up may not be counted. When a case is submitted without validation, the case will not be included in the risk adjusted reports if specific data points are missing. Currently, VQI has no formal process in place for auditing cases. Individual sites may want to implement an audit process which includes their data abstractors. **Regional VQI Project:** The region is working on a project which involves reviewing ruptured endovascular AAA repair with the conversion from local anesthesia to general anesthesia. To be able to capture the data, the hash tags are unique and need to be entered in the same format by all sites that are going to participate in the project. Dr. DeMartino will send out a document which details how the hash tags should be entered. The regional project will provide a larger sample size, de-identified data and not require a lot of time. Submitting a case without validation, will not affect the study.
- III. **Research Presentations:** Dr. Amy Reed-University of Minnesota gave a presentation on VQI Trainee Outcomes/UMVN VQI Research Project. It looked at how to train the next VQI generation. Trainee names are not tracked in VQI. There are currently no other registries that capture trainees. There was discussion on how to capture trainees in the VQI registries. VQI is considering adding new data fields to capture this information. This has been passed on to M2S and may take 4-6 months before a final process is in place. At this time, the

Assistant Field in the VQI registry allows for a resident or fellow name to be entered. It may be difficult for a Data Manager to determine what role a trainee performed during a procedure. Dr. Reed, with the help of Judy Madson-Data Manager, developed a detailed spreadsheet to capture trainee involvement with cases and outcomes. VQI is developing a Trainee Engagement Program for residents, fellows, and medical students. VQI wants to engage these groups in quality improvement projects and presenting at meetings. Jens Eldrup-Jorgensen, MD discussed developing one template for each operative procedure. Dr. Reed presented: Upper Midwest VQI Research Project: ABI use in PVI for Claudication was submitted as an abstract. Data was reviewed from 2010-2020 which included claudication only and native vessel atherosclerosis. This included 6238 patients and 6308 procedures, of these, 47.5 % had a pre-op ABI and 26 % did not have an ABI demonstrating diminished ambulatory and functional status. Only 21% had both before and after ABI. Being ABI is a gold standard measure, there is consideration to perform this study on a national level. Dr. Nolan Cirillo-Penn and Dr. Randall DeMartino from Mayo Clinic presented: Long-Term Mortality and Reintervention Following Repair of Ruptured AAA Using VQI Matched Medicare Claims. There is decreased mortality with EVAR. Data showed an increase in re-interventions for EVAR beginning at two years. With EVAR there was a decrease in one-year hospitalizations and mortality.

IV. **TCAR Tips/Best Practices:** Dr. Abby Rothstein-Medical College of Wisconsin-Division of Vascular and Endovascular Surgery presented: TCAR Tips and Tricks. TCAR is an emerging role and there is a learning curve. Discussed patient selection and comorbid conditions. Lesion selection including indications and contraindications were reviewed. Pre-op management includes ASA/Plavix at least seven days pre-procedure and statin therapy 5 days pre-procedure. Plavix response testing is not routinely performed due to the variability in the results. Intra-op management and closure techniques were reviewed. Regarding balloon size, a lower profile is utilized for the initial dilation. No post-dilation is performed unless there is significant residual stenosis. Blood pressure is monitored closely post-operatively and follow-up carotid ultrasounds are performed at one month, 3 months, 6 months and 12 months. Carrie Bosela indicated there will be an available recording in June regarding TCAR/Transfemoral CAS/CEA registries.

V. **Regional Data Review covered by Dr. DeMartino.** The dashboard has new colors. Blue="Best" 25th percentile and Coral="Worst" 25th percentile. There are new procedure groupings, new case appendix and embedded drill-down and data feedback. Our region accounted for 6845 procedures for calendar year 2020 and 46378 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 third highest of all regions. One site in our region is at 100%. Regarding Long-Term Follow-ups, multiple visits may be added. According to Dr. Jens Eldrup-Jorgensen, 20% of centers enter additional visits after 9-21 months. For DC meds Antiplatelet and

Statin, we are at 89% which puts us above the national average. Our regional centers are between 70%-100%. This could be a quality project for some sites. Our regional observed rate of stroke or death for TCAR Asymptomatic cases is 2.5 % and VQI overall is 1.4%. There was discussion that centers may want to audit and verify their own data. Centers are now able to perform an easy drill down of their data. Our region will continue to monitor this rate. For Transfemoral CAS Symptomatic cases, the observed rate of stroke or death is 4.9% which is higher than the overall VQI rate of 4.8%. There was also discussion that TFEM procedures are decreasing compared to TCAR. CEA Asymptomatic Stroke or Death in Hospital our rate is .08 % which is slightly lower than the national average of 0.9 %. LOS >1day CEA has a 22.3% rate in the region, with an overall VQI rate of 22.7%. Best practices have been discussed at previous meetings. CEA Symptomatic Stroke or Death rate is 0% with an overall VQI rate of 1.8%. Endo AAA LOS >2 Days is at 14.8% in our region compared to 16.6% overall. EVAR Sac Diameter Reporting in LTFU has this region fourth from the top at 67.8% vs VQI overall of 59.3%. Our region completed our first unblinding of data for this measure. 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. EVAR: SVS SAC Size Guideline is 79.7% for our region and 74.2% VQI overall. This places our region fourth highest of all regions. The TEVAR: Sac Diameter Reporting is 91.9% for our region and 59.8% for VQI overall. OAAA: In-Hospital Mortality: Our region is at 1.2% compared to 4.6% VQI overall. OAAA: SVS Cell-Saver Guideline is 95.5% with VQI overall at 92.5%. Our region performed only 88 procedures. OAAA: SVS Iliac Inflow Guideline: Our region rate is 99% with VQI overall at 98.1%. PVI: Percentage of Claudicants with ABI/Toe Pressure Reported Before Procedure was 71.8% with 74.5% 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 4.4% vs. 4.6% VQI overall. Supra CLTI: Major Complication rate is 10.8% with VQI overall rate of 7.4%. LEAMP: Postop Complications: Our region rate is 10.3% and 10.7% VQI overall. HDA: Primary AVF vs. Graft: Our region is at 66.7% and VQI overall 81.7%. Our region is last compared to the other regions. For IVCF: Filter Retrieval Reporting: Our region has less than 3 centers so there is no data available.

- VI. **National VQI Updates were covered by Caroline.** VQI continues to grow, now up to 793 centers which includes 18 regions. There are 792 centers in North America and 1 center in Singapore. There was even continued growth through COVID-19. Procedure totals are 811,165. PVI leads the largest procedure volume. There is a new PSO Diversity Committee. Dr. Leila Mureebe is the

Chairperson. The Committee will include a broad representation. VQI at VAM 2021 has been moved to August 17-18 and will be held at the San Diego Convention Center. Currently the meeting is scheduled to be in-person. If the meeting is unable to be live there will be on-line presentations. The meeting will include Registry and quality improvement education and national updates. Going forward, virtual sessions will be incorporated even when a live event is available. In 2021, the ACC and SVS joined forces on a single Vascular Registry. The new Vascular Medicine Consult Registry collaborated with: Society for Vascular Surgery, American Heart Association and Society for Vascular Medicine. The Society for Vascular Surgery Vascular Quality Initiative is seeking practices to participate in a pilot program for the collection of patient reported outcomes on patients undergoing endovascular treatment for peripheral arterial disease. CMS and FDA are interested in this information. The Varicose Vein Registry is currently the only Registry that collects patient reported outcomes. There will also be new on-line LTFU reports. These will be real time reports with the ability to drill down. 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. In 2021, 20 charters have already been submitted. Newsletters go out every month. Posters that were accepted for the 2020 Annual Meeting have been automatically accepted for 2021. This includes 28 poster abstracts. 2020 Participation Awards did not include Long-Term Follow-ups. Sites will receive a separate LTFU Recognition Certificate.

- VII. **Arterial Quality Council** covered by Dr. Peter Rossi. The Committee has a new Chair. Dr. Randall DeMartino from Mayo Clinic. Dr. Jessica Simons is the new Vice-Chair. ACC will make two appointments in mid-2021. Priorities for 2021 include major revisions to the following registries: Infra/Supra, OAAA and Amputation. Volunteers are needed to join the Registry Committees. Please contact Carrie Bosela for additional information. Please consider joining the Vascular Medicine Consult Registry. Currently, the Registry has only 53 patients.
- VIII. **Venous Quality Council** covered by Dr. Fahad Shuja. The Venous SVS PSO Venous structure was reviewed including the three-year goals. Sites were encouraged to join the Venous Stent Registry.
- IX. **Research Advisory Council** update covered by Caroline. The proposal process was discussed. Please see the 2020 Top 10 Publication list.
- X. **Governing Council** update covered by Dr. DeMartino. 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.
- XI. **Meeting Evaluation** covered by Dr. DeMartino and Caroline. There were discussions about the Fall Meeting. A date has not been determined at this time.

Consideration may be given to a hybrid meeting. There were comments about past in-person meetings. People who called in always had difficulty hearing. There were challenges moving speakers and microphones in the room. With the recent past virtual meetings, no participants have expressed concerns about hearing issues.