So Cal VOICe

9th Semi-Annual Meeting
6 November 2015
Rancho Bernardo, California

Minutes

Attendees	
Institution	
Cedars-Sinai	Johnny Thomas, MPA
Hoag	Brian Rowe, MSN, FNP-BC
Loma Linda	Ahmed Abou-Zamzam, MD Sharon Kiang, MD Joshua Gabel, MD
M2S/VQI	Shawna Freeman, LPN
Providence St. Joseph	Katrina Ladd-Reeder, RVT
Providence Tarzana	Steve Perry, RN Roberta Wright, CPHQ
San Fernando Valley Vascular	Wesley Fung, MD
Scripps Health	Ankur Chandra, MD Jodi Hirsch, PA
Sharp Grossmont	Shelley Berthiaume, RN Wendy Chiodo, RN Jennifer Fluke, PA-C Vince Guzzetta, MD Karen Heaney, RN Scott Musicant, MD
Sharp Memorial & Chula Vista	Gregg Alzate, MD
Sharp Memorial	Carol Psahoulias, RN, BSN, CCRN-K
UC Irvine	Isabella Kuo, MD Samuel Chen, MD
UCLA	Carol Lee, RN, BSN Karen Woo, MD
UCSD	Dennis Bandyk, MD
USC	Stephen Lee, MD Anuj Mahajan, MD

	Joyce Peralta, ACNP-BC Fred Weaver, MD Monica Wong, MS Sukgu Han, MD

Meeting called to order at 10:40 am

Dr. Abou-Zamzam Overview: Welcome and introduction of attendees.

SVS VQI Update: presented by Dr. Abou-Zamzam

Reviewed the information from the SVS VQI. Overall there are now nearly 250,000 procedures captured.

LTFU: The issues with long-term follow up were reviewed. The national average wavering around 50%. There has been a move to encourage centers to improve on follow up. There has been a move by the registries to establish what the required fields are for each procedure in order for the LTFU to qualify for credit. With regard to the poor overall LTFU, the key issue is the addition of some "teeth" to encourage better follow-up. The recognition award stars program was introduced based on participation at meetings, number of modules used, and percentage of patients with LTFU. The idea of penalties with poor LTFU resulting in ability to claim credit for participation in VQI for recertification, also inability to apply for research projects and exclusion of centers with poor LTFU from the database analyses.

The members found this informational.

PAD Medical Module update – This should be rolling out in the spring. There was mild interest among the attendees.

Physician Reports – The first physician level reports were pushed out to physicians in June 2015 (optimal medications at d/c and LTFU). The VQI feels that the COPI (Center Opportunity Profile for Improvement) reports are the best return on investment for participants because they give tangible feedback and shows opportunities for improvement. The attendees were polled and instructed on how to log in and access reports.

EPIC update: There is an ongoing effort to integrate the VQI and EPIC. Currently projected to cost $2200/year, the program will be able to download into M2S from EPIC. 40 sites are using this on a limited pilot. Over 70% of sites in VQI are using EPIC

Cost Pilot Project for EVAR – This is being developed to allow for cost comparisons and analyses and potentially aid in value-based decisions. More information will be coming in the new year.

Post-approval studies: Sites can still sign up for three studies involving TEVAR (dissection: Medtronic and Gore), EVAR (Aorfix), and dialysis access (Vascular flow technologies). The reimbursements range from a few hundred dollars to $4500. The projects do not require

consent nor IRB approvals and may present a way to recoup some of the costs of VQI participation. Only a few members are currently participating in any of these post-market studies.

Arterial Quality Committee Update: Presented by Dr. Karen Woo

An update on the proceedings of the AQC was presented. The committee has been working on various modules and modifying the data forms. The module most recently modified is the PVI. Major changes include WIfi for CLI patients, device tracking, method of TASC reporting and improved work flow. There will be an "open period" for discussion regarding the changes in the data captured. The members and especially data managers are concerned regarding the numbers of datapoints required. Dr. Woo has pointed out that some Registries, such as the CEA are working on ways to decrease the numbers of elements. Also Dr. Woo discussed the development of statistical auditing. The VQI will analyze centers appearing as outliers, either extremely good or bad, and do focused auditing. The sites will be identified through statistical auditing which can risk-adjust and identify the outliers. This will hopefully ensure the integrity of the data within the VQI. Also means of error trapping have been introduced looking to prevent potentially contradictory entries (e.g. claudication and wheelchair-dependence). Also some information was given on the prospect of a national health quality improvement projects to evaluate issues such as appropriateness of care, imaging after EVAR, and medical treatment of patients.

Venous Quality Committee Update: presented by Dr. Woo

A brief presentation of the venous registry was given. The IVC registry now has over 3200 procedures with 56 participating centers. This will help in evaluating the CMS quality measure of appropriate management of retrievable IVC filters. The varicose vein registry entered 1231 procedures in the first six months with 23 participating centers. The vein registry is looking to include stand-alone vein centers and there is a move to recruit participants. Dr. Woo also solicited from the audience whether any members were interested in assuming a role in the Venous Registry as Dr. DeRubertis is currently involved but willing to step aside.

Research Committee Update: presented by Dr. Woo

There are currently 80 national and 110 regional projects underway with approval form the research committee. Dr. Woo reviewed the process with the request forms and outlines necessary. National VQI project proposals from members of the VOICe should first be discussed with Dr. Woo and vetted through the VOICe Research Committee prior to submission to the national committee. The approved project list can be found online at www.vascularqualityinitiative.org/wp-content.

Pathways Development: presented by Shawna Freeman

Ms. Freeman presented some information on new tools that can be accessed on the website through the analytics tools. The numerator drill down can be used to go from the analytics tool to the patient list and into the patient form itself. Ms. Freeman also introduced two data

abstraction services (Q-Centrix and DAS) that have been widely used by centers participating in the VQI.

Regional Update: presented by Dr. Abou-Zamzam

A list of newly enrolled sites was presented. Since the last meeting Providence Holy Cross, Providence Little Co. of Mary, and St. John's Health Center have joined. The Providence system has enrolled several local hospitals into the VOICe and overall have now enrolled 18 hospitals into three different regional groups. The group at UC Irvine is in the process of enrolling. Other groups across southern California have been identified by the VQI as potential members – including Eisenhower Hospital in Palm Springs and Scripps Health. There was some discussion that perhaps the Kaiser hospitals at some point may become receptive to participation. Members were encouraged to approach small-group practices they may interact with to enroll.

The data on the numbers of cases within the VOICe registry were presented. The numbers have been steadily growing but we do not wish to see a plateau. Currently there are close to 4700 cases with the majority being PVI (2067) and CEA (1110).

The next meeting will be at Torrey Pines Lodge April 29, 2016.

A solicitation was made to the members to consider a VOICe representative to the Arterial Quality Committee. It was discussed that solicitation for members interested in participating in the National Research Advisory Committee, the Arterial Quality Committee and the Venous Quality Committee will be sent out along with the post-meeting surveys.

Data Managers' Update: presented by Shelley Berthiaume

Ms. Berthiaume presented updates from the data managers' bi-monthly webinars. There is also a quarterly National-Regional data manager's call. Several topics have come up that have been relayed to the national VQI managers. The minutes of these meeting have been posted to the VOICe website.

There has been a request for reports on readmissions. There has been an ongoing discussion on the database providing patient-level data not simply procedure-level data. There has been an identified need to make the COPI reports automatic and available to all participants at a site. There is also a concern of repetitive efforts for the data managers to run reports separately for each participating center and not being able to do a batch report for all their centers. Also a discussion of the need to adapt the CEA and CAS modules to accommodate the Stroke Center requirements.

LTFU Reports: presented by Dr. Abou-Zamzam

The data were presented for the LTFU. Overall the VOICe is below average within the VQI – about 40% with national average of 50%. The data presented in graph form and on the national map were well-received.

There was a discussion over whether we wanted to de-identify the data on center LTFU at our meetings. Would this be valuable to the members? Overall this was felt not to be helpful.

There was a discussion on whether LTFU could be improved by being able to search the entire VQI to find patients treated at other centers. This is a topic that will be referred to the national VQI.

There was some criticism of the data as some patients may not have fallen out of the window for LTFU thereby making LTFU rates appear lower than they are. This was felt to be partially negated by the delay in data presentation as this data was from calendar year 2014.

There was a discussion for perhaps offering the high performers an opportunity to present "How we do it" at the next meeting. Also a proposal was made to present LTFU broken down by procedure at the next meeting.

Data Review: presented by Dr. Woo

Regional Quality Reports were presented: Discharge medications (A/P and Statins); Prep for IB; Comps following IB; % perc PVI using u/s; PSV in CEA; CEA time; CEA comps, LOS; CAS comp; Open AAA comp, LOS; EVAR LOS > 2 days;

What members liked - d/c medications; complication rates individually for all the procedures

What members no longer felt useful - generally felt that prep is not helpful; PSV in CEA; procedure times in CEA

What members wanted to see added – PVI access site complications; perhaps linking complications with access-guidance; complications following IB for claudication;

Missing Data: presented by Dr. Woo

A review of the data entered over a five month period was given. In CEA, 9-21% of the duplex entries were missing; in EVAR, 26-31% of the neck angle information was missing; in Supra, 33% were missing ipsi ABI; HBA1C was missing in 32% of DM in IB; 29% of PVI were missing ABI.

A discussion was held as far as opportunity for improvement. In some fields, such as ABI, a potential for a field "unable to measure due to wounds" was suggested.

Some of this will be affected by what is considered to be essential information by the ACQ.

Antiplatelet/Statins: presented by Dr. Woo

Dr. Woo presented some data on the use of antiplatelets and statins that has been gathered by Dr. DeMartino from the VQI registry. The data demonstrate an improvement in the use of statins over time. There is a clear survival benefit with the use of these medications. In a recent paper Dr. DeMartino and colleagues demonstrated that medical management was improved by VQI participation and thus involvement in an organized quality effort can affect patient outcomes.

Dr. Woo then presented our center-blinded data on antiplatelet and statin use in patients undergoing CEA, PVI, and LEB in the VOICe. Dr. Woo presented the algorithm developed at USC for the initiation of statin therapy.

CEA data: presented by Dr. Woo

Dr. Woo presented a thorough analysis of the CEA module (1110 procedures) as the focused module for this meeting. Global and center-specific data were presented. The discussion brought up several points for future study – there was a concern to analyze the role of cardiac testing prior to CEA. Does this affect outcomes? Could the VOICe develop a regional policy for cardiac testing prior to CEA?

Also in this discussion came the issue of what to do with blank fields. If there is no data suggesting that a study was done, should it be left blank? The issue was the lack of preop imaging prior to carotid endarterectomy. Clearly all patients would have some imaging study prior to surgery. However, the data abstractors might not be able to identify what imaging was done, therefore no imaging is entered or "none" is entered. This seems clinically impossible but is a work-flow and data management problem. This is an issue that will need some type of further clarification and can be discussed at the data managers call.

As for the next meeting; perhaps a thorough review of the EVAR data would be considered.

Quality Improvement Projects: presented by Dr. Woo

Dr. Karen Woo presented an in-depth account of various ongoing national quality and performance measures. These will all tie in to outcomes-based reimbursements proposed for the coming years. VQI participation can be of benefit in small practices as a qualifying entity for participation in programs which will become mandatory and linked to reimbursements in the future.

Dr. Woo gave an extensive outline of MACRA – the Medicare Access & CHIP Reauthorization Act of 2015. This makes three important changes to how Medicare pays providers: 1) This will end the sustainable growth rate formula(SGR); 2) Makes a new framework for rewarding health care providers for giving better care not just more care; and 3) Combines existing quality reporting programs into one new system. How this happens and is monitored is quite complex and will involve merit-based incentives (eventually penalties) and alternative payment models. Merit-based incentives will combine parts of PQRS, the Value-based Payment Modifier and the Medicare Electronic Health Record incentive programs. The Alternative Payment Models will involve aspects such as lump-sum incentives, increased transparencies, Accountable Care Organizations, Patient Centered Medical Homes and bundled payment models.

This was meant as informational. Dr. Woo is willing to give future updates as the programs progress.

Smoking Cessation: presented by Dr. Abou-Zamzam

Dr. Abou-Zamzam provided a background talk on the influence of smoking on vascular disease and some work that has been done through the VQI to identify smoking patterns and smoking cessation rates. The ongoing VAPOR trial was discussed not just as an important study evaluating the influence of physician participation in providing smoking cessation aid, but also as a study that has matured now to involve data collection using the "#" features of the VQI.

The Loma Linda group has received approval for a proposal titled "Smoking habits in patients undergoing treatment for intermittent claudication in the VQI." Data from this study should be available within the next year.

Preliminary data from the VOICe demonstrate that overall 26% of patients undergoing procedures are active smokers. For those patients with long-term follow up, 47% have quit smoking. The smoking cessation rates vary widely by center and range from 10-72%. In the VOICe nearly 36% of patients receiving treatment for claudication are smokers.

Dr. Abou-Zamzam presented some flyers available online (nobutts.org) to help patients quit.

This was received with some interest.

Wrap Up:

A round table discussion was held for the last part of the meeting.

Several topics were again raised – soliciting member involvement in the national RAC, AQC and VQC; sending out the slides for the meeting or making them available online.

The member present were asked about their goals and ideas for future meetings; specifically what format they wished to have at the meetings.

The goal of at least one M.D. participant per center was suggested.

A greater focus on the regional group with less discussion on the national VQI was suggested. Moving the regional discussion to the first part of the meeting was also proposed.

There was a proposal to invite the speakers for the SCVSS meeting to our meeting.

An extensive post-meeting survey will be sent out.

The meeting was adjourned at 4 pm.

The next meeting will be held in conjunction with the Southern California Vascular Surgery Society meeting on April 29, 2016 at The Lodge at Torrey Pines.