

## Minutes

### Northern California Vascular Quality Initiative (VQI) Data Managers Meeting

2/25/2016: Resort at Squaw Creek

#### Introductions and welcome

#### Attendees included:

**In person:** Carrie Bosella, Kay Behan, Cindi Matsumoto, Daniel Link MD, Tej Singh MD, David Dawson MD

**Call in:** Scott Kroneberg, Caroline Dudley PA, Michelle Cantrell FNP, Sandi Wong RN, Deborah MacAula

#### **Previous minutes were approved**

#### Updates from M2S:

Carrie said that most of the updates she would provide to the group can be found on the PULSE newsletter, which is now disseminated to all participants.

#### Templates

Not all sites using Epic are using the templates. Epic has a repository of all templates created and can this be accessed in the Epic UserWeb or if you don't have access, contact the IT department at your site and the templates can be downloaded from the Epic Userweb.

**Regional Reports and Participation Awards** are available on PATHWAYS via Share file feature and discussed in more detail at the Northern California VSG to follow this meeting.

#### Current status of the Northern California VSG Data Managers: Leadership and roles:

Dr. Singh is now the physician leader for the NCVSG.

Carrie complimented our DM group or organizational efforts. Kay and Cindi have held interim shared leadership since the October 2015. Prior to that, it was Scott Kronenberg, Carlos Moreno (Stanford) Kay Behan (UC\_Davis) with Dr. Dalman, as the physician lead. Though it is doable to have separate DM and physician leads at different sites, the group thought it would be good if both were located at same VQI participating site. Dr. Singh will talk further with his staff and inquire if Marsha would be interested. Dr. Dawson suggested that Carrie and her team draft a position description and potential time commitment for the role, which potential candidates could share with their leadership/management prior to accepting the position. The position will be opened to a vote.

#### List of cases in VQI

There is not a way to generate a complete list of patients entered in to the system by procedure type. One has to generate multiple lists: the list of incomplete procedures/records, the list of procedures requiring follow up and the procedure with follow up data. (Below, Copied from the tools in VQI) Carrie will take this feedback to her group.

#### Data Management Tools

- [Incomplete Record](#)
- [Procedures Requiring Follow-Up](#)
- [Procedure & Follow-Up Data Download](#)

#### Long Term Follow Up (LTFU)

Our regional group is a poor performer in this area based on the recently released 2013 LTFU report.

The group discussed that this would be a major focus of the regional group going forward. Dr. Singh highlighted the opportunity that exists to develop best practice around this measure and could be a QI project, with a goal of increasing our % follow up rate from 30% to a goal of 70-75%. Given that PAMF is a closed system and their model of practice includes close patient follow up by the allied health professional members of the team this maybe a good site with which to start, and review current practices. Dr. Singh would like to regionally tackle this

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problem. Discussion was had about the obstacles to getting patients back for LTFU and lack of credit given to sites the make great effort to contact patients but are still categorized as “no follow up possible.”

#### Website Development for Regional Groups

M2S is now providing support for website development for each of the regional groups. Nancy Heatley is the contact at M2s. Dr. Singh would like to work on this as soon as possible. It was discussed again that the website is not secure but other sites post slide decks, meeting minutes, and a list of members on the site.

**Registry Definitions:** Kay asked about more robust, sourced definitions to help guide the DMs and analysts. Carrie said suggestions that are received are reviewed and if appropriate put on an enhancement list for approval. The approval may occur, however the update may not occur immediately in the registry because of cost. M2S only allows 25 help text update during a defined period and beyond that there is an additional cost.

Cindi requested that a list of approved definitions be circulated and updated so there are not repeated requests for the same information. This was thought to be a good idea.

**Meaningful Use:** VQI has been approved by CMS for data for meaningful use only if the Data import service is used. Carrie suggested having the ability to exclude the cases in M2S that are imported by the data import service. For cases that do not meet the inclusion criteria, notes could be entered in the comments section of the VQI record identifying the reason for exclusion. The case would remain in the registry but identified as “Excluded.” This is a great idea so that everyone doesn’t have to maintain a separate spreadsheet for the excluded cases. Currently if the data import service is used, the workflow consists of all cases being created in the registry and then DM deletes the cases that should have been excluded.

**Physician Emails:** all physicians should have **their personal** contact email in the registry, and not that of the site’s data manager. Because VQI is a PSO, the physician report cannot be shared with anyone else.

**Next steps:** next meeting will be determined by the newly appointed DM lead. Action items will be assumed by new DM leadership.

National and first national DM meeting for DM’s will take place on 6/6/2016 in Washington DC.