Midwest Regional Updates

We would like to thank everyone who attended the Midwest Vascular Collaborative biannual meetings, held earlier this year. The meetings were approved for AMA PRA Category 1 Credit™ by Indiana University School of Medicine. Attendees were eligible to receive up to 3.25 CME credits. We are pleased to share the minutes and the slide presentation of the spring and fall meeting, upon request or you may view them on the MVC website http://www.vascularqualityinitiative.org/components-of-the-vqi/regional-quality-groups

The rapid growth of the regional study group was exemplified through the excellent discussion at the biannual meetings. Currently, MVC has 17 participating medical centers and over 170 physicians entering data! With over 10,000 procedures in our regional database, our data is maturing to the point that worthwhile benchmarking can be performed, paving the way for three quality initiative:

1. Ultrasound guidance for PVI
2. ASA + Statin Usage
3. Operative Time for CEA

The study group hopes to develop guidelines that will standardize the methods used within the Midwest region. The collaborative can then follow regional data and determine if these interventions have effected a change. An update on projects will be presented, during the spring 2016 biannual meeting. If you are interested in serving on the regional QC and/or the RAC, please contact:

• Mir Ishti Ali, MD - QC Chair  E| ishti86@hotmail.com
• Raghu Motaganahalli, MD – RAC Chair  O| 317.962-0281; E| rmotagan@iupui.edu
You may also contact Lisa Saleemi (O| 317.962.1174; E| lhawkinssale@iuhealth.org)

Biannual Meeting Take-aways

• Regional biannual meetings are a key component of VQI. Meetings should involve everyone to maintain interest. Members are encouraged to speak on what they are doing, to start the change process.

• MVC has been accepted as a Qualified Clinical Data Registry (QCDR) by the Centers for Medicare and Medicaid Services (CMS). This will allow MVC to submit Measures not currently covered by PQRS measures. This allows VQI and QPMC to develop new measures for more flexible PQRS reporting by VQI members with less stringent percent reporting criteria. As a result, 15 new measures are available for PQRS reporting in 2015, across multiple procedures, including VPI, Varicose Vein and IVC.

• COP: Infra LOS was released this past spring

On deck:
° 1-One year stroke/mortality after elective CEA/CAS for asymptomatic carotid stenosis
° 2-One year mortality after open AAA/EVAR for elective AAA less than 6cm
° Approved QCDR Measures

• LTFU Committee has established the required fields that must be entered, to qualify for credit. Telephone follow-up can be acceptable, as long as key outcome measures are entered, i.e. ankle index and amputation.

° 9-21 month entry after the procedure plus an additional 3 months for data entry
° To be in good standing with the VQI, participants must be an average 80% across all module which you are participating
° VQI will only review data that is 2 year old, to account for LTFU.

• The SVS PSO is launching a VQI Participation Awards Program to recognize the importance of active participation in VQI, as a critical component of our quality improvement mission. Level of participation will be awarded based on three factors:

1. Completeness of long term follow-up reporting
2. Physician attendance at regional quality group meetings
3. Participation in multiple procedure registries

The Participation Award will award 1, 2 or 3 stars to VQI centers that achieve points in completeness of LTFU reporting, physician attendance at regular meetings and participation in multiple module registries. Please Note: Low Performers are defined as center or individual physicians with <50% mean LTFU for the modules in which they participate. High performing centers can receive a VQI participation award and be acknowledged in SVS/PSO publications. -See fall 2015 presentation slides for details or visit VQI web page.
Message From the Medical Director

Dear Colleagues:

This year has been a busy time for our Regional Study Group as well as VQI. These are some of the highlights to bring to your attention:

- Establishing a more focused requirement for completing long term follow-up information. Phone updates will need key points to count as sufficient for LTFU. Please note that physicians/centers not meeting requirements as noted in this newsletter will lose advantages of reimbursement and MOC use.
- Our Regional Quality projects should provide interesting data at our next meeting. We expect the data may generate reports for possible publication. Anyone interested in assisting may contact Raghu Motaganahalli for more info.
- New cost data has just recently been presented at the VEITH meeting on EVAR charges from 20 hospitals that participated in providing MedAssets financial information. This data remains protected under the PSO umbrella. Preliminary view of a small number of sites has revealed a large variance in charges (20,000+) for DRG codes 237 and 238 between hospitals. More details will be forthcoming early 2016.
- A subcommittee from our Region will be exploring feasible locations to hold our biannual meetings. Travel considerations between Indiana, Kentucky and Ohio participating sites make challenging arrangements for attendance. (Please see VQI recommendations for meeting attendance in their awards program). We are continuing to explore remote view options which have to improve.
- With over 10,000 procedures contributed so far into the MVC database, our region can provide a wealth of information both for benchmarking local centers and for opportunities to pursue center, regional or national reporting. Those interested in pursuing studies beyond VQI comparative data reporting can reach out to either Lisa or myself via email to assist in resource navigation.

I look forward to seeing all of you at our Spring meeting.

Sincerely,

Gary Lemmon, MD
Gary Lemmon, MD, FACS
Medical Director, MVC

Midwest Regional Updates

There are currently 42 National Projects and 80 Regional Projects. Approved Project list can be viewed online at http://www.vascularqualityinitiative.org/wp-content/uploads/VQI_Approved_Projects_List_February-2015.pdf

Growth and Expansion

We are happy to announce the following new partners in the Midwest collaborative:

- King’s Daughter Medical Center (Ashland, KY)
- St. Joseph Regional Medical Center (Mishawaka, IN)
- Jewish Hospital (Louisville, KY)
- Wayne State Physician Group (Dayton, OH)

Wayne State Physician Group is our first participating facility from the state of Ohio. We anticipate several facilities to join, before the end of the year. The 2016 Strategic Development Plan includes continued focus on recruiting facilities in Indiana, Kentucky and Western Ohio. The Collaborative will also begin recruiting potential partners in Eastern Illinois.

If you have relationships with physician members in facilities within these areas or contacts at facilities you believe will enhance the Midwest regional study group, please contact Lisa Saleemi (O) 317.962.1174; E lhawkinsale@iuhealth.org.

Please visit the new MVC webpage at http://www.vascularqualityinitiative.org/components-of-the-vqi/regional-quality-groups

We Look Forward to Seeing You at the MVC Biannual Spring 2016 Meeting

Newsletter Sponsored by IUH Methodist Hospital

National VQI Update

VQI External Projects

DEVICE POST-APPROVAL SURVEILLANCE

- The TEVAR Dissection Surveillance project, begun last year with FDA, Gore and Medtronic, is well underway toward capture of 200 acute and 200 chronic Type B dissection procedures with 5-year follow-up.
- The Lombard Aorfix® Surveillance project, launched this year with FDA and Lombard, includes core lab analysis of follow-up CT images, demonstrating another capability of the VQI mechanism. Discussions are currently underway regarding 6 additional projects in the PVI and CAS areas, with FDA and industry, underscoring the value of registry data to efficiently serve multiple stakeholders who are interested in quality improvement.

- Vascular Flow STAAR Project for Hemodialysis Procedures is a NEW project. Patients are currently being accepted, maximum of 75 patients from 15 sites. Includes primary graft placements, only. Reimbursement up to $2,000.

All reimbursements are disbursed quarterly by the SVS PSO to the designated entity in the contract addendum.

CREST-2 REGISTRY

Through a collaboration with CREST-2 investigators, VQI members who use the CAS registry can report their data in order to be certified as a C-2 participant, and then use VQI CAS Registry to meet the requirements of C-2 to report data for non-randomized patients during this trial. This is another example of the important use of VQI data for multiple purposes.

For more information:
- Send all TEVAR Aortic Dissection project related communication to TEVARProject@m2s.com
- Send all Aorfix Project project related communication to Aorfixproject@m2s.com or call Elizabeth at 603.298.5509 ext. 337
- Send all VQI Hemodialysis Access (HDA) Registry™ project related communication to STAAR@m2s.com
- Send all non-project related communications/questions to PathwaysSupport@m2s.com or call 603.298.5509 x 392
- Send all DAC related communications to dac-support@m2s.com or call 603.298.5523

SVS PSO Staff Announcement

Dan Neal, M.S.—SVS PSO Analytic Director D dneal@uit.edu
Nadine Caputo – SVS PSO Quality Director E ncaputo@svspso.org O 312.334.2329
Megan Mathy – Full-time Admin. Assistant at the SVS office E mmathy@vascularsociety.org O 312.334.2327