VQI PULSE

Volume 5

In May, we highlight the following articles (click on a link to view an article):

QNew Speakers and Final Program Details for June 8 VQI@VAM

The VQI added new speakers and additional details on the first VQI Annual Meeting, which will be held on Wednesday, June 8, 2016. This event is designed for VQI members and non-members interested in the effective use of VQI data for improved vascular care. Physicians, data managers, quality directors and managers, nurse practitioners, and other healthcare professionals are encouraged to attend.

The morning program includes an interactive session with surgeon registry experts on data entry questions across registries, abstracting data for the new PVI registry and practical tips for accessing, producing and interpreting data. The afternoon program includes a new session on the role of the Patient Safety Organization from Diane Cousins at AHRQ and an update from Gary Lemmon, MD, on a new value equation for the VQI.

Two prominent surgeons with expertise in registries and quality improvement headline the afternoon program:

- Michael Englesbe, MD, will present "From Registry Report to Bedside: Leveraging Your Quality Data."
- Ted James, MD, will discuss "Making Metrics Meaningful: How to Effectively Use Performance Metrics to Improve Clinical Outcomes."

- Four case studies of successful QI projects from the Carolinas Vascular Quality Initiative, Beaumont Health System (MI), Memorial Hospital of South Bend (IN) and El Camino Hospital

We want to accommodate as many VQI members as possible for this meeting but space is limited so please register soon. We are not able to provide remote access to this meeting for logistical reasons.

Click here to view the Final VQI@VAM Program or register today.

Congratulations to 2015 VQI Participation Award Recipients

The SVS PSO wishes to congratulate all the eligible centers in this year's VQI Participation Awards for a successful first year, with 306 centers, or 81% of all centers, already eligible for these new Awards. The Awards encourage active participation in the VQI as a critical component of our quality improvement mission, and are not a reflection on the quality of care provided by any VQI member organization.

VQI centers can receive up to three "Stars" depending on the extent of their participation in three key areas based on the a) rate of long-term follow-up (LTFU) reporting; b) physician attendance at regional quality meetings; and c) the number of vascular procedure registries to which a center subscribes.

The SVS PSO hopes all Centers will work to continue to improve participation in 2016 as we continue to refine the program. We continue to work with centers to support their progress in LTFU.

Please click here to see the list of VQI sites who received Awards.

Change in 2016 Meeting Participation Requirements for VQI Participation Awards beginning Fall 2016
Physician and staff attendance at semi-annual regional quality group meetings is critical to drive discussions of outcome variation, to develop regional QI projects, and to encourage multi-center participation in outcomes analysis and QI efforts. After much feedback and discussion, VQI leadership has decided to not give "credit" for remote attendance at regional meetings, effective fall 2016. We will, however, give credit for remote access at the Spring 2016 meetings, since this decision was made after numerous regional meetings had already been held. The basis for this decision included:

- Not all regions agree with or can provide regional access (too costly or too distracting for those attending the meeting in person)
- Remote attendance was not felt to provide meaningful participation and is often hampered by technical issues.
- Video conferencing could provide a more meaningful experience, but the current technology is either too expensive or fraught with issues.

Members inquired whether attendance at the VQI Annual Meeting would be counted toward the Meeting-Participation score for the Participation Awards. Under the current system, no points will be awarded for attending VQI@ VAM but the SVS PSO may consider this in the future.

For questions related to the new Meeting Participation requirements, please contact Jim Wadzinski at jwadzinski@svspso.org.

Registry and Planned Program Updates

New Vascular Medicine Registry
A demonstration of the new Vascular Medicine Registry will be held at 5:30pm on Wednesday June 8, immediately after the VQI@VAM meeting. Another demonstration of the registry will take place at the Society of Vascular Medicine meeting in Long Beach, CA, on June 16-17. More on-line demonstrations for member comments will be scheduled late June/ early July before finalizing this new registry.

PVI Registry Update
A demonstration of the modifications to the VQI PVI Registry will take place during the morning session of VQI@VAM on June 8, 2016.

QI Stories, Tools, and Reports: Risk Calculators, QI Guide and Renal Protection

Vascular Surgery Risk Calculators
Four vascular surgery risk calculators have been developed using VQI data. For the calculator that can help with patient selection and decision making, visit the VQI website and link to VQI Resources to estimate the risk of post-op myocardial infarction after EVAR, INFRA, CEA and OAAA. Users can calculate risk on the website or by downloading the smart phone app.

QI Project Guide

The SVS PSO is designing a practical project guide to help members conduct QI projects in vascular care using the VQI Registries. The Guide systematizes what many clinicians and hospitals are already doing to improve vascular care using the tools of implementation science. The QI Project Guide is being shaped by the experience of VQI centers that were able to achieve positive results through use of VQI data using the QI methods highlighted in the Guide. It is a 'living document' that will be updated throughout the year to reflect the ongoing efforts of the Regional Quality Groups.

Copies of the Guide will be distributed to attendees at **VQI@VAM on June 8th,** and will be available digitally, for those not attending the meeting.

Renal Protection Project

Julie Beckstrom, RN, MSN, CCRC, Benjamin S. Brooke, MD, PhD and Larry Kraiss, MD, from the Rocky Mountain Vascular Quality Initiative have implemented a quality improvement project to standardize renal protection measures that are associated with best patient outcomes. Quality improvement efforts are needed to standardize indications and prevent contrast induced

nephropathy (CIN). The data collection for this project is minimal and includes 'standard of care' (i.e. already being collected) creatinine levels on patients undergoing EVAR at the pre-op, post-op day 1 and postop month 1 time points. Pre-op renal protective measures are also collected.

Data are entered into VQI via the #hashtag format. The goal is to standardize renal protection measures associated with best outcomes among patients undergoing endovascular interventions and determine whether CIN is prevented among patients who receive standardized care. If you are interested in participating and contributing data, please contact Benjamin.Brooke@hsc.utah.edu and/or Julie.Beckstrom@hsc.utah.edu (1-801-587-1450) of the University of Utah.

Confidential Physician Feedback Reports: Designing for Optimal Impact on Performance, Agency for Healthcare Research and Quality, March 2016

Physician Feedback reports can lead to significant improvements in quality of care. This report reviews evidence-based strategies and best practices to enhance the effectiveness of feedback reports for physicians and other clinicians. The authors found that feedback reports are more effective when:

- There is sufficient evidence and expert consensus to inform the underlying clinical protocol
- The clinical behavior has a baseline performance level that is low enough to provide sufficient opportunity for improvement
- The targeted measure can be influenced by changes in individual physician behavior
- Feedback reports are accompanied by specific improvement plans such as appropriate medication regimen for particular patient populations.

The full report on how to design and implement effective Physician Feedback reports can be viewed at http://www.ahrq.gov/physicianreportguide 3.2016.pdf

Highlights from April 2016 8th Annual National PSO meeting
This two day annual meeting of Patient Safety Organizations in Rockville, Maryland included almost 200 registrants with representation from 58 PSOs and several hospital and health systems. The keynote presentation was: *PSO Prerogative for Reducing Diagnostic Error*, where the concept of a 'working diagnosis' was discussed.

Other sessions included a panel presentation on PSO success stories. Nadine Caputo, Quality Director at SVS PSO was a member of this panel and highlighted VQI data and quality improvement initiatives in her presentation, *Reducing LOS in a Registry-Based PSO.* Diane Cousins, Acting Director of the Patient Safety Organization Program at AHRQ led the PSO meeting and she will be presenting, *An AHRQ Perspective on the Role of Patient Safety Organizations* at VQI@VAM.

VQI Reports and News Briefs

Registry Reports
The SVS PSO issued a Center Opportunity for Improvement (COPI) Report in April 2016 on 30-day Stroke and One Year mortality after Elective CEA. Each center received an email with a link to access their report. This month, a physician-level report on the same topic was sent to all VQI physicians. The report provides data on the proportion of the physician's patients receiving prophylactic CEA who have a greater than 5% risk of death within one year, and the proportion of physicians' patients receiving prophylactic CEA who died within one year.

Physicians can check with their data managers if they have difficulty accessing the link to this information. Upcoming reports for May and June include a physician-level report on LTFU imaging after EVAR and a COPI report on one year mortality rates after CAS.

Regulatory Issues and Updates: MACRA and QCDR

Medical Access & Chip Reauthorization Act (MACRA)
CMS released the Proposed Rule regarding the implementation of MACRA. MACRA replaces the Sustainable Growth Rate (SGR) and creates payment systems for physicians that accelerate Medicare's transition from fee-for-service to payment based on quality metrics, patient experience and patient outcomes. MACRA affects clinicians who participate in Medicare Part B.

The Proposed Rule outlines the criteria and requirements for the two payment options under MACRA: the Merit Based Incentive Payment System (MIPS) and the Alternative Payment Model (APM). A physician's MIPS core incorporates quality measures, resource use for episodes of care, use of EHRs and clinical practice improvement activities. Physicians in MIPS must report performance measures to CMS beginning in 2017 for 2019 payment adjustments. The APM requires providers to manage the financial risk for the health of their patient populations. 25% of patients must be enrolled in an eligible APM and it includes a 5% lump sum bonus payment beginning in 2019. Accountable care organizations (ACOs) are likely to be the major alternative payment platform.

Comments on the Proposed Rule are due on June 27, 2016 and can be send to Pam Phillips at PPhillips@vascularsociety.org or Jill Rathbun at Jill_Rathbun@galileogrp.com.

Please see CMS fact sheets and a press release from CMS that provides an overview of the Proposed Rule.
CMS Overview Press Release   CMS MIPS Fact Sheet   CMS MACRA 2016 Fact Sheet

Qualified Clinical Data Registry (QCDR)

The VQI through M2S has been accepted as a Qualified Clinical Data Registry (QCDR) by the Centers for Medicare and Medicaid Services (CMS) for the 2016 reporting year. M2S has provided information on quality reporting to CMS on behalf of VQI participating physicians since 2009. The VQI QCDR consists of 26 quality measures for physicians who treat vascular disease. Physicians who fail to report quality data will be at risk for reductions in Medicare reimbursement. For more information, please see links for the PQRS/QCDR Overview Information and Participation Forms.

If you or your individual physicians would like to participate in PQRS through the VQI QCDR, **please download and return the PQRS Participation form** to PATHWAYSSupport@m2s.com before **July 15, 2016**.

VQI Quality Research Corner

Availability of VQI – Medicare Matched Dataset

Phil Goodney, MD, and his colleagues from the Dartmouth Institute for Health Policy and Clinical Practice have developed de-identified data sets that match VQI surgical registry data to Medicare claims for selected vascular procedures. The procedures were performed at 370 hospitals participating in the Vascular Quality Initiative with late outcomes from Medicare claims from 2003-2013. The dataset was generated by identifying probabilistic matches for VQI cases in Medicare claims that matched on date of birth (DOB), gender, date of procedure, and first three digits of zip code. Canadians, patients under 65 years of age, procedures after 12/31/2013 and any patient with missing identifiers were excluded from the matching process.

For more information on available de-identified datasets, please contact **Megan Mathy at the SVS PSO at** mmathy@svspso.org.

Dataset Profiles are available on the following vascular procedures. Please click the links below in order to view the individual Dataset Profiles.

Dataset Profile – CAS (Mar 2016)

Dataset Profile – CEA (Mar 2016)

Dataset Profile – EVAR (Mar 2016)

Dataset Profile – Infra (Mar 2016)

Dataset Profile – Open AAA (Mar 2016)

Dataset Profile – PVI (Mar 2016)

Dataset Profile – Supra (Mar 2016)

Dataset Profile – TEVAR (Mar 2016)

M2S PATHWAYS Technology Update

New Shared Reports Feature

M2S has released the Shared Reports feature in Analytics and Reporting Engine which allows the M2S administrator to create standard Analytics reports and share the report definitions with the end users. This feature has been added to address user concerns:

- Limited time for users to learn advanced Analytics features to create the reports
- Lack of reporting standardization within Analytics if all a group of users wants to track the same set of outcome measures but create their own reports with different report definitions
- Hard to manage Analytics report without central control of updates when data elements are changed

M2S is working with the SVSPSO to define a set of standard reports for different registries, and will roll out the Shared Reports once definitions are signed off by the SVSPSO.

IDE Device Option

"IDE Device" option now available for all device dropdown lists in EVAR and TEVAR Registries.

New ICD-10 Codes Now Available

The SVSPSO newly-established 2016 ICD-10 codes for Hemodialysis , Supra-inguinal Bypass and Infra-inguinal Bypass Registries now available for centers using PATHWAYS Standard Data Import service to import data from EMR system into VQI to automatically create procedures.

List of Current VQI Quality Research Projects

Click here for list of **VQI Publications**

Click here for list of **VQI Presentations**

Latest VQI Participation and Volume Statistics

Cumulative Procedure Volumes by VQI Registry, April 2016

List of VQI Participating Facilities, April 2016

Number of procedures in all VQI Registries	292,117
Total VQI Centers	377
Number of procedures added (Feb-April)	20,298
Total Regional Quality Groups	17
New Members and Regional Quality Groups (Feb – April)	Burgess Hospital (Michigan) University of Alabama (Southeastern) McLaren Macomb (Michigan)

	Thunder Bay Regional Health Sciences Center (No Group affiliation)
	Columbia Surgical Center (Mid-America)
	University of New Mexico (Rocky Mountain)
	Virginia Mason (Pacific Northwest)
	Carle Foundation Hospital (Mid-America)

If you'd like to know more about any of our recent activities, or have suggestions on other topics, please email svspso@vascularsociety.org.