VSGGNY: Fall 2017 Regional Meeting

Location: The Westin Savannah Harbor, Savannah, GA

Date: October 5th 2017

Time: 7:00 am – 12:00 noon

AGENDA

7:00-7:30	**Breakfast**	
7:30-8:15	**Welcome and Introductions**	**Apostolos Tassiopoulos, MD**
	Follow-up on the Spring/VAM 2017 - **Bylaws changes** - **Nomination form/process** - **Regional meeting location**	
8:15-8:30	**National VQI Update (Remote)**	**Carrie Bosela, SVS/PSO**
8:30-9:30	**Regional Data Review & Informal discussion**	**Apostolos Tassiopoulos, MD**
9:30-10:15	**Research project/Presentation**	
	1) "Experience and outcomes with TCAR Procedures at SBU"	**Angela Kokkosis MD**
	2) VQI Influence on Quality Improvement: What VQI Can Do for You	**Roger Walcott MD**
	***3)* QI project for transfusion with TEVAR and LE bypass**	**Sikander Khan MD**
	4) VQI Discharge Medications Review and Analysis	**Glen Jacobowitz MD** **Matt Cambria**
10:15-10:30	**Break**	
10:30-10:45	**Arterial Quality Council Update**	**Darren Schneider, MD**
10:45-11:00	**Venous Quality Council Update**	**Carrie Bosela SVS/PSO (Remote)**
11:00-11:15	**Research Advisory Council Update**	**Glenn Jacobowitz, MD**
11:15-11:30	**Governing Council Committee Update**	**Carrie Bosela SVS/PSO (Remote)**

11:30-11:45	**M2S Development Update**	**Debbie Macaulay/M2S**
11:45-11:50	**Expanding Participation**	**Debbie Macaulay/M2S**
11:50-12:00	**Next meeting and Adjourn**	

A) Welcome and Introductions by Dr. Tassiopoulos

We welcome Clement Darling MD and other physicians of Albany Medical center on board of Vascular Society Group Greater New York (VSGGNY)

23 Centers enrolled:

- **Albany Medical Group**
- **Beth Israel Medical Center**
- **Catholic Health Mercy Hospital of Buffalo**
- **Catholic Health Sister of Charity Hospital**
- **John T. Mather Memorial Hospital**
- **Kaleida Health**
- **Lenox Hill Hospital**
- **Long Island Jewish Medical Center**
- **Maimonides Medical Center**
- **Montefiore Medical Center**
- **Mount Sinai Hospital**
- **Mount Sinai St. Luke's-Roosevelt Hospital**
- **NYU Langone Medical Center**
- **New York Presbyterian Hospital**
- **North Shore University Hospital**
- **St. Charles Hospital**
- **Staten Island University Hospital**
- **Stony Brook University Medical Center University Hospital**
- **University of Rochester Medical Center**
- **Weill Cornell Medical College**
- **Westchester Medical Center**
- **Winthrop-University Hospital**

Potential Medical center to join:

1) **Bassett Medical Center Cooperstown NY Prospect**
2) **New York Presbyterian Queens Hospital Flushing NY Contracting**
3) **St. Francis Hospital Rosyln NY Prospect**
4) **Vassar Brothers Medical Center Poughkeepsie NY Verbal Award**

1) Bylaws Changes:

a) Contracts: In addition to the total SVS annual fee a fee of $200 per center to be collected and accrued annually. This additional fee it to cover taxes associated with maintaining non for profit fiduciary agent, cost for state reporting, and to cover costs of the bi-annual meetings.

- **This was motioned, voted and passed. Yes=15, No=0**

Update Pending issue: The annual fee of $200 that was agreed and voted on to be part of contract in bylaws will be on hold temporarily.

- **Due the objection of SVS/PSO EC the annual fee of $200 will be on hold till the VEITH meeting in November 17th, 2017. The SVS/PSO EC had objection to charging additional fees per center stating it as burden on centers.**
- **Dr. Tassiopoulos will be representing our Regional group and will attend the SVS/PSO EC meeting at VEITH on Friday, November 17th from 10:00 am-11:30am to voice the growing concern of the challenges the region faces to hold the regional meetings.**

b) Executive Committee (EC): For Lead Physician to be part of EC: (discussed at the meeting)

- **VSGGNY member for at least 2 years.**
- **Compliance with payment of all agreed upon dues.**
- **Attend 75 % of meetings in the previous 2 years**
- **Show active participation in VSGGNY matters**
- **Non participation and nonattendance will be proportional to revoking voting rights.**

The EC oversees the interaction of VSGGNY with the FEDUCIARY AGENT, including costs and contractual details for VSGGNY Member participation.

The EC may designate other committees as necessary to conduct the business of VSGGNY.

- **This was motioned, voted and passed. Yes=15, No=0**

Update: Changes have been made to the EC committee membership. This has to be approved by the EC and will go in effect thereafter

- **The center's Lead Physician, EC representative, has voting rights immediately in the calendar year after the center joins VQI. To maintain voting rights the Lead Physician must attend regional meetings regularly or appoint a fellow physician at the institution as a designee to attend on behalf of the center. Regular attendance is defined by center**

representation of 75% of the meetings 2 years prior to a vote. Noncompliance with EC requirements can result in revoking voting rights.

c) Presently there are no term limitations for the Arterial Quality Committee (AQC), Venous Quality Committee (VQC) and the Research Advisory Committee (RAC) with only the medical director having a three year nonconsecutive renewable term.

There was a proposed suggestion to implement three year consecutive renewable terms across all committees.

- **This was motioned, voted and passed. Yes=15, No=0**

2) Nominations: The changes to the nomination form were made to reflect the compliance with attendance for each office of the VSGGNY.

3) Regional Spring 2018 meeting venue: Carrie to reach out to Dr. Clement Darling to see if Albany can host their first meeting after joining VSGGNY

B) National VQI Update: Carrie Bosela, SVS PSO

Meeting Goals

- **Present SVS VQI regional and national data**
- **Update from members on subcommittees**
- **` Nomination process reconsideration**
- **433 Centers, 46 States + Canada**
- **Total Procedure volume as of July 2017 = 400,000**

1) VQI@VAM 2017 Feedback:

- **Overall, the Meeting was well received with sessions being evaluated as having met/exceeded expectations.**
- **Most Useful/Successful Sessions:**
  - **Breakout sessions (Tuesday, Registry focus)**
  - **Poster session**
  - **LTFU**
  - **Would like more on Analytics Engine**
- **Areas for Improvement**
  - **Breakout sessions – not enough detail, repetitive**
  - **OBL – not relevant**
  - **EPIC – not relevant to non-EPIC sites**
  - **Would like more on Analytics Engine**
  - **Would have preferred complex cases for Tues.**
  - **More on PVI and TEVAR**

- **Resources are now in the VQI Members Only Website**

- **All PowerPoint Presentations and Poster Session PDFs**
- **Full Video from the Sessions on Wednesday**

2) Two National QI Projects:

- **Prescribing anti-platelets and statins to appropriate patients to improve their long-term vascular health (discharge medications)**
- **Increasing follow-up imaging rates at one year for endovascular aneurysm repair patients**

The goal for both of these initiatives is 100% compliance. To support increased compliance, the PSO, working with the Arterial Quality Council and the Quality Improvement Workgroup, is developing implementation tools for members, issuing comparative reports and data on improvements over time.

- **Discharge Medications (available at http://www.vascularqualityinitiative.org/vqi-resource-library/quality-improvement or the members only website)**
    - **Feb. 2017 webinar slides and transcripts (Randy DeMartino from Mayo and Cheryl Jackson from Central DuPage/Northwestern)**
    - **Posters (Gerard DuPrat/Catherine Bringedahl from Memorial Hospital South Bend, Yuming Lin from U of FL and Rosha Nodine from Baylor – winning poster)**
    - **Article highlighting poster winner – The Right Meds for the Right Outcomes in August 2017 Vascular Specialist**
- **EVAR LTFU Imaging (available at http://www.vascularqualityinitiative.org/vqi-resource-library/quality-improvement or member only website)**
    - **April 2017 webinar slides and transcripts (Adam Beck from UAB and Salvatore Scali from U of FL)**
    - **Posters (Ali Arak/Fern Schwartz from UPMC and Nilima Lovekar and Olympia Christoforatos at Stonybrook)**
    - **Transcripts and slides from June 2017 VQI@VAM panel session: Increasing Follow-up Imaging Rates at 1 Year for EVAR Patients – moderated by Adam Beck and Salvatore Scali and panelists: Julie Beckstrom (U of Utah) Karen Heany (Sharp) Carlos Moreno (Stanford) and Megan Pepin (Ohio State)**
    - **Physician reports on EVAR LTFU: Sent on Aug. 2nd**

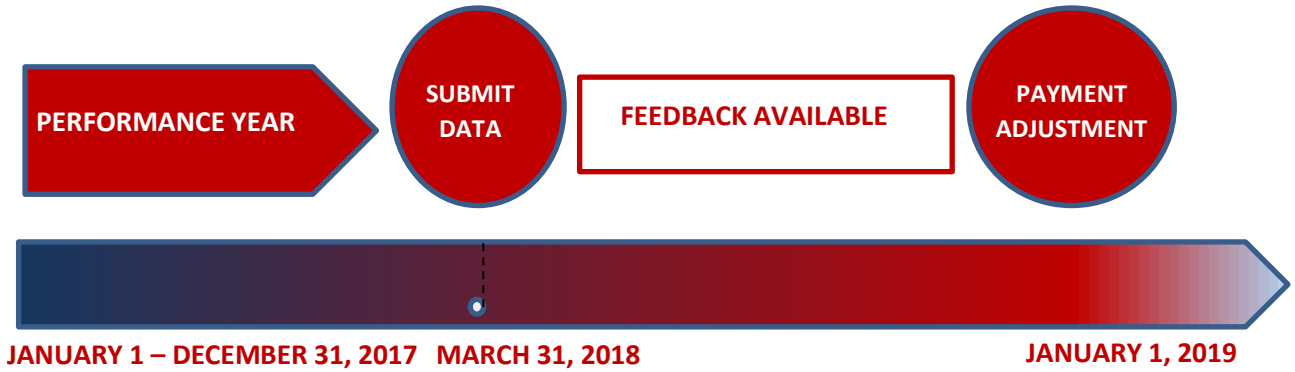
3) MACRA/MIPS Webinar: Recorded and on the website:

- **How to verify your 2017 participation status so you will know if you need to submit data to MIPS;**
- **How to report a quality measure via your Medicare claims form;**
- **Specifics on how to attest to having performed a clinical improvement activity;**

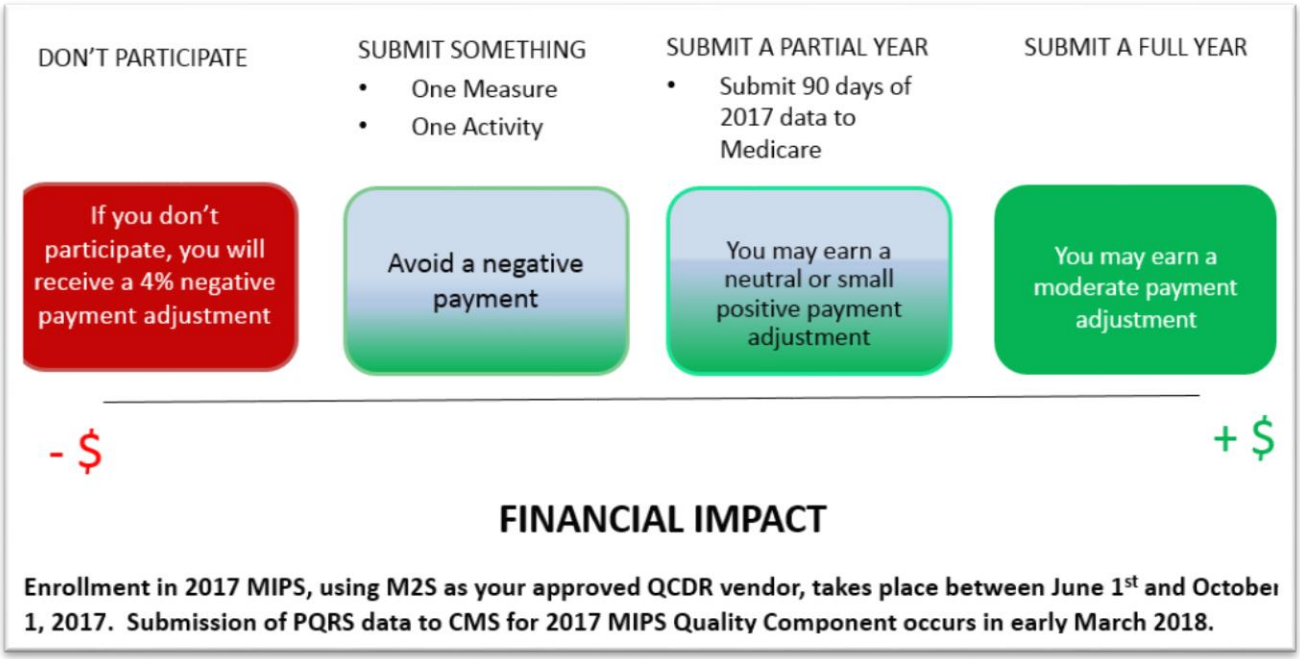
- **Information on the five activities that comprise the base score on use of electronic health records**
- **How all these step-by-step examples will help you to avoid a 4% penalty in 2019?**
- **Frequently Asked Questions (FAQ)s**
- **MIPS information that VQI can submit for you and how you can submit information for MIPS on your own**

MIPS Proposed Timeline for 2019 Payment:

Hospitals should start caring about MIPS since what you do today, will impact your payment in 2019!



Financial Impact:



4) **Educational Webinars in the second half of 2017 included:**

- **July: MACRA/MIPS**
- **August: IVCF Retrieval Report**
- **September: Quality Improvement (TBD)**
- **October: Medicine Registry, Analytic Engine Basics**
- **November: Changes to Participation Award, Analytic Engine Advanced**
- **December: PVI device selection best practice**

5) **Participation Award potential changes:**

- **There will be 4 categories scored, each on a 0-6point scale:**
  - **LTFU**
  - **Meeting attendance**
  - **QI project involvement**
  - **Number of registry subscriptions**
- **Scores for the categories will be weighted 4, 3, 2, 1 for LTFU, meeting attendance, QI projects, and # of registry subscriptions, respectively. Therefore, the final score will be calculated as follows:**
  - **Total points = 4 x LTFU score + 3 x Attendance score + 2 x QI project score + 1 x Registry score**

- **LTFU (no change from present)**
  - **<70% = 0 points**
  - **>=70% = 2**
  - **>=80% = 4**
  - **>=90% = 6**

- **Meeting attendance:**

- **Each regional meeting will be scored on a 0-3 point scale, the same way we are doing it now:**
  - **For centers with 3 or more MDs, 1 point for each MD attending, up to a max of 3 points**
  - **If site has only 2 MDs and 1 attends, 2 points**
  - **If site has <3 MDs and all attend, 3 points**
  - **Extra point for support staff attending with an MD (but not if it pushes total for that meeting over 3 points).**
  - **If no MD attends, 0 points, regardless of support staff attendance. (will discuss with Participation Award Committee)**
- **If total score for both meetings is < 6 points, the center can receive an additional point if any non-physician staff member attends the Annual VQI meeting at VAM**

- **Registry subscriptions**

- **1-2 registries = 0 points**
- **3-5 registries = 2**
- **6-8 registries = 4**
- **≥ 9 registries = 6**
- **If the center is a vein-only center (i.e. could only possibly subscribe to 1 registry) = 1 point**

- **QI project involvement**
  - **Scoring on 0 – 6 point scale to keep consistent with other measures.**
  - **Initiation of a QI Project, evidenced by submitting a Project Charter**
  - **Submitting two Progress Report on a QI Project**
  - **Presenting a QI Project to Hospital C-suite, at a VQI Regional Meeting or at a VQI Annual Meeting Poster Session**
  - **Presenting a QI Project at a National or Regional Vascular Meeting or in a Peer Reviewed Journal**
  - **Submit a final or evaluation report**
  - **Improvement of rates on National QI Initiatives, or maintaining excellent performance rates (Bonus Point)**

C) Regional Reports VSGGNY 2017: Apostolos Tassiopoulos MD FACS

Dashboard

The table below summarizes your center's results as presented in each of the subsequent reports and provides regional and national benchmarks for comparison. In the "Your Center" column, percentages represent the rate of cases with the noted outcome. Numbers in parentheses are the number of cases with the outcome/the total number of cases meeting the exclusion criteria (see the full report for details). In the "Region" and "VQI" columns, the numbers represent the 25th, 50th (median) and 75th percentiles for centers in your region and across all centers in the VQI.

Your center's results are highlighted in green if your center is at or above the top 25th percentile nationally, in yellow if your center is among the middle 50% of centers, and in red if at or below the bottom 25th percentile.

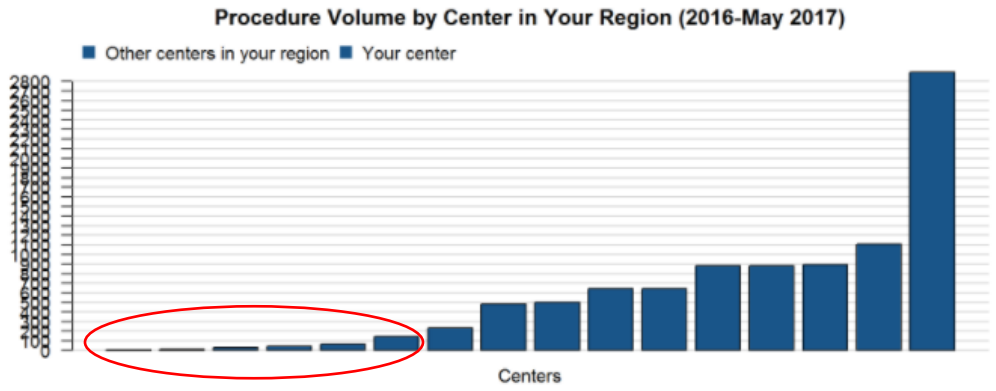
Unless otherwise noted, the timeframe for all outcomes is Jan. 1, 2016-May 31, 2017. For more details about each outcome, click on the name of report in the table of contents at left.

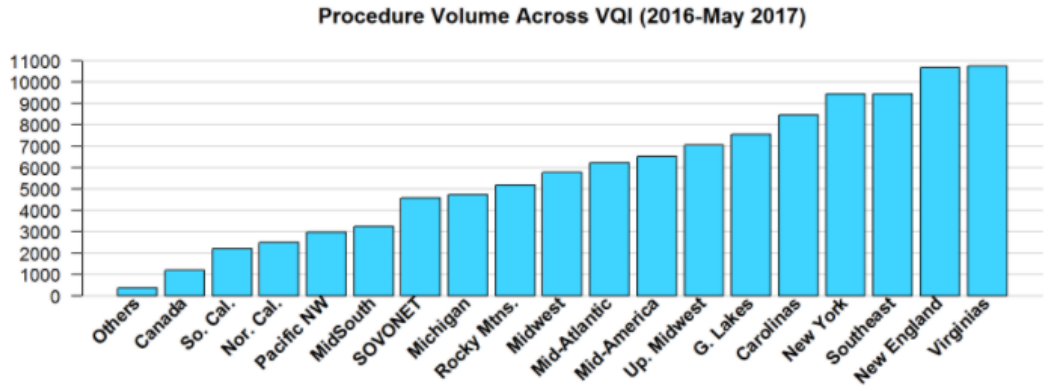
Legend: Green = Top 25th percentile Yellow = Middle 50% Red = Bottom 25th percentile

Registry	Outcome	Your Center, % (n/N)	Region [25p|50p|75p]	VQI [25p|50p|75p]
All	**Total Procedure Volume**		[59 | 490 | 879]	[55 | 196 | 434]
Multiple (2014-15)	**Long-Term Follow-Up**		[40% | 62% | 75%]	[43% | 70% | 86%]
Multiple	**Discharge Medications**		[66% | 74% | 81%]	[71% | 80% | 87%]
AVACCESS	**Primary AVF vs. Graft**		[83% | 88% | 91%]	[78% | 85% | 94%]
CEA	**In-Hospital Stroke/Death**		[0% | 0% | 1%]	[0% | 0% | 1%]
CEA	**LOS>1 Day**		[16% | 26% | 29%]	[14% | 23% | 33%]
EVAR	**LOS>2 Days**		[10% | 14% | 20%]	[7% | 13% | 21%]
EVAR (2014-15)	**Sac Diameter at LTFU**		[27% | 48% | 61%]	[31% | 55% | 70%]
INFRA	**Chlorhexidine Skin Prep**		[94% | 98% | 100%]	[89% | 98% | 100%]
INFRA	**Major Complications**		[0% | 1% | 7%]	[0% | 0% | 6%]
IVCF (2016)	**Filter Retrieval**		[29% | 47% | 61%]	[5% | 15% | 46%]
OAAA	**In-Hospital Mortality**		[0% | 0% | 7%]	[0% | 0% | 0%]
OAAA	**Median LOS (Days)**		[6.5 | 8 | 8.5]	[6 | 7 | 8]
PVI	**Ultrasound Guidance**		[82% | 98% | 99%]	[55% | 86% | 97%]
PVI	**ABI/TBI Reported**		[51% | 66% | 82%]	[60% | 75% | 89%]
VV (2015)	**PROMs at LTFU**		NA (<3 centers)	[61% | 100% | 100%]

Total Procedure Volume, All Years (2003-May 2017):

	Your Region (N)	VQI (N)
CAS	675	13944
CEA	3161	83624
EVAR	2134	32428
HEMO	2618	30201
INFRA	1821	36687
OAAA	199	9312
PVI	9263	116807
SUPRA	630	12227
TEVAR	507	8201
IVCF	869	7646
Varicose Veins	NA (<3 centers)	11949
LEAMP	443	7513
Overall	24948	370539

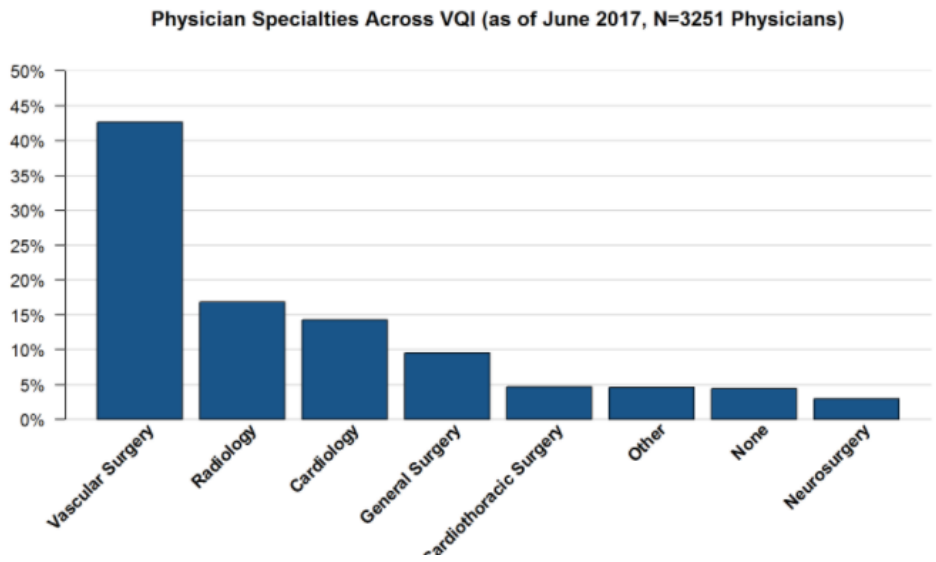


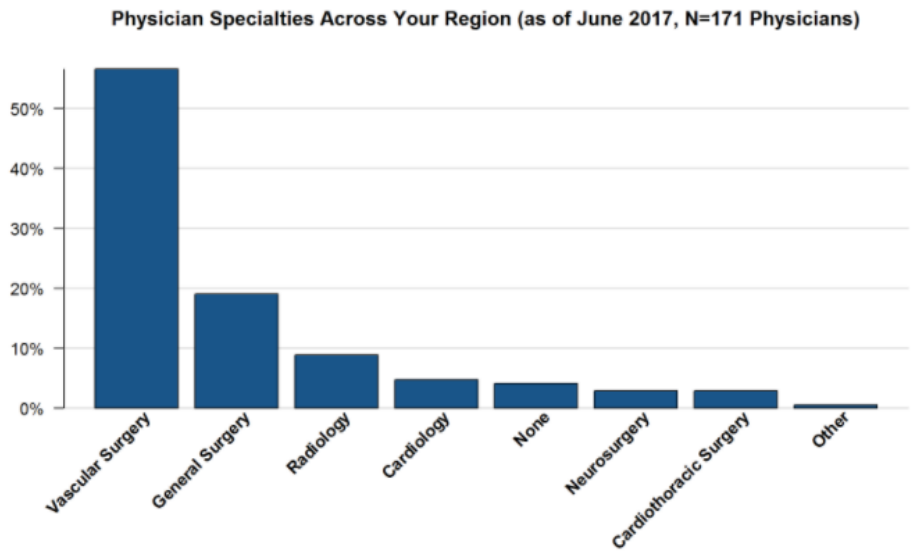


"Others" indicates centers that do not belong to a regional group.

The procedure volume for Jan 2016-May 2017 was been about 25,000 cases.

Physician Specialties by Region (As of June 30, 2017)

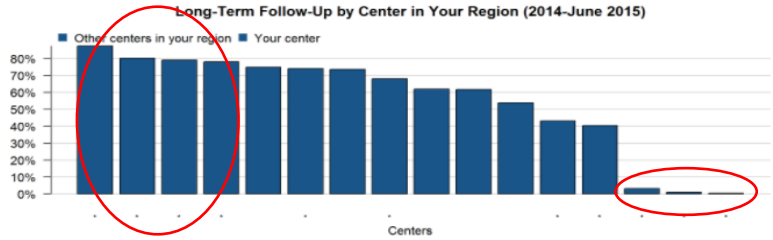




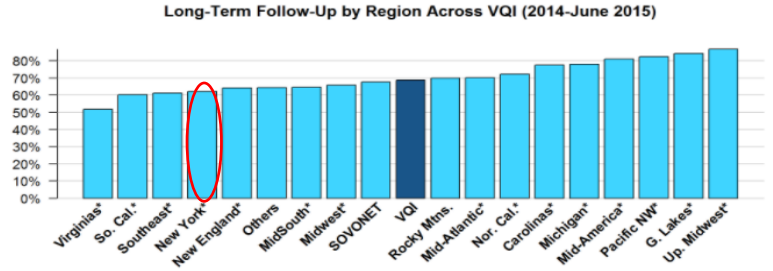
Vascular Surgeons are higher in participation in M2S when compared to others surgeons is highest nationally and regionally.

Percentage of Procedures: With 9 Months or Greater Follow-Up (Jan. 1, 2014-June 30, 2015)

	Your Region	VQI
CAS	186 (68%)	3810 (68%)
CEA	937 (59%)	22068 (69%)
EVAR	676 (70%)	8621 (72%)
HEMO	769 (49%)	9930 (63%)
INFRA	596 (67%)	8975 (72%)
OAAA	57 (67%)	2080 (74%)
PVI	2949 (63%)	32111 (68%)
SUPRA	212 (61%)	3128 (71%)
TEVAR	148 (67%)	2434 (70%)
IVCF	362 (59%)	2862 (65%)
LEAMP	164 (74%)	2717 (69%)
2014 overall	4464 (68%)	63264 (71%)
2015 overall	2592 (52%)	35472 (65%)



"*" indicates center's rate differs significantly from the regional rate.



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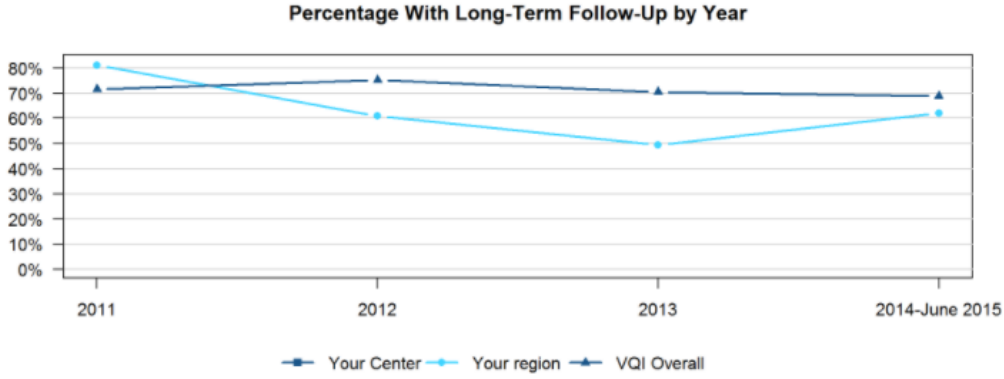
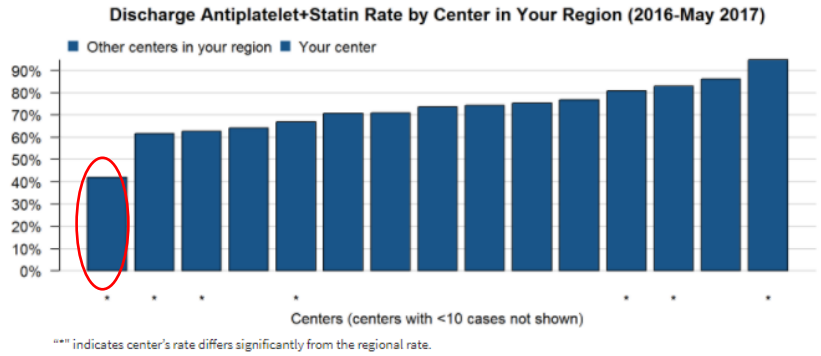
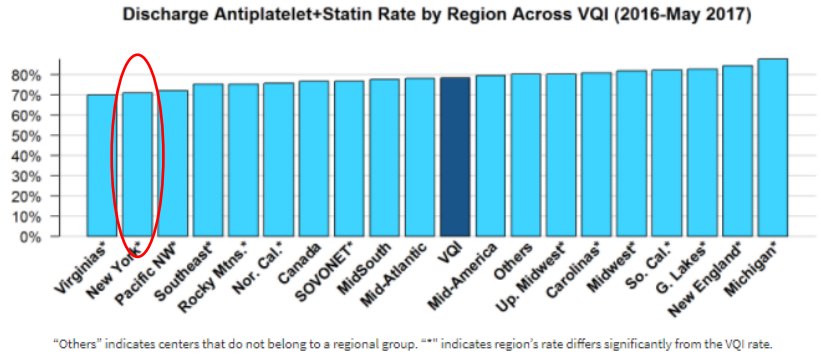
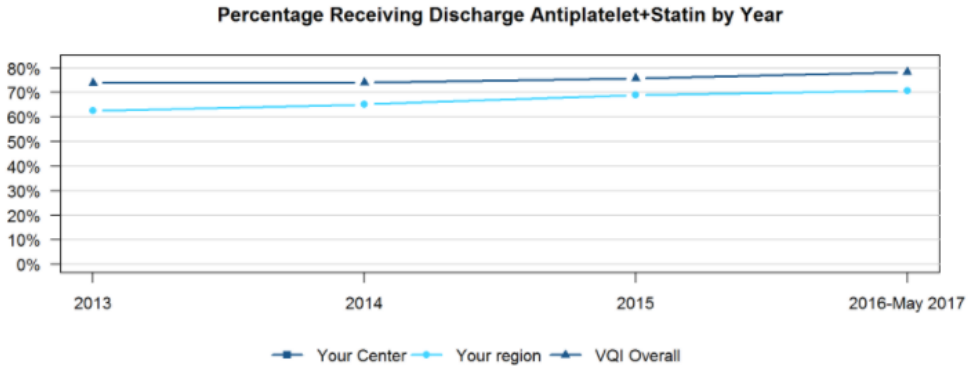


- **We are at the lower end of graph on national representation. But we are catching up and are getting there. We did better in LTFUP for 2014**
- **We are catching up with the VQI on FU percentage**
- **We need to focus on the reasons for lower performance**
- **Data abstractors ability to low data input to be looked into**
- **Reach out to other regional data managers for help**

Discharge Medications (Jan. 1, 2016-May 31, 2017)







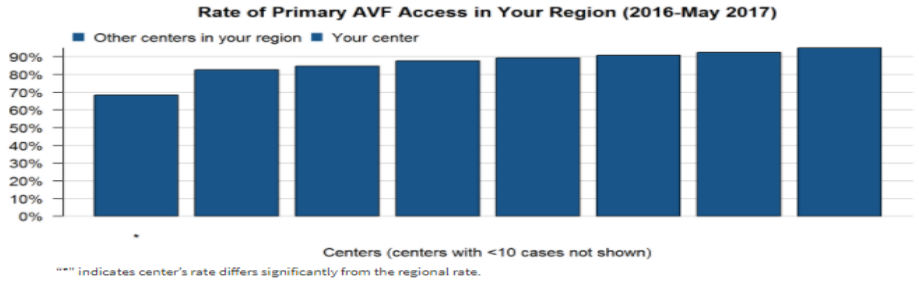
- **We are closer to lower range at 70% curve nationally the target is 90%**
- **We need to focus on the reasons for lower performance.**

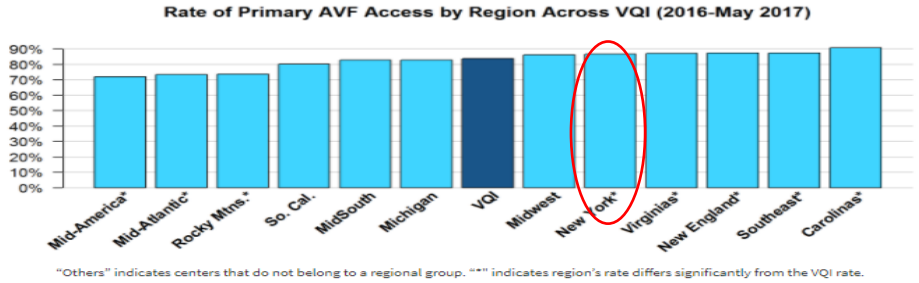
- **Possible pit falls: Surgeons are not prescribing the A&S just recommending and pushing it to the primaries to prescribe?**
- **Missing Documentation in the note; meds not being reconciled**
- **Unwillingness on part of the patient to take statin for muscle pain.**

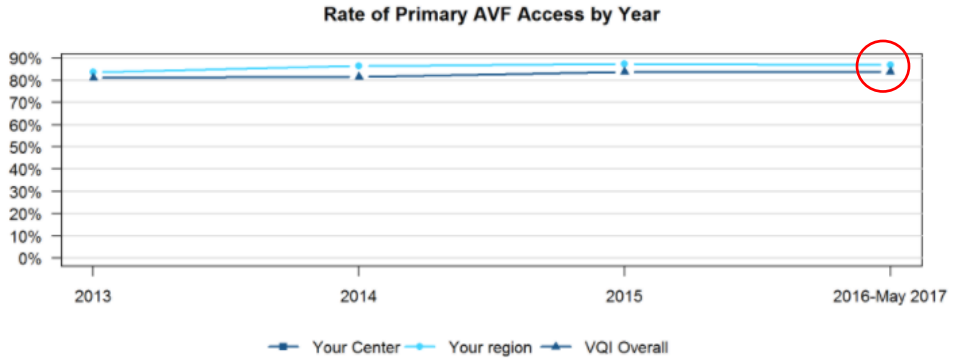
Hemodialysis Access: Percentage of Primary AVF vs. Graft

(Jan. 1, 2016-May 31, 2017)

	Your Region	VQI Overall
Number of access procedures meeting inclusion criteria	717	7169
Percentage with primary AVF	87%	84%







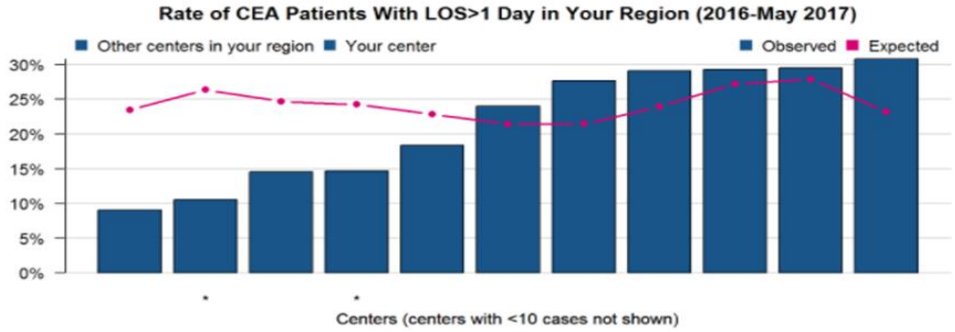
- **We are matching up nationally.**

Carotid Endarterectomy: Stroke or Death in Hospital (Jan. 1, 2016-May 31, 2017)

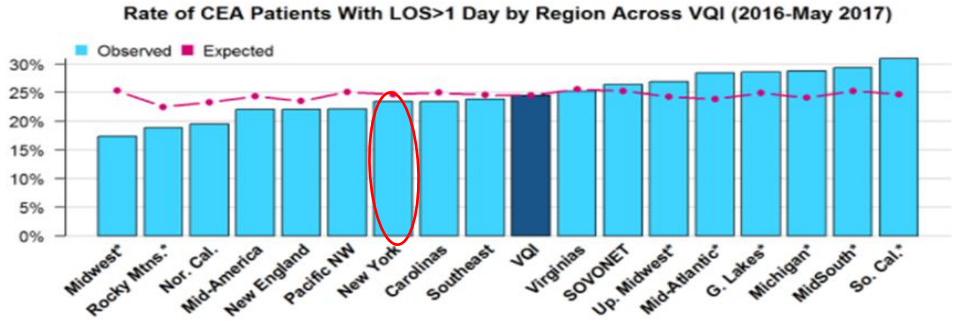
Elective procedures, excluding prior ipsilateral CEA and concomitant CABG, endovascular or other arterial procedure

	Your center	Your Region	VQI Overall
Number of CEA procedures meeting inclusion criteria		887	18430
Observed rate of stroke or death among procedures meeting inclusion criteria		0.6%	1.2%
Number of procedures with complete data*		833	17342
Observed rate of stroke or death among cases with complete data		0.6%	1.2%
Expected rate of stroke or death among cases with complete data*		1.1%	NA
P-value for comparison of observed and expected rates		0.19	NA

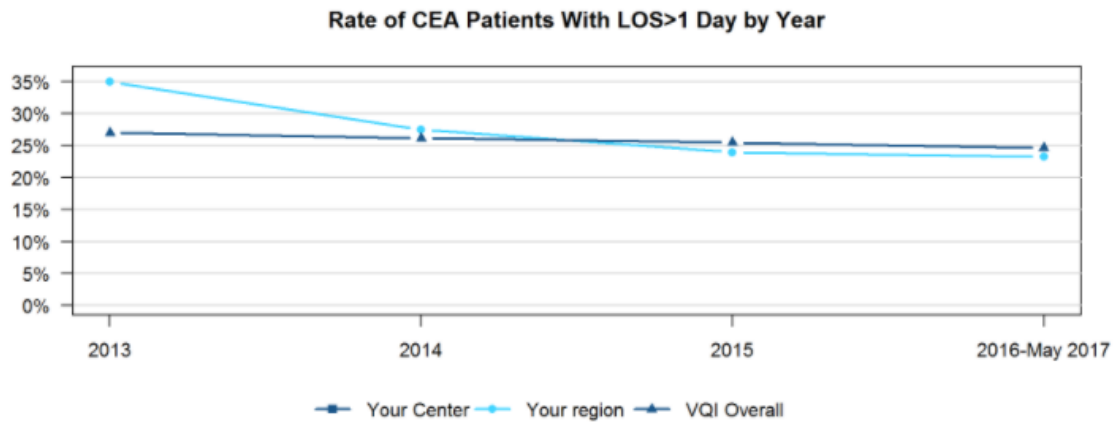
*"Expected rate" is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. "Cases with complete data" include patients who have data on all of those factors.



"*" indicates center's observed rate differs significantly from its expected rate.



"Others" indicates centers that do not belong to a regional group. "*" indicates region's observed rate differs significantly from its expected rate.



- **Approach high performing centers.**
- **Possibility of that center presenting what different approach they have for CEA procedures to bring down LOS < than a day.**

Endovascular AAA Repair: Percentage of Patients with LOS>2 Days (Jan. 1, 2016-May 31, 2017)

	Your center	Your Region	VQI Overall
Number of EVAR procedures meeting inclusion criteria		488	6525
Observed rate of LOS>2 days among procedures meeting inclusion criteria		15%	15%
Number of procedures with complete data*		467	6058
Observed rate of LOS>2 among cases with complete data		15%	15%
Expected rate of LOS>2 among cases with complete data*		14%	NA
P-value for comparison of observed and expected rates		0.69	NA

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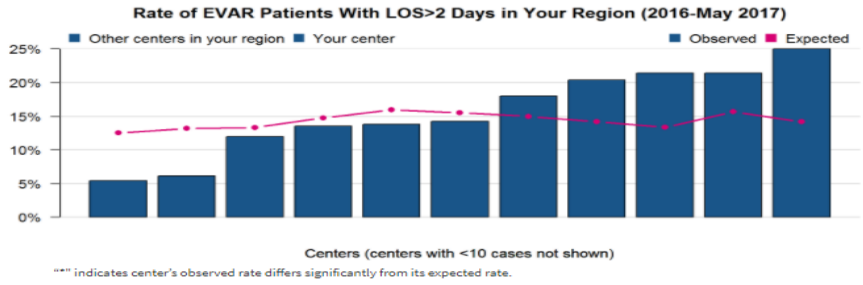
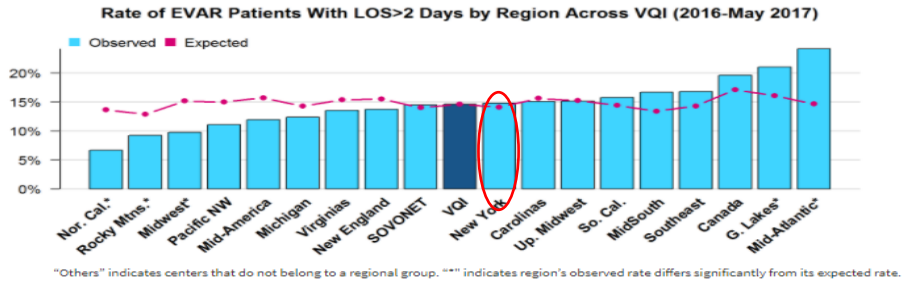
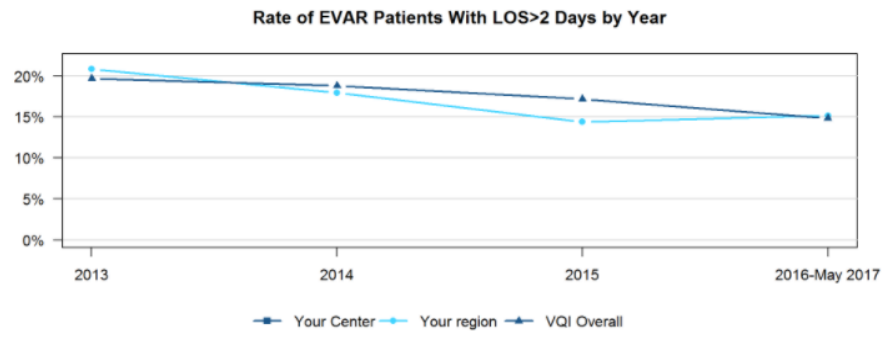


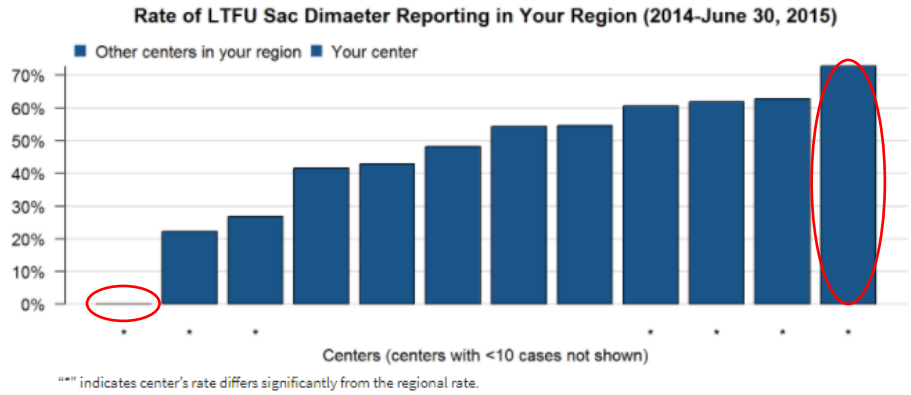


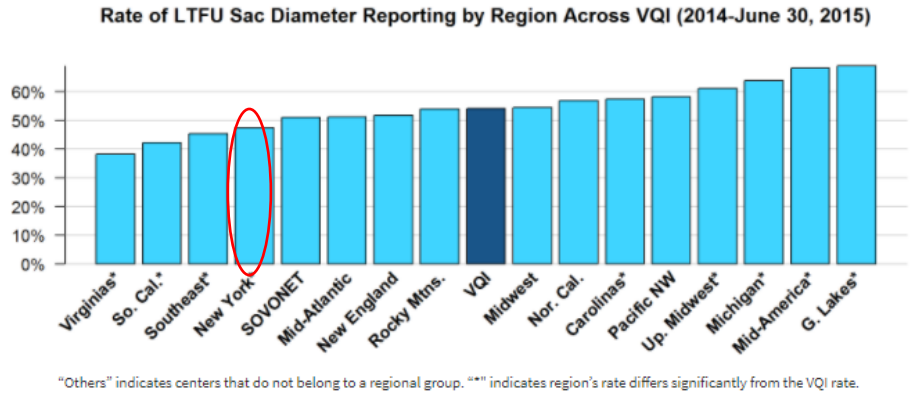


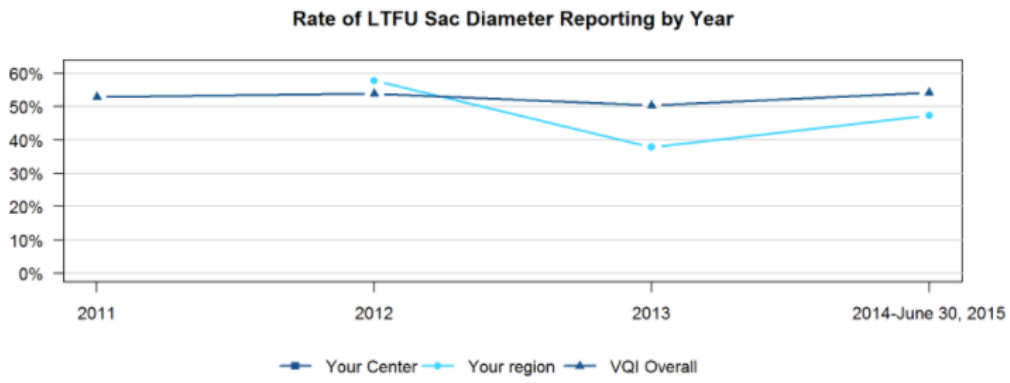
- **15% have LOS >1day in our region, close to national average**
- **Patient expectations one of the reason for increased length of stay**

EVAR: Rate of Sac Diameter Reporting at Long-Term Follow-Up (Jan. 1, 2014-June 30, 2015)

	Your Region	VQI Overall
Number of EVAR procedures	676	8621
Percentage with sac diameter recorded at follow-up	47%	54%





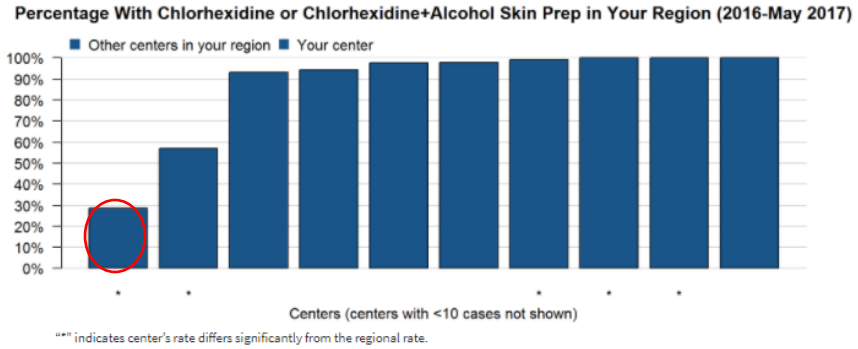


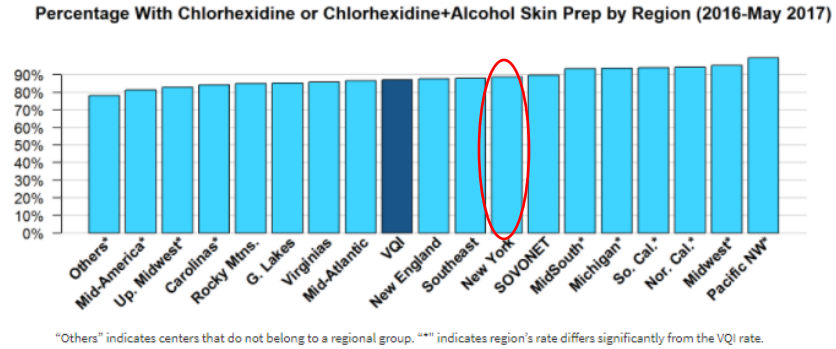
- **Our center has significant lower rate of EVAR sac diameter reporting from 47% regionally- 54% nationally. But there is also seen varied difference between the regional centers.**
- **As seen 0% in some centers vs highest for sac diameter reporting.**
- **Question to be asked to physicians why some do record them and some don't and what are the justifiable reasons.**

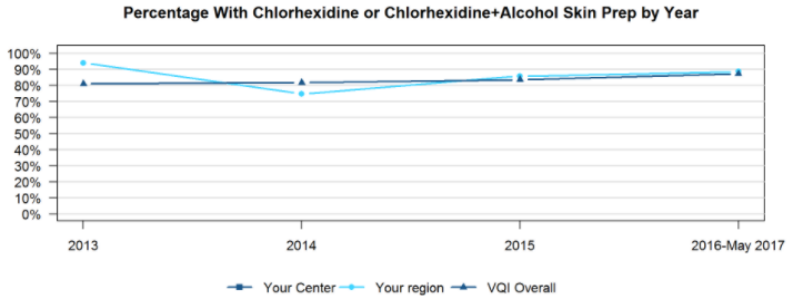
Infrainguinal Bypass: Percentage of Procedures with Chlorhexidine or Chlorhexidine+Alcohol Skin Prep (Jan. 1, 2016-May 31, 2017)

In VQI patients, chlorhexidine and chlorhexidine+alcohol skin preps have been shown to reduce the surgical-site infection rate by 50% compared to iodine-based skin prep. Chlorhexdine+iodine and chlorhexidine+iodine+alcohol skin preps have not been shown to reduce the infection rate, but rates of their use are also reported in the table below.

	Your Region	VQI Overall
Number of procedures	527	9019
Rate of chlorhexidine or chlorhexidine+alcohol skin prep	89%	87%
Rate of chlorhexidine+iodine or chlorhexidine+iodine+alcohol prep	3%	4%
Rate of in-hospital surgical-site infection	2%	3%





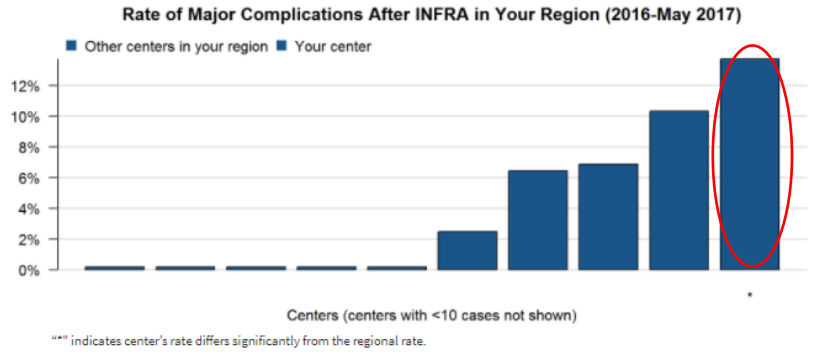


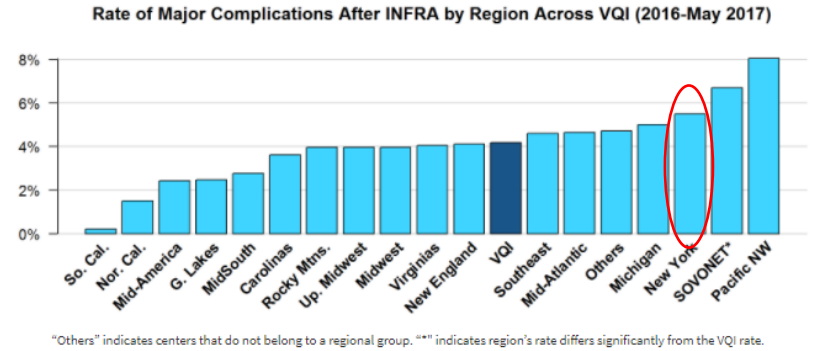
- **All antibiotics usage is recorded to lower the rate of infection same as just Chlorhexidine, but as of yet there are no studies that corroborate the fact.**
- **Majority of the regional centers use Chlorhexidine 90% of time**

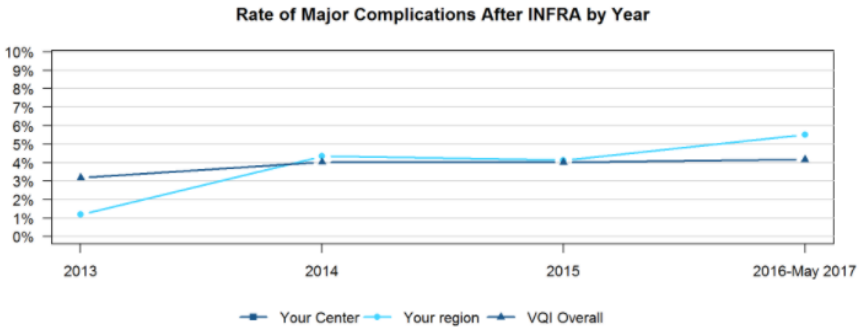
Infrainguinal Bypass: Rate of Major Complications (Jan. 1, 2016-May 31, 2017)

Includes only patients with indication of rest pain or tissue loss. Major complications are defined as in-hospital death, ipsilateral BK or AK amputation or graft occlusion, percentage of those cases that resulted in in-hospital death, ipsilateral amputation or graft occlusion

	Your Region	VQI Overall
Number of access procedures meeting inclusion criteria	309	5272
Percentage with major complications after INFRA	5.5%	4.2%





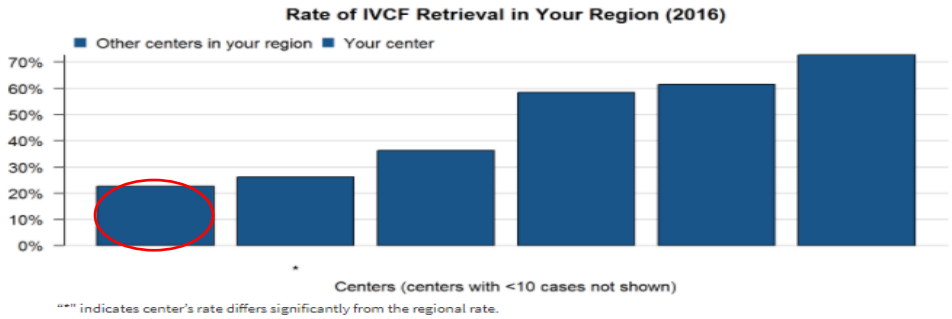


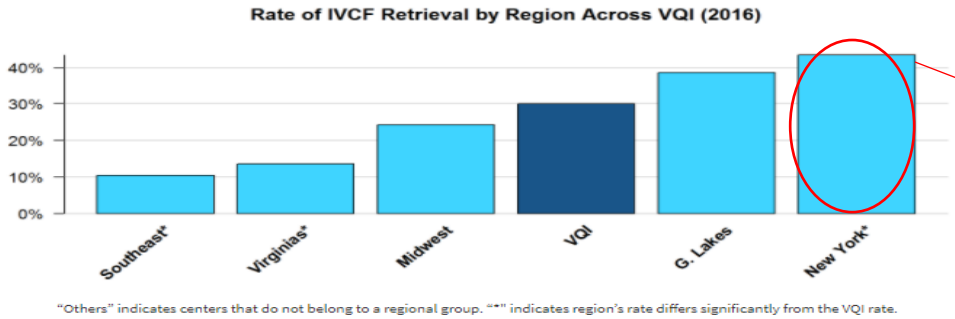
- **Our region is among one of the highest when it comes to complications after Infrainguinal bypass. Use of USG for inguinal procedures should be emphasized and practiced.**

IVCF: Percentage of Temporary Filters with Retrieval or Attempt at Retrieval (2016)

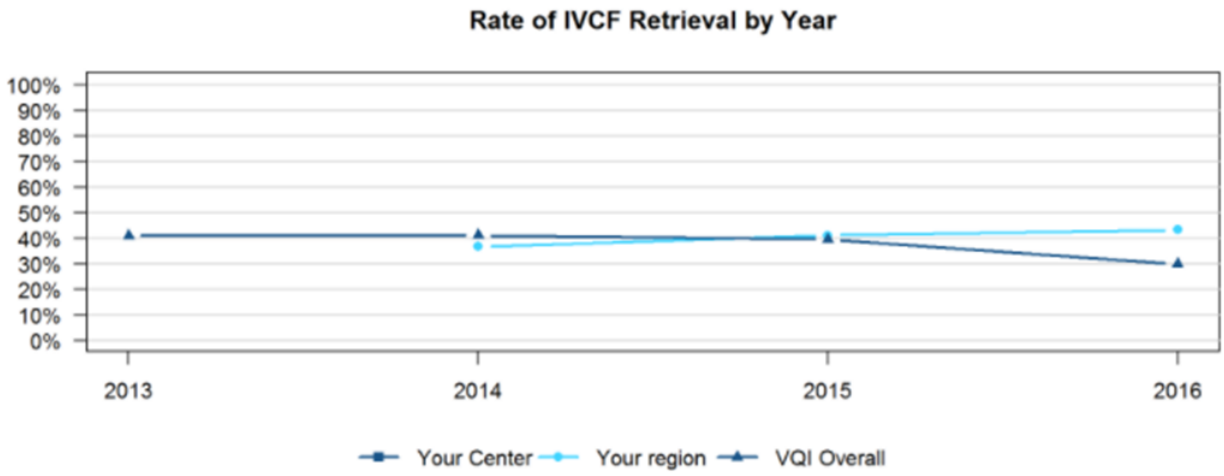
Error in reporting the percentage

	Your Region	VQI Overall
Number of access procedures meeting inclusion criteria	136	1294
Percentage with filter retrieval, or attempt at retrieval	0%	30%
Percentage not retrieved because not clinically indicated	NA	NA%
Percentage not retrieved because patient declined	NA	NA%





Correct percentage



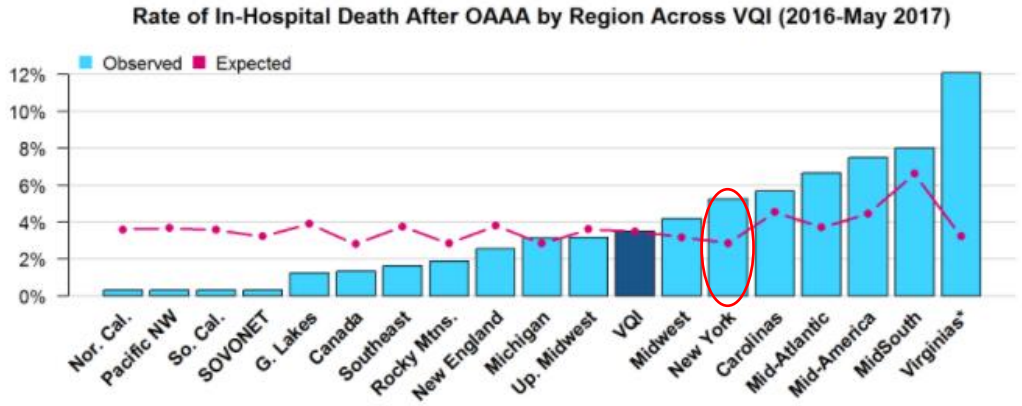
- **We would like to point out erroneous data on the first slide of IVCF retrievals; it shows that our region has 0% Follow Up rate.**
- **The next slide demarks correct figures as 40 %**
- **We are one of the best regions to have highest follow up**

Non-Ruptured Open AAA: In-Hospital Mortality
(Jan. 1, 2016-May 31, 2017)

Excludes ruptured aneurysms observed and expected rates of in-hospital death for those cases

	Your center	Your Region	VQI Overall
Number of OAAA procedures meeting inclusion criteria		40	1433
Observed rate of in-hospital death among procedures meeting inclusion criteria		5%	3.6%
Number of procedures with complete data*		38	1343
Observed rate of in-hospital death among cases with complete data		5.3%	3.5%
Expected rate of in-hospital death among cases with complete data*		2.9%	NA
P-value for comparison of observed and expected rates		0.3	NA
Observed rate of in-hospital death among procedures with infrarenal proximal clamp		4.2%	2.6%
Observed rate of in-hospital death among procedures with suprarenal proximal clamp		6.2%	4.5%

*"Expected rate" is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. "Cases with complete data" include patients who have data on all of those factors.



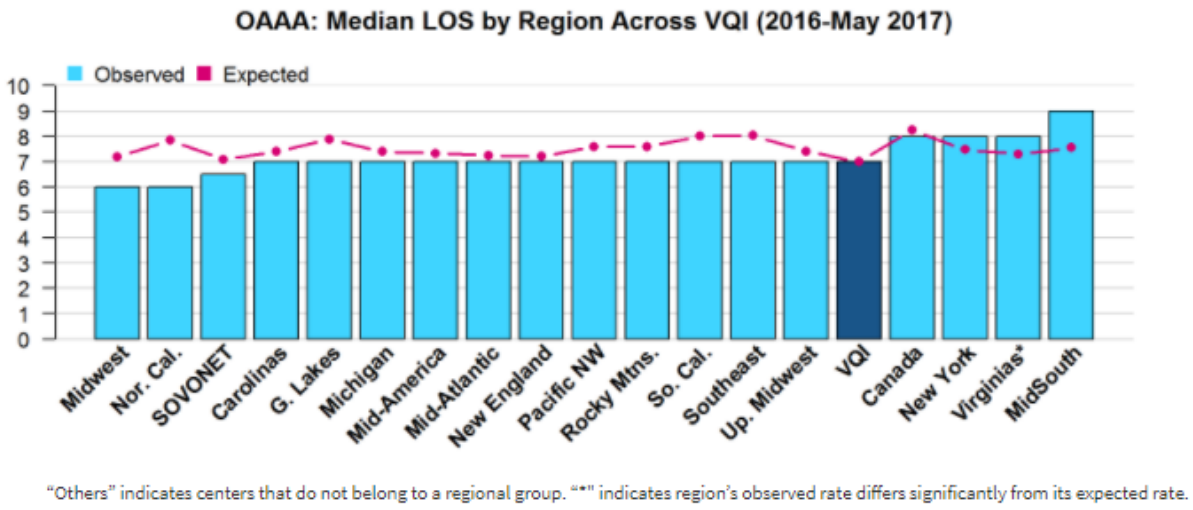
"Others" indicates centers that do not belong to a regional group. "*" indicates region's observed rate differs significantly from its expected rate.

OAAA Repair: Observed vs. Expected Median LOS
Procedures performed between Jan. 1, 2016, and May 31, 2017

Excludes ruptured aneurysms and in-hospital deaths with LOS<=8 days

	Your center	Your Region	VQI Overall
Number of OAAA procedures meeting inclusion criteria		39	1399
Observed median LOS among procedures meeting inclusion criteria		8	7
Number of procedures with complete data*		37	1300
Observed median LOS among cases with complete data		8	7
Expected median LOS among cases with complete data*		7.5	NA
P-value for comparison of observed and expected medians		0.66	NA
Observed median LOS among cases involving infrarenal proximal clamp		8	7
Observed median LOS among cases involving suprarenal proximal clamp		8	7

*"Expected median" is the median LOS estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, concomitant procedures, medication and stroke and vascular history. "Cases with complete data" include patients who have data on all of those factors.

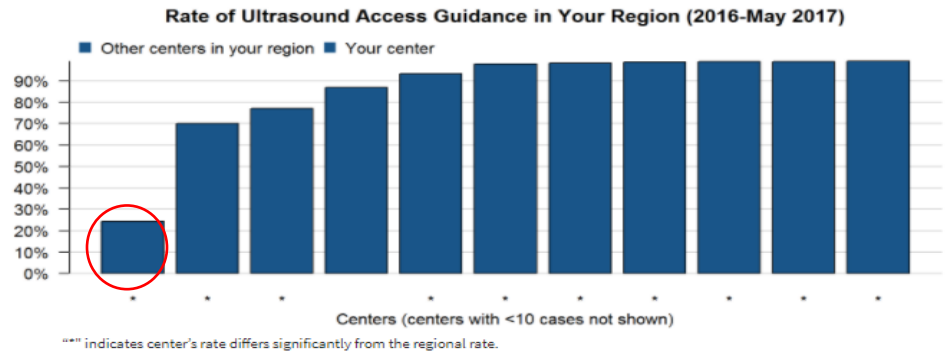


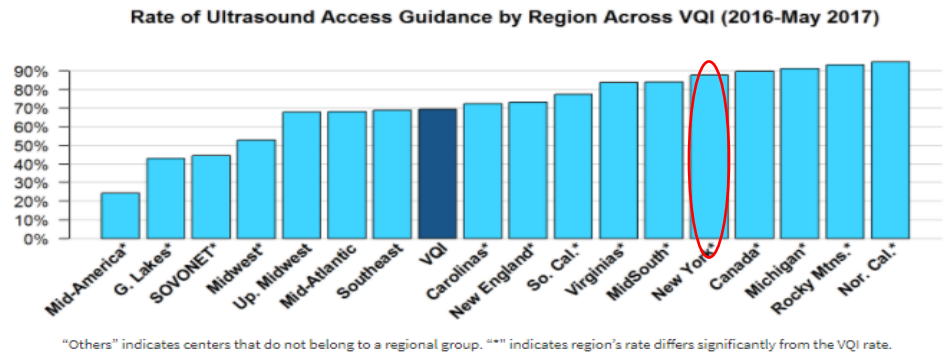
- **LOS for our region is 7.5 %**

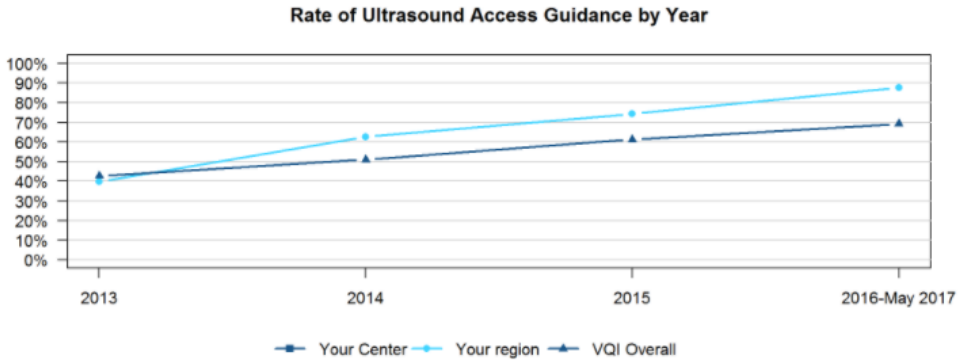
PVI: Percentage of Percutaneous Femoral Procedures Using Ultrasound Guidance (Jan. 1, 2016-May 31, 2017)

Excludes cut-down access guidance

	Your Region	VQI Overall
Number of percutaneous femoral procedures	2484	31443
Rate of ultrasound access guidance	88%	69%
Rate of any hematoma (minor, moderate or major)	2.3%	2.6%
Rate of moderate or major hematoma	0.5%	0.6%
Rate of US guidance among cases with closure device	90%	71%
Rate of US guidance among cases without closure device	73%	60%





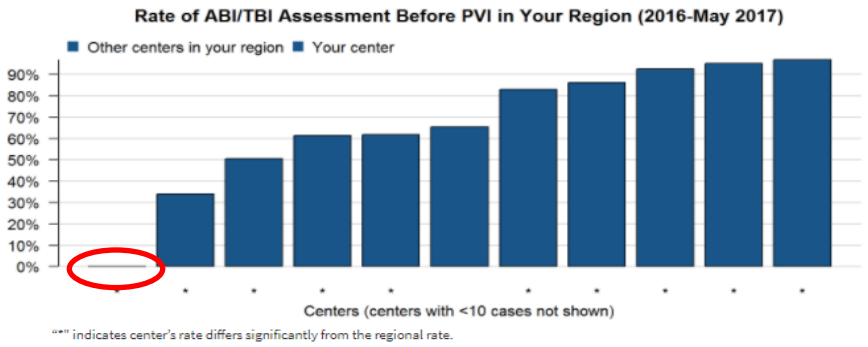


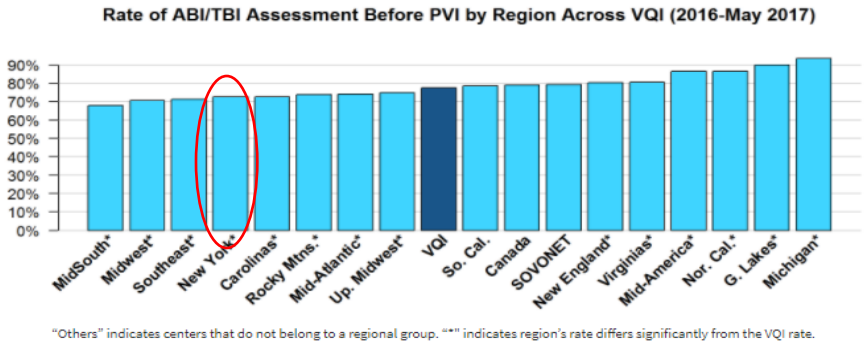
- **We are consistently at higher level than national average for use of USG with or without closure device**
- **There is one center amongst our region that that has statistically significant of lower USG usage.**
- **We need to address the low performance sole center. We should also look into why some do and some do not use USG on PVI's.**
- **This may be a topic for presentation or debate at next meeting.**

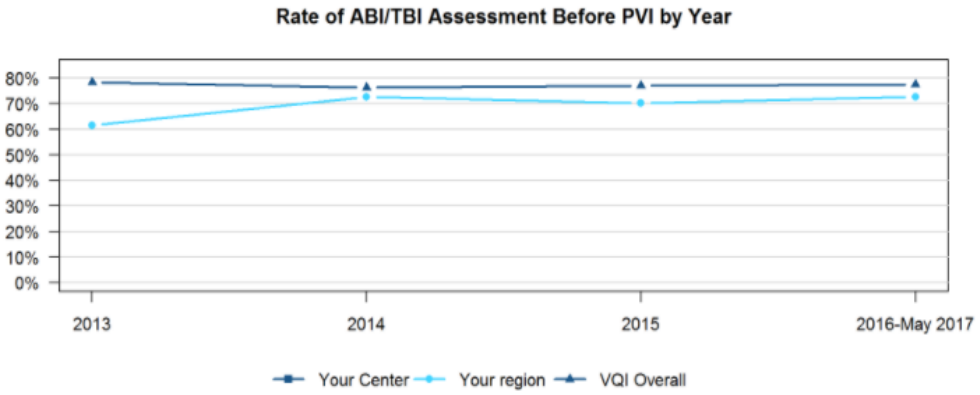
PVI: Percentage of Claudicants With ABI or TBI Reported Before Procedure (Jan. 1, 2016-May 31, 2017)

"ABI or TBI reported" indicates at least one measure was recorded for the side of the operation, or on both sides for bilateral and aortic procedures.

	Your Region	VQI Overall
Number of PVI procedures with indication of claudication	1075	14336
Percentage with ABI/TBI recorded before procedure	73%	78%

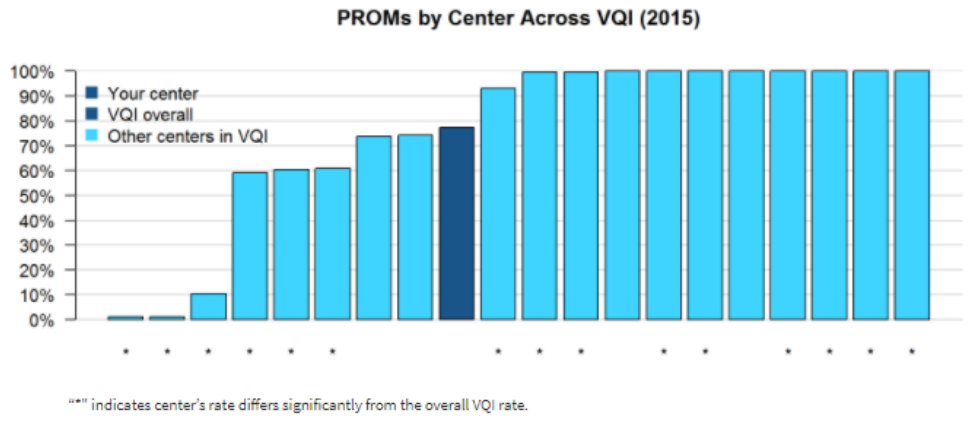






Varicose Veins: Percentage of Procedures With Complete Patient-Reported Outcome Measures Recorded at Follow-Up (2015)

Includes only patients with any follow-up visit recorded.
All regional data omitted because most regions have <3 centers.
Patient-reported outcomes measures (PROMs) include heaviness, achiness, swelling, throbbing, itching, appearance and impact on work in side of operation



D) VQI VSGGNY Presentations (slides available on website):

1) **"Experience and outcomes with TCAR Procedures at SBU"**
   Angela Kokkosis MD
2) **VQI Influence on Quality Improvement: What VQI Can Do for You**
   Roger Walcott MD
3) **VQI project for transfusion with TEVAR and LE bypass**
   Sikander Khan MD
4) **VQI Discharge Medications Review and Analysis**
   Glen Jacobowitz MD, Matt Cambria DM

E) Arterial Quality Council Update: Darren Schneider, MD/Carrie Bosela SVS/PSO

- **EVAR Long Term Follow-up (LTFU) is being reviewed for validation on the variables. SVS is seeking volunteer MD's to review definitions, revisions and appropriateness of variables, please contact Carrie if any physician is interested**
- **VQI registry chairs submitted lists of essential variables for each registry.**
- **Maine Medical Center dashboard used as a guide**
- **Dan Neal will lead initiative to build center dashboards using essential variables**

- **Bi-annual dashboards planned for 2018; quarterly issuance for high volume registries TBD.**

F) Venous Quality Council Update: Krish Soundararajan, MD (Absent), Carrie Bosela SVS/PSO presenter.

- **Venous Stent Registry: release 2018**
- **Clinical Workgroup: Marc Passman, MD (chair), William Marston MD, Tony Gasparis MD, Rabith Chaer MD, BK Lal MD, Lowell Kabnick MD**
- **Industry and FDA Collaboration: Bard, Cook, Gore, Medtronic, Veniti**

G) Research Advisory Council Update: Glenn Jacobowitz, MD

- **Check Approved Project List: http://www.vascularqualityinitiative.org/wp-content/uploads/VQI_Approved_Projects_List-6.22.17-for-Publish.pdf**
- **To submit a proposal to be considered for the National RAC, please follow the link below: http://abstracts123.com/svs1/meetinglogin**

Vascular Quality Initiative®

vascularqualityinitiative.org

Alfio Carroccio, MD	NSHS	IVC filter thrombosis in obesity	Dec - 16
Alfio Carroccio, MD	NSHS	Patency of Forearm Arteriovenous Fistulas in Octogenarians	Dec - 16
Vincent Rowe, MD	USC	The effect of ACE inhibitors and ARBs on outcomes of lower extremity bypass	Dec - 16
William Robinson, MD	UMass	The Utilization of Novel Anticoagulants After Infrainguinal Bypass and Impact on Outcomes In the VQI	Dec - 16
Mahmoud Malas, MD	John-Hopkins	Determinants of Same-Day, Early versus Late Discharge and The effect of Discharge Patterns on Mortality and Readmission Following Elective EVAR	Dec - 16
Jessica Simons, MD	UMASS	Practice Patterns of Atherectomy	Dec - 16
Faisal Aziz, MD	Penn State	Impact of a Center's Volume of Ruptured Infrarenal Aortic Aneurysm Surgery on the Outcomes of Ruptured Infrarenal Aortic Aneursyms	Dec - 16
Jeffrey Siracuse, MD	BMC	EVAR in dialysis patients	Dec - 16
Jeffrey Siracuse, MD	BMC	Retrograde popliteal approach for recanalization of superficial femoral artery	Dec - 16
Thomas Maldonado, MD	NYU	A comparison of the incidence of ischemic complications between FEVAR and standard EVAR	Dec - 16
Nicole Kennedy, MD	Henry Ford	The incidence of EHIT in the Era of Endovenous Ablation Technology	Feb - 17
Michael Sgroi, MD	Stanford	The effects of the type of anesthesia on perioperative outcomes for infrainguinal bypass	Feb - 17

- **https://www.vqi.org/wp-content/uploads/VQI_Approved_Projects_List-9.29.17-for-Publish.pdf**
- **Proposal Submissions: December 2017**

- **Call for Proposals: October 10, 2017**
- **Due Date: November 20, 2017**
- **Meeting: December 11, 2017**
- **Notifications Sent: December 12, 2017**
-

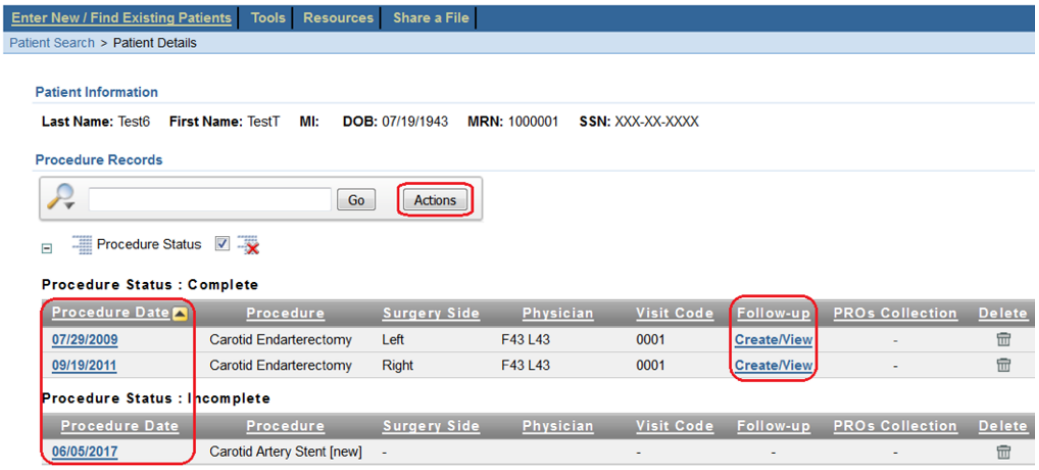
H) Governing Council Update: Apostolos Tassiopoulos , MD FACS

- **Additional Committee members to be added to the PSO Executive Committee to provide representation for the Community Practice and Office-Based Endovascular Center communities.**
- **Update on the Clinical Indications Committee**
- **Update on Registry Development for Q3 and Q4 of 2017**
- **PVI Mapping**
- **CAS Mapping**
- **IVC Filter Retrieval**
- **Medicine Registry**
- **Addition of Required Fields**
- **PSO Audit Tools**
- **Update on the SVS exploring a Vascular Certification Program**
- **Possibility of incorporating Dues to support Regional Meetings, directly into Annual Registry Billing Invoice**
- **GC Approved the New Policy Governing the Release of data sets including identified Device Data**

I) Pathways Development Update: Debbie Macaulay, M2S

- **Expanding Participation in VSGGNY**
  - **St. Joseph's Health Center Syracuse**
  - **St. Peter's Hospital Albany**
  - **New York Methodist Hosp Brooklyn**
  - **St. Francis Roslyn**
  - **NYP Queens Hospital Flushing**
  - **SUNY Downstate Medical Center Brooklyn**
  - **Bassett Medical Center Cooperstown**
  - **Glen Fall Medical Center Glens Falls**
  - **CVPH Medical Center Plattsburgh**
  - **NSLIJ-Huntington Hospital Huntington**
- **PATHWAYS Patient Details: Page Is Now Shown As Interactive Report:**
  - **Page layout includes break function which groups the list of procedure records by status**
  - **To access the individual procedure records, click on the procedure date in the Procedure Date column.**

- A new "Follow-up" column has been added to the table. Incomplete procedures will only show a dash in this column. Complete procedures will display the "Create/View" link to access and create new follow-up records.
- Using the Actions button, customize your view and add/remove columns displayed in the tables, save your view, and download the list of procedure records.



- PVI and CAS Data Mapping:
  - Both scheduled for Q3
  - Once mapping is compete, access to the old forms will be removed. Data collected in the VQI which had been captured on the former version of the form will be converted to the new version.
  - Incomplete procedures that have been started on the old form, and are still incomplete at the time of the release, will be mapped to the new forms and require completion of the new data fields for successful submission.

- MIPS Quality Component through the VQI:
  - VQI is a 2017 Approved QCDR: 29 Quality Measures across the VQI registries
  - If you, or your individual physicians, would like to participate in the 2017 Merit-based Incentive Payment System (MIPS) through the VQI QCDR, contact PATHWAYSSupport@m2s.com

1) TEVAR Dissection Post-market Surveillance:
   - Sponsors: Medtronic and W.L. Gore: (Not enrolling)
   - Sites have received $942,800 as of 6/30/2017 as compensation for their time.
   - FDA has received 4 summary reports (non-identifiable data)
   - Publications:
     - Innovative postmarket device evaluation using a quality registry to monitor thoracic endovascular aortic repair in the treatment of aortic dissection. JVS 2017

- Thirty-Day Outcomes from: The Society for Vascular Surgery Vascular Quality Initiative (SVS VQI) TEVAR for Type B Dissection Project. 2017 Vascular Annual Meeting

2) Lombard Aorfix Post-market Surveillance:
   - Sponsor: Lombard Medical (Enrollment open)
   - EVAR Registry
   - Sites have received $94,700 as of 6/30/2017 as compensation for their time.
   - Lombard has received 6 data reports (non-identifiable data)
3) Medtronic IN.PACT DCB ISR Post-market Surveillance:
   - Sponsor: Medtronic (Enrollment open)
   - PVI Registry
   - The Medtronic IN.PACT® Admiral® DCB ISR Project is a prospective, non-randomized, multi-center, single arm post market registry surveillance of the clinical use of the Medtronic IN.PACT® Admiral® Paclitaxel-Coated PTA Balloon
   - The primary objective of this project is to assess the long-term safety and performance of the IN.PACT® Admiral® DCB in a U.S. population for the treatment of ISR lesions in the superficial femoral and popliteal arteries.

4) Bard® LifeStent® Popliteal Artery Stent Project
   - Sponsor: Bard Peripheral Vascular, Inc. (Enrollment open)
   - PVI Registry
   - Objective: to conduct long term post-market surveillance of the safety (including fractures assessed at revision) and effectiveness of the Bard® LifeStent® Vascular Stent Systems for the treatment of symptomatic de novo or restenotic lesions in the popliteal artery.
5) Trans-Carotid Artery Revascularization Project:
   - Collaboration with CMS to provide reimbursement for TCAR in medical high risk symptomatic or asymptomatic patients if entered into VQI CAS Registry + 1 Yr follow-up
   - Data will be compared with outcome of CEA procedures in VQI during the same time interval
   - Goal is to generate real-world data for future decisions about coverage of TCAR as distinct from trans-femoral CAS
   - Newly enhanced VQI CAS Registry!
   - Enter TCAR case using FDA approved stent/flow-reversal into Registry, submit Medicare claim using NCT 02850588
6) CREST 2 Registry Project: (Enrollment open)
   - CAS Registry with Supplemental 1-page form
   - 97 Physicians are participating through VQI
   - Objectives
     - Promote rapid initiation and completion of enrollment in the CREST-2 trial
     - Ensure that CAS is performed by adequately experienced operators within CREST-2 and C2R
     - Closely monitor clinical outcomes of C2R patients

    - **Prevent inappropriate use of CAS outside of C2R**
- **C2R Investigators have received 49 reports**
    - **Patient-level data is non-identifiable per HIPAA**
    - **Physician and center names are transferred IAW project data sharing agreement**

J) Next meeting venue: The Spring 2018 regional meeting Carrie/Tassiopoulos to reach out to Albany group to host the meeting.

K) Elections: Medical Director, Arterial Committee chair and Research Committee chair position will be opened for election again.

Carrie and Nilima to reconsider revising the nomination forms before sending them out to all centers.

- **Nominations will be emailed out by Carrie once finalized**
- **Redline by-laws for the medical director to be able to have the option of a second consecutive term and have Carrie send out for approval to Executive Committee**

L) Adjourn: Dr. Tassiopoulos and Nilima Lovekar thanked everyone for coming

Action item plans before next Spring Meeting: for Nilima:

1. **Email all Founding Physicians and EC committee the bylaws changes to be approved within time limit of 5 business days.**
2. **Send emails to all members about voting for Medical Director, AQC,VQC and RAC positions;**
   - Decision voted for of 75% attendance requirement to be candidate for Medical Director 2 years prior to nomination.
   - Also attendance for the EC, attendance requirements to remain at 75% also
3. **After approval the nomination form to be sent to all members through survey monkey.**
4. **Send in minutes and full slide deck for the meeting to Carrie.**
5. **Reach out to non-participating centers by making phone calls. Calls to all centers to be distributed equally within few centers to make it easy for call volume load.**
6. **Follow up with Pathways:**

- **Our region is requesting to have our email notification 90 days prior to pulling our data for the bi annual regional meeting.**