VASCULAR STUDY GROUP OF GREATER NEW YORK

Spring 2019 Regional Meeting

June 11th 2019

7:00 am – 9:30 am

Gaylord Resort and Convention Center, National Harbor, MD.

Proudly Supported by: Silk Road INC

AGENDA:

7:00 am- 9:30 am: Eat in Breakfast served/Beverage/Tea-Coffee

Data Managers Meeting: 7:00 am – 7:30 am

- **Welcome**
- **Follow-up rate across centers: How it can be fixed?**
- **Discussion collaborative QI project "Discharge Statins and Antiplatelets"**
- **Open forum**

VSGGNY Regional Meeting 7:30 am-9:30 am

7:30 – 7:35	**Welcome and Introduction**	**Apostolos Tassiopoulos, M**
7:35 – 7:45	**Spring Meeting follow-up**	**Apostolos Tassiopoulos, MD**
7:45- 8:00	**National VQI Update??**	**Cheryl Jackson DNP, MS, RN**
8:00 -8: 15	**Regional Data Review**	**Apostolos Tassiopoulos, MD**
8:15- 8:25	**Research Advisory Committee Update**	**Issam Koleilat, MD**
8:25 – 8:35	**Arterial Quality Committee Update**	**Apostolos Tassiopoulos, MD**
8:35- 8:40	**Venous Quality Committee Update**	**Cheryl Jackson DNP, MS, RN**
8:40 – 9:00	**Post-Approval Safety and Efficacy of Transcarotid Arterial Revascularization**	**Michael Stoner, MD (Silk Road Presentation)**
9:00 – 9:10	**Governing Council Update**	**Evan Lipsitz MD/ Cheryl Jackson DNP, MS, RN**
9:00 – 9:10	**M2S: Development Update**	**Debbie MacAulay**
9:10- 9:20	**Expanding Participation**	**Debbie MacAulay, M2S**
9:20-9:30	**Open Forum**	
9:30 am	**Next Meeting and Adjourn**	

Welcoming Participants: Nilima Lovekar MPH

Data Managers Meeting: 7:00 am – 7:30 am

Follow-up rate across centers: How it can be fixed?

Information: the follow up rate for newly joined centers does not get accounted for the Participation Award.

Some reasons and responses as to why the follow up rate is low:

- Hospital A has to rectify communication gaps between the abstractor, physician and staff for expediting the follow up calls and scheduling routine of patients after procedure
- Hospital B - data manager has been newly hired and thus the abstraction and follow up scheduling gaps are being addressed
- Hospital C has started abstraction of VQI modules since February of 2018 thus the follow rate (between 9-21 months) is not accounted for as of yet.
- Hospital D had 1 abstractor and 12 modules for data input, recent hiring of additional data abstractor will be beneficial.
- The staff turnover reduces the efficacy of data input in general and reflects the follow-up rate as well
- Follow-ups for each entered patients seem to be time consuming for abstractors
- Hospital E: Patients are unwilling to travel to Manhattan for follow up once they find the problem is fixed.
- There is lack of communication with front desk schedulers on call backs.
- Also physicians do not follow the VQI requirements for the follow up testing and imaging.
- Many a time imaging is done outside the follow-up window

Physician's discussion on follow-up rate:

- Dr. Tassiopoulos advice was that the more you expand and build up the VQI database at your center it's important to remember that more work force is needed
    - There is a need to strike discussion between hospital and surgeons for increased staffing to meet the needs of data abstraction while the center expands its VQI modules inclusion
    - From data abstractors point entering new cases vs entering follow-up cases is also a priority issue, new cases data input becomes a priority causing lag in follow up of cases
- How do we get around this problem;
    - Use of EMR-interface for VQI database which will decrease work load of data abstractors
    - Use of outside services like MedStreaming to try to interface or develop an app for the same.
    - With Epic and Cerner integration abstraction may be efficient, this is being tried at few hospitals for Carotid modules. This will free up the abstractors time and can focus on follow-up rate if the integration can be applied to more modules.

  - The important aspect is how to make it physician friendly and user friendly for abstractors who have limited resources in chart reading
  - Also integration of outside facility imaging to hospital EMR will be beneficial which currently is difficult to access for follow up imaging variables since the outside reports may not be available or scanned in.

- Best patient follow-up practices:
  - Having a driven data manager and the vested physician for the VQI registry
  - Biggest problem is getting patient back for follow up visit: physicians need to be trained on the needs of VQI and emphasizing importance of follow up
  - Generally seen if the hospital is not within <25 miles radius the follow up rate dwindles' patients choose to follow up with local doctors. Patient health factors also influence follow up rate as in; poor recovery, no family help, copay burden
  - Communication with primary care is important: give the spread sheet of patients to be followed along with the follow-up tests and imaging needs, and follow-up with primary care office for office visit records will be helpful
  - Create a list of patient cases for each physician with the labs and imaging needs for each patient to be followed up and send it to physician's office, the manager and staff at least 3 months before the 9-21 months window opens up.
  - VQI needs the patients to be followed up within the time window of 9-21 months, if patients cannot be followed at least an attempted follow up phone call will give some information which will be better than having no data for follow up

1) National VQI Update: Cheryl Jackson, RN, SVS PSO

- 565 VQI Centers
- 565 centers in North America
- 18 Regional Quality Groups
- 1 center in Singapore
- VQI Total Procedure Volume: 585,440

Redesign of Home page to provide better navigation
Highlights on Home page for featured QI and News, as well as the Latest Articles
Greater focus on regions, QI and data analysis in new sections
Clearer Resources section, including Reporting and Registry Updates and a Directory in Contact Us

Audits: Data audits via Pathways have begun and will continue throughout the year, with a new audit scheduled for each month. The focus this year is on out of range data entries. So far:
Dec/Jan -- AVACCESS: ~900 out of range data points audited across 9 data fields. Centers fixed/verified ~300 entries. The rest will be set to NULL.
Feb -- CEA: ~1400 out of range entries audited across 20 data fields. After 3 weeks, 76% of those points had been fixed or verified.
March – CAS out of range and stroke audit

April – Varicose Vein out of range
May – EVAR out of range and hours symp to repair
June – OAAA out of range and transfusion
July – IVCF

2019 Reports:
Quarter 1: Spring Regional Reports,
QI Update: EVAR LTFU Imaging Update/Risk Calculator
Performance Awards
Quarter 2: QI Initiative Updates – DC meds and EVAR LTFU imaging
Center and System Dashboards
Quarter 3: Fall Regional Reports
QI Initiative Updates – DC meds and EVAR LTFU imaging
Center and System Dashboards
Quarter 4: QI Initiative Updates – DC meds and EVAR LTFU imaging

Educational Webinars 2018:
January: PVI Basic Form
February: LTFU Calculation Revisions
Close to release (TBD):

- Varicose Vein Registry Changes
- New Venous Stent Registry
- Hemodialysis Registry Changes
- New Medicine Registry

Quality Improvement Webinars:

- February 2019 "Starting a QI project"
- May 2019
    - Educational – Methodology, QI tools
    - Case studies from participants
- September 2019
    - Educational – Methodology, QI tools
    - Case studies from participants
- November 2019
    - Wrapping up a QI project, 2020 Participation Award information

New Project: SVS PSO work group to address national opioid epidemic with a focus on vascular patients. To develop recommendations based on work from National Academy of Medicine, Prescription Drug Monitoring Program (PDMP) and evidence-based practice.
Led by Dr. Peter Henke - University of Michigan
Meet at VAM. June 12-15, 2019 Gaylord Convention Center, National Harbor, MD (Washington, DC)

Participation Awards: 2018:

- 50 sites earned 3 stars, 92 sites earned 2 stars and 54 earned 1 star (383 eligible sites)
- Overall median LTFU increased to 74% from 70% in the prior year
- 55 Charters were submitted as part of the new quality domain

119 centers qualified for a bonus point for Discharge Medications and 62 centers for EVAR LFTU, based on maintaining their standing in the top quartile or by achieving statistically significant improvement in these areas

Awards were distributed in March.
3 Star recipient to receive Certificates at Regional and National Meeting
1 & 2 Star centers will be sent a PDF of their Certificate
Standardized Press Release was created for Star Awards.

VSGGNY Star Awards:
1 Star:

- Catholic Health Sister of Charity Hospital
- Montefiore Medical Center
- Lenox Hill Hospital

2 Stars:

- Columbia University Irving Medical Center
- Catholic Health Mercy Hospital of Buffalo
- Maimonides Medical Center
- Kaleida Health
- Weill Cornell University Medical Center

3 Stars:

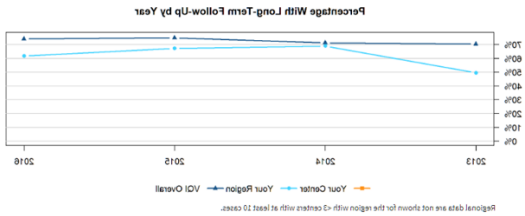
- Stony Brook University Medical Center
- University of Rochester Medical Center
- NYU Langone Medical Center

2) Regional Reports: Apostolos Tassiopoulos, MD FACS

Total Procedure Volume:

- VSGGNY is among top 3 regional centers having higher procedure volume input

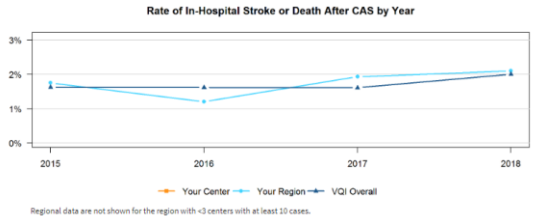
Percentage of Procedures with 9 months or greater Follow- up:



- VSGGNY one of the lower performers in follow-up rate for all procedures across VQI
- Discussion of lower follow-up rate discussed in Data Managers meeting
- Dr. Tassiopoulos's take away points to improve follow-up rate were:
    - Physician's investment and knowledge on the VQI follow-up protocols
    - Data manager who needs to be actively vigilant on data input and follow-up cases
    - Use of EMR-interface for VQI database which will decrease work load of data abstractors and they can focus on follow-up rate
    - Integration of outside imaging reports with hospital EMR will facilitate obtaining imaging
    - Trying to find balance between input of new cases vs following-up of case with the window of 9-21 months is crucial and depends on individual centers

Discharge Medications: Prescription rate of Antiplatelets and Statins for all procedure to be improved this would topic of discussion for next meeting

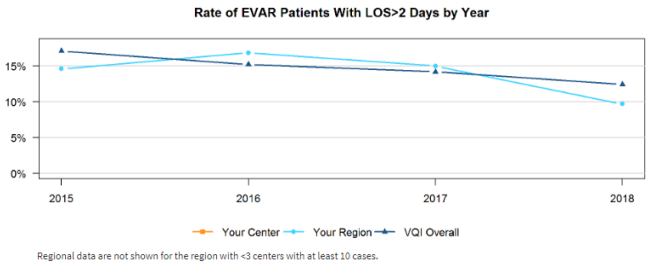
Carotid Artery Stent: Stroke or Death in Hospital:



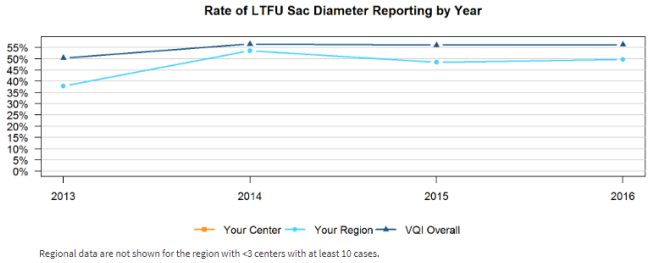
- The high performer centers for good CAS outcomes in terms of lower stroke and in hospital mortality to be invited for next meeting
- It will be helpful for other centers to get insight on best practices
- Discussion sparked the fact that some centers who may not have large volumes of CAS cases but may have single complication still the percentage rate for stroke or in hospital death increases sharply.
- VQI report has no way to distinguish between the number and outcome correlation on graphs.

Carotid Endarterectomy Stroke or Death in Hospital and LOS: Good performance by VSGGNY

EVAR Percentage of Patients with LOS> 2 days:

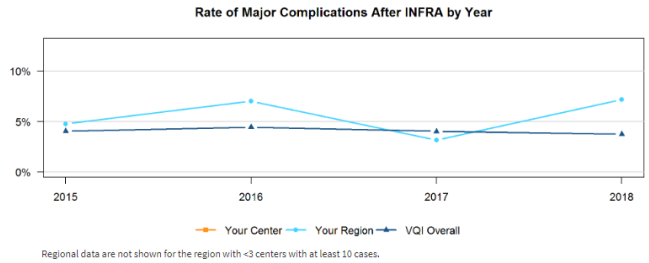


EVAR: Rate of Sac Diameter Reporting at Long Term Follow-up:



EVAR sac measurement reporting for long term follow up are off from other sites. We need to identify the source of reporting. Primary care should be made aware of the wrong sizing and measurements done by other sources. Primarily it's to be seen that the sac diameter and other dimensions for the abdominal aneurysms are done along with a vascular surgeon.

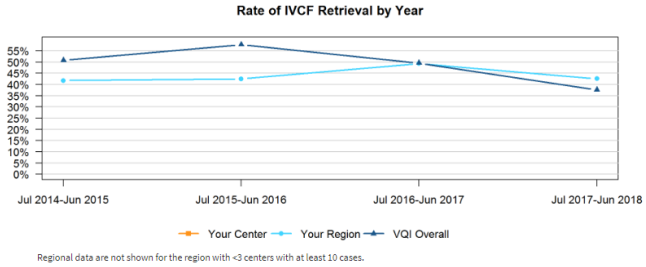
Infrainguinal Bypass: Rate of Major Complications:



- The major complications taken in consideration is the return to OR for amputation post IIBP.
- The return to OR sometimes is planned there is no way on the VQI module to record this.
- The physicians are being reported for the return to OR outcomes post IIBP, but many a times TMA or return to OR are part of their practice which may have been planned before the procedure or planned during the admission that the patients need to return for other procedures like minor amputation or revisions of procedure.

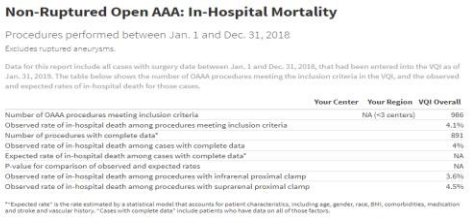
- There needs to be a regional survey to acquire data on amputations in conjunction with IIBP, rate of complications for IIBP and practice pattern for IIBP
- Return to OR for amputation needs to be changed to account for planned amputations.
- PSO aware of this issue. On the list for enhancements.
- Dan to run report for RTOR and planned amps (if possible)
- Region may focus on Infra complications as a QI project

IVCF: Percentage of Temporary Filter Retrieval or Attempt at Retrieval



- Retrieval rates for IVCF is another lower performer for our center. We need to have aggressive measure to try to lower the rate: suggestions were for periodic reminders to physicians notifying the time frame of IVCF input and retrieval.
- The medical students and residents can be helpful to maintain a list of IVCF cases and be asked to follow-up with the patient communication and send reminders to the physicians for timely retrieval.

Open AAA: Non Ruptured Open AAA in Hospital Mortality:



Non-Ruptured Open AAA: In-Hospital Mortality

Procedures performed between Jan. 1 and Dec. 31, 2018

Excludes ruptured aneurysms.

Data for this report include all cases with surgery date between Jan. 1 and Dec. 31, 2018, that had been entered into the VQI as of Jan. 31, 2019. The table below shows the number of OAAA procedures meeting the inclusion criteria in the VQI, and the observed and expected rates of in-hospital death for those cases.

	Your Center	Your Region	VQI Overall
Number of OAAA procedures meeting inclusion criteria		NA (<3 centers)	986
Observed rate of in-hospital death among procedures meeting inclusion criteria			4.1%
Number of procedures with complete data*			891
Observed rate of in-hospital death among cases with complete data			4%
Expected rate of in-hospital death among cases with complete data*			NA
P-value for comparison of observed and expected rates			NA
Observed rate of in-hospital death among procedures with infrarenal proximal clamp			3.6%
Observed rate of in-hospital death among procedures with suprarenal proximal clamp			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.

- Discussion and agreement by all physicians that the rate of Open AAA has dwindled down grossly.
- Medical students and fellows are not being trained on this procedures at many institutions since the procedure volume is negligible
- Nilima on behalf of Columbia mentioned that NYP Columbia does lot of Open AA cases but most of them are excluded due to stringent I/E criteria for VQI
- Request was made to Dan Neal to look into more flexible I/E criteria to be created to accommodate Open AA procedure done in conjunction with the procedure for example open hemiarch, or open juxtarenal procedures

PVI Claudicants with ABI/TOE Pressure Reported before Procedure:

- No recording of pre-op ABI/TP has been on going issue with thought process of elimination the variables in the modules

TEVAR: Rate of Sac Diameter Reporting at Long Term Follow-up

- VSGGNY is at par with national level in reporting diameters for TEVAR sac at long term follow-up

3) SVS AAA Guidelines:

- Preserve flow to at least one Internal Iliac Artery – Univariate analysis
  - Open AAA – worse SSI, in-patient mortality and 1 year mortality
- Preserve flow to at least one Internal Iliac Artery Multivariable analysis
  - Open AAA – worse 1 year mortality
- Use of Autotransfusion during open AAA –
  - Inhospital Mortality – 9% vs 18%
  - One year Mortality – 14% vs 25%
- Adherence to use of cell saver had decreased inpatient and one year mortality following open AAA repair

4) **AQC Update: Apostolos Tassiolpolous MD FACS**
Angela Kokkosis MD (absent)

- Harmonizing similar help text
- Updating all help text by the end of 2019 (using audit results to inform changes)
- IDE device clean up (Please do not enter an IDE as "other")
- Other device clean up (Need more details, manufacturer, device name, product #)
- General Registry Updates (Infra, Supra and OAAA on deck for 2019)

5) Research Advisory Committee Update: Issam Koleilat, MD

- No Restriction of data release based on similar projects; collaboration is encouraged
- Only 1 refresh of data within 24 months of initial approval
- Industry related projects need to collaborate with the steering committee/s (i.e. TCAR)
  - Review policy and industry charters on the web
- Device Identification Policy: review on the web before submitting proposal

6) Venous Quality Committee Update: Cheryl Jackson DNP, MS, RN
Glen Jacobowitz MD (absent)

- Varicose Vein Registry:
  - revisions to decrease data entry only for "treated leg"
  - Early follow up requirement changing to < 30 days to capture early complications
- IVC Filter: feedback on temporary filter removal reminders?
- Venous Stent Registry: to be released soon!

7) **Presentation: Michael Stoner, MD "Post-Approval Safety and Efficacy of Transcarotid Arterial Revascularization" (Silk Road Presentation)**
8) **Governing Council Update: Cheryl Jackson DNP, MS, RN**
Evan Lipsitz MD (absent)

- Vice Chairs elected:
  Randy DeMartino (AQC)
  Mark Passman (VQC)
- SSN Workgroup:
  Whitepaper being published to help administration understand our need for full SSN (Medicare claims matching and SSDI matching)
- Continued Guideline work with SVS, which has led to new reports in the regional slide decks
- Additional Centers added to the Cerner Abstraction Pilot
- Discussion on how to increase participation at Regional Meetings

9) **Expanding Participation: Debbie Macaulay, M2S**

VSGGNY Prospects SVS | VQI

Accounts	Stage	Lead Physician
Long Island Community Hospital	Quality	
Mid-Hudson Regional Hospital	Contracting	
St. Anthony's Community	Qualiy	
NYP-Lawrence Hospital	Contracting	
NYP-Hudson Valley Hospital	Contracting	
St. Peter's Hospital	Awaiting Contract Signature	John Taggert MD

Comments/Review from VSGGNY

- Automated data to decrease need for more abstractors – centers can't ask for more help
- Cheryl to check on centers with high rate of stroke or death – CEA
- Region may focus on Infra complications as a QI project
- Return to OR for amputation needs to be changed to account for planned amputations.

- PSO aware of this issue. On the list for enhancements.
- Dan to run report for RTOR and planned amps (if possible)

- How will biodegradable filters be addressed?
- Create open thoracic aneurysm registry to capture OAAA cases that are excluded. There are a lot of OAAA excluded due to this and this needs to be studied.
- Dr. Stoner loves the IVCF reminders. He assigns to a med student for follow-up and getting patients back in.
- There needs to be incentives for attending meetings – discount on fees?
- Need ideas for increasing meeting attendance
  - Maybe choose 3 topics and present suggestions for improvement
- Next meeting – Wednesday of VEITH??
- Dr. Issam Koleilat wants to know if VQI can be linked to Premier (cost app in most hospitals) like it links to the Medicare database for cost comparison studies?
- Dr. Tassiopoulos to send email to individual lead physicians regarding attendance and topic of discussion according to their centers need at next meeting
- Nilima to set up lead physicians conference call to discuss
  - Individual center participation issues and solution
  - Financial status of VSGGNY
  - Participation in QI joint projects
  - 3 topics of discussion at next meeting:
    - Prescription rate of Antiplatelets
    - Rate of stroke for CAS/CEA
    - Open AAA/ EVAR LOS, complications, lower OAA rates
- Meeting attendance how can we members attendance:
  - Topics for meeting need to be relevant to needs of the centers participating
  - Change of venue for meeting; venue closer to airports will attract more participants