Location: Gaylord at National Harbor, MD in conjunction with SVS Annual Meeting

Attendees

Members:
Carrie Bosela, Glenn Jacobowitz, Apostolos Tassiopoulos, Angela Kokkosis, Olympia Christoforatos, Kristan Probeck, Zhanna Alaguzova, Darren Schneider, Krish Soundararajan, Linda Harris, Nilima Lovekar, Joanna Baez, Ashley Graham, Mathew Cambria, Laurie Mondry, Alfio Carroccio, Ageliki Vouyouka, Kimberly Ho, Sowmya Smekanth, Robert Rhee, Sharif Ellozy
Remotely: Marcie Cortez, Sharon Holmes, Paul Anain, Roger Walcott, Sue Nappo, Travis Fishstein

Meeting Goals

- Present SVS VQI regional data
- Update from members on subcommittees

Welcome and Introductions by Dr. Tassiopoulos

21 Centers enrolled:
- Beth Israel Medical Center
- Catholic Health Kenmore Mercy
- Catholic Health Mercy Hospital of Buffalo
- Catholic Health Sister of Charity Hospital
- Catholic Health Sister of Charity- St. Joseph
- 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
- North Shore University 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

PSO Regulations: Not permitted to disclosure of own institutions results in the meeting. The group can discuss the region’s data. If your center is a high performer and would like to share personal quality stories then this is the forum where it can be shared with others to benefit others.

A. National VQI and M2s Development Updates: Carrie Bosela
See attached slide presentation
B. Regional Data Review January 2012- June 2015: Dr. Tassiopoulos and Carrie Bosela RN

Regional LTFU Reports:

<table>
<thead>
<tr>
<th>Your region</th>
<th>Follow-up rate (N)</th>
<th>VQI Follow-up rate (N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAS</td>
<td>51% (51)</td>
<td>63% (1989)</td>
</tr>
<tr>
<td>CEA</td>
<td>48% (504)</td>
<td>67% (11121)</td>
</tr>
<tr>
<td>EVAR</td>
<td>51% (238)</td>
<td>68% (4456)</td>
</tr>
<tr>
<td>HEMO</td>
<td>37% (489)</td>
<td>71% (4364)</td>
</tr>
<tr>
<td>INFRA</td>
<td>58% (202)</td>
<td>71% (4701)</td>
</tr>
<tr>
<td>OAAA</td>
<td>48% (29)</td>
<td>71% (1125)</td>
</tr>
<tr>
<td>PVI</td>
<td>42% (1081)</td>
<td>61% (14501)</td>
</tr>
<tr>
<td>SUPRA</td>
<td>38% (71)</td>
<td>66% (1722)</td>
</tr>
<tr>
<td>TEVAR</td>
<td>57% (51)</td>
<td>62% (850)</td>
</tr>
<tr>
<td>IVC*</td>
<td>80% (360)</td>
<td></td>
</tr>
<tr>
<td>2013 overall</td>
<td>45% (2745)</td>
<td>66% (45189)</td>
</tr>
<tr>
<td>2012 overall</td>
<td>58% (2104)</td>
<td>72% (31941)</td>
</tr>
</tbody>
</table>

Our region is one of the lowest. Focus our attention as a goal for fall meeting.

Discussion on transparency with LTFU by placing centers on the graph and does not violate PSO regulations.
Dr. Demartino’s VQI project conclusion: Medical management is associated with improved survival after a number of vascular procedures. VQI participation improves the use of medical management, demonstrating that involvement in an organized quality effort can affect patient outcomes.

COPI Report provides process measured outcomes.

**Percentage of Percutaneous Femoral PVI Procedures Using Ultrasound Guidance (2015)**

Excludes cut-down

Reflects practice patterns and is the preferred way to gain access.
PVI: Percent of Patients with ABI or TBI Assessed Before Procedure (2015)
“ABI or TBI Assessed” indicates at least one measure was recorded for the side of the procedure, or on both sides for bilateral and aortic procedures.

Data capture issues: off-site/outpatient reports unavailable.

EVAR: Rate of Sac Diameter Reporting at Long-Term Follow Up 2013, excluding patients without at least 9 month follow up.
Data capture issues for EVAR/TEVAR Sac Diameter Reporting: telephone follow ups; outside images not available.

**Carotid Endarterectomy**

**Percentage of Patients with Length of Stay > 1 Day**

2015, elective procedures, excluding prior ipsilateral CEA, concomitant CABG, proximal endovascular or other arterial operation, in hospital death with LOS<= 1 day, procedures done on weekends or not done on admission day

Significantly variations across region. Possible social/demographic issues.
As a region we are doing well.

Open AAA Repair:
Percentage of Patients with Length of Stay $\geq 8$ Days
2015 procedures, excluding ruptured aneurysms and in-hospital deaths with LOS$\leq 8$ days, procedures not done on day of admission and weekend procedures

As a region we are average.
Hemodialysis Access: Percentage of Primary AVF vs. Graft
2015 procedures, excludes patients receiving AVF access who have received previous access in the forearm, upper arm or basilic vein on the same side

Our Region is the highest nationally. This reflects our NY practice as a group.

IVC Filter: Percentage of Temporary Filters with Retrieval or Attempt at Retrieval
2015 procedures, excluding patients who have died since discharge

Wide variety within our region. NY Region is the lowest nationally. Discussion on who follows the patients up for removal and the need for a mechanism to be in place for follow up retrieval.
Feedback from centers who participate state the module requires considerable amount of abstraction.

**Carotid Artery Stent: Stroke or Death in Hospital**
2015 procedures, elective, excluding prior ipsilateral CAS

We are higher than expected. Please review your N sample size individually.
Carotid Endarterectomy: Stroke or Death in Hospital
2015 procedures, elective, excluding prior ipsilateral CEA and concomitant CABG

As a region we range from 0% - 11%. This slide reflects only during hospitalization. Group suggested to change title of slide.
We are one of the regions lowest in hospital mortality for open non-ruptured AAA nationally.
C. Arterial Quality Committee Update: Darren Schneider, MD

Roles of the Module Committees

- Participation in all AQC calls (or designation of an alternative) this applies to all AQC members
- Yearly report generation including:
  - Identification of opportunities for improvement of the module (compile a list of data points that can be charged, removed or added)
  - LTFU within the module
  - Missing variable report
  - Data trends and outcomes
- Evaluation of PQRS/QCDR measure from their respective module and identification of possible quality initiatives
- Generation of risk calculators and yearly updates to the models

Statistical Audits

- Analyzing centers with high and low to zero outcomes: validate data that might be under-reported, such as complications
- Pilot with oAAA: The POMI rate for non-urgent oAAA in the data=5.3%
  - After developing a model to predict post op MI after open AAA repair we audited 173 cases with highest risk for MI and found 5.8% previously not reported MI
  - Based on the model, we estimate that the under-reporting rate for MI after all oAAA cases is 1.9%, which means we miss 26% of MIs that likely occur

National QI Projects

- Statin/AP Therapy
- Follow up imaging after EVAR
- Appropriateness of care

D. Research Advisory Council Update: Darren Schneider, MD

- Approved Project list on line (8 pages long list)

- National Proposals New Portal for Submission
  - [http://abstracts123.com/svs1/](http://abstracts123.com/svs1/)
E. Venous Quality Council Update: Krish Soundararajan, MD

IVF Filter Registry

- 5358 procedures captured
- Current workgroup developing an IVC filter retrieval reminder report/email notification
- CMS Quality Measure: Appropriate management of Retrievable IVC filters

Varicose Vein Registry

- 4297 procedures captured
- Focus on vein centers, integrate with vein-specific EMRT vendors
- Includes Quality of Life variables
- Presentation at AVF:
  - Andrea T. Obi, MD - Vascular Surgery Fellow, University of Michigan

Conclusions:
The VQI VVR provides complete assessment of varicose vein interventions, and is useful for monitoring changes after treatment. Modern day varicose vein surgery is characterized by predominately endovenous treatment of axial vein reflux, phlebectomy of clusters, and dramatic improvements in both VCSS and patient reported outcomes.

F. Governing Council Update: Evan Lipsitz, MD-unavailable secondary to emergency

- Dr. Goodney provided an overview of the Audit Subcommittee’s efforts to link patients in the Vascular Quality Initiative to their respective Medicare claims for long-terms outcomes such as stroke, amputation, need for further procedures, and overall survival. In the near future, VQI participants will be able to link to clinical-claims datasets as an ongoing mechanism for long-term effectiveness evaluation.
- Dr. Kraiss provided an overview of the strategic goals that Executive Committee has set for the next year, which include:
  - Stimulating quality improvement projects
  - Maximizing the value of the VQI for key groups (including COPI reports and other registry reports)
  - Strengthening collaborations with external stakeholders and disseminating findings to a wider audience
  - Enhancing registry effectiveness
  - Increasing VQI membership and engagement through the regional quality groups
  - Fostering industry relationships
  - Increasing operational efficiencies

G. Bi-Annual Meeting Discussion:

- Currently SVS/Veith-barriers include low attendance, not enough time and costly. Previously voted split 50%/50%
- Agreed alternative solution: each hospital rotates hosting the fall meetings and for the spring meetings to have it right before the NYSVS meeting (same day and same venue)
June 9, 2016 - Vascular Study Group of Greater New York Meeting

- Dr. Harris offered to host fall’s meeting at her center in Buffalo. Update: Oct. 1st and Oct. 15th 12:30 pm to 5 pm. Dr. Tassiopoulos and Olympia sent out two doodle email. Received only 5 responses.
- Megan will work on paperwork for grant to help cover Dr. Harris’s cost of hosting.
- Carrie will organize a teleconference with the Executive Council to discuss of dissolving the LLC is a viable option

H. Elections for the fall:
- Medical Director job description and request for nominations will be emailed out by Carrie
- 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

I. Regional Dues:
- 2 regions requires centers a set amount required $800/yr
- Compensation for support staff
- Our group suggested $500 a year which will help centers hosting and help cover cost for the support staff. Will need to revisit this at the fall meeting

J. Adjourn: Dr. Tassiopoulos thanked everyone for coming