

# WELCOME

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## VIRGINIA VASCULAR STUDY GROUP

October 11, 2023

12:00 PM – 4:00 PM ET

Morgantown, WV

Hybrid

# In-Person Regional Registration QR Code

**REMOTE ATTENDEES - DO NOT USE THE QR CODE**



# Remote Meeting Attendance Credit

Before we get started, please sign in.

- 1 Click “Participants” in the box at the top or bottom of your screen.
- 2 If your full name is not listed, hover next to your name and look for “rename”. Select & sign in.
- 3 Can’t sign in? Email Angela Churilla at [achurilla@vascularsociety.org](mailto:achurilla@vascularsociety.org) & include identifier you were signed in under (ex – LM7832) or phone number.

**\*NOTE: Credit is NOT given to any attendee or speaker that does not have an ACTIVE PATHWAYS user account.**

# Appreciation and Thanks

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Thank you to everyone who helped make this event possible:

Samantha Minc, MD- Regional Medical Director

Paul White, MD - Regional Associate Medical Director

Ashlee Fletcher- Regional Lead Data Manager

Rachelle Sapp - Regional Lead Data Manager

Kaity Sullivan – SVS PSO Analytics Team

Angela Churilla– SVS PSO Education & Quality Program Manager

Jennifer Correa – Marketing Manager

Caroline Morgan - SVS PSO Clinical Operations Project Manager

SVS PSO Staff

# Today's Agenda

## 2023 Fall VVSG Meeting Agenda

- 10:30 AM – 11:00 AM** Check in
- 11:00 AM – 12:00 PM** Joint breakout
- Executive Committee (lead physicians from each center)
  - Data Manager Q&A (lead data managers each site)
- 12:00 PM – 12:05 PM** Welcome and Introduction (lunch provided)  
*Samantha Minc, MD - Medical Director*
- 12:05 PM – 12:45 PM** VQI National Updates  
*VQI/PSO representative*
- 12:45 PM – 1:15 PM** Council Updates
- AQC Update *Megan Tracci, MD*
  - VQC Update *David Spinosa, MD*
  - RAC Update *Darrin Clouse, MD*
  - GC Update *Samantha Minc, MD*
- 1:15 PM – 2:00 PM** VVSG Regional Data Review  
*Samantha Minc, MD - Medical Director*
- 2:00 PM – 2:15 PM** Break

# Today's Agenda - Continued

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**2:15 PM – 3:15 PM**

Implementing Supervised Exercise Therapy at WVU  
Medicine - *Dr. Paul Rothenberg, WVU Medicine*

Transradial Carotid Intervention: Technology on the Rise, a  
Single Center Retrospective Review - *Dr. Lakshmikumar  
Pillai, WVU Medicine*

Regional aortic QI initiative proposal - Dr. Farivar Behzad,  
UVA

**3:15 PM – 3:30PM**

Break

**3:30 PM – 4:00 PM**

Regional QI Discussions

**4:00 PM**

Closing Remarks, Meeting evaluation and Adjournment  
*Samantha Minc, MD - Medical Director*

# Disclosures

None

# Welcome and Introductions

Berkeley Medical Center  
Bon Secours Maryview Medical Center  
Bon Secours Memorial Regional Medical Center  
Bon Secours St. Francis Medical Center  
Bon Secours St. Mary's Hospital  
Camden Clark Medical Center  
Carilion New River Valley Medical Center  
Carilion Roanoke Memorial Hospital  
Charleston Area Medical Center  
Chesapeake Regional Medical Center  
Chippenham Hospital  
Henrico Doctors' Hospital  
Inova Alexandria Hospital  
Inova Fair Oaks Hospital  
Inova Fairfax Hospital  
Inova Loudoun Hospital  
Inova Mount Vernon Hospital  
Johnston-Willis Hospital  
LewisGale Medical Center  
Lynchburg General Hospital

Mary Washington Hospital  
Monongalia County General Hospital Company  
d/b/a Mon Health Medical Center  
Raleigh General Hospital  
Reston Hospital Center  
Riverside Regional Medical Center  
Sentara Careplex Hospital  
Sentara Leigh Hospital  
Sentara Martha Jefferson  
Sentara Norfolk General Hospital  
Sentara Northern Virginia Medical Center  
Sentara Obici Hospital  
Sentara Princess Anne Hospital  
Sentara RMH Medical Center  
Sentara Virginia Beach General Hospital  
Sentara Williamsburg Regional Medical Center  
Spotsylvania Regional Medical Center  
St. Mary's Medical Center (WV)  
Stafford Hospital  
United Hospital Center

University of Virginia Health System  
VCU Health System Authority  
West Virginia University Hospital  
Wheeling Hospital  
Winchester Medical Center



# VQI National Update

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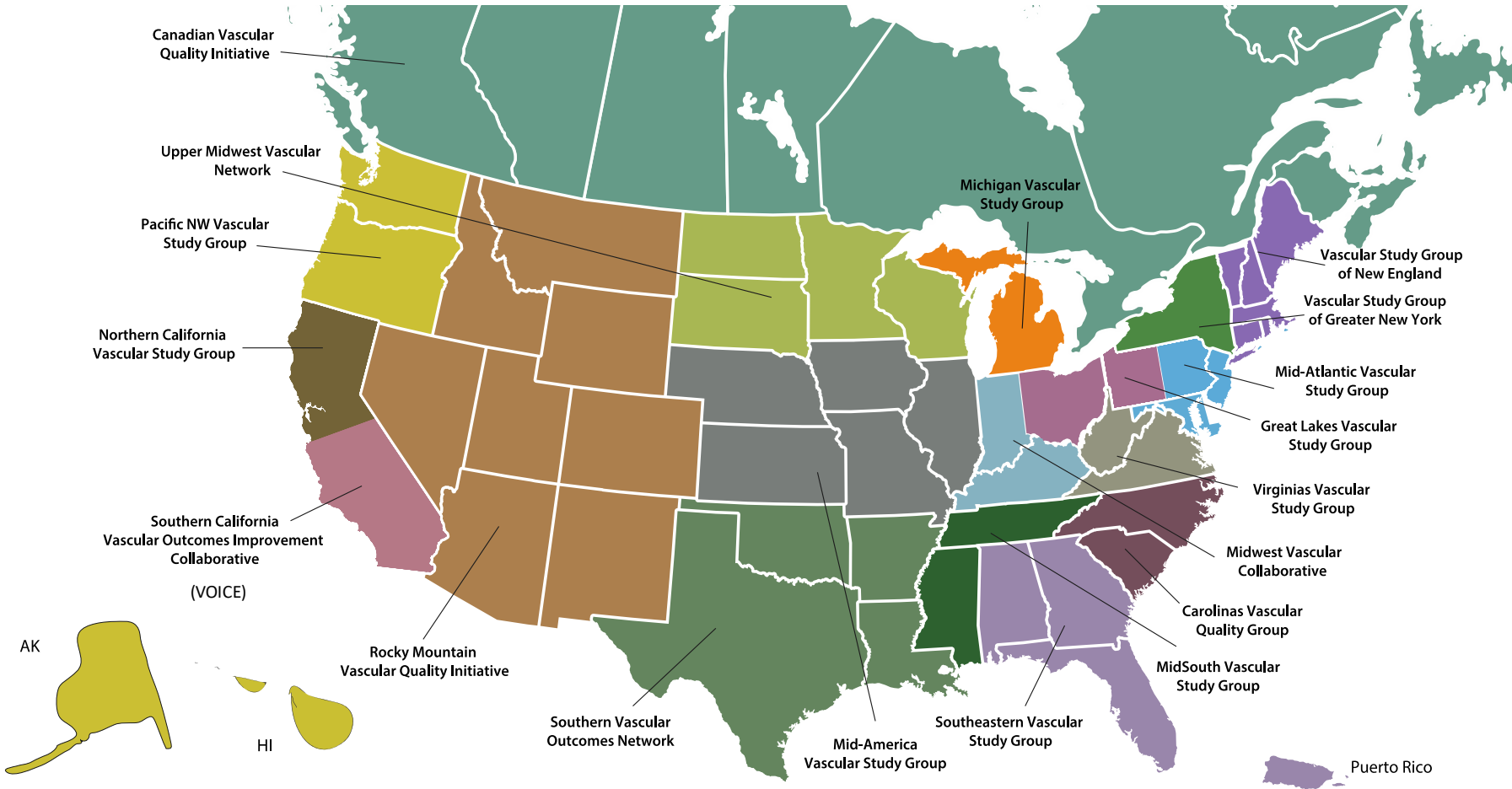
Melissa Latus, RN

Clinical Operations Project Manager, SVS  
PSO

# VQI Participation

## Regional Breakdown

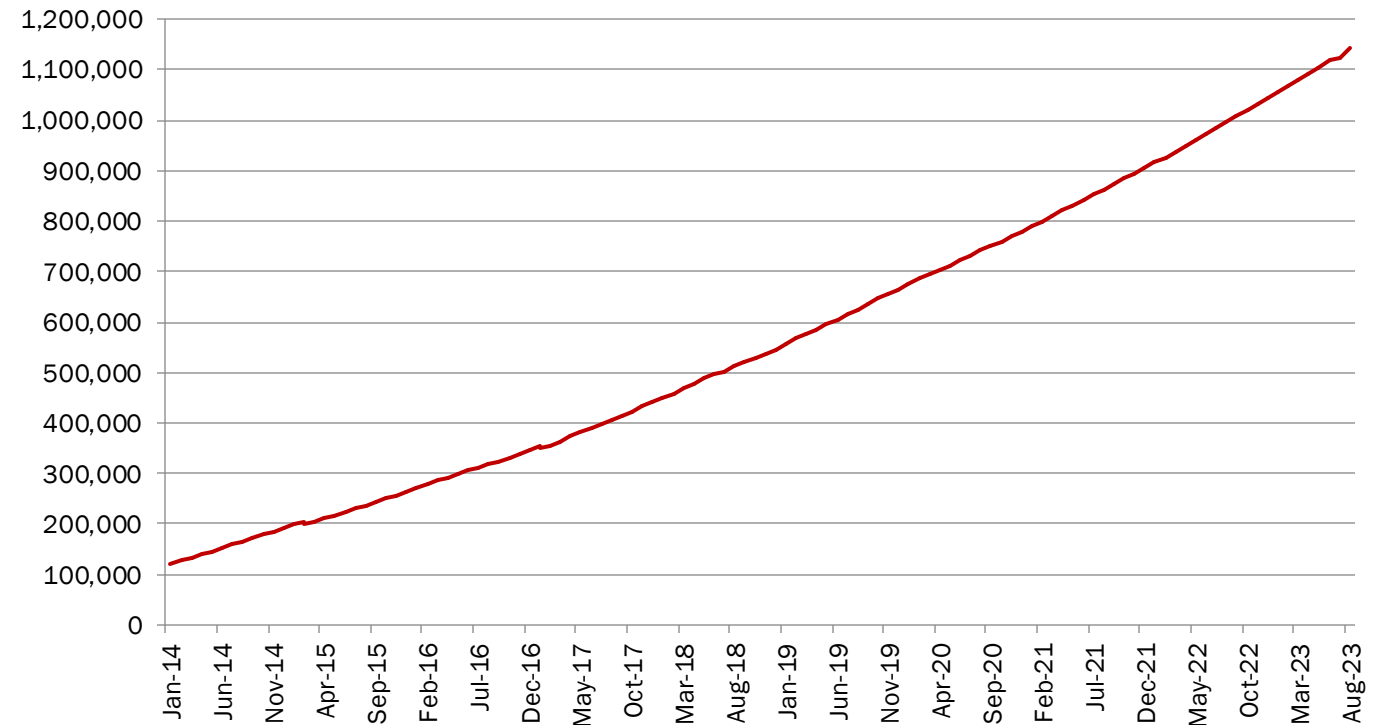
- Canadian Vascular Quality Initiative | 7 Centers
- Carolinas Vascular Quality Group | 40 Centers
- Great Lakes Vascular Study Group | 63 Centers
- Michigan Vascular Study Group | 37 Centers
- Mid-America Vascular Study Group | 75 Centers
- Mid-Atlantic Vascular Study Group | 91 Centers
- MidSouth Vascular Study Group | 26 Centers
- Midwest Vascular Collaborative | 51 Centers
- Northern California Vascular Study Group | 27 Centers
- Pacific NW Vascular Study Group | 40 Centers
- Rocky Mountain Vascular Quality Initiative | 58 Centers
- Southeastern Vascular Study Group | 139 Centers
- Southern California VOICE | 43 Centers
- Southern Vascular Outcomes Network | 114 Centers
- Upper Midwest Vascular Network | 66 Centers
- Vascular Study Group of Greater New York | 47 Centers
- Vascular Study Group of New England | 50 Centers
- Virginias Vascular Study Group | 44 Centers
- Singapore | 1 Center
- TOTAL CENTERS | 1,022 Centers**



# Procedures Captured

<b>TOTAL PROCEDURES CAPTURED</b>	
<b>(as of 9/1/2023)</b>	
	<b>1,143,801</b>
Peripheral Vascular Intervention	396,286
Carotid Endarterectomy	201,578
Infra-Inguinal Bypass	84,367
Endovascular AAA Repair	83,894
Hemodialysis Access	79,165
Carotid Artery Stent	108,549
Varicose Vein	63,640
Supra-Inguinal Bypass	26,875
Thoracic and Complex EVAR	30,658
Lower Extremity Amputations	30,040
IVC Filter	18,695
Open AAA Repair	18,357
Vascular Medicine Consult	1,466
Venous Stent	231

## VQI Total Procedure Volume



Total Procedure Volume reflects net procedures added to the registry for the month

# Regional Meeting CME/CE Credit



Des Moines University is the continuing education provider for this activity.



The attendance roster will be cross-referenced with those applying for CME/CE. Sign in correctly.



Each participant **MUST COMPLETE BOTH** the attendance attestation and the meeting evaluation from the URL site – one form.



You will have 7 days from the date of the meeting to complete the forms and **SUBMIT**.



Approximately 14 days from the meeting, Des Moines University will email you instructions on how to access your certificate.



PSO leadership is providing continuing education credit to you at no charge!

# 2023 VQI@VAM Wrap Up

- Recordings & slides available on the VQI@VAM Planner
  - Log into the Planner <https://2023svsvam.eventscribe.net/>
  - Select Full Schedule
  - Select your preferred day
  - Select your session

Tuesday, June 14, 2022

12:00 PM – 5:00 PM EDT      VQI Annual Meeting  


Location:312

VQI Annual Meeting

## PSO Reporting and Analytics: Drilling into Quarterly Dashboards

 Tuesday, June 14, 2022     12:15 PM – 12:45 PM EDT

Presenter(s)

 **Leila Mureebe, MD**  
Duke University Medical Center  
Durham

 Video 

 Slides 

# Have you checked out the new VQI Website?

If not, here's just a peek at what you're missing!

- 1 Registry specific pages – deeper dive into each of the SVS VQI's 14 registries
- 2 The ability to view the VQI.org website in your preferred language! Don't see your preferred language, reach out to see about getting it added to the site
- 3 New webinars & presentations added regularly – either on the main events page, or in Members Only

For more information about the VQI website, contact Jen Correa, SVS PSO Marketing Manager at [jcorrea@svspsso.org](mailto:jcorrea@svspsso.org).

“Participation in the Vascular Quality Initiative is the best way to study our outcomes, and make sure we provide the highest quality care possible to our patients with vascular disease.”

Dr. Phillip Goodney – Dartmouth Health

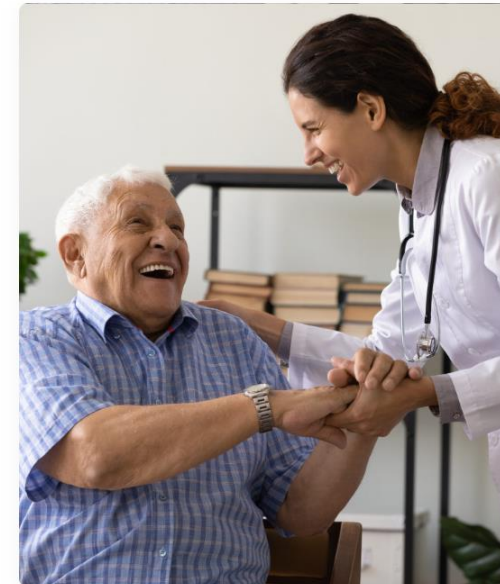
## IMPORTANCE OF REGIONAL GROUPS

Through regional quality group meetings, participants share and analyze collected data to initiate quality improvement projects to reduce complications, readmissions, and length of stay. Quality improvement projects can translate directly to hospital cost reduction. With continued expansion of the SVS VQI and regional quality groups, data will more rapidly accumulate and can be leveraged for benchmarking and quality improvement initiatives.

Benefits of regional quality group participation include:

- Anonymous, benchmarked reports for comparison
- Increasing power and ability to detect root causes of outcomes
- Facilitating & initiating quality improvement projects
- Access to blinded datasets for data analysis at regional and national level
- Improving long-term patient surveillance

[FIND YOUR REGIONAL GROUP](#) →



## QUALITY IMPROVEMENT – MEMBERS ONLY



# VQI Members Only

**Access to information exclusively available to members of the SVS VQI**

- Find information that is not publicly shared on the VQI Website (ex: Quality Guide, Specific Registry Webinars, etc....)
- Find links and other information for upcoming Regional Group meetings
- Remember, access to the Members Only area of the VQI Website requires a different login than your PATHWAYS user account
- For account access email Jen Correa at: [jcorrea@svspsso.org](mailto:jcorrea@svspsso.org) to receive your username and temporary password

# FDA Communications

<https://www.vqi.org/resources/fda-communication/>

## FDA COMMUNICATIONS

### NEWS/UPDATES FROM THE U.S. FOOD AND DRUG ADMINISTRATION

September 12, 2022

**FDA Advisory Panel Recommendations on Lifelong Surveillance and Long-Term Postmarket Data Collection for Patients with AAA Endovascular Aortic Repair – Letter to Health Care Providers**

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March 9, 2022

**Medtronic Recalls TurboHawk Plus Directional Atherectomy System Due to Risk of Tip Damage During Use**



# Readmission Study University of Rochester

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- 30d Readmission rates
  - Review of readmission cost
  - Frequency of readmissions
  - Frequency of reoperations & cost
- Univ Rochester piloting 30D readmission project
- To join the pilot or for questions contact Stacey Esposito at:

[Stacey\\_Esposito@URMC.Rochester.edu](mailto:Stacey_Esposito@URMC.Rochester.edu)

Benefits determined by the study include:

- More accurate capture of complications after discharge/use of LTFU form for complications prior to 9 mos.
- Track & trend unplanned readmissions
- Identify the reason for unplanned readmissions
- Evidence based data to identify at risk patient populations
- Benchmark against Region and All VQI

- Smoking Cessation launched as a new NQI June 2023 w/ variables added to all Arterial Registries – Early Q3 2023
- Help Text Enhancement Tool – May 2023
- Interactive plots for the Biannual Center and Regional Level Reports
- Retirement of most COVID Variables
- Retirement of >500 Opioid variables
- Collection of Exercise Program variables in Lower Extremity Registries
- In Development:
  - Open Aorta Registry
  - Infrainguinal/Suprainguinal Registry Follow-up reports
  - Continued efforts for harmonization across registries
  - Enhanced reporting measure for biannual reports
  - EPIC integration into VQI. *Looking for Center volunteers*

what's next?

# Cardiac Risk Index

**SVS | VQI**  
*In collaboration with NCDR\**

Home Calculators About FAQ

### Suprainguinal Bypass (SUPRA)

Applicable to any primary, non-emergent suprainguinal bypass for aneurysmal or occlusive disease for indications of claudication, rest pain, tissue loss, or acute ischemia

Generate report

Age <sup>i</sup>  
Under 60

Graft Origin <sup>i</sup>  
Axillary

ASA Class <sup>i</sup>  
1, 2, or 3

History of Coronary Artery Disease <sup>i</sup>  
None

Results of Stress Test within Past 2 Years <sup>i</sup>  
Not Done

Indication for Surgery <sup>i</sup>  
Claudication

#### Risk of In-Hospital Postoperative Myocardial Infarction:

## 1.1 %

**Average Risk**

**Your Risk: 1.1%**    **Average Risk: 2%**

Your risk value falls within the 1st quartile (0-25th percentile) of risk.

#### How to interpret figure:

Black bar represents your risk value based on input variables

Black vertical line represents median risk of patients undergoing SUPRA procedure

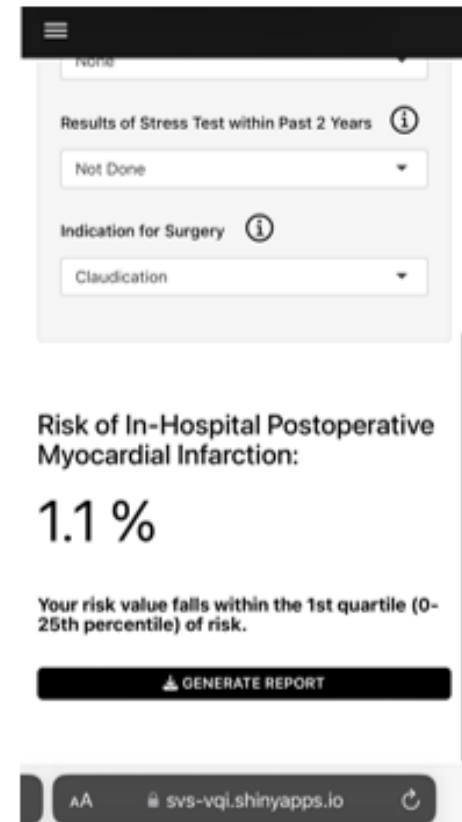
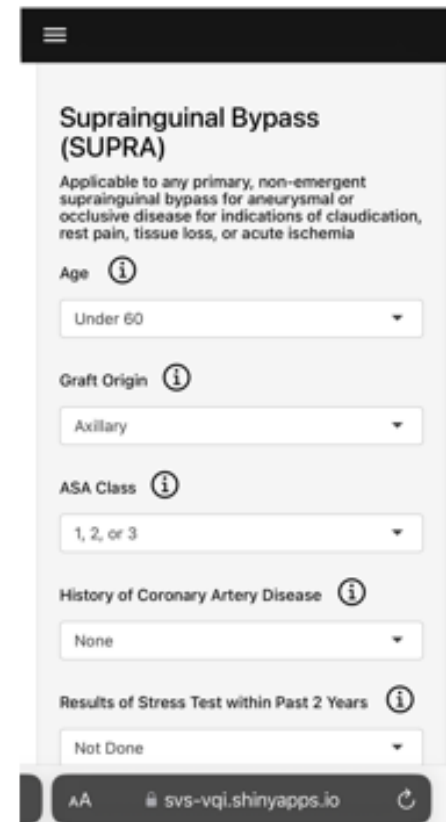
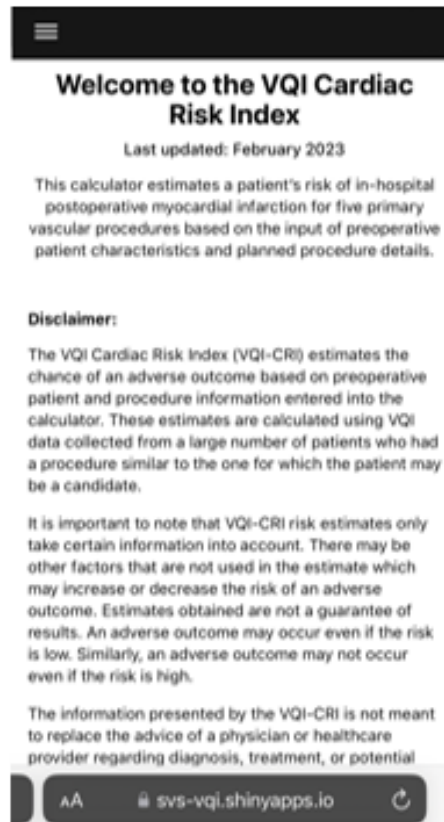
**Your Risk: 4.4%**    **Average Risk: 2%**

Maximum possible risk based on highest risk category of all input variables

Background shaded by risk quartile:  
First Quartile (0 – 25<sup>th</sup> percentile)  
Second Quartile (25<sup>th</sup> – 50<sup>th</sup> percentile)  
Third Quartile (50<sup>th</sup> – 75<sup>th</sup> percentile)  
Fourth Quartile (75<sup>th</sup> – 100<sup>th</sup> percentile)

<https://www.vqi.org/risk-calculators/>

# The VQI-CRI is also available in a mobile-friendly format

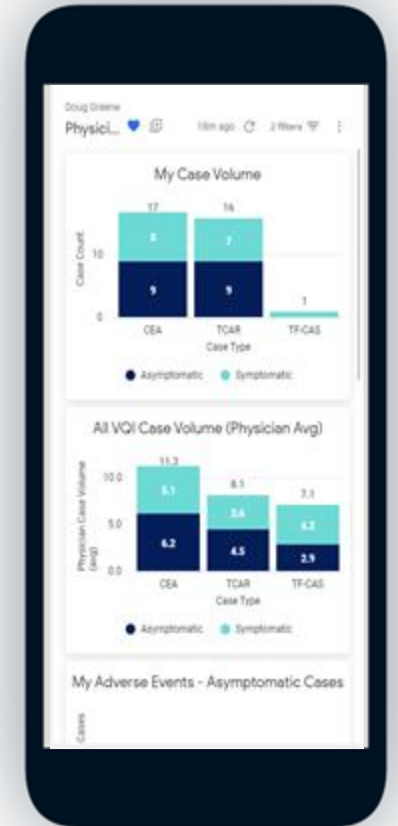




# Physician Snapshot Report Discussion

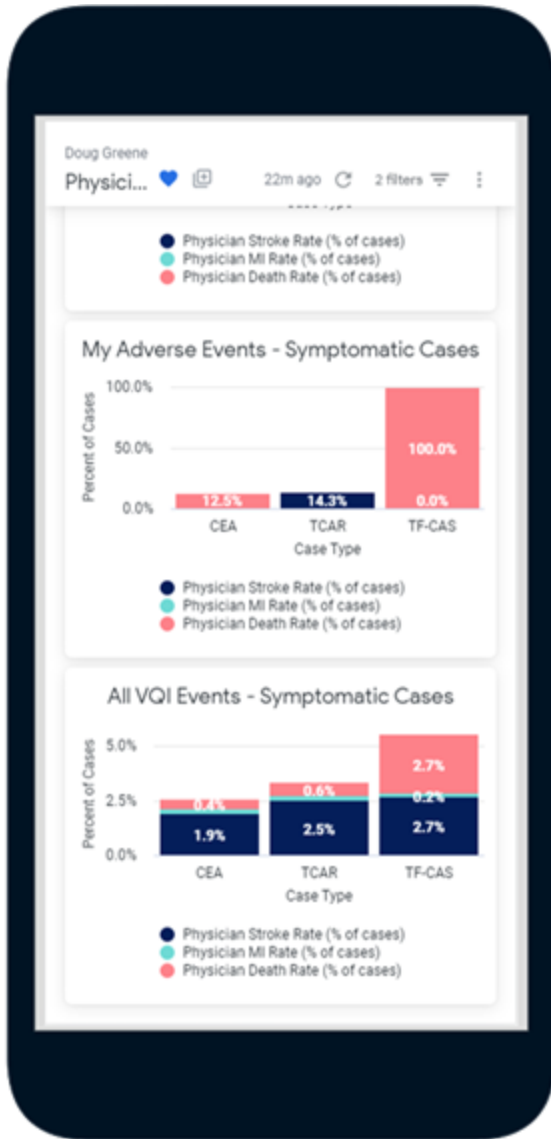
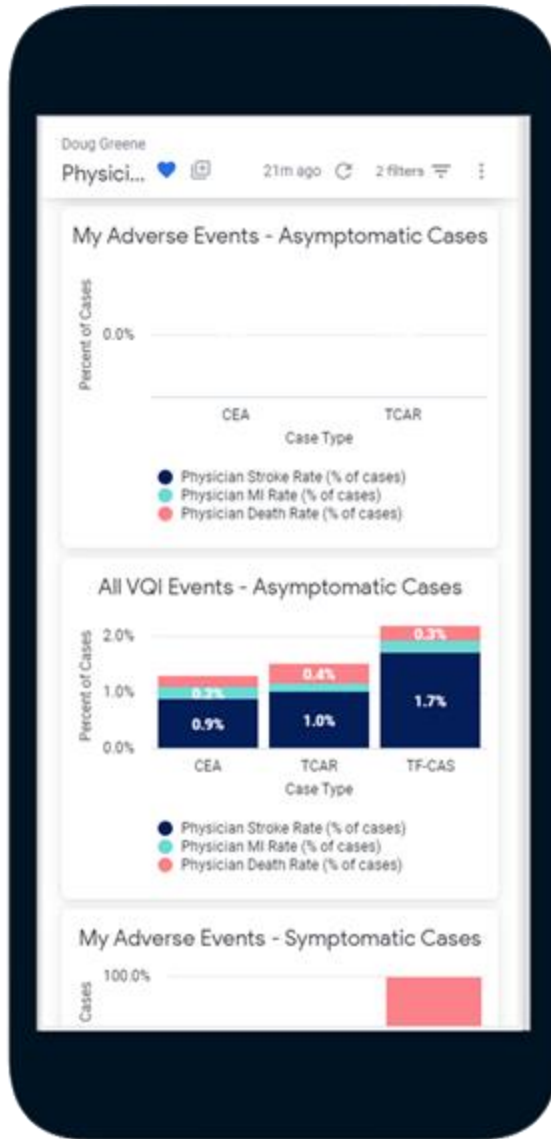
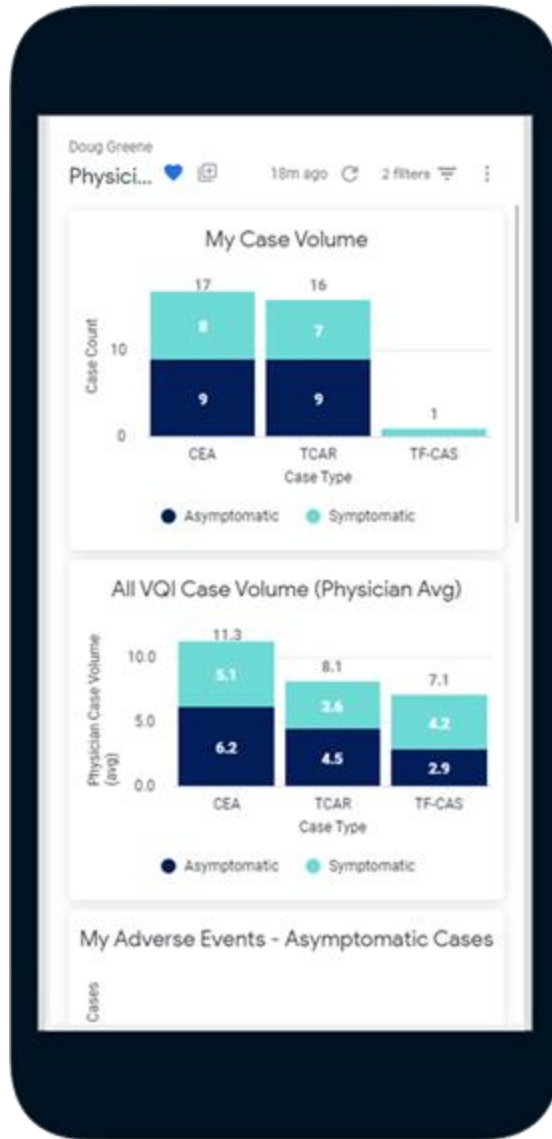
# Introducing Physician Snapshot Reports for Carotid Treatment

- Individual Physician Reporting for individual physicians to compare key outcomes against all VQI cases
- Key features
  - Flexible access: Available on your smart phone or through Pathways reports on your desktop
  - Near real time data with nightly updates
  - CEA, TCAR and TF-CAS available on the same report
  - Flexible time interval views- default view is the last 365 days with options to adjust the date range
  - Secured- viewable only by **you** via your VQI PATHWAYS password



# Compare Physician with VQI Average Annual Case Volume and Key Outcomes

CEA vs TCAR vs TF-CAS, Asymptomatic vs Symptomatic Cases, Stroke, Death, MI

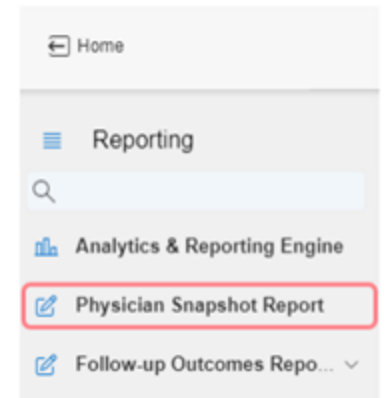


# How do I access my Carotid snapshot?



## Two Options:

1. An email with your URL entitled **View my Carotid Snapshot** was sent to the email on file for you in PATHWAYS- simply click the link and enter your PATHWAYS password
2. From a desktop computer- URL Access: <https://pathways.m2s.com>
  - From the reporting menu in the top right, click the option for the Physician Snapshot Report



Note: You will need your VQI PATHWAYS password to the view the report

- If you do not know your VQI PATHWAYS password, please see your VQI hospital manager
- You may also email PATHWAYS support for assistance at [PATHWAYSsupport@fivoshealth.com](mailto:PATHWAYSsupport@fivoshealth.com)



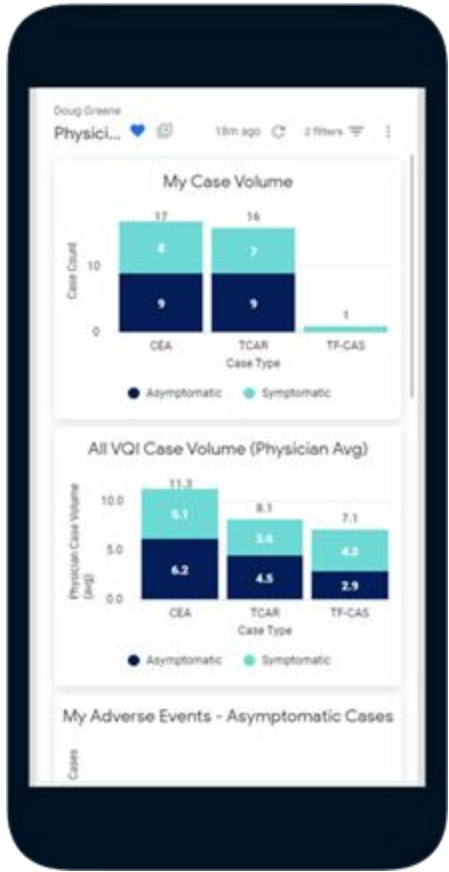
# Physician Snapshot Report Feedback



## Polling Questions:

- How many of you have viewed your report?
- If you have not viewed the report, why?
- Can you share your initial reaction or feedback if you have used it?

Note: In order to obtain future feedback, we may send a very brief email survey. Your participation is greatly appreciated!



# General RAC Submission Guidelines

- Active Pathways Account w/ 'Share a File' privileges
- Center Registry Subscription
- Regional RAC approval required for all regional proposals

# General RAC Submission Guidelines Cont.

- Check email for approval status from Melissa Latus  
[mlatus@svspsso.org](mailto:mlatus@svspsso.org)
- Check email notification from FIVOS health that data set is available in 'Share A File'
- Data in 'Share A File' will expire after 30 days of receipt

# 2022 VWSG Participation Award Winners



University of Virginia Health System  
Carilion Roanoke Memorial Hospital  
Sentara Norfolk General Hospital  
Sentara Leigh Hospital  
Sentara Princess Anne Hospital  
Sentara Virginia Beach General Hospital  
Sentara Careplex Hospital  
Sentara Williamsburg Regional Medical Center  
Sentara Obici Hospital  
Winchester Medical Center  
Charleston Area Medical Center  
Inova Fairfax Hospital  
Inova Fair Oaks Hospital  
Inova Alexandria Hospital  
Sentara RMH Medical Center  
Sentara Martha Jefferson  
West Virginia University Hospital  
United Hospital Center  
Berkeley Medical Center  
Inova Loudoun Hospital



Inova Loudoun Hospital  
Inova Mount Vernon Hospital  
Sentara Northern Virginia Medical Center  
VCU Health System Authority



Bon Secours Maryview Medical Center  
Riverside Regional Medical Center

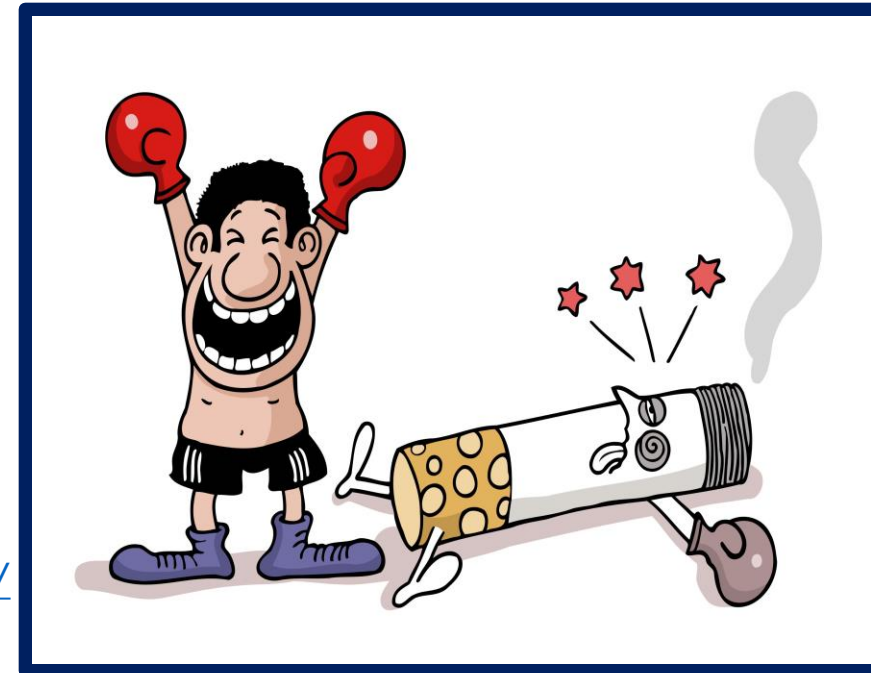
**Congratulations!**

# Quality Improvement Updates

**Betsy Wymer, DNP, RN, CV-BC**  
**Director of Quality, SVS PSO**

# Quality Improvement: National Quality Initiative - Smoking Cessation

- Introduced at VQI@VAM 2023
- CAN-DO Program
  - Choosing Against combustible Nicotine Despite Obstacles
- Arterial registries only
- Reporting measures added Spring 2023
  - Preop Smoking – Elective procedures
  - Smoking Cessation – Elective, Urgent, Emergent procedures
- Currently have smoking variables
  - Minimal addition of variables
  - Go LIVE August 2023
- Webinars
  - July and August (register at [www.vqi.org](http://www.vqi.org))
- Education <https://www.vqi.org/quality-improvement/national-qi-initiatives/>
  - Physician and Patient
  - Toolkits
  - Billable codes and sample dictation
  - Resources



# Active Regional Charters

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# Quality Improvement – Participation Points

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The following is a list of the four domains for the 2023 Participation Awards criteria:

- **Domain 1 – LTFU – 40% weighted**
- **Domain 2 – Regional Meeting Attendance – 30% weighted**
- **Domain 3 – QI Project – 25% weighted** 
- **Domain 4 – Registry Subscriptions – 5% weighted**



# Quality Improvement – Participation Points

## QI Project Domain

### Domain – Quality Improvement Project – 25% weighted

Scoring on 0 – 6-point scale to keep consistent with other measures. This gives centers options for getting **6 maximum QI points**.

- Initiation of a QI Project, evidenced by submitting a Project Charter to [QI@SVSPSO.ORG](mailto:QI@SVSPSO.ORG) or [bwymmer@svspso.org](mailto:bwymmer@svspso.org) (2 points). **One charter per year.**
- Presenting a QI Project (presentation or poster) at a Regional VQI, \*Regional Society Meeting, or \***Hospital Board and/or C Suite** meeting (2 points) *When presenting at succinct regional meetings, project slides must reflect a change or update in status.*
- Presenting a QI Project (presentation or poster) at the National VQI or \*Vascular Annual Meeting (2 points)
- \*Publish a **VQI quality improvement** article in a Peer Reviewed Journal (2 points)
- Centers with significant improvement or excellent performance rates on National QI Initiatives will receive one additional point (per initiative), for a maximum of 6 QI points

\* Please send attestation (proof) to [bwymmer@svspso.org](mailto:bwymmer@svspso.org) on or before December 31, 2023.

# Quality Improvement – QI Project Domain Requirements

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- Present VQI data to C-Suite (leadership, CNO, COO, Chief Vascular Surgeon, etc.)
- Contact Betsy at [bwymmer@svspso.org](mailto:bwymmer@svspso.org)
- Provide the following
  - Agenda/Meeting Minutes (date, your name and presentation, attendees)
  - Copy of presentation (feel free to cover center data)
  - Maximum of 2 presentations per year – slides must present a change or an update in status
- You will receive an email confirmation from Betsy which verifies participation points

# Fellows in Training (FIT) Program 2022-2023 Jack Cronenwett Scholarship Winners

## Quality

Dr. Christine Kariya

FIT Mentor Dr. Danny Bertges

University of Vermont Medical Center

Dr. Hanna Dakour Aridi

FIT Mentor Dr. Michael Murphy

Indiana University Health – Methodist

## Research

Dr. Ben Li

FIT Mentor Dr. Graham Roche-Nagle

Toronto General Hospital

Dr. Brianna Krafcik

FIT Mentor Dr. Phil Goodney

Dartmouth Hitchcock Medical Center

Dr. Caronae Howell

FIT Mentor Dr. Benjamin Brooks

University of Utah Hospital and Clinics/The University of Arizona



# Quality – Fellows in Training (FIT) Program

## 2023-2024 FIT Mentor, FIT Fellow, and Center

<b>FIT Mentor</b>	<b>FIT Fellow</b>	<b>Center</b>
Michael Costanza	Deena Chihade	University Hospital
Samantha Minc	Paul Rothenberg	WVU
Nikolaos Zacharias	Mitri Khoury	Massachusetts General Hospital
Nikolaos Zacharias	Tiffany Bellomo	Massachusetts General Hospital
Arash Bornack	Christopher Chow	University of Miami
Michael Madigan/Mohammed Eslami	Mikayla Lowenkamp	UPMC
Thomas Brothers	Saranya Sundaram	Medical University in South Carolina
Benjamin Jacobs/Sal Scali	Michael Fassler	University of Florida
Adam Beck	Amanda Filiberto	University of Alabama Birmingham
Brian DeRubertis	Nakia Sarad	Weill Cornell Medical Center
Dan Newton	Syeda Ayesha Farooq	Virginia Commonwealth University

# Improve Your Quality of Care in Vascular Surgery and Interventional Care

Introducing a new quality program developed by the American College of Surgeons and the Society for Vascular Surgery: a standards-based framework designed to meet the unique needs of vascular programs



[facs.org/vascular](https://facs.org/vascular)

Email [vascular@facs.org](mailto:vascular@facs.org) for information

# Fall Report Reminder

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## Reminder:

Spring 2024 Report Cut Date = **February 1, 2024**, for  
procedures CY 2023

# Committee Updates

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# AQC Update

Margaret Tracci, MD

- Committee meets every other month
  - Jan, March, May.....
- Re-engagement of registry committees
  - New reporting measures for ea. registry
  - Review of variables for possible retirement
  - One committee each Mtg. will give progress update
- Review & discussion of proposed registry revisions
  - LE/VMC SET variables to align w/guidelines
  - Pilot ERAS Variables
  - Initial discussion of required vs non-required procedure variables



# VQC Update

David Spinoso, MD

- Committee meets bi-annually
- Re-engagement of registry committees
  - New reporting measures for each registry
  - Review of variables for possible retirement
  - Each committee will give updates during the VQC meetings
- Active review of Venous Stent to decrease registry burden
- Discussion on how to increase venous registry presence w/in the venous community
- Next Meeting VEITH (hybrid)
  - November 12-17, 2023

# Arterial RAC Update

Behzad Farivar, MD

- The proposal review committee meets quarterly
- Comprises of all RAC chairs nationally and some other members
- Reviews about 20-30 abstracts each cycle
- The process is fair and open with the aim of approving most proposals
- The committee advises investigators on how to improve the proposals

# Arterial RAC

- When requesting a Data Set, the investigator must have an ACTIVE PATHWAYS account.
- Once approved, the Data Set will be transferred through the “SHARE a FILE” function in PATHWAYS.



- The Data Set will be available through “Share a File” for 30 days

# Arterial RAC

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- Components of a VQI proposal.
- For more information:
  - Podcast: Requesting Data presented by Dr. Leila Mureebe, MD  
[https://drive.google.com/file/d/1tBsYrzhOPu-Oz5gu\\_eHhMmrVvyEtk5i2/view](https://drive.google.com/file/d/1tBsYrzhOPu-Oz5gu_eHhMmrVvyEtk5i2/view)

- Abstract
- Research question/Hypothesis
- Background/significance
- Approach
- Analytic plan
- Mock Tables
- Potential problems/solutions
- IRB approval/exemptions.

# RAC Data Use Agreement

The Data Use Agreement needs to be signed by the Attending Physician when submitting in Abstract 123

<https://abstracts123.com/svs1/>

## Data Use Agreement

### Data Use Agreement

Below are the terms of the Data Use Agreement for the Society for Vascular acknowledging the terms below.

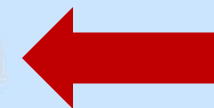
1. The Recipient shall not use or further disclose the data set other than as required to complete T
2. The Recipient shall allow access to the data only to individuals directly accountable to the Recipient
3. The Recipient shall use appropriate safeguards to prevent use or disclosure of the data set other than as required to complete T
4. The recipient agrees that this study must be approved by the IRB of the institution that takes responsibility for the study
5. Upon completion of the project, or should this Agreement be terminated for any reason, including non-compliance with the terms of this Agreement, the Recipient shall delete all data and any copies of the data set
6. The Recipient agrees to present or publish approved project within 24 months with one refresh

I acknowledge I have read and understood the Data Use Agreement.

I have received approval from my regional RAC, only applicable for those regions that

*(required answer)*

Signature:



Select Today's Date:

# RAC Proposal Process

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## 1. Review list of projects:

<https://www.vqi.org/data-analysis/rac-approved-project-search/>

## 2. Submit proposal online:

<http://abstracts123.com/svs1/meetinglogin>

## 3. Deadlines for submissions:

<https://www.vqi.org/svs-vqi-national-arterial-rac-schedule/>

- Your Regional RAC chair is available to help answer questions or help with proposal writing

# Venous RAC Update

- The July Venous RAC had 4 venous proposals submitted
- Podcast: Requesting Data presented by Dr. Leila Mureebe, MD. Follow link below
  - [https://drive.google.com/file/d/1tBsYrzh0Pu-0z5gu\\_eHhMmrVvyEtk5i2/view](https://drive.google.com/file/d/1tBsYrzh0Pu-0z5gu_eHhMmrVvyEtk5i2/view)
- The current venous registries with blinded data sets
  - Varicose Vein
  - IVC Filter
- Types of information available:
  - Demographics
  - Comorbidities
  - Operative characteristics
  - Post-operative characteristics
  - Follow-up

# Governing Council Update

Samantha Minc, MD

- Meets twice a year
- Last meeting: June 16, 2023
- Committee designation:
  - Each region represented by the Regional Lead Medical Directors
- Adam Beck – newly appointed GC Chair; Grace Wang – newly appointed Vice Chair
- All Regional RAC requests must have regional RAC approval; committee highly recommends that the Regional RAC also approve national requests
- Next meeting VEITH; November 2023



# Fall 2023 SVS VQI Regional Report Slides

The VQI Regional Quality Report is produced semiannually to provide centers and regions targeted, comparative results and benchmarks for a variety of procedures, process measures, and postoperative outcomes.

**Please note the following updates have been implemented to enhance and improve the report:**

- Ability to Download/Print Dashboard

The dashboard summary can now be downloaded as an Excel file or printed directly using buttons included above the dashboard table. Please note that printing allows you to save as PDF with the “Print to PDF” feature in your browser.

- Interactive Plots

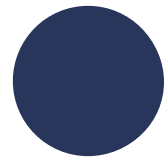
All graphics are now interactive.

[https://www.vqi.org/wp-content/uploads/FALL\\_2023\\_REGIONAL\\_REPORT\\_SLIDES\\_REGION\\_VWSG.html](https://www.vqi.org/wp-content/uploads/FALL_2023_REGIONAL_REPORT_SLIDES_REGION_VWSG.html)

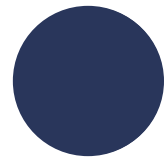
\*\*\*Ctrl + Click to follow link

# CE/CME Meeting Attendance Credit

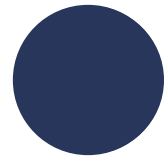
7 days to submit; No email reminder



**P**UT your FULL NAME in Zoom for remote attendees. Record of meeting attendance is required for CME/CE credit (no exceptions will be made)



**S**END an email to [achurilla@vascularsociety.org](mailto:achurilla@vascularsociety.org) with names of group members that are sharing 1 device



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[https://dmu.co1.qualtrics.com/jfe/form/SV\\_eP72AupxY](https://dmu.co1.qualtrics.com/jfe/form/SV_eP72AupxY)

# Transradial Carotid Intervention: Technology On The Rise, Single Center Retrospective Review

Lakshmi Kumar Pillai, MD, PAUL ROTHENBERG MD, ERIKA t BEIDELMAN MA, COREY KALBAUGH PhD, RACHELLE SAPP RN, SOO-HYUN BOO MD, ANSAR T RAI MD, SAMANTHA D MINC MD, MPH

Professor of Cardiovascular and Thoracic Surgery

Heart and Vascular Institute

West Virginia University Medical Center

# WVU Medical CENTER



# DISCLOSURES

- No conflicts of interest to report
- SM supported by the National Institute of Diabetes and Digestive and Kidney Diseases (K23DK128569) and SVS Foundation/ACS
- The content is solely the responsibility of the author and does not necessarily represent the official views of the National Institutes of Health

# SAPPHIRE- October 7, 2004, NEJM

## Protected Carotid-Artery Stenting versus Endarterectomy in High-Risk Patients

Jay S. Yadav, M.D., Mark H. Wholey, M.D., Richard E. Kuntz, M.D., M.Sc., Pierre Fayad, M.D., Barry T. Katzen, M.D., Gregory J. Mishkel, M.D., Tanvir K. Bajwa, M.D., Patrick Whitlow, M.D., Neil E. Strickman, M.D., Michael R. Jaff, D.O., Jeffrey J. Popma, M.D., David B. Snead, Ph.D., et al., for the Stenting and Angioplasty with Protection in Patients at High Risk for Endarterectomy Investigators\*



# Objectives

- Trans femoral carotid angioplasty and stenting (TF-CAS) is associated with increased risk for access site complications and peri-procedural risk of stroke compared to open surgery and Trans carotid artery revascularization (TCAR)

This increased risk of stroke is hypothesized to be due to aortic arch manipulation

Trans radial carotid angioplasty and stenting (TR-CAS) is being increasingly applied by Interventional Neuroradiologists for stroke intervention. This approach minimizes the risk of access site complications and manipulation of the aortic arch compared to TF-CAS

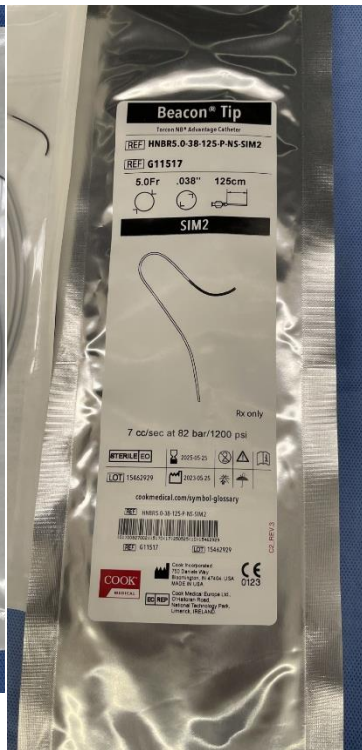
The purpose of this study was to describe the outcomes of TR-CAS compared to TF-CAS using data from a single center data registry



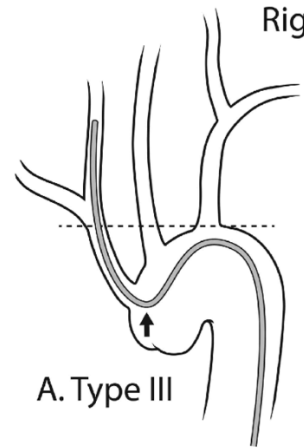
# TECHNIQUE

- Ultrasound guided right radial artery access
- Forearm angiogram
- Cannulate carotid artery with Simmons Catheter
- Guide placement in carotid artery using coaxial technique
- Proceed with CAS using standard technique

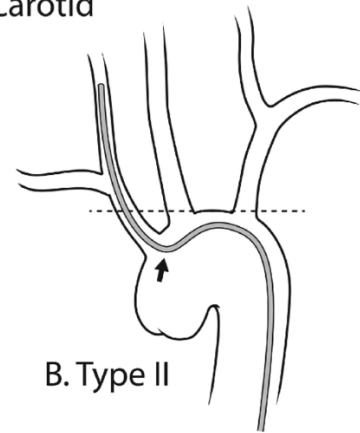
# Equipment



Right Carotid

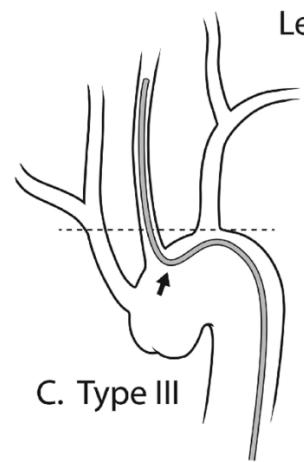


A. Type III

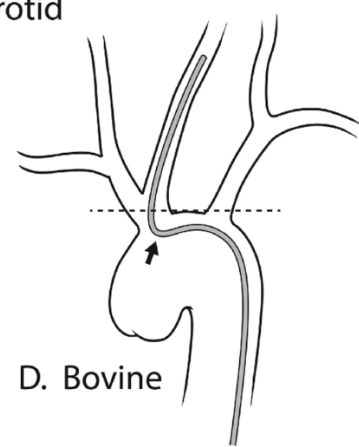


B. Type II

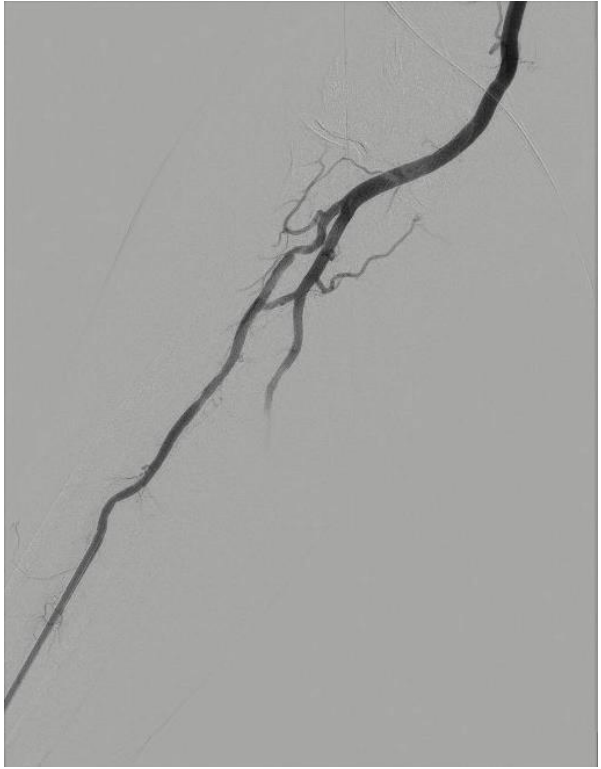
Left Carotid



C. Type III



D. Bovine





# Methods

- The WVU VQI registry dataset (2020-2023), containing procedures from both vascular surgery and interventional neuroradiology comprised the sample for analyses

# METHODS

- **Methods:**
- The WVU VQI registry dataset (2020-2023) containing procedures from both vascular surgery and interventional neuroradiology comprised the sample for analyses. Following data queries, 116 transfemoral (TF) and 47 transradial (TR) carotid angioplasty and stenting (CAS) procedures were included in this analysis. Univariate analyses were performed to assess the differences between TF-CAS and TR-CAS procedures across sociodemographic factors, operative details, post-operative outcomes, and access site complications. T-tests were used to assess differences in continuous variables and chi-square tests were used to assess differences in categorical variables. Due to low within-cell sample sizes, all differences in post-operative outcomes and access site complications were assessed using Fisher's Exact tests.

# Results

- N = 153, with 116 TF CAS and 47 TR CAS



Table 1 - Demographics			
Variables	Transfemoral	Transradial	P Value
	N=116	N=47	
Age	70.8(8.3)	72.6(9.4)	0.4
Male	81 (70%)	34 (72%)	0.7
Race			>0.9
Black or African American	2 (1.7%)	0 (0%)	
White	113 (97%)	47 (100%)	
Unknown/Other	1 (0.9%)	0 (0%)	
BMI	28.4(5.6)	28.7(7.6)	0.8
Full functional status	67 (58%)	21 (46%)	0.2
CAD	56 (48%)	23 (50%)	0.8
<b>CHF</b>	<b>24 (21%)</b>	<b>3 (6.5%)</b>	<b>0.029</b>
Dysrhythmia			
COPD	36 (31%)	15 (32%)	>0.9
DM	46 (40%)	23 (50%)	0.2
HD			
HTN	104 (90%)	42 (91%)	>0.9
Smoking status			>0.9
Never	31 (27%)	13 (28%)	
Prior	52 (45%)	20 (43%)	
Current	32 (28%)	13 (28%)	
<b>Prior CEA or CAS</b>	<b>34 (29%)</b>	<b>6 (13%)</b>	<b>0.03</b>
Prior CVA/TIA	77 (66%)	34 (72%)	0.5
Prior CEA	13 (11%)	1 (2.1%)	0.069
Prior CAS	3 (2.6%)	0 (0%)	0.6
High risk for CEA			0.7
No	18 (16%)	6 (13%)	
Medical	40 (34%)	20 (43%)	
Anatomic	40 (34%)	13 (28%)	
Both	18 (16%)	8 (17%)	
Was surgery refused?			>0.9
No	10 (8.6%)	4 (8.5%)	
Yes	102 (88%)	42 (89%)	
Not evaluated by surgeon	4 (3.4%)	1 (2.1%)	

Table 2 - Operative Details			
Variables	Transfemora I	Transradial	P Value
	N=116	N=47	
<b>Access side</b>			<b>0.02</b>
<b>Left</b>	<b>67 (57.8%)</b>	<b>14 (29.8%)</b>	
<b>Right</b>	<b>49 (42.2%)</b>	<b>33 (70.2%)</b>	
Lesion calcification	0 (0%)	0 (0%)	*
Arch atherosclerosis			0.5
Mild	25 (30%)	10 (27%)	
Moderate	10 (12%)	2 (5.4%)	
Severe	2 (2.4%)	0 (0%)	
Not imaged/Unknown	47 (56%)	25 (68%)	
Missing	32	10	
Procedure status			0.7
Elective	74 (64%)	28 (60%)	
Urgent	40 (34%)	19 (40%)	
Emergent	2 (1.7%)	0 (0%)	
Anesthesia type			0.4
Local	88 (76%)	34 (72%)	
General	28 (24%)	12 (26%)	
Regional	0 (0%)	1 (2.1%)	

Table 2 - Operative Details			
Variables	Transfemora I	Transradial	P Value
Indication			0.7
Asymptomatic Stenosis	43 (37%)	16 (34%)	
Symptomatic Stenosis	73 (63%)	31 (66%)	
Aortic arch type			<b>0.017</b>
Type I	<b>19 (17%)</b>	<b>11 (23%)</b>	
Type II	<b>19 (17%)</b>	<b>1 (2.1%)</b>	
Type III	<b>2 (1.7%)</b>	<b>3 (6.4%)</b>	
Not imaged/Unknown	75 (65%)	32 (68%)	
Bovine arch	94 (82%)	38 (81%)	0.4
Total procedure time	44.8(23.9)	45.3(23.5)	0.5
Technical failure	1 (0.9%)	0 (0%)	>0.9

**Table 3 - Post-Operative Outcomes**

Variables	Transfemoral	Transradial	P Value
Cardiac Complications - MI, CHF, Dys	5 (4.3%)	0 (0%)	0.3
Neuro Complications - TIA or Stroke	5 (4.3%)	0 (0%)	0.3
Death	2 (1.7%)	0 (0%)	>0.9

**Table 3 - Access Site Complications**

Variables	Transfemora I	Transradia I	P Value
Access site complication	3 (2.6%)	0 (0%)	0.6
Hematoma	2 (1.7%)	0 (0%)	>0.9
Postoperative stenosis or occlusion	1 (0.9%)	0 (0%)	>0.9
Access site infection	0 (0%)	0 (0%)	NA
Access site pseudoaneurysm	0 (0%)	0 (0%)	NA
Access site AV fistula	0 (0%)	0 (0%)	NA

# Conclusions

In this retrospective analysis of a prospectively maintained, single center dataset, there was no significant difference in post-procedure complication rates or access site complications between TF-CAS and TR-CAS

These findings are consistent with other single institution retrospective studies (El Naamani et al, 2023) in the literature

Additional research with larger sample sizes is merited

## References:

El Naamani K, Khanna O, Syal A, Momin AA, Abbas R, Amllay A, Sambangi A, Hunt A, Dougherty J, Lawall CL, Tjoumakaris SI, Gooch MR, Herial NA, Rosenwasser RH, Zarzour H, Schmidt RF, Jabbour PM. A Comparison of Outcomes Between Transfemoral Versus Transradial Access for Carotid Stenting. *Neurosurgery*. 2023 Aug 1;93(2):445-452.

# Establishing a Supervised Exercise Therapy Program at WVU Medicine

Paul Rothenberg, MD

West Virginia University

VQI Fellow-in-Training 2023-2024

# Disclosures

- No disclosures to report

# Problem Statement

- Supervised exercise therapy (SET) is the gold standard first-line treatment for patients with claudication.
- Unfortunately, SET has not been widely or consistently adopted, especially in resource-poor areas.
- At our institution SET has not been available to our patient population.
- This represents an opportunity to identify and address barriers to the implementation of SET, allowing for delivery of improved patient care.

# Background

- Previous study by Drs. Spinosa and Amendola aimed to understand why SET is underutilized
- Survey distributed to VVSG providers attempting to elucidate anticipated physician barriers
- Their survey used Theory of Planned Behavior to investigate provider beliefs on SET in the community



# Background

- Findings:
  - 10% of providers responded that their patients had insurance to cover SET
  - 20% of patients can afford transportation to and from SET
  - 42% reported SET programs in their community
  - 79% report their patients would complete SET if available
  - Unknowns regarding insurance coverage and physician reimbursement

# Background

- Barriers identified:
  - Need more information on available SET programs
  - Lack of access and transportation to SET
  - Unknown quality of SET programs in the community
  - Lack of knowledge of physician reimbursement
  - **0% of responders thought SET programs in their area were sufficient**

# Project Aim

**Establish a SET program at WVU**

# Project Goals

- Short-term: Improve the use of SET in patients with claudication in our vascular clinic by 10% over 12 months
- Mid-term: Decrease the number of interventions in patients with claudication in our vascular clinic
- Long-term: Decrease the number of patients with claudication in our clinic that go onto develop CLTI

# Project Legwork

- Establishing requisite CMS, AACVPR, and SET requirements and recommendations
- Determining facility capacity and arranging equipment repairs
- Exercise prescription protocol development
- Staff education
- Creating Epic order and charge capture

# Implementation

- SET rolled out officially on September 18, 2023
- Information put on CONNECT (WVU intranet)
- Patient education brochure
- Physician information sheet

SUPERVISED EXERCISE THERAPY - PERIPHERAL ARTERY DISEASE (PAD) - RUBY

✓ Accept ✗ Cancel

Priority: Routine  Routine

Class: Ancillary Performed

Indication for Therapy: Treatment of Symptomatic PAD with Claudication

Exercise Intensity: To Be Determined by Cardiac Rehab Staff

! Indicate Laterality: Left Leg Right Leg Bilateral Legs

Attestation Statement: This patient has had a face to face visit with provider responsible for PAD tx & has received information regarding CV disease and PAD risk factor reduction, which could include education, counseling, behavioral interventions & outcome assesments.

Scheduling Instructions:

Status: Normal Standing Future

Expected Date:  Today Tomorrow 1 Week 2 Weeks 1 Month 3 Months  Approx. 6 Months

Expires: 9/5/2024 1 Month 2 Months 3 Months 4 Months 6 Months 1 Year 18 Months

Comments: Individualized education will be given based on the patient's diagnosis and needs. Therapist/Nurse may place secondary or...

! Next Required

✓ Accept ✗ Cancel



## **SUPERVISED EXERCISE THERAPY** for Peripheral Artery Disease

Peripheral artery disease (PAD) causes blockages to the blood flow in the legs, which can cause pain while walking or exercising. This pain is known as claudication, and it can make living a normal life harder.

At the WVU Heart and Vascular Institute, we now offer exercise therapy for patients with PAD with claudication. This non-invasive therapy is the gold-standard, first-line treatment for patients with this condition.

 **WVU Heart & Vascular  
Institute**

[WVUMedicine.org/Vascular](http://WVUMedicine.org/Vascular)

### **What is PAD?**

- PAD is caused by blockages in leg arteries.
- It causes leg pain while walking, known as claudication.

### **What is supervised exercise therapy (SET)?**

- SET is the gold standard for treating PAD with claudication.
- You will work closely with a team to improve your heart and vascular health.

### **How can SET help PAD?**

- SET can improve how far and long you can walk.
- You may have less leg pain.
- You can do more of your favorite activities.
- You can lower your risk of heart attack or stroke.

### **What happens during SET?**

- A therapist will see how far you can walk without pain.
- You will work on walking further without pain each time.
- You will learn about healthy eating, exercise, and stopping smoking.

### **How long and often does SET take place?**

- You will have three sessions per week for three months.
- Each session lasts 30-60 minutes.

### **Will insurance cover SET sessions?**

- Yes, ask your insurance provider about your copay.

### **CARDIAC REHAB**

1 Medical Center Drive • Morgantown, WV, 26506

**877-988-4478**

[WVUMedicine.org/Vascular](http://WVUMedicine.org/Vascular)



# What SET entails

- Introductory session
- Three 30-60 minute sessions per week for 6-12 weeks
- VASC-QoL 6 and Walking Impairment Questionnaire at the start and conclusion of the program
- Education session during each session on topics including healthy eating, smoking cessation, and other health maintenance-related topics

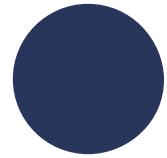
# Metrics

- VQI Vascular Medicine Module
- Outcome metrics:
  - Increased number of referrals placed for SET
  - Increased number of patients attending SET
  - Decreased number of interventions for claudication
  - Decreased incidence of CLTI for patients in our clinic
- Process metrics:
  - Number of monthly referrals to SET
  - Number of patients enrolled in SET monthly
  - Monthly evaluation of number of interventions for claudication

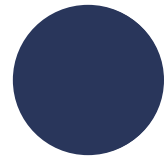
Questions?

# CE/CME Meeting Attendance Credit

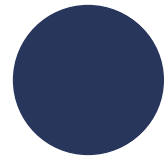
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[https://dmu.co1.qualtrics.com/jfe/form/SV\\_eP72AupxY](https://dmu.co1.qualtrics.com/jfe/form/SV_eP72AupxY)

# Spring 2024 Regional Meeting

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- Spring 2024?



- Thank you to our members for your continued participation and support of VQI

- Thank you to COOK and GORE for your contributions and making these meetings possible
- Thank you to Des Moines University for providing CE/CME credit for today's meeting

# Thank You

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**SVS** | **VQI**  
In collaboration with NCDR\*