

# Virginias Vascular Study Group VVSG

Wednesday, June 14, 2023

5:00 PM – 7:30 PM Eastern Time

Gaylord National Resort & Convention Center

National Harbor, MD

Hybrid

# Meeting Attendance Credit

**Before we get started...**

**Please sign in using your Full Name (First and Last).**

**In-Person Attendees – Scan the QR code shown and sign in**

**Remote Attendees – See below instructions (#1-#3)**



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 you’ll see “rename”.
3. Click and sign in.

Please note: If you can’t sign in, please email Leka Johnson at [ljohnson@svspsso.org](mailto:ljohnson@svspsso.org) and let her know the identifier you were signed in under (ex –LM7832 or your phone number).

**\*\*SPECIAL NOTE: ALL ATTENDEES must have an ACTIVE PATHWAYS user account to get attendance credit!!!**

- Associate Regional Lead Medical Director:  
Dr. Paul White, MD  
Inova Health System



- Regional Co-Lead Data Managers:  
Rachelle Sapp, BSN, RN, West Virginia University Hospital  
VVSG Regional Lead Data Manager

Ashlee Fletcher, MSN, BSN, RN, Sentara  
VVSG Regional Lead Data Manager

Time	Topic	CE Credit
5:00 pm	<p>Welcome Regional Data Review – Samantha Minc, MD, VVSG Medical Director Learning Objectives:</p> <ul style="list-style-type: none"> <li>• Use the VQI regional reports to establish quality improvement goals for the vascular patients (outcomes) and for their center (process).</li> <li>• Interpret and compare each centers’ VQI results to regional and national benchmarked data.</li> <li>• Learn, through group discussion the VQI regional results to improve the quality of vascular health care by monitoring measurable performance indicators, SVS PSO evidence-based research, and outcomes.</li> <li>• Identify high performing regional vascular centers to discuss variations in care and clinical practice patterns to improve outcomes and prompt quality improvement recommendations for vascular care patients. Sharing of best practices/pathways of care.</li> </ul>	Yes
6:00 pm	<p>Regional QI Proposal - Samantha Minc, MD, VVSG Medical Directors Learning Objectives:</p> <ul style="list-style-type: none"> <li>• Use the VQI regional reports to establish quality improvement goals for the vascular patients (outcomes) and for their center (process).</li> <li>• Interpret and compare each centers’ VQI results to regional and national benchmarked data.</li> <li>• Learn, through group discussion the VQI regional results to improve the quality of vascular health care by monitoring measurable performance indicators, SVS PSO evidence-based research, and outcomes.</li> <li>• Identify high performing regional vascular centers to discuss variations in care and clinical practice patterns to improve outcomes and prompt quality improvement recommendations for vascular care patients. Sharing of best practices/pathways of care.</li> </ul>	Yes

# Agenda (con't)

Time	Topic	CE Credit
6:30 pm	Break	No
6:40 pm	National VQI Update – Caroline Morgan, RN, PSO Director of Clinical Operations Learning Objectives: <ul style="list-style-type: none"> <li>• Use the VQI regional reports to establish quality improvement goals for the vascular patients (outcomes) and for their center (process).</li> <li>• Identify high performing regional vascular centers to discuss variations in care and clinical practice patterns to improve outcomes and prompt quality improvement recommendations for vascular care patients. Sharing of best practices/pathways of care.</li> </ul>	Yes
7:10 pm	AQC Updates – Margaret Tracci, MD	No
7:15 pm	VQC Update – David Spinosa, MD	No
7:20 pm	RAC Update – Behzad Farivar, MD	No
7:25 pm	Governing Council Update – Samantha Minc, MD	No
7:30 pm	Open Discussion/Next Meeting/Meeting Evaluation	No

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

# Region Volume Appendix

Report	Included Cases	Centers with Included Cases	Centers with at least 10 Included Cases	Complete Cases	Centers with Complete Cases	Centers with at least 10 Complete Cases
<b>Procedure Volume</b>	10210	37	36			
<b>Procedure Volume, All Years</b>	90751	40	40			
<b>Long-Term Follow-up</b>	8932	33	33			
<b>Discharge Medications</b>	7934	37	36			
<b>Preop Smoking</b>	6095	37	35			
<b>Smoking Cessation</b>	1850	31	25			
<b>TFEM CAS ASYMP: Stroke/Death</b>	174	15	5	160	15	4
<b>TFEM CAS SYMP: Stroke/Death</b>	137	14	5	129	14	5
<b>TCAR ASYMP: Stroke/Death</b>	436	26	15	412	26	15
<b>TCAR SYMP: Stroke/Death</b>	226	25	8	215	24	6
<b>CEA ASYMP: Stroke/Death</b>	714	29	16	686	29	16
<b>CEA ASYMP: Postop LOS&gt;1 Day</b>	714	29	16	686	29	16
<b>CEA SYMP: Stroke/Death</b>	312	27	9	300	27	9
<b>CEA SYMP: Postop LOS&gt;1 Day</b>	310	27	9	298	27	9
<b>EVAR: Postop LOS&gt;2 Days</b>	537	25	16	480	25	16
<b>EVAR: Sac Diameter Reporting</b>	442	22	15			
<b>EVAR: SVS AAA Diameter Guideline</b>	444	24	16			
<b>TEVAR: Sac Diameter Reporting</b>	46	5	2			
<b>OAAA: In-Hospital Mortality</b>	172	15	6	163	15	6
<b>OAAA: SVS Cell-Saver Guideline</b>	180	15	6			
<b>OAAA: SVS Iliac Inflow Guideline</b>	195	16	6			
<b>PVI CLAUD: ABI/Toe Pressure</b>	930	23	12			
<b>INFRA CLTI: Major Complications</b>	434	19	14			
<b>SUPRA CLTI: Major Complications</b>	76	14	4			
<b>LEAMP: Postop Complications</b>	988	19	19			
<b>HDA: Primary AVF vs. Graft</b>	923	17	15			
<b>HDA: Ultrasound Vein Mapping</b>	1169	17	15			
<b>HDA: Postop Complications</b>	1170	17	15			
<b>IVCF: Filter Retrieval Reporting</b>	276	17	11			



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.

The following updates have been implemented to enhance and improve the Spring 2023 VQI Regional Quality Report:

- **Preop Smoking Report Added** - A preop smoking report is now provided. This report displays center-level, regional, and VQI overall rates of current smoking at time of procedure.
- **Smoking Cessation Report Added** - A smoking cessation report is now provided. This report displays center-level, regional, and VQI overall rates of smoking cessation at follow up.

**Spring 2023 Regional Data Reports**

## Current Quality Improvement Charters

### *2022 EPIC Documentation*

West Virginia University Hospital

Lead: Rachelle Sapp

Physician Champion: Samantha Minc, MD

- Discussion for possible QI projects

# Assessing Barriers to Enrolling Patients with Peripheral Artery Disease into Walking Programs

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**Michael Spinoso, MD, MPH**

Virginia Tech Carilion SOM

**Michael Amendola, MD, MEHP**

Richmond VAMC/VCU Medical Center

# Project Steering Committee

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Member	Institution
Joshua Adams MD	Virginia Tech Carilion School of Medicine
Michael Amendola MD	VCU School of Medicine Central Virginia VA Health Care System
Matthew Borkon MD	Valley Health System
Darrin Clouse MD	University of Virginia School of Medicine
David Dexter MD	Sentara Healthcare
Behzad Farivar MD	University of Virginia School of Medicine
Kedar Lavingia MD	VCU School of Medicine Central Virginia VA Health Care System
Samantha Minc MD	West Virginia University School of Medicine Medical Director, VVSG
Rachelle Sapp	West Virginia University School of Medicine
Chase Wollen MD	West Virginia University School of Medicine

# Disclosures

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- None

# Peripheral Artery Disease (PAD)

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- >200 million worldwide
- ~9 million in U.S.
- ↑ Prevalence for adults >70 years
- 30-40% have claudication symptoms

# Supervised Exercise Therapy (SET)

- Supervised Exercise Therapy (SET) is recommended by the AHA as therapy for PAD patients with claudication.

COR	LOE	Recommendations
I	A	In patients with claudication, a supervised exercise program is recommended to improve functional status and QoL and to reduce leg symptoms. <sup>24-26,28-34,36,169,170</sup>
I	B-R	A supervised exercise program should be discussed as a treatment option for claudication before possible revascularization. <sup>24-26</sup>



# SET is Underutilized

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


Journal of  
Vascular Surgery

SVS

Society for  
Vascular Surgery

National assessment of availability, awareness, and utilization of supervised exercise therapy for peripheral artery disease patients with intermittent claudication

Anahita Dua, MD, MS, MBA • Rebecca Gologorsky, MD • Dasha Savage, BS • Neil Rens, BS •  
Neil Gandhi, BS • Benjamin Brooke, MD • Matthew Corriere, MD • Elizabeth Jackson, MD •  
Oliver Aalami, MD   • Show less

Vascular surgeons report that only 50% of eligible symptomatic patients with PAD and claudication are referred to SET programs

# Study Aim

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Understand why SET enrollment by vascular surgeons and providers is under utilized



# Survey Design

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- Anonymous online survey
- Directed to West Virginia and Virginia vascular surgeons and providers
- Targeting anticipated physician barriers in enrolling PAD patients in SET programs

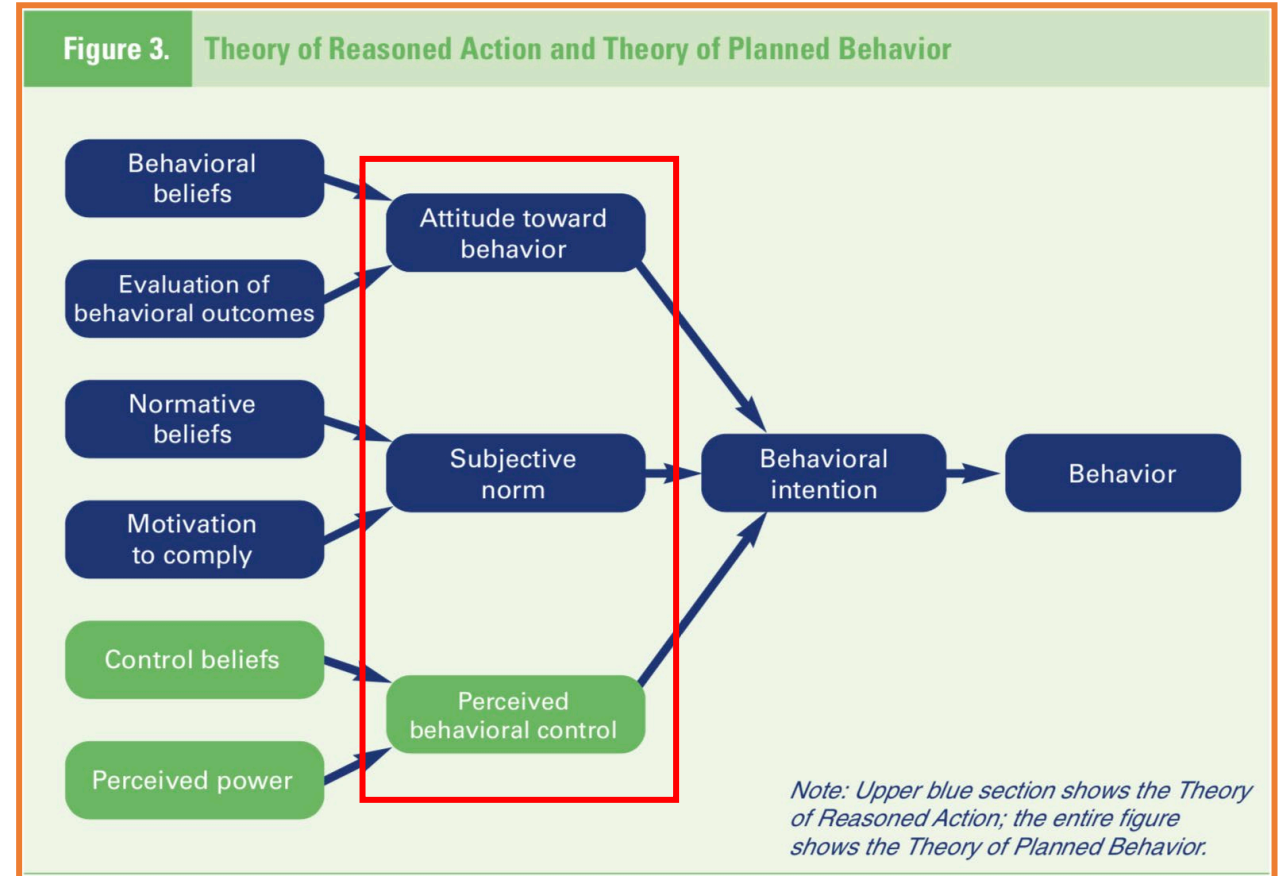
# Survey Design

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- Ask vascular surgeons and providers questions regarding perceived barriers to enrolling their patients into SET
- Survey questions broken down into categories we believe are common barriers to enrolling patients into SET
- Factors Examined
  - Demographics
  - Financial
  - Buy in/Knowledge
  - Access
  - Social/Motivation

# Survey Design

- Target major constructs of the *Theory of Planned Behavior*
- Investigate why vascular surgeons are/are not enrolling patients into SET

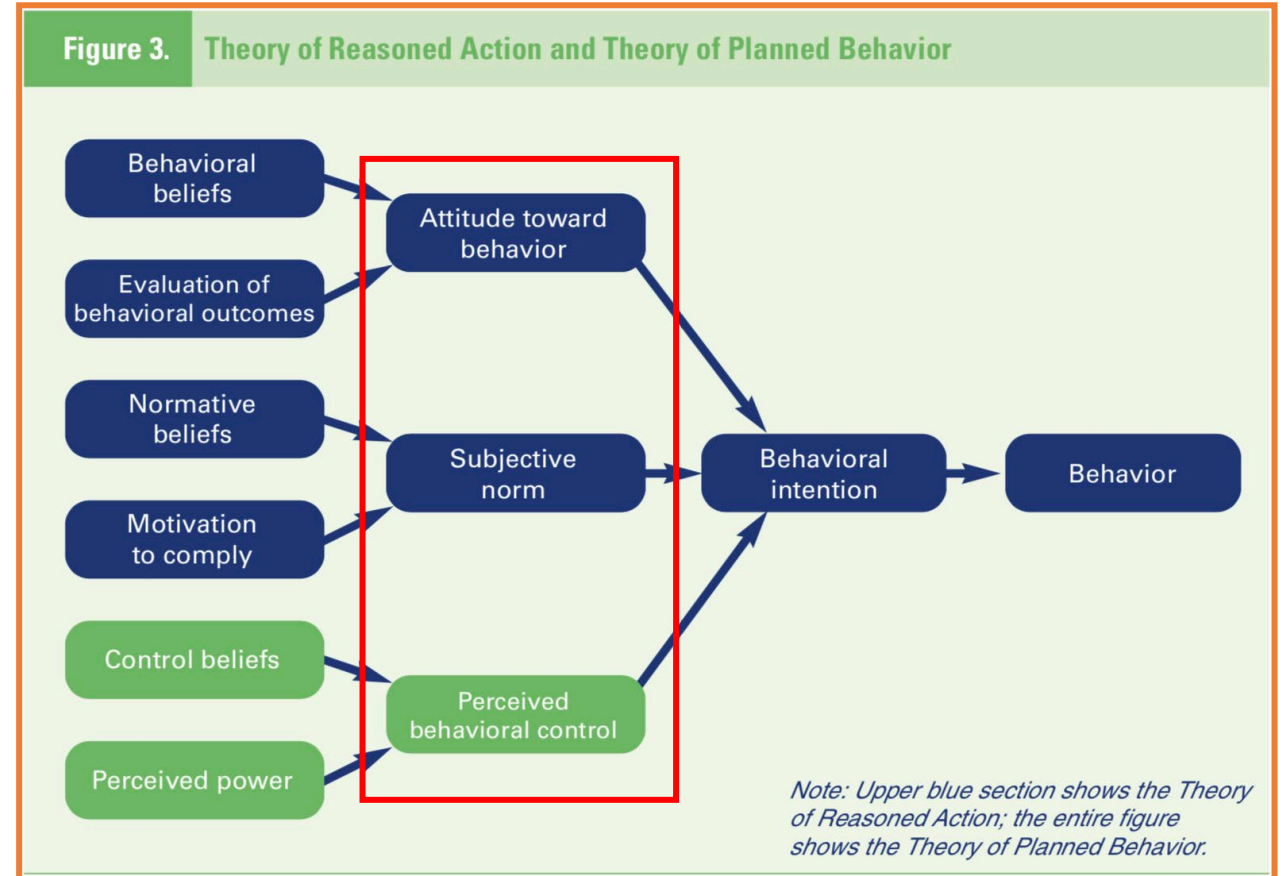


# Theory of Planned Behavior

**1. Perceived behavior control** *How easy is the behavior to change?*

**2. Subjective norm** *How my peers view the behavior?*

**3. Attitude towards behavior** *Is the behavior good, bad, or neutral?*



# Survey Metrics

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- 5 minute, 33 question survey distributed from 1/11/23 to 3/23/23
- Survey opportunity sent to 331 individuals via an email listserv provided by the VQI
- Responses collected via Survey Monkey

# Key Findings – Demographics

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## FINDINGS

- **Mostly white men (71% White/Caucasian, 76% male)**
- Majority advance practice (> 15 years)
- 62% academic practices
- 62% urban practices

## CONSIDERATIONS

- How do we reach more demographic groups?
- How do we engage more private practicing surgeons?



# Key Findings – Financial

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## FINDINGS

- 75% report that **insurance should cover SET**
- 65% of responders **do not know if they receive adequate reimbursement**
- Only 10% agree that their **patients have insurance plans** that cover SET programs
- Only 35% report it is **worth it financially** to enroll patients into SET



# Implications– Financial

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## IMPLICATIONS

- A possible physician barrier to enrolling patients into SET is **reimbursement concerns**.
  - Is there a role for education from the Virginia VQI on reimbursement to change behavior? (2017-Medicare and Medicaid cover SET)
  - Is there a role to disclose what payers in WVA and VA are paying to change behavior?



# Key Findings – Knowledge/Buy in

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## FINDINGS

- 80% report that **SET is the gold standard for treating PAD with claudication**
- 84% of responders agree they **should enroll patients** into SET programs
- 42% have enrolled patients into SET
- 50% have the **necessary information of SET programs** in their area



# Implications– Knowledge/Buy in

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## IMPLICATIONS

- A possible physician barrier to enrolling patients into SET programs is **information on available SET programs.**
  - Is there a role for education on types of SET to change behavior?
  - Is there a role for better local advertising/exposure of SET programs?



# Key Findings – Access

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## FINDINGS

- 85% report **transportation should be provided** for patients to and from SET programs
- 20% report patients **can afford transportation** to and from SET programs
- 42% report there are **SET programs in the community** where they practice



# Implications– Access

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## IMPLICATIONS

- A possible physician barrier to enrolling patients into SET programs is **access and transportation**.
  - Is there a role for increasing access to SET programs to change behavior?



# Key Findings – Social/Motivation

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## FINDINGS

- 79% report their patients would **choose to complete a SET program** if they had the ability to do so
- **0% of responders think SET programs in their area are sufficient**



# Implications– Social/Motivation

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## IMPLICATIONS

- A possible physician barrier to enrolling patients into SET programs is **SET program quality**.
  - Is there a role for assessing quality of SET programs to change physician attitude towards enrolling patients?





# Study Limitations and Recommendations

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## Limitation(s)

Low response rate, n=18-21 responses (5-6%)

Study targeted only Virginia and West Virginia providers

## Recommendation(s)

- Decrease question amount
  - Simplify answer choices
  - Make the survey available longer
  - Increase types of survey engagement
- 
- Circulate revised survey nationally

# Key Takeaways

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- Two thirds of physicians **do not know if they receive adequate reimbursement**
- Most physicians agree they **should enroll patients** into SET programs, but less than half have **enrolled patients** into SET
- Less than half of physicians report that there are **SET programs in the community** where they practice
- **0% of responders think SET programs in their area are sufficient**

# Next Steps

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- Revise survey and explore other possible forms of survey engagement beyond email
- Enroll additional steering committee members in anticipation of sending survey nationally

# Thank You

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The Virginias Vascular Study Group

**Steering Committee Members**

Questions?

# Citations

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- Dhaliwal G, Mukherjee D. Peripheral arterial disease: Epidemiology, natural history, diagnosis and treatment. *Int J Angiol.* 2007 Summer;16(2):36-44.
- Gerhard-Herman MD, Gornik HL, Barrett C, Barshes NR, Corriere MA, Drachman DE, Fleisher LA, Fowkes FGR, Hamburg NM, Kinlay S, Lookstein R, Misra S, Mureebe L, Olin JW, Patel RAG, Regensteiner JG, Schanzer A, Shishehbor MH, Stewart KJ, Treat-Jacobson D, Walsh ME. 2016 AHA/ACC guideline on the management of patients with lower extremity peripheral artery disease: executive summary: a report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. *Circulation.* 2017;135:e686–e725.
- Dua A, Gologorsky R, Savage D, et al. National assessment of availability, awareness, and utilization of supervised exercise therapy for peripheral artery disease patients with intermittent claudication. *J Vasc Surg.* 2020;71(5):1702-1707.
- Rimer, B. K., & Glanz, K. (2005). *Theory at a glance: A guide for health promotion practice.* Bethesda, MD: US Department of Health and Human Services, National Institutes of Health, National Cancer Institute
- Medicare Coverage Database. <https://www.cms.gov/medicare-coverage-database/view/ncacal-decision-memo.aspx?proposed=N&NCAId=287>

# Survey Question Examples

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**1. Perceived behavior control** *How easy is the behavior to change?*



There are SET programs in the community where I practice

**2. Subjective norm** *How my peers view the behavior?*



Other centers are sending patients to SET programs in the area

**3. Attitude towards behavior** *Is the behavior, good, bad, or neutral?*



The SET programs in the area are sufficient



# Assessing for Regional Variation in Carotid Artery Stenting Outcomes - The Influence of Age and Cerebral Protection Modality

Matthew Cunningham-Hill, MD\*; Samantha D Minc, MD, MPH\*; Dylan Thibault, MS; Lakshmikumar Pillai, MD

Division of Vascular and Endovascular Surgery  
West Virginia University

\*Co-first authors



## Disclosures

- SM funded in part by NIDDK and NIGMS



## Previous work

- Analysis of the VVSG dataset
- On multivariable analyses we found no significant difference in rates of peri-operative stroke or MACE/death after stenting in octogenarians compared to non-octogenarians
- Additionally, there was no difference in outcomes across age groups related to protection device used

		Stroke/TIA		MACE/Death	
		Adjusted OR (95% CI)	P-value	Adjusted OR (95% CI)	P-value
Preop Smoking	Never	Ref		Ref	
	Prior	0.92 (0.5, 1.72)	0.6593	1.32 (0.63, 2.76)	0.1952
	Current	0.7 (0.32, 1.51)		0.81 (0.35, 1.85)	
Indication	Symptomatic	1.58 (0.79, 3.18)	0.1998	1.04 (0.46, 2.33)	0.922
Protective device type	Flow reversal	0.36 (0.16, 0.82)	0.0153	0.82 (0.4, 1.65)	0.5703
Age 80+		1.68 (0.94, 3)	0.0802	0.8 (0.41, 1.57)	0.5213
Female		1.37 (0.7, 2.66)	0.3588	1.44 (0.86, 2.4)	0.1679
Race non-White		0.66 (0.23, 1.93)	0.4494	0.95 (0.43, 2.1)	0.8978

Subgroup analysis did not find a statistically significant interaction between odds of stroke between age group across stenting/protection device used (p=0.2735)

Elective	0.87 (0.35, 2.18)	0.7633	0.38 (0.19, 0.74)	0.0043
Living at home	0.58 (0.14, 2.52)	0.4698	0.24 (0.09, 0.64)	0.0045
Prior CEA/CAS	0.95 (0.54, 1.69)	0.8642	0.49 (0.29, 0.83)	0.0078
Pre-op P2Y	0.41 (0.2, 0.86)	0.0177	0.46 (0.26, 0.79)	0.0054
Pre-op Statin	0.97 (0.58, 1.63)	0.9116	1.09 (0.6, 1.97)	0.7827
Prior neck radiation	0.84 (0.19, 3.76)	0.8232	0.57 (0.14, 2.33)	0.4346
Post Dilate	0.4 (0.23, 0.7)	0.0011	1.38 (0.92, 2.07)	0.1185
Protamine	1.91 (0.99, 3.68)	0.055	1.29 (0.62, 2.7)	0.4956



## Study purpose

- Evaluate whether there is regional variability in outcomes of CAS between  $>80$  or  $<80$  across the VQI
- Determine whether there is a difference in stroke odds between the age groups depending on device used (tfCAS vs. TCAR)



## Methods

- VQI dataset for carotid stenting (2016-2022)
- Wilcoxon/Chi-square tests for univariate analysis
- Multivariable logistic regression model utilized
- Interaction term used to assess effect of flow reversal device (ie TCAR) on outcome of stroke by age group
- Model was then stratified by region within the VQI
  - GEE used to adjusted for center level variation

		Stroke		MACE/Death	
Main	Level Effect	Adjusted OR (95% CI)	P-value	Adjusted OR (95% CI)	P-value
Preop Smoking	0: Never	Ref	<b>0.0055</b>	Ref	0.7494
	1: Prior	0.89 (0.76, 1.03)		1.05 (0.91, 1.22)	
	2: Current	0.73 (0.6, 0.88)		1.06 (0.89, 1.27)	
Indication	2: Symptomatic	1.85 (1.57, 2.18)	<b>&lt;.0001</b>	1.21 (1.04, 1.41)	<b>0.0155</b>
Protection device type	2: Flow reversal	0.91 (0.71, 1.16)	0.4382	1 (0.8, 1.26)	0.9698
Age≥80		1.55 (1.34, 1.8)	<b>&lt;.0001</b>	1.65 (1.44, 1.89)	<b>&lt;.0001</b>
Female		1.04 (0.91, 1.2)	0.5370	1.17 (1.05, 1.32)	<b>0.0068</b>
Race non-white		1.4 (1.16, 1.69)	<b>0.0004</b>	1.07 (0.91, 1.25)	0.3961
Hypertension		1.58 (1.2, 2.08)	<b>0.0012</b>	0.97 (0.78, 1.2)	0.7564
Diabetes		1.11 (0.97, 1.27)	0.1473	1.15 (1.03, 1.29)	<b>0.0173</b>
CAD		1.21 (1.06, 1.39)	<b>0.0062</b>	1.33 (1.17, 1.52)	<b>&lt;.0001</b>

		Stroke		MACE/Death	
Main	Level Effect	Adjusted OR (95% CI)	P-value	Adjusted OR (95% CI)	P-value
CHF		0.86 (0.71, 1.04)	0.1200	1.49 (1.31, 1.7)	<b>&lt;.0001</b>
COPD		0.95 (0.8, 1.12)	0.5483	1.19 (1.03, 1.37)	<b>0.0173</b>
Dialysis		0.86 (0.49, 1.51)	0.5964	2.17 (1.59, 2.97)	<b>&lt;.0001</b>
Elective		0.65 (0.55, 0.77)	<b>&lt;.0001</b>	0.54 (0.46, 0.62)	<b>&lt;.0001</b>
Living at home		0.93 (0.61, 1.44)	0.7525	0.82 (0.58, 1.17)	0.2676
Prior CEA/CAS		1.22 (1.04, 1.44)	<b>0.0179</b>	0.81 (0.7, 0.94)	<b>0.0066</b>
Pre-op P2Y12		0.65 (0.53, 0.79)	<b>&lt;.0001</b>	0.78 (0.66, 0.92)	<b>0.0031</b>
Pre-op statin		0.89 (0.74, 1.06)	0.1905	0.93 (0.78, 1.1)	0.3915
Prior neck radiation		0.89 (0.66, 1.2)	0.4468	0.89 (0.69, 1.16)	0.3965
Post dilate		1 (0.86, 1.17)	0.9807	1.09 (0.94, 1.28)	0.2541
Protamine		0.87 (0.7, 1.07)	0.1901	0.79 (0.66, 0.94)	<b>0.0084</b>

# Effect of TCAR vs. TFCAS on odds of Stroke

Age < 80



Stroke

1.02 [0.78-1.33]

Effect of TCAR vs. TFCAS

No significant effect



# Effect of TCAR vs. TFCAS on odds of Stroke

Age > 80



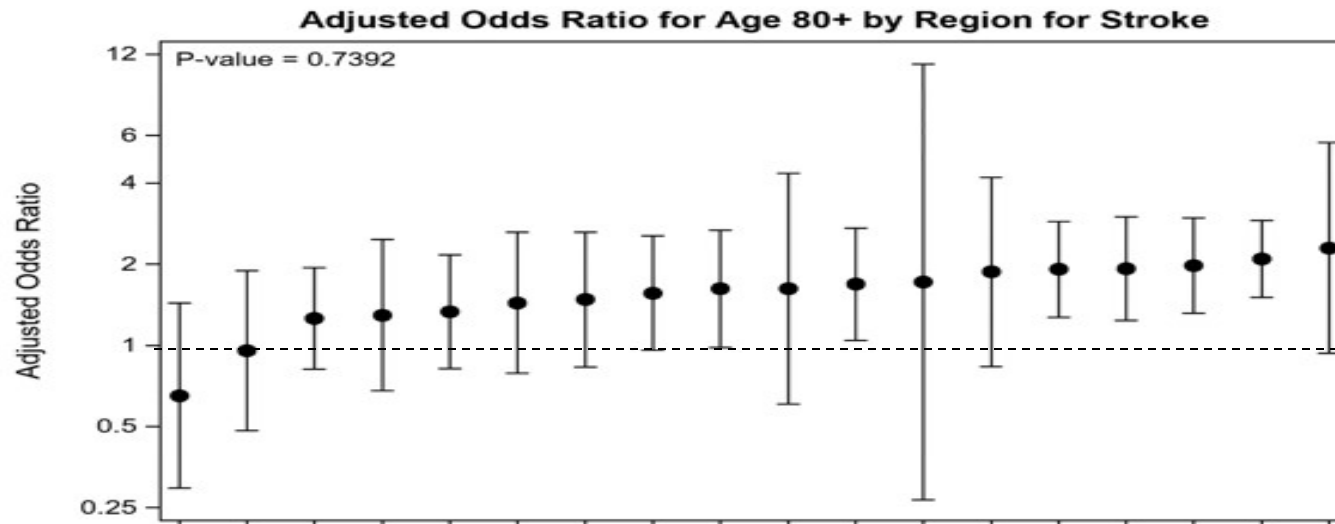
Stroke

0.69 [0.52-0.92]

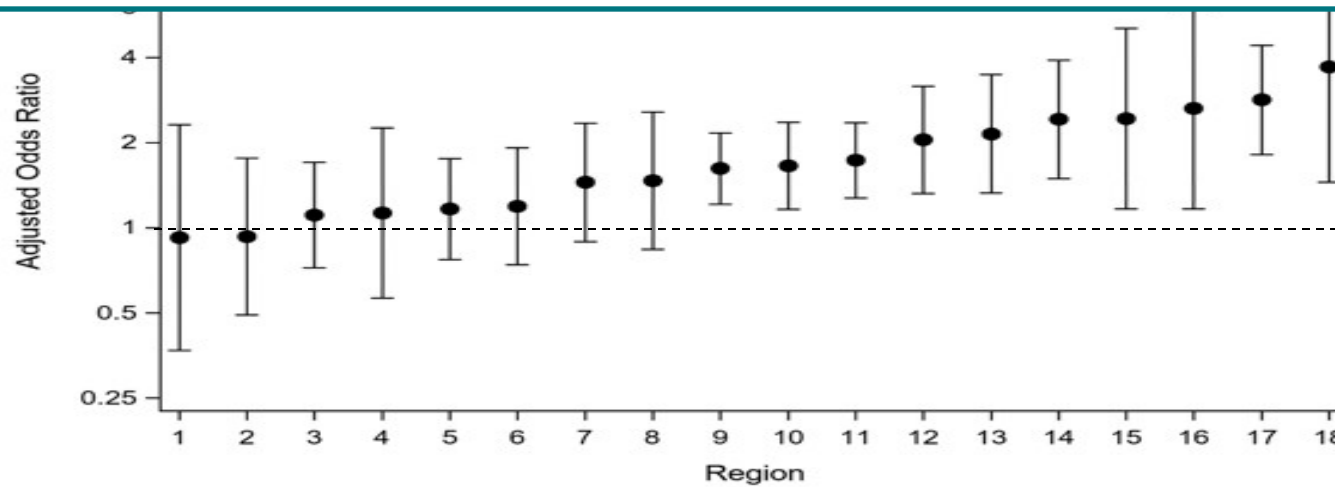
Effect of TCAR vs. TFCAS

Significant decrease

Interaction p=0.0114



No significant difference in the odds of stroke or MACE/death between regions





## Conclusions

- In the national VQI sample, >80 have a significantly higher odds of peri-operative stroke and MACE/death after CAS than <80
- There was no significant regional variation in outcomes across the VQI by age group
  - These findings suggest that our regional findings are likely a type II error
- Flow reversal significantly reduced the odds of stroke in >80, but did not effect the odds in the <80 group
  - These findings provide additional support for the argument that the etiology of stroke in CAS is related to aortic arch in >80

Thank you



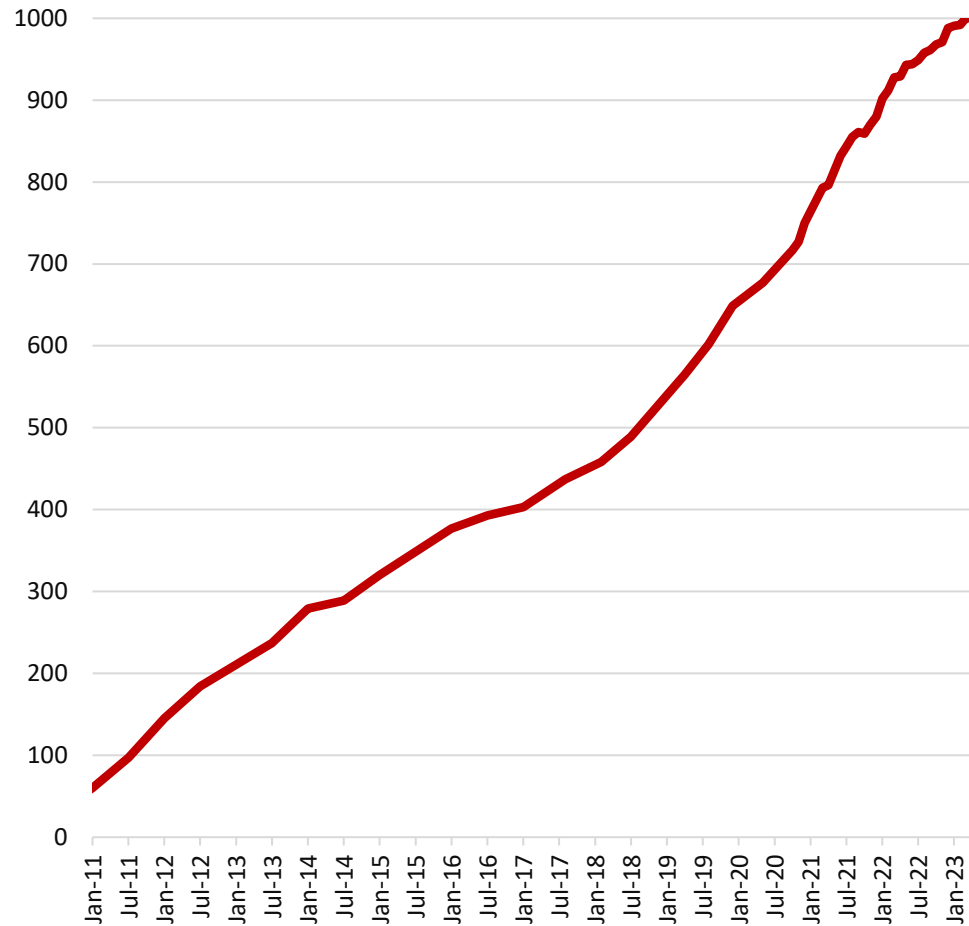
# Corey Kalbaugh; Implicit Bias Study

# National VQI Update

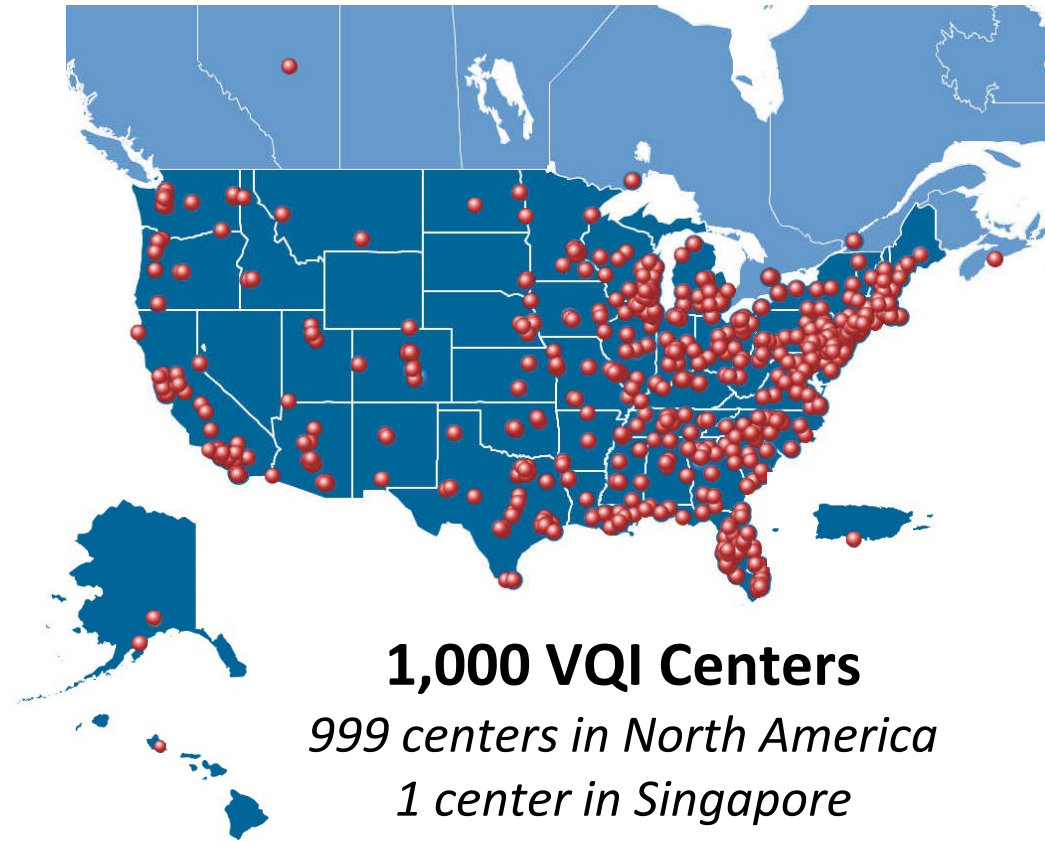
Caroline Morgan, RN

PSO Director of Clinical Operations

## Number of Participating Centers

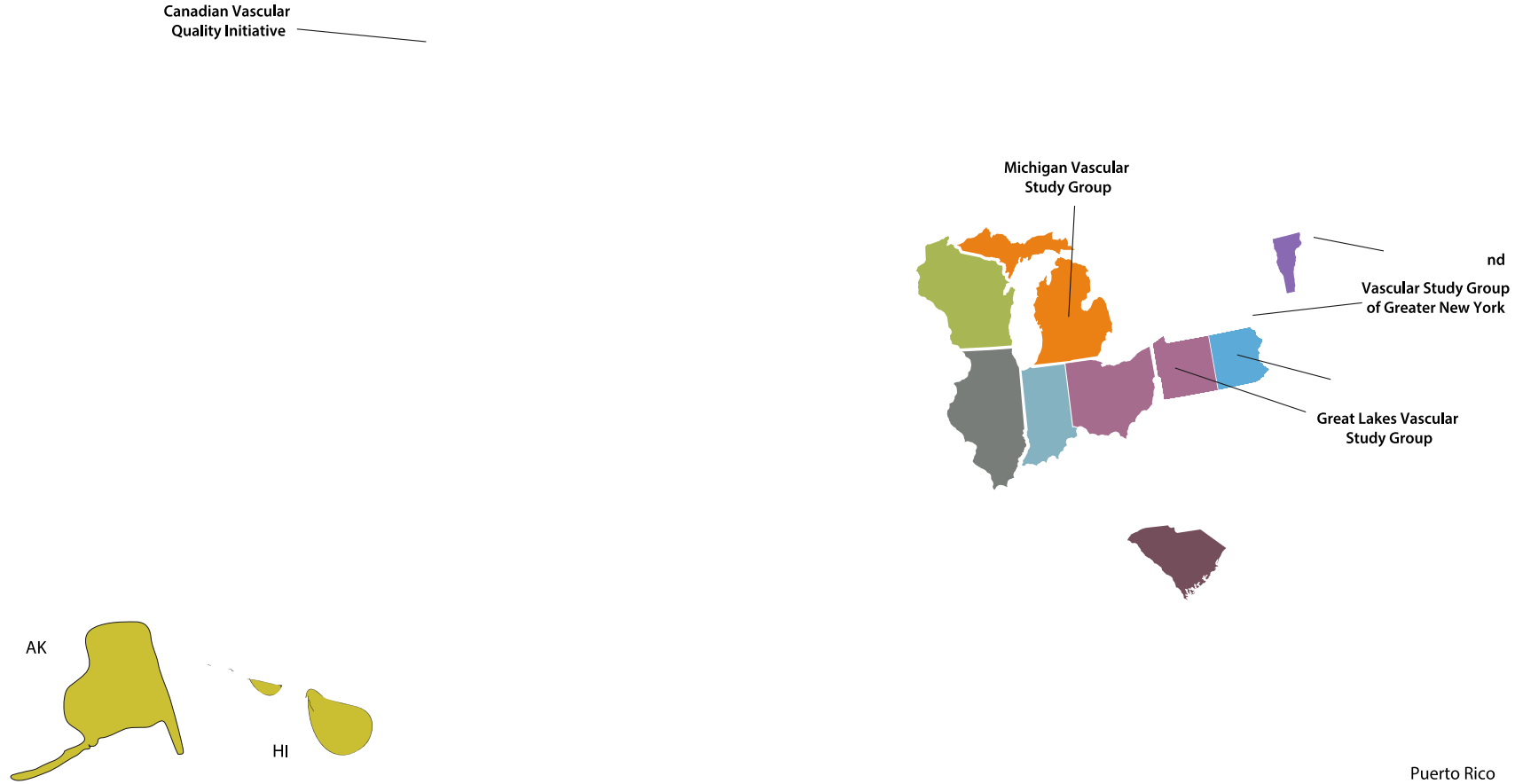


## Location of VQI Participating Centers



# 18 Regional Quality Groups

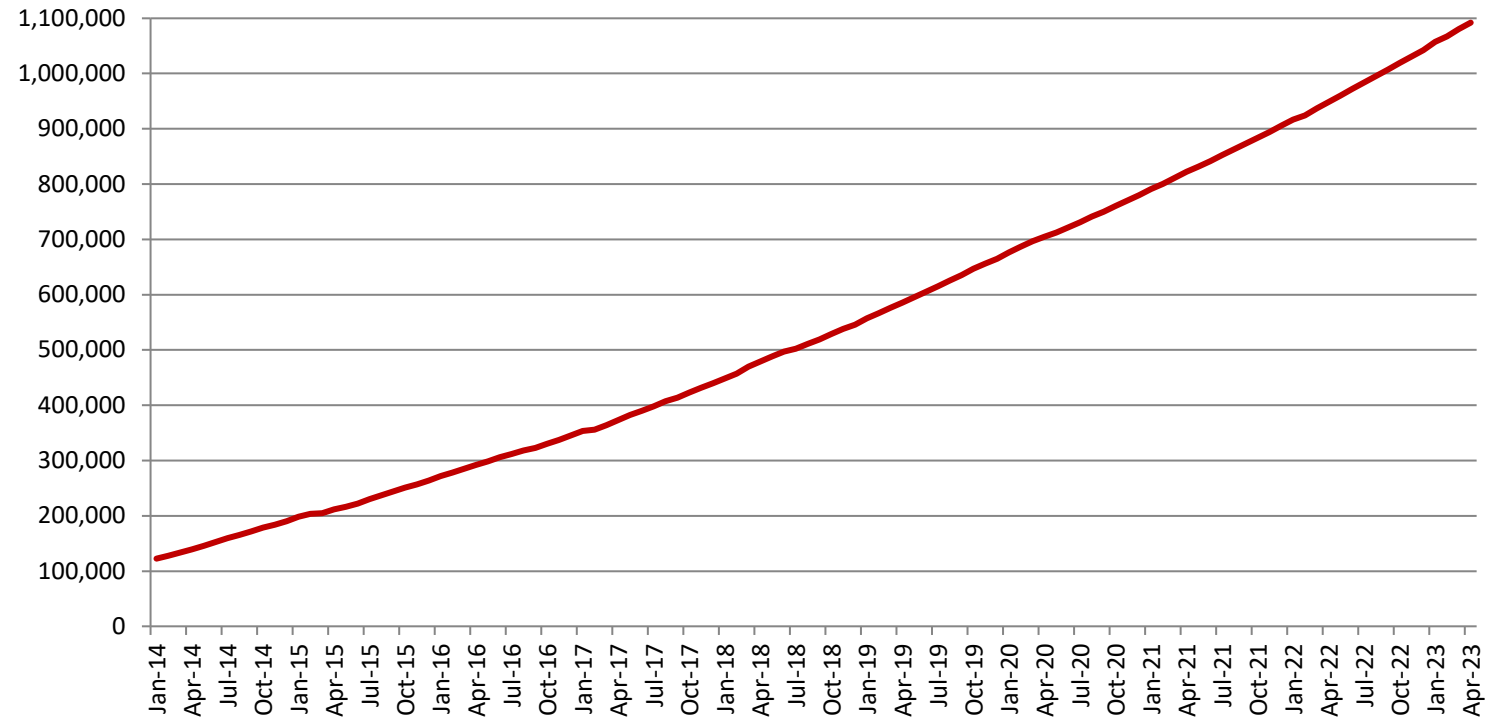
## 18 Regional Quality Groups





<b>TOTAL PROCEDURES CAPTURED</b>	
<b>(as of 5/1/2023)</b>	
	<b>1,092,096</b>
Peripheral Vascular Intervention	377,562
Carotid Endarterectomy	193,672
Infra-Inguinal Bypass	81,662
Endovascular AAA Repair	80,821
Hemodialysis Access	76,936
Carotid Artery Stent	98,364
Varicose Vein	61,706
Supra-Inguinal Bypass	26,070
Thoracic and Complex EVAR	29,084
Lower Extremity Amputations	28,598
IVC Filter	18,357
Open AAA Repair	17,850
Vascular Medicine Consult	1,236
Venous Stent	178

### VQI Total Procedure Volume



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

# A Brand New VQI.org!



Improving the quality, safety, effectiveness and cost of vascular healthcare by collecting and exchanging information.

BEGIN YOUR SEARCH HERE.

Enter keyword or term to search...

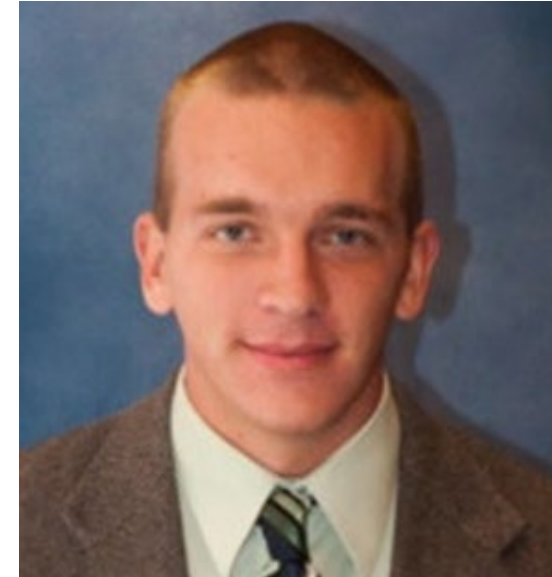


- The addition of 14 registry specific pages
- More robust search capabilities, so customers can easily get the information they need
- Clean presentation of content
- Consistent menu options for each of the 18 Regional Group Pages.
- Streamlined Members Only area

https://staging.vqi.bytesco.site/about/

## Jeff Yoder – Statistician

- Start Date December 2022
- M.S. degree in Statistical Science from Indiana University
- Teaching assistant at Indiana University.



## Top Responsibilities:

Working with the PSO Analytics team on a variety of projects and initiatives.

- Infra/Supra Inguinal Bypass Revisions Live late March 30, 2023
- New National Quality Initiative Smoking Cessation
- Data Integrity Audit Program
- Risk Calculator
- Follow-up reports:
  - IVC Filter and Varicose Vein
- Coming soon:
  - Harmonization of CAD variables
  - Harmonization of Anticoagulation
  - Open AAA Registry Revision



- Data Integrity Audits have begun Spring 2023.
- The Carotid Artery Stent Registry - first to go live.
- Additional registries will be added on a regular basis.
- Data results will not be punitive; will be utilized to update training and help texts.
- Audits are being performed by a third-party vendor – Telligen.
- Audited records will be blindly abstracted by Telligen; then compared to the completed case in Pathways for matches.
- More information to come soon.
- All inquiries should be sent to Melissa Latus. [mlatus@svspso.org](mailto:mlatus@svspso.org)



- In partnership with the American College of Surgeons
- Inpatient launch late March, Outpatient launch June
- Standards derived by SVS members; program is used to measure compliance w/standards
- Six National Quality Strategies to align organizational functions to drive improvement based on the aims & priorities of the Agency for Healthcare Research and Quality (AHRQ):
  - Measurement & feedback w/ required registry participation
  - Certification, accreditation, & regulation w/required facility regulation
  - Consumer incentives & benefit designs with thorough discussion of treatment options and consent
  - Health information technology, working with outside software for continuation of care
  - Innovation & diffusion with research
  - Work force development w/ the capability of resident training

## Program Standards Manual for Inpatient Program

- Institutional commitment
- Program scope and governance
- Resources for facilities, equipment, services, and personnel
- Clinical care
- Data abstraction and analysis
- Quality improvement
- Education and research
- <https://www.facs.org/quality-programs/accreditation-and-verification/vascular-verification/standards/>

### For more information contact:

- [vascular@facs.org](mailto:vascular@facs.org)



- TASC/GLASS
  - Dr. Elizabeth Genovese, M.D.
- Varicose Vein
  - Dr. Jennifer Ellis, M.D.

Visit [VQI.org](https://www.vqi.org) for a full listing of all Educational video offerings

<https://www.vqi.org/registry-education-members-only/>

## REGISTRY EDUCATION WEBINARS

- [VQI Educational Session – Vascular Medicine Consult \(VMC\)](#)
- [VQI Educational Session – Infra/Supra](#)
- [VQI Educational Session – PVI](#)
- [VQI Educational Session – EVAR](#)
- [VQI Educational Session – TEVAR/COMPLEX EVAR](#)
- [VQI Educational Session – CAS and CEA](#)
- [VQI Educational Session – Open AAA](#)
- [SVS VQI Infra/Supra Registry Revisions Webinar](#)
- [SVS VQI Educational Webinar – TASC/GLASS](#)
- [SVS VQI Education Webinar – TASC/GLASS Slides](#)



**SPECIAL  
OFFER**

## **Venous Stent Registry and Vascular Medicine Consult Registry Free Trial**

For a limited time, SVS VQI is offering a **complimentary one-year trial subscription** to the VSR and VMC for an easily accessible first-hand experience of its value and ROI.

<https://mailchi.mp/5119b784e8d0/no-time-like-the-present>

To learn more about the Venous Stent Registry offer click here: [Venous Stent](#)

To learn more about the Vascular Medicine Consult Registry offer click here: [Vascular Medicine](#)

Or email [vqi@fivoshealth.com](mailto:vqi@fivoshealth.com) to contact an account executive.

- **A Vascular Quality Initiative frailty assessment predicts post discharge mortality in patients undergoing arterial reconstruction** Kraiss LW, Al-Dulaimi R, Allen CM, Mell MW, Arya S, Presson AP, Brooke BS.  
<https://pubmed.ncbi.nlm.nih.gov/35709866/>
- **Ankle-brachial index use in peripheral vascular interventions for claudication** Hawkins KE, Valentine RJ, Duke JM, Wang Q, Reed AB. <https://pubmed.ncbi.nlm.nih.gov/35276260/>
- **Assessing the quality of reporting of studies using Vascular Quality Initiative (VQI) data** Mirzaie AA, Delgado AM, DuPuis DT, Olowofela B, Berceci SA, Scali ST, Huber TS, Upchurch GR Jr, Shah SK.  
<https://pubmed.ncbi.nlm.nih.gov/35760240/>
- **Incidence of Procedure-Related Complications in Patients Treated With Atherectomy in the Femoropopliteal and Tibial Vessels in the Vascular Quality Initiative** Sanon O, Carnevale M, Indes J, Gao Q, Lipsitz E, Koleilat I.  
<https://pubmed.ncbi.nlm.nih.gov/35466788/>
- **Survival, reintervention and surveillance reports: long-term, center-level evaluation and feedback of vascular interventions** Fowler XP, Gladders B, Moore K, Mao J, Sedrakyan A, Goodney P.  
<https://pubmed.ncbi.nlm.nih.gov/36248241/>

- **Perioperative outcomes of carotid endarterectomy and transfemoral and transcervical carotid artery stenting in radiation-induced carotid lesions** Batarseh P, Parides M, Carnevale M, Indes J, Lipsitz E, Koleilat I.  
<https://pubmed.ncbi.nlm.nih.gov/34560219/>
- **Long-term implications of elective evar that is non-compliant with clinical practice guideline diameter thresholds** de Guerre LEVM, Dansey KD, Patel PB, Marcaccio CL, Stone DH, Scali ST, Schermerhorn ML.  
<https://pubmed.ncbi.nlm.nih.gov/34508797/>
- **Effect of postoperative antithrombotic therapy on lower extremity outcomes after Infrapopliteal bypass for chronic limb-threatening ischemia** Marcaccio CL, Patel PB, Wang S, Rastogi V, Moreira CC, Siracuse JJ, Schermerhorn ML, Stangenberg L. <https://pubmed.ncbi.nlm.nih.gov/35074410/>
- **The association between device instructions for use adherence and outcomes after elective endovascular aortic abdominal aneurysm repair** De Guerre LEVM, O'Donnell TFX, Varkevisser RRB, Swerdlow NJ, Li C, Dansey K, van Herwaarden JA, Schermerhorn ML, Patel VI. <https://pubmed.ncbi.nlm.nih.gov/35276256/>
- **Association of preoperative vein mapping with hemodialysis access characteristics and outcomes in the Vascular Quality Initiative** Fedorova E, Zhang GQ, Shireman PK, Woo K, Hicks CW.  
<https://pubmed.ncbi.nlm.nih.gov/34718099/>

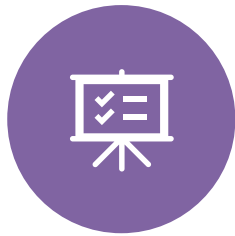
# Regional Meeting CME/CE Credit



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!

**If you do not complete and submit the online forms within 7 days, continuing education credit cannot be awarded.**

## REMEMBER TO PSO:



- **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 [ljohnson@svspsso.org](mailto:ljohnson@svspsso.org) with names of group members that are sharing 1 device
- **O**FFICIALLY apply for CME/CE credit by clicking the URL or QR code provided here:  
[https://dmu.co1.qualtrics.com/ife/form/SV\\_a3KsiwRi7S9uAaW](https://dmu.co1.qualtrics.com/ife/form/SV_a3KsiwRi7S9uAaW)

You only have **7 days** to complete forms for CME/CE Credit.

**NO EMAIL WILL BE SENT AS A REMINDER OR WITH THE CME/CE LINK**

# Participation Award Results



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



- 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

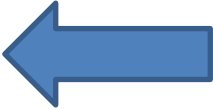



# Quality Improvement Update Spring 2023



# Quality Improvement – Participation Awards

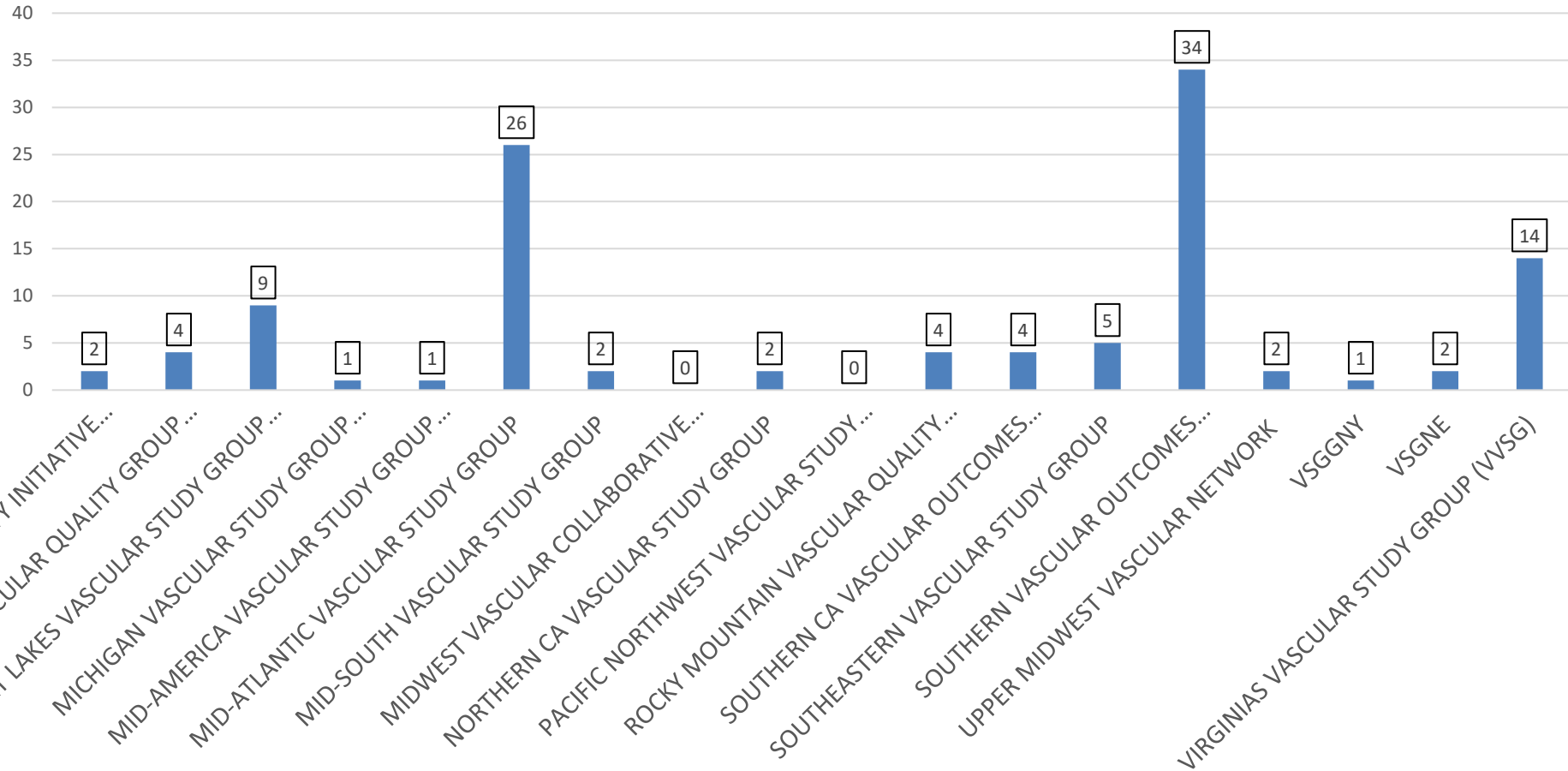
The following is a list of the four domains for the 2023 Participation Awards criteria:

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

<https://www.vqi.org/quality-improvement/participation-awards/>

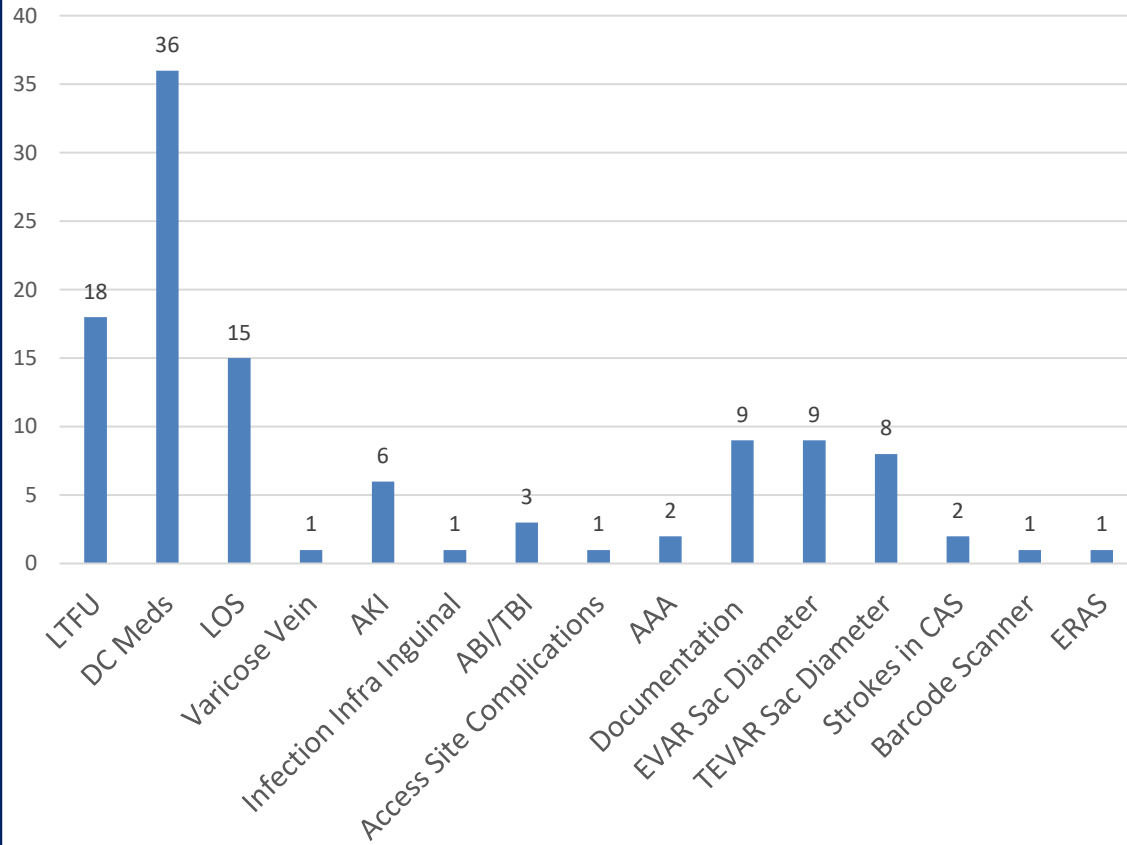


## Regions with Charters n=113

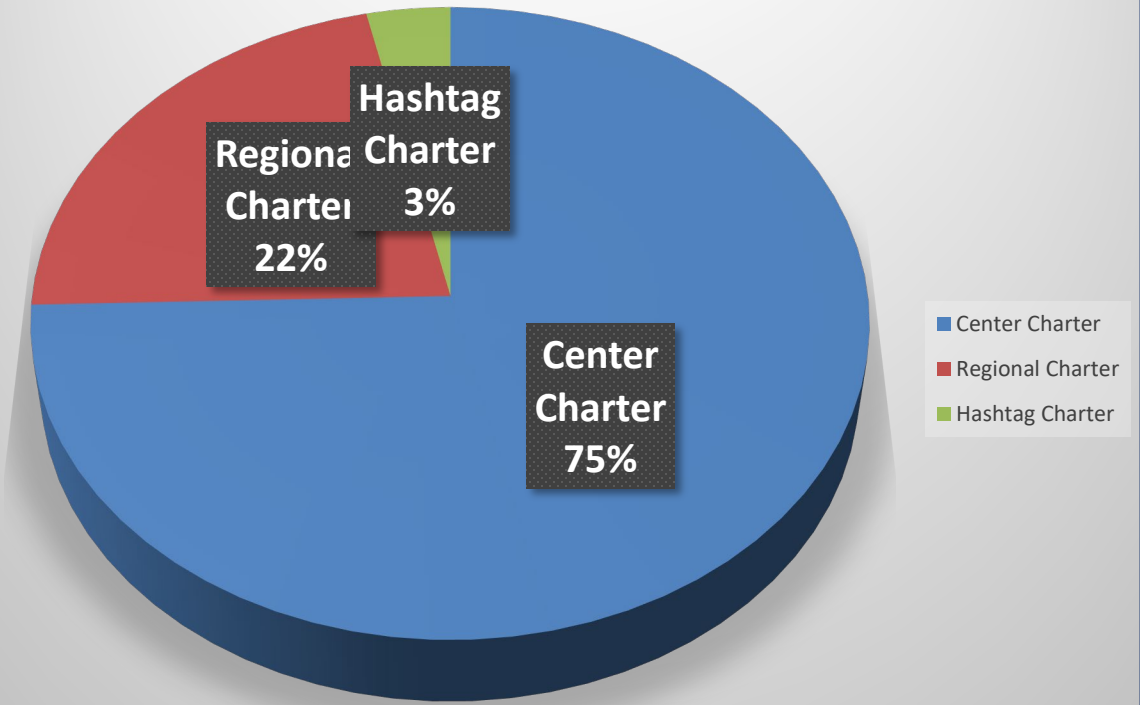


# Quality Improvement – Charter Breakdown

### Charter Topics



### Charter Types



- Quarterly Webinars (Charter and QI)
  - [www.vqi.org/quality-improvement-members-only/#upcoming-events](http://www.vqi.org/quality-improvement-members-only/#upcoming-events)
- Sample Charters
  - [www.vqi.org/quality-improvement/quality-improvement-tools/#qi-charters](http://www.vqi.org/quality-improvement/quality-improvement-tools/#qi-charters)
- Toolkits (VQI@VAM, Data Manager, LTFU)
  - [www.vqi.org/quality-improvement/quality-improvement-tools/#qi-toolkits](http://www.vqi.org/quality-improvement/quality-improvement-tools/#qi-toolkits)
- New improved VQI website
  - [www.vqi.org](http://www.vqi.org)
- 1:1 Calls
  - [bwymmer@svspso.org](mailto:bwymmer@svspso.org)

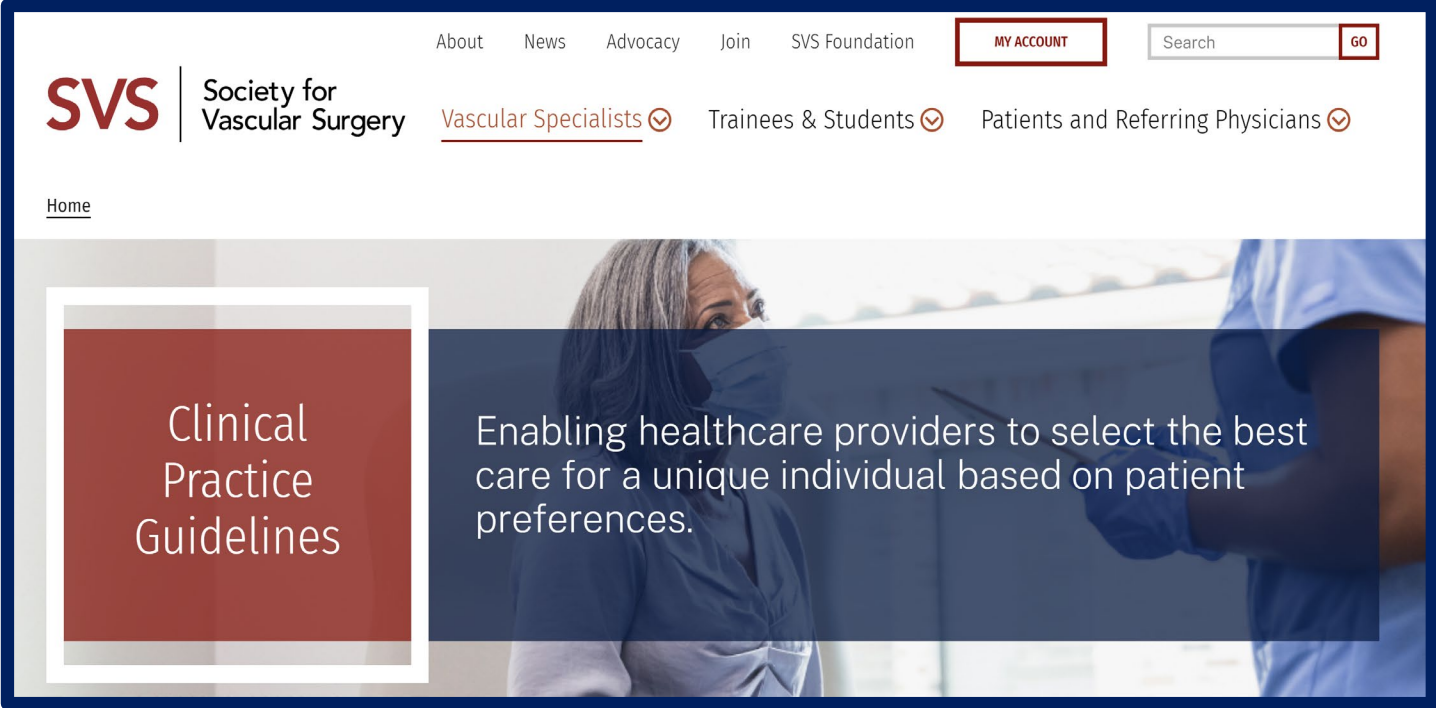


## SVS Clinical Practice Guidelines



In collaboration with NCDR®

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**SVS** | Society for Vascular Surgery
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Clinical Practice Guidelines

Enabling healthcare providers to select the best care for a unique individual based on patient preferences.



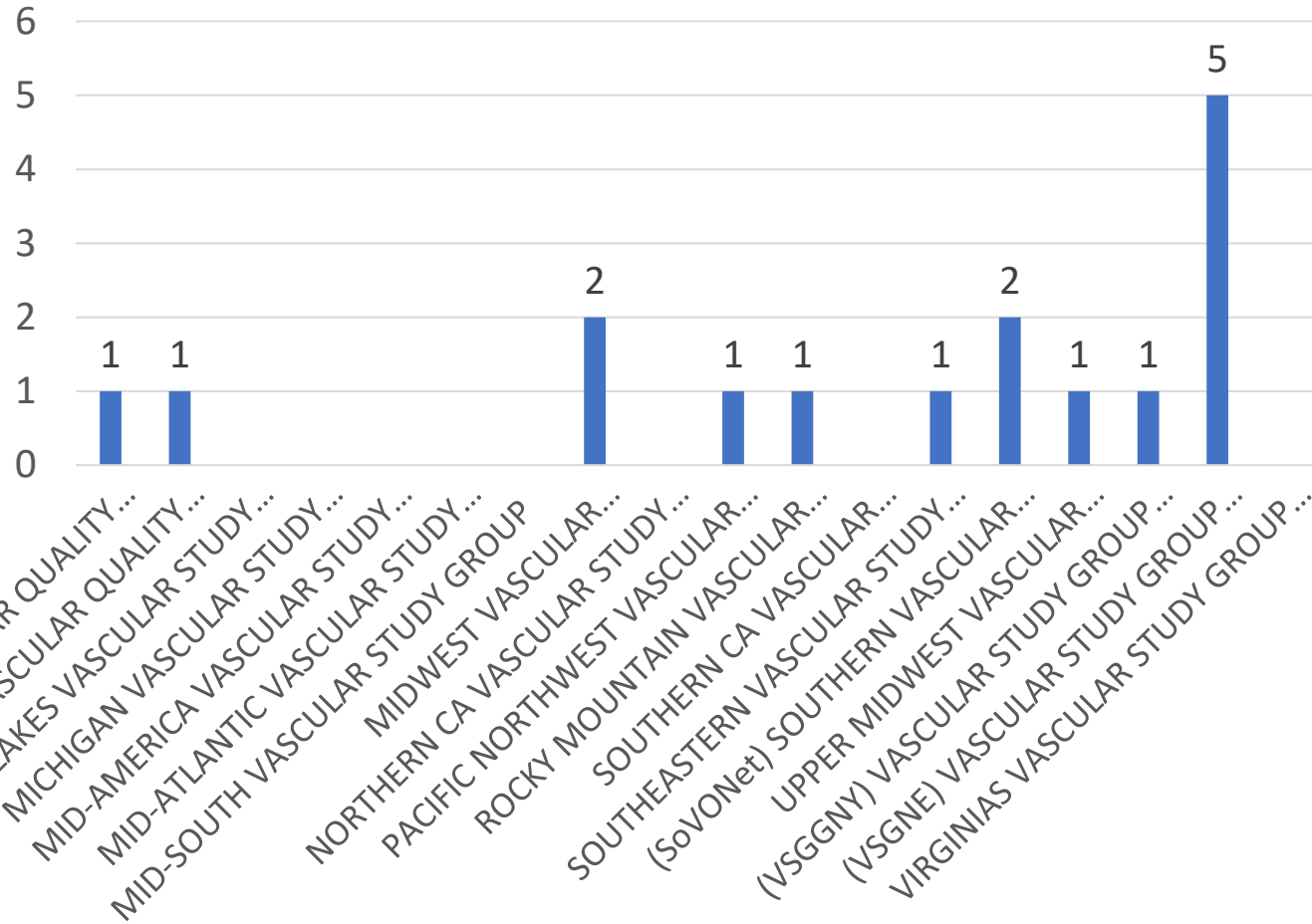
# SVS PSO Quality FIT Program

- Existing FIT Trainees Jack Cronenwett Scholarship Application
  - Applications accepted January 9 – February 28
  - FIT Committee Review March – April
  - Scholarship winners announced today, June 14, 2023
- FIT Trainee 2023 Applications
  - Applications accepted January 9 - February 28
  - FIT Committee Review April – May
  - FIT Trainees with FIT Mentors announced today, June 14, 2023
- FIT Mentors
  - Accepted at any time
  - Contact [bwymmer@svspso.org](mailto:bwymmer@svspso.org)
- [www.vqi.org/quality-improvement/quality-fellowship-in-training-fit-program/](http://www.vqi.org/quality-improvement/quality-fellowship-in-training-fit-program/)



# SVS PSO Quality FIT Program

FIT Regions



# Arterial Quality Council:



# Arterial Quality Council Update

- Open AAA Major Revision
  - Will be renamed to accurately capture intent of the registry
  - Iliac to Left Subclavian
- Registry Committee updates
- Review Smoking Cessation and inclusion of vaping variables.  
Group decided not at this time
- Introduction of the Data Integrity Program



# Venous Quality Council:



# Venous Quality Council Update

- Last Meeting February 22, 2023
- Re-engagement of the venous registry committees
  - Focus on new center recruitment
  - Review of current reporting
  - Brainstorming & discussion for addition of new reporting measures for bi-annual reports, Quarterly Dashboards and follow-up reports

# IVC Filter Follow Up Report

## IVC Follow-up Outcomes Report

1m ago   

Procedure Date

Planned Filter Duration

2019/01/01 – 2021/12/31

is any value

2019/01/01 – 2021/12/31 

Temporary

Permanent

### Prepared for Demo Medical Center on 02/01/2023

This report is a patient safety work product generated within the SVS PSO, LLC, and is considered privileged and confidential

### Follow-Up Rate

	My Center	My Region	All VQI
Cases with any follow-up	83.3% (5/6)	NA (<3 centers)	NA (<3 centers)
Cases with follow-up >= 9 & <= 21 ...	50% (2/4)	NA (<3 centers)	NA (<3 centers)
Cases with follow-up >= 9 & <= 21 ...	50% (2/4)	NA (<3 centers)	NA (<3 centers)

**Fictitious Data**

# Varicose Vein Follow-up Report

## Varicose Vein Follow-Up Outcomes Report

22m ago

Procedure Date: 2020/01/01 – 2022/12/31

Leg Treated: is any value

Treatment Type: is any value

Vein Type: is any value

Treatment Region: any value

2020/01/01 – 2022/12/31

Right only  
 Left only  
 Bilateral

Thermal\_RF  
 Thermal\_Laser  
 Mechanochemical  
 Chemical  
 Embolic adhesive  
 High ligation and stripping  
 Stripping  
 Stab phlebectomy  
 Trivex phlebectomy  
 Open ligation  
 Endoscopic ligation

Truncal  
 Perforator  
 Cluster

Thigh  
 Calf/Ankle  
 Both

This report is a patient safety work product. It is intended to be used within the SVS PSO, LLC, and is considered privileged and confidential.

### Follow-Up Rate

	My Center	My Region	All VQI
Cases with early follow-up 0-3 months	33.33% (2/6)	NA	NA (<3 centers)
Cases with late follow-up >3 months	33.33% (2/6)	NA	NA (<3 centers)
Venous ulcers patients with late follow-up >= ...	0.00% (0/6)	NA	NA (<3 centers)

**Fictitious Data**

- Melissa Latus is your PSO primary point of contact on the status or refresh request. [mlatus@svspsso.org](mailto:mlatus@svspsso.org)
- An **ACTIVE** pathways account & privileges to '*Share a File*' is required in order to receive your requested Blinded Data Set (BDS)
- Always include your RAC proposal number in any communications please.

# Arterial Research Advisory Council:

## Behzad Farivar, MD



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

- PSO Arterial RAC - April 2023 Proposal Submission
- Call for Proposals: February 28, 2023
- Submission Deadline: March 28, 2023
- Meeting: April 10, 2023
- 
- PSO Arterial RAC - June 2023 Proposal Submission
- Call for Proposals: May 2, 2023
- Submission Deadline: May 30, 2023
- Meeting: June 12, 2023
- 
- PSO Arterial RAC – August 2023 Proposal Submission
- Call for Proposals: July 4 ,2023
- Submission Deadline: August 1, 2023
- Meeting: August 14, 2023

## 194 Publications in 2022

- **Data Security:** All investigators/team members are responsible for security of datasets, which are only to be used for the project for which they were approved.
- **Dataset Access:** Investigators have free access to the datasets to which their center has subscribed, providing that their center has at least 50% Long Term Follow-Up for the registry data being requested. Please confirm that your center subscribes to the dataset(s) you wish to analyze before submitting your proposal.
- **Comparison of Specialties:** The SVS VQI is a multi-specialty registry, therefore the SVS PSO Executive Committee does not allow comparisons between specialties in submission topics.



# Venous Research Advisory Council:

**David Dexter, MD**

Created a separate Venous RAC in July 2020

[The Vascular Quality Initiative - National Venous RAC Schedule \(vqi.org\)](https://vqi.org)

2020: 3 proposals

- The impact of vein size on closure rate in treatment of the saphenous vein for venous insufficiency: **Jaime Benarroch-Gampel, MD**
- Comparison of complication rates of IVC filters based on anticoagulant and indication: **Emily Spangler, MD**
- Effect of Access Site Choice on Angulation of IVC filter and Impact on retrieval rates: **Khalil Qato, MD**

2021: 3 proposals

- Incidence of venous thromboembolic events (VTE) after endovenous ablation in patients with venous stasis ulcers (C6 disease): **Jaime Benarroch-Gampel, MD**
- Impact of Treatment Length and Treatment Region on Clinical Outcomes after Varicose Vein Procedures: **Halbert Bai, MD**
- Safety and efficacy of Endovenous ablation in patients with a history of DVT: **Mikel Sadek, MD**

2022: Proposals

- Impact of IAC Vein Treatment Center Accreditation on practice habits, utilization index, and patient outcomes: ProMedica Toledo Hospital
- Patient, Provider, and Geographical Factors Influencing Appropriate Use of Endovenous Ablation Therapy
- Outcomes following endovenous ablation therapy for obese patients with CEAP C2 and C3 venous disease

## National Venous RAC Schedule

Submissions are made separately to the National Arterial RAC and the National Venous RAC – see the schedule below and the link to Abstracts123: <http://abstracts123.com/svs1/>

(If you do not have a login for Abstracts123, you can create one through the same link)

### Bi-Monthly Schedule for National Venous RAC Proposal Submissions

#### May 2023

Call for Proposals: March 28, 2023

Submission Deadline: April 25, 2023

Meeting: May 8, 2023

#### July 2023

Call for Proposals: May 30, 2023

Submission Deadline: June 27, 2023

Meeting: July 10, 2023

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

# Governing Council:

## Meeting November 18, 2022

- Quality Improvement Update
  - Smoking Cessation as a National Quality Initiative
  - 2022 ended with a record # of charters 113
- RAC Submission
  - 5 proposals per cycle from each institution
  - Once a center reaches 15 Arterial RAC proposals, faculty member will be expected to serve on RAC as an at large member
- Frailty variable development
- OBL Registry Refinement; enhanced value, reporting/reimbursement, ease data burden
- Discussion - Data burden within registry
  - Committee member engagement/expectations
  - Each Committee will have an associate chair
  - Enhance reporting measures
  - Review current variables; consider required fields; elimination of data variables

## Spring 2023:

### VVSG Associate Medical Director

- Dr. Paul White, MD – Inova Health System



# Updates for Spring 2023 VQI Regional Meetings



# Technology Updates for VQI



# Released in Q3 2022




- Carotid Artery Stent (CAS) Revision

- Air Kerma field was added Air Kerma \*\*  mGy DAP \*\*  Gy.cm<sup>2</sup>

\*\* At least one of these fields must be completed for submission

- Select options for Lesion -> Stent -> Pre Dilate were updated

Pre-dilate Lesion

Select 

Select

No

Yes, drug coated balloons

Yes, lithotripsy

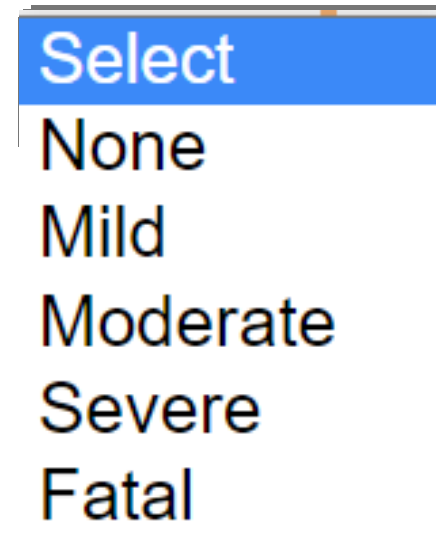
Yes, plain balloon

- Peripheral Vascular Intervention (PVI), Infra- and Suprainguinal Bypass, and Vascular Medicine Consult (VMC) Revision
  - Medication regions, in Demographics, Post- procedure and follow-up forms, were reordered and four new fields related to the dose of ASA and Rivaroxaban were added.

ASA	<input type="text" value="Yes"/>	ASA Daily Dose	<input type="text" value="Select"/>	mg				
Chronic Anticoagulant	<input type="text" value="Rivaroxaban"/>	Rivaroxaban Dose	<input type="text" value="10"/>	mg	Rivaroxaban Dose Frequency	<input type="text" value="Other"/>	Please Specify	<input type="text"/>
P2Y12 Antagonist	<input type="text" value="Select"/>							
Statin	<input type="text" value="Select"/>							
Beta Blocker	<input type="text" value="Select"/>							
ACE-Inhibitor/ARB	<input type="text" value="Select"/>							

- PVI, INFRA, SUPRA, VMC Revision
  - Any Bleeding Complication field was added to the follow-up forms.

Any Bleeding Complication



Select  
None  
Mild  
Moderate  
Severe  
Fatal

## Device Assistant Enhancements

- Moved full or partial matched Catalog Numbers to appear at the top of the device results list
- Added ability to search for Catalog Number, Primary DI or Alternate Catalog Number with or without dashes
- Added the columns 'Description' and 'Alternate Catalog Number' to the device table

Released in Q3 2022



## TEVAR Follow-up Outcomes Report

- A new 'Follow-up Outcomes Report' for the Thoracic and Complex EVAR registry, developed by the SVS PSO, is now available in the PATHWAYS Reporting tab. The report will provide key follow up metrics for VQI sites with center data as well as regional and all VQI benchmarking and includes drill down capabilities to better understand center data at the procedure level.

### TEVAR Follow-up Outcomes Report

Procedure Date	Presentation	Pathology	Dissection Indication	Zone of Treatment (Proximal/Distal)
2018/01/01 – 2021/12/31	is any value	is any value	is any value	

Released in Q3 2022



## IVC Filter Follow-up Outcomes Report

- A new 'Follow-up Outcomes Report' for the IVC Filter registry, developed by the SVS PSO, is now available in the PATHWAYS Reporting tab. The report will provide key follow up metrics for VQI sites with center data as well as regional and all VQI benchmarking and includes drill down capabilities to better understand center data at the procedure level.

### IVC Follow-up Outcomes Report

Procedure Date

2020/01/01 – 2022/12/31

Planned Filter Duration

is any value

Released in Q3 2022



## HDA Follow-up Outcomes Report

- A new 'Follow-up Outcomes Report' for the Hemodialysis Access registry, developed by the SVS PSO, is now available in the PATHWAYS Reporting tab. The report will provide key follow up metrics for VQI sites with center data as well as regional and all VQI benchmarking and includes drill down capabilities to better understand center data at the procedure level.

### HDA Follow-up Outcomes Report

Procedure Date	Procedure Type	Performance Site	AV Graft Conduit	Inflow Artery
2020/01/01 – 2022/12/31	is any value	is any value	is any value	is any value

# Released to Demo Only in Q4 2022



## VVR Follow-up Outcomes Report

- A new 'Follow-up Outcomes Report' for the Varicose Vein registry, developed by the SVS PSO, is now available in the PATHWAYS Reporting tab. The report will provide key follow up metrics for VQI sites with center data as well as regional and all VQI benchmarking and includes drill down capabilities to better understand center data at the procedure level.

### Varicose Vein Follow-Up Outcomes Report

Procedure Date	Leg Treated	Treatment Type	Vein Type	Treatment Region
2017/01/01 – 2022/12/31	is any value	is any value	is any value	any value ▼





# PATHWAYS Support

# PATHWAYS Support

## Need help?

Check out the PATHWAYS Support tab.

- **Documents**  
List of essential documents necessary for new staff and experienced abstractors to assist with data abstraction.
- **Release Notes**  
Listing of release announcements highlighting changes & improvements to the registries.
- **Training Schedule**  
List of upcoming training opportunities with registration links for new staff and experienced abstractors.

**PATHWAYS**<sup>®</sup>

Powered by **FIVOS**

Support

Documents

- Code List
- Data Dictionary
- Inclusion/Exclusion Criteria
- Paper Form

Release Notes

Training Schedule

## Welcome

Use the menu on the left side to access support tools.

Should you need assistance, please reach out to the PATHWAYS Customer Support Team by emailing your inquiry to [PATHWAYSsupport@fivoshealth.com](mailto:PATHWAYSsupport@fivoshealth.com).

You may also find the PATHWAYS Technical FAQ's, User Guides and previously recorded Webinars located on the [Resources](#) tab as a helpful tool to assist you.

**Help us help you.**

[PATHWAYSsupport@fivoshealth.com](mailto:PATHWAYSsupport@fivoshealth.com)

When sending an email inquiry to the PATHWAYS Support team...

- Please include:
  - Detailed information regarding your question including the name of the procedure registry and field(s) in question
  - Primprocid's to identify specific records
  - Your center name and contact information including a phone number in case we need to contact you
- Please **exclude**:
  - PHI from any email or attachments you upload
    - i.e., Patient name & DOB

This will help avoid confusion as we research your questions to ensure an accurate and timely response!

# PATHWAYS Support

Are you new to the role of Hospital Manager at your center?

The **PATHWAYS Hospital Manager Guide**, located on the Resources tab, might help you better understand the responsibilities of your role in the VQI.



## PATHWAYS® Hospital Manager Guide

We are excited to welcome you as a new Hospital Manager to PATHWAYS!

Your center has shown a commitment to quality improvement. The PATHWAYS platform provides a complete solution for collecting and managing registry data. Built-in reporting tools allow you to manage your registry data and compare your outcomes with other centers.

As a new Hospital Manager (HM) for your center, we would encourage you to reach out to existing staff to discuss your center's unique workflows and experience, and to gather information about the status of your registry data abstraction.

### Responsibilities/Expectations of HM Role:

- Primary contact for the Registry at your center
- Receive & distribute communications regarding reports, meetings, announcements, etc.
- Understand the participation requirements of the registry & ensure adherence to these requirements (such as annual claims validation, registry inclusion criteria, and follow-up expectations)
- Create and manage user accounts and privileges
- PATHWAYS Super User
- Designate a secondary "Hospital Manager" at your site for cross coverage
- Maintenance of Center Characteristics
- Respond to data audits & other registry related inquiries

This HM checklist outlines steps to guide you to become familiar with PATHWAYS.

### Getting Started:

- Login to PATHWAYS to get started!

## Claims Validation

*The annual claims validation process is intended to ensure that all eligible cases have been captured in the registry and is a requirement of participation in the VQI. This process is a key component of VQI's efforts to make certain registry data reflects real-world evidence.*

The **2022** Claims Validation process will be launched in **April 2023**

- Centers will be notified via email with a request to provide the contact information for the individual responsible for completing the audit.
- Participating centers will be invited to a webinar providing an overview of the steps required for successful completion.

**PATHWAYS Support is here to help you!**

Please reach out if your center is selected to participate and you need assistance.



## Coming Soon...

The **Support** Team is currently developing brief training videos to assist with specific functionality and tasks. By sharing some pointers with you, we hope to save you time and highlight PATHWAYS functionality and tools that you may not be familiar with.

The **Technology** Team has several features in progress to enhance PATHWAYS functionality including:

- Infra & Supra Follow-up Outcomes reports.
- Expanding data integration capabilities with Cedaron to include more VQI registries.
- Visualization of recently updated help text on the online/electronic form.
- Enhancing the Support tab to accommodate links to external resources.



# THANK YOU

The Fivos team appreciates your support and looks forward to your continued feedback about the PATHWAYS platform and support services.

Please send your suggestions to  
[PATHWAYSsupport@fivoshealth.com](mailto:PATHWAYSsupport@fivoshealth.com)

# VVSG 2023 Fall Regional Meeting

- Date
- Time
- Location



- Industry Supporters
  - Cook Medical
  - W.L. Gore
- CME/CE Accrediting Entity – Des Moines University
- Regional Membership Team

*Thank  
you*



## REMEMBER TO PSO:



- **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 [ljohnson@svspsso.org](mailto:ljohnson@svspsso.org) with names of group members that are sharing 1 device
- **O**FFICIALLY apply for CME/CE credit by clicking the URL or QR code provided here:  
[https://dmu.co1.qualtrics.com/ife/form/SV\\_a3KsiwRi7S9uAaW](https://dmu.co1.qualtrics.com/ife/form/SV_a3KsiwRi7S9uAaW)

You only have **7 days** to complete forms for CME/CE Credit.

**NO EMAIL WILL BE SENT AS A REMINDER OR WITH THE CME/CE LINK**