Vascular Study Group of Greater New York

November 21, 2024

4:30-6pm ET

Hybrid

SVS | VQI

In collaboration with NCDR®

Attendance

In-person:

- Scan the QR code to record your attendance

Remote:

- First AND Last name required
- Do NOT scan the QR code
- Sharing a computer or have questions? Email Angela Churilla at achurilla@svspso.org

Appreciation and Thanks

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Thank you to everyone who helped make this event possible:

Michael Stoner, MD - Regional Medical Director
Igor Laskowski, MD - Regional Associate Medical Director
Stacey Esposito - Regional Lead Data Manager
Kaity Sullivan - SVS PSO Analytics Team
Angela Churilla - SVS PSO Education & Quality Manager
Jen Correa - SVS PSO Marketing Manager
SVS PSO Staff

Today's Agenda

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4:30 pm	Welcome Regional Data Review – Michael Stoner, MD, Regional Medical Director Learning Objectives: • Use the VQI regional reports to establish quality improvement goals for the vascular patients (outcomes) and for their center (process). • Interpret and compare each centers' VQI results to regional and national benchmarked data. • 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. • 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.	CE Credit
5:05 pm	Regional QI Proposal – Michael Stoner, MD, Regional Medical Director Learning Objectives: • Use the VQI regional reports to establish quality improvement goals for the vascular patients (outcomes) and for their center (process). • Interpret and compare each centers' VQI results to regional and national benchmarked data. • 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. • 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.	CE Credit

Today's Agenda - Continued

5:20 pm	National VQI Update – Caroline Morgan, RN, PSO Director of Clinical Operations Learning Objectives: • Use the VQI regional reports to establish quality improvement goals for the vascular patients (outcomes) and for their center (process). • 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.	CE Credit
5:50pm	Council / Committee Updates	No CE Credit
5:55pm	Open Discussion/Next Meeting/Meeting Evaluation	No CE Credit

Disclosures

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Michael Stoner, MD

Consultant – Silk Road Medical

The above financial relationship is not relevant to the content of this activity

Igor Laskowski, MD

None

Welcome and Introductions

Albany Medical Center
Arnot Health
Ascension Our Lady of Lourdes Memorial
Bassett Medical Center
Buffalo General Medical Center
Catholic Health Mercy Hospital of Buffalo
Catholic Health Sister of Charity Hospital
Crouse Hospital
Danbury Hospital
East Tremont Vascular Health Care, PLLC
Ellis Hospital
Glens Falls Hospital
Good Samaritan Hospital Medical Center
Lenox Hill Hospital
Long Island Jewish Medical Center
Maimonides Medical Center
MidHudson Regional Hospital
Montefiore Medical Center
Mount Sinai Hospital
Mount Sinai South Nassau Hospital
NewYork-Presbyterian Brooklyn Methodist Hospital
NewYork-Presbyterian Queens
NewYork-Presbyterian/Columbia University Irving Medical Center
NewYork-Presbyterian/Weill Cornell Medical Center
North Shore University Hospital
Norwalk Hospital
NYU Langone Hospital - Brooklyn
NYU Langone Hospital - Long Island
NYU Langone Medical Center
Orange Regional Medical Center
Southside Hospital
St. Francis Hospital
St. Luke's-Roosevelt Hospital Center
St. Peter's Hospital
Staten Island University Hospital - North Site
Stony Brook University Medical Center
United Health Services Hospitals, Inc.
University of Rochester Medical Center
Upstate University Medical Center
Vassar Brothers Medical Center
Westchester Medical Center
White Plains Hospital
Wynn Hospital

Active Regional Charters

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Center Name	Charter Topic	Lead	Surgeon Champion
University of Rochester Medical Center	30 day Follow up	Stacey Esposito	Michael Stoner, MD
Buffalo General Medical Center	30 day Follow Up	Jenifer Seitler	Maciej Dryjski MD
Weill Cornell University Medical Center	30 day Follow up	Michelle Doornick	Dr. Brian DeRubertis
Brooklyn Methodist Hospital	30 day Follow Up	Katima Allen	Malik Rajesh, MD
Queens	30 day Follow up	Sora Park	Dr. Rajeev Dayal
Columbia University Irving Medical Center	30 day Follow up	Sora Park	Dr. Virendra Patel
Weill Cornell University Medical Center	LTFU	Michelle Doornick Sandy Su	Brian DeRubertis, MD
Weill Cornell University Medical Center	LTFU 2021	Michelle Doornick	Dr. Brian DeRubertis
Weill Cornell University Medical Center	LTFU 2022	Michelle Doornick	Dr. Brian DeRubertis
NewYork-Presbyterian Queens	DC Meds	Sora Park	Dr. Jing Li

Greater New York Unblinded Reporting Measures

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**LTFU*
**Discharge Medications*
Pre-Op Smoking
Smoking Cessation
EVAR Sac Diameter
TEVAR Sac Diameter
PVI ABI or Toe Pressure
Infra ABI or Toe Pressure
Supra ABI or Toe Pressure
HDA Fistula
HDA Ultrasound Vein Mapping

All process measures have been unblinded

Fall 2024 SVS VQI Regional Report Slides

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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 Fall 2024 report:

CAS Symptomatic Definition:

The definition for CAS symptomatic has been updated to match with the CEA registry, including procedures with an *ipsilateral* retinal or cortical TIA or stroke within 180 days prior to surgery. Previously, the definition included both ipsilateral and contralateral.

New PVI Reports:

The following reports have been added for the PVI registry: Claudication Preop Smoking, Symptom Improvement at Follow-up, Claudication and CLTI Follow-up Re-intervention or Major Amputation.

Note that newly added reports are indicated with *italics*.

- ***PVI CLAUD: Preop Smoking***
- ***PVI: Symptom Improvement at Follow-up***
- ***PVI CLAUD: Follow-up ReTX or Major Amputation***
- ***PVI CLTI: Follow-up ReTX or Major Amputation***

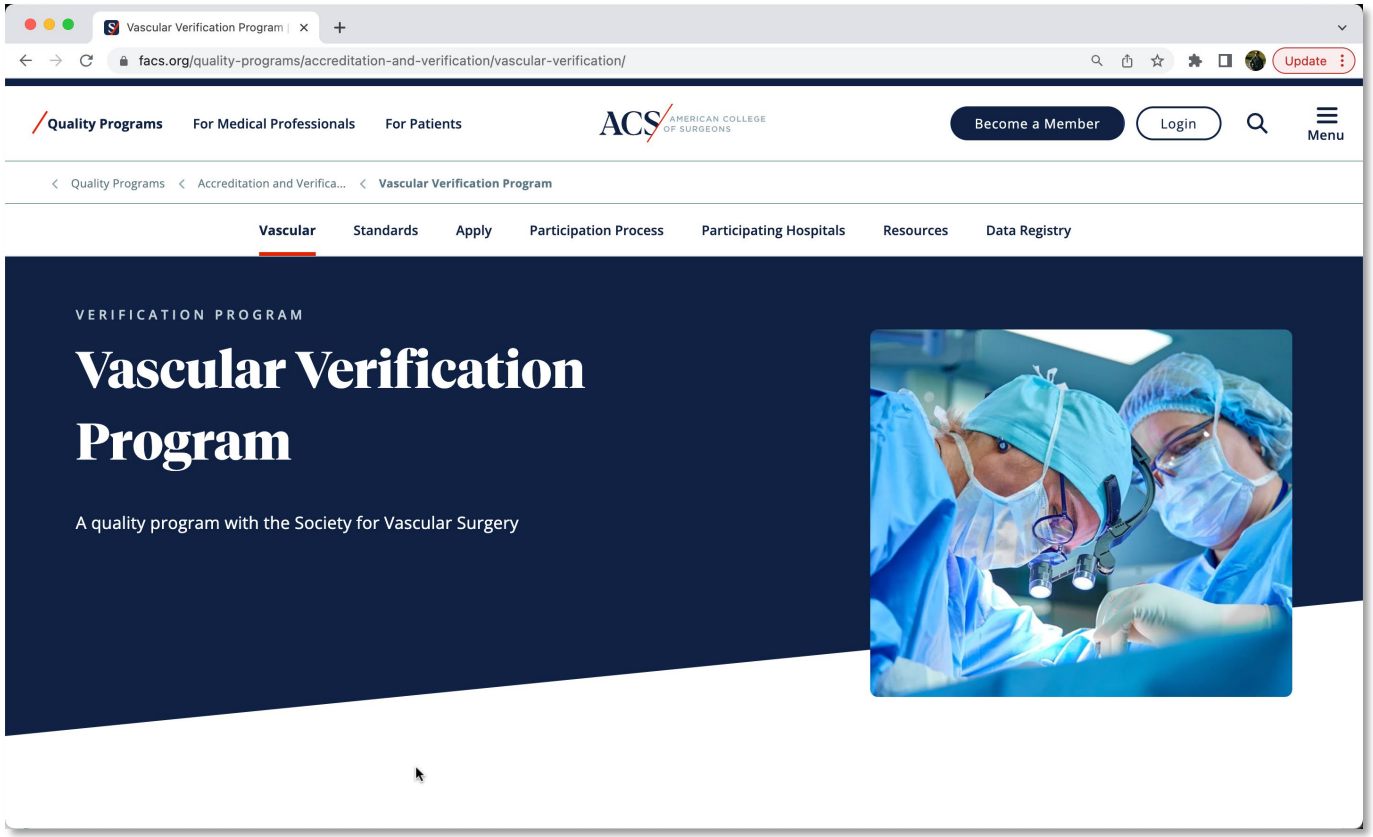
https://www.vqi.org/wp-content/uploads/FALL_2024_REGIONAL_REPORT_SLIDES_VSGGNY_CUSTOM.html
Ctrl + click to follow link

The American College Of Surgeons And The Society For Vascular Surgery Vascular Verification Program (Vascular-VP)

ACS Vascular-VP Vascular Verification Program American College of Surgeons

SVS Society for Vascular Surgery

ACS/SVS Vascular Verification Inpatient and Outpatient Program



ACS/SVS Vascular Verification Program Steering Committee

On Both Committees

Chairs: Anton Sidawy, MD, MPH
Clifford Ko, MD, MS, MSHS, FACS, FASCRS

Staff:

- Amy Robinson Gerace
- Stephanie Mistretta
- Tamara Kozyckyj
- Reva Bhushan
- Carrie McGraw
- James Wadzinski

SVS/ACS Vascular Verification Program - Inpatient Committee

Chair: Clem Darling, MD

Members:

- Thomas Forbes, MD
- Linda Harris, MD
- Kellie Brown, MD
- Erica Leith Mitchell, MD
- Omaida Velazquez, MD
- Margaret Clarke Tracci, MD

SVS/ACS Vascular Verification Program - Outpatient Committee

Chair: William Shutze, MD

Members:

- Anil Hingorani, MD
- Larry Kraiss, MD
- Daniel McDevitt, MD
- Robert Molnar, MD

ACS AMERICAN COLLEGE OF SURGEONS

SVS

Special Recognition - SVS

- Dr. Kim Hodgson, SVS Past-President, for his efforts and work on this program from its inception up to and including the final Beta site visits.
- Dr. Ken Slaw, PhD, SVS Executive Director, and other SVS Presidents who, during their tenure, never wavered in their support of this effort, to include Drs. Makaroun, Dalman, AbuRahma, and Dalsing.

Special Recognition - ACS

- Dr. Patricia Turner, ACS Executive Director & CEO and Dr. David Hoyt, ACS Executive Director (past)
- Dr. Clifford Ko, ACS Chair of the Division of Research and Optimal Patient Care

All of whom contributed significantly to the collaboration, inception, development, and launch of this program

Four Guiding Principles of Continuous Quality Improvement

Standards

- Backed by research
- Individualized by patient

Rigorous Data

- From medical charts
- Backed by research
- Post-discharge tracking
- Registry

Right Infrastructure

- Staffing levels
- Specialists
- Equipment
- Checklists

Verification

- External peer-review
- Creates public trust

Programmatic Standards Across Nine Domains

I. Institutional Administrative Commitment
II. Program Scope & Governance
III. Facilities & Equipment Resources
IV. Personnel & Service Resources
V. Patient Care
VI. Data Systems & Surveillance
VII. Quality improvement
VIII. Education: Professional & Community Outreach
IX. Research: Basic & Clinical Trials

ACS Vascular-VP Vascular Verification Program American College of Surgeons

SVS Society for Vascular Surgery

2023 Vascular-VP Inpatient Standards

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Vascular VP is Based on Complexity & Location of Service

Anatomical Region	Method	Verification Level	
		Comprehensive Inpatient	Verified Inpatient
Aortic Arch and Proximal Brachiocephalic Vessels	Open	X	
Descending Thoracic Aorta	Open	X	
Visceral Aorta — Thoracoabdominal	Open	X	
Visceral Aorta (FEVAR and periscopes)	Endo	X	
Brachiocephalic Vessels (Innominate, CCA, SCA)	Endo	X	X
Descending Thoracic Aorta	Endo	X	X
Visceral Vessels (hepatic, splenic, renal, SMA)	Open	X	X
Visceral Vessels (hepatic, splenic, renal, SMA)	Endo	X	X
Aortoiliac	Open	X	X
Aortoiliac	Endo	X	X
Infrainguinal Arterial	Open	X	X
Infrainguinal Arterial	Endo	X	X
Upper Extremity Arterial	Open	X	X
Upper Extremity Arterial	Endo	X	X
Carotid-Vertebral	Open	X	X
Carotid-Vertebral	Endo	X	X
Thrombolytic Infusion	Endo	X	X
Surgical Thrombectomy (arterial/venous)	Open	X	X
AV Access	Open	X	X
AV Access	Endo	X	X
Superficial Venous	Open	X	X
Superficial Venous	Endo	X	X
Deep Venous	Open	X	X
Deep Venous	Endo	X	X

IAC.1 Hospital Commitment

Definition and Requirements

All Levels

Hospital leaders demonstrate commitment through engaged leadership and financial resources to support the Vascular Program and ensure alignment with the hospital's strategic priorities.

There is top-level leadership commitment to quality and safety within the Vascular Program and appropriate allocation of resources through demonstration of the following:

- Resource allocation to and engagement with the Vascular Program
- Hospital-level leadership has established formal channels for effective communication to align with Vascular Program priorities
- Mechanisms for feedback from ongoing vascular initiatives and quality and safety issues to hospital-level leadership

Documentation

- Provide a letter from hospital leadership (for example, CEO or equivalent) demonstrating the commitment to the Vascular Program, which includes:
  - A high-level description of the Vascular Program, including program leadership, annual volume, procedure mix, and commitment and organization of multidisciplinary care services for vascular patients
  - Any initiatives involving the Vascular Program in the previous 12 months initiated for the purposes of ensuring quality and safety
  - Hospital leadership's involvement with the Vascular Program
  - Current and future commitment to and financial investment in the Vascular Program
  - The hospital's commitment to maintaining compliance with verification program standards
- Provide an organizational diagram showing the Vascular Program's relationships to other departments and internal governing bodies, specifically those that oversee patient safety, quality, and fiscal administration of the Vascular Program

The Verification (Virtual) Visit

- 5 phases of care
- Vascular specific protocols (SVS)
  - Thoracic-Aortic
  - Abdominal Aortic
  - Carotid Artery Disease
  - Peripheral Artery Disease
  - Arteriovenous Hemodialysis Access
  - Superficial and Deep Venous Disease
- Support registry use
- Case Review Evaluation

The Verification Process

Pre-visit documents

- Virtual visit video of the center
- Completing Pre-Review Questionnaire (PRQ) and attaching supporting documents as indicated in PRQ
- Choosing 50-60 cases based on type of procedures, complications, surgeons… for the reviewing group to choose 10 from to discuss during the visit

The verification visit

- Meetings with the surgeon leader, nursing and staff, anesthesia, hospital leadership (CEO, COO, CMO, CNO…)…
- Review of the selected cases with the surgical team
- Summation of the visit

Writing the report and providing it within 6-8 weeks

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SVS Society for Vascular Surgery

Completed Vascular Verification Program Virtual Site Visits

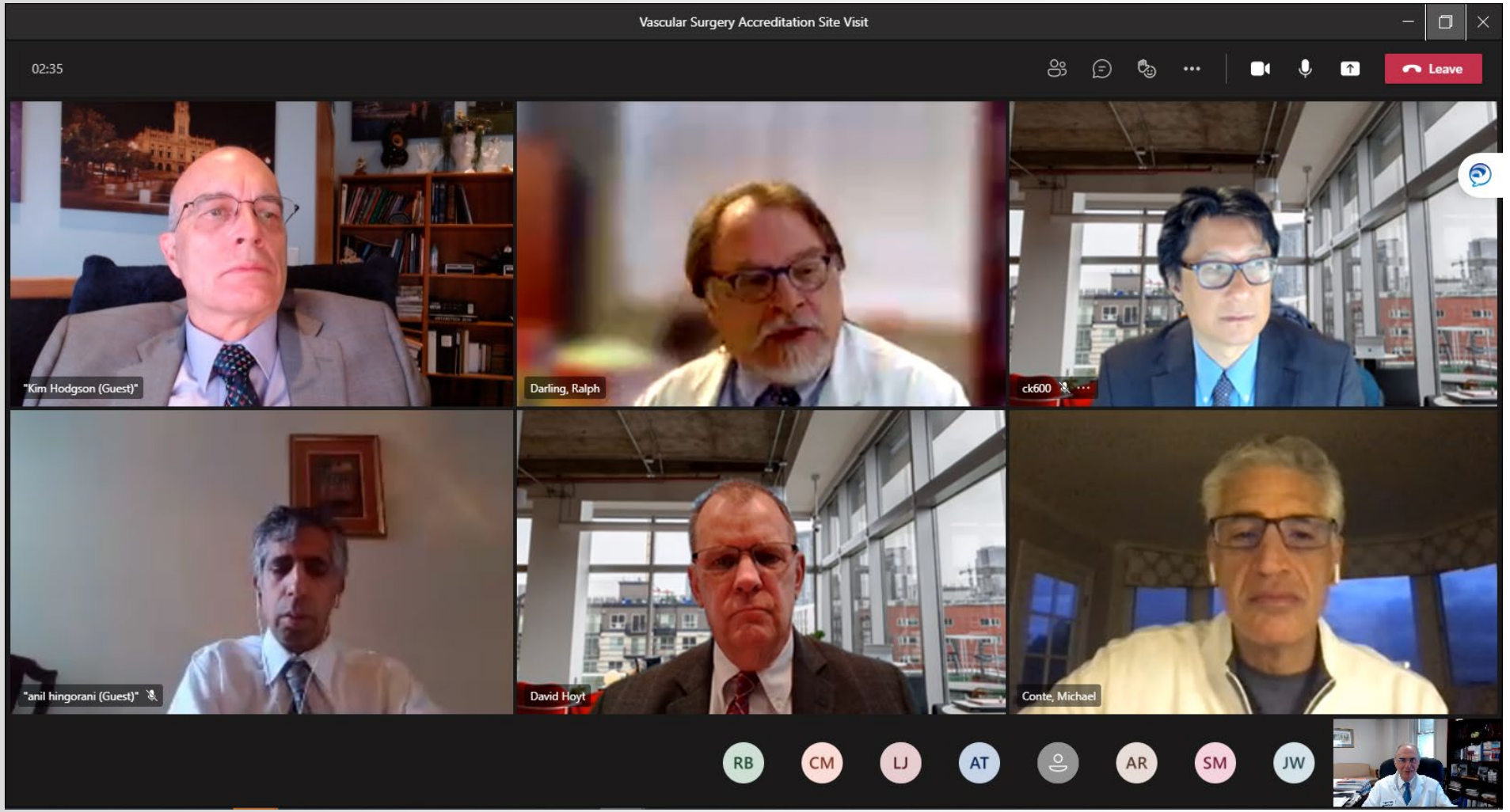
Inpatient Sites

- Albany Medical Center
- BSW Heart Hospital Plano
- UCSF Vascular Program
- USC Keck Hospital

Outpatient Pilot Sites

- Michigan Vascular Center
- Albany Medical Center
- Nashville Vascular and Vein Center
- Total Vascular Care-Brooklyn, NY

Inaugural Visit – Albany Inpatient



Lessons Learned (1)

1. Centers reported improvement in their processes just by preparing for the visit
2. Centers reported leverage for resources from the administration
3. We were able to use the information to refine the standards
4. One surgeon OBLs find it difficult to perform peer-review, which provides an opportunity for SVS to establish a national peer-review program
5. Verification visits are quite amenable to virtual environment, leading to huge cost saving, even on the first initiation visit

Lessons Learned (2)

6. We learned that the outpatient standards need to be adjusted based on the unique outpatient environment
7. As the program launches there is a need to train a cadre of reviewers
    a. Reviewers will be required to complete a formal, standardized training prior to serving in an observing reviewer role.

Key Points of the ACS/SVS Vascular VP

Vascular Surgeons Perform Evaluation

- Uses SVS guidelines
- Overall vascular program evaluation
- QI focused
- Supportive of registry participation
- Verification visit (virtual)
- Metrics based on registry data
- Patient Safety
- Quality

Why Is This Important to Your Hospital?

- Vascular care is a team sport requiring the appropriate infrastructure
- Organizes and validates all the work you do in the care of vascular patients
- Demonstrates to C-Suite the value of your vascular service to the entire hospital
- Confirms the tremendous work and effort needed to have a vascular service
- Allows us to ask, objectively, for needed infrastructure for best vascular practice
- Assists in coordinating vascular care (protocols, standards, outcomes)
- Encourages sharing of ideas and consistency in vascular care nationally
- Promotes branding of vascular surgery as a distinct specialty

Pilot Site Review Process Participants

- Anton Sidawy
- David Hoyt
- Clifford Ko
- Clem Darling
- William Shutze
- Anil Hingorani
- Kim Hodgson
- Thomas Forbes
- Erica Mitchell
- Kellie Brown
- Fred Weaver
- Larry Kraiss
- Dennis Gable
- Linda Harris
- Michael Conte
- Robert Molnar

Responsibilities of the Reviewers

- Should be committee member or “in process” with a Vascular-VP application at their home institution
- Complete a formal, standardized site reviewer training
- Stay current on standards, program requirements, and reviewer process
- Commit to conduct ~4 site visits per year
- Interested in applying to become a reviewer?

Submit an application here:

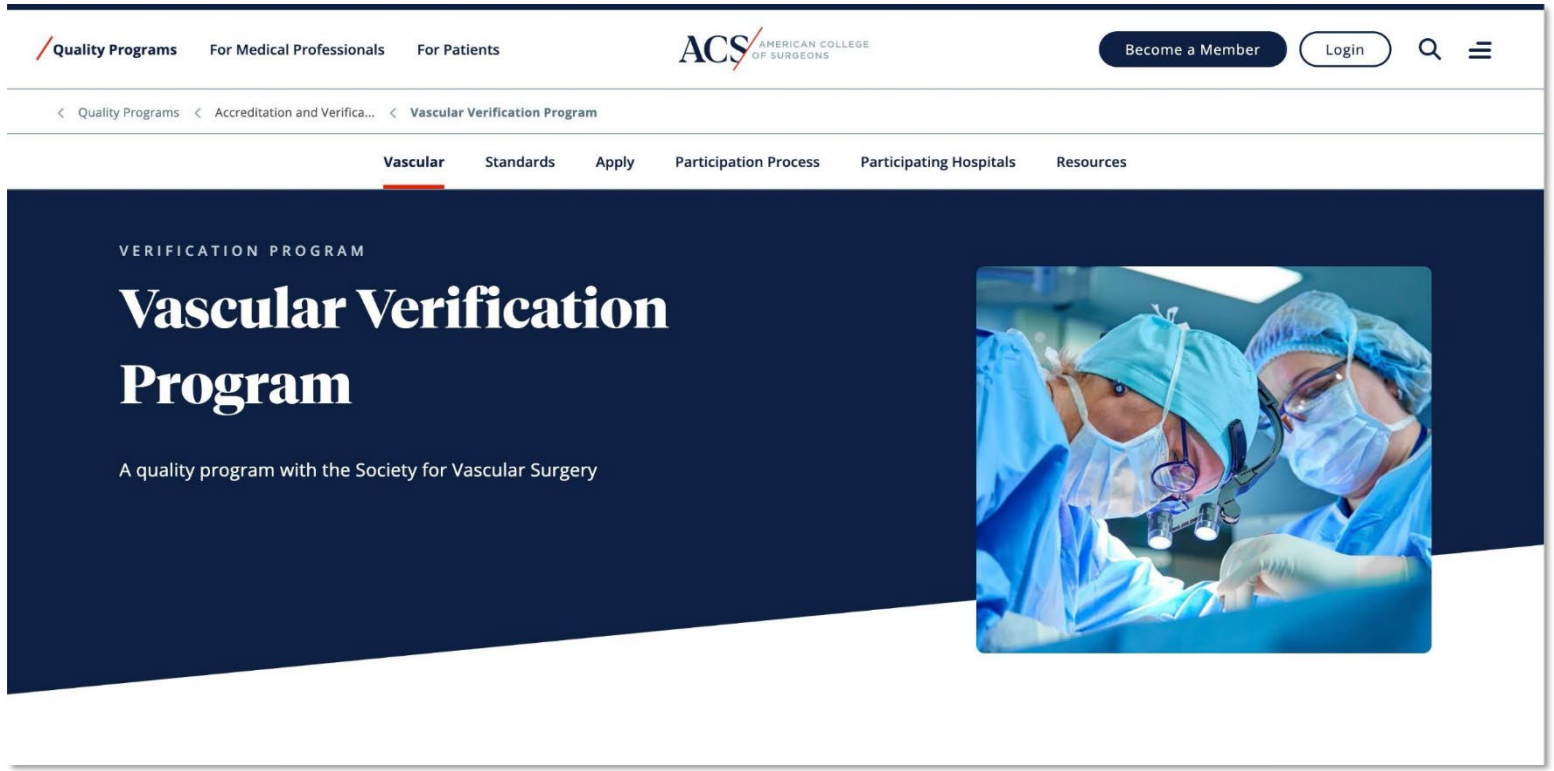
Why Outpatient Verification?

- Quality parameters and standards for OBLs and ASCs being requested by States
- Allows for streamlining of protocols and provides objective outcomes
- Allows you to demonstrate that you are providing the best standard of care for vascular patients
- Promotes standards of care for vascular patients in OBLs nationally

ACS Vascular-VP Vascular Verification Program American College of Surgeons SVS Society for Vascular Surgery

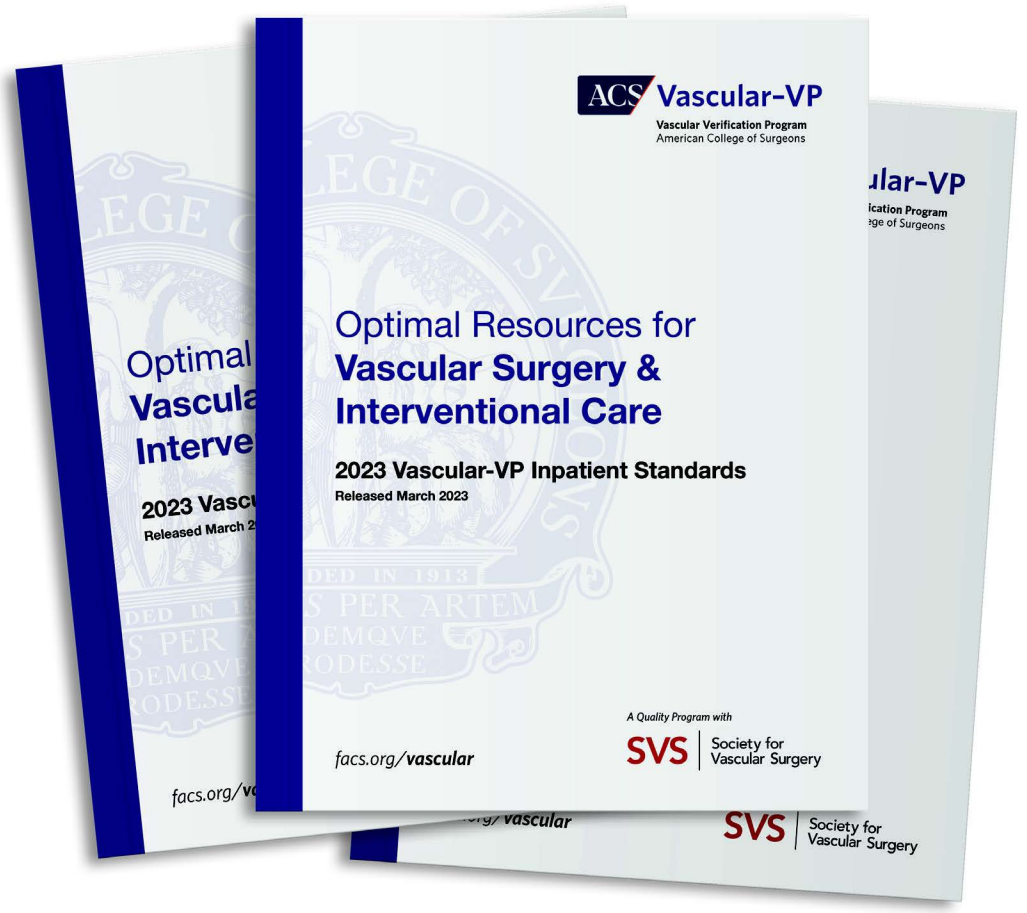
facs.org/vascular

ACS Vascular-VP Vascular Verification Program American College of Surgeons SVS Society for Vascular Surgery



Vascular Verification Program
ACS/SVS Standards

- Download the Standards – Scan the QR Code



Smoking Cessation

VSGGNY Fall Meeting 2024

Kaleidahealth

Dr. Linda Harris

University at Buffalo
Department of Surgery

Preadmission

- All patients queried both by written forms and verbally by MD, NP as to smoking habits
- All patients counselled if actively smoking
  - Currently done by MD or NP
  - includes:
    - Positive and negative reinforcement- $ saved (average pack 13-15$; carton from reservation 25-30$)- 1 ppd about 100-450$/month saved; "how well do you want to get to know me"
    - Methods
      - Cold turkey suggested- clean out all cigarettes, lighters, matches, ash trays
    - Adjuncts
      - Alternate addiction (candy, gum, stress ball…)
      - Avoid locations where smoking
      - Ask family/friends not to offer or give if cigarette requested
- Meds utilized
  - Zyban, chantix

Inpatients

- All patients queried on admit/consult as to smoking habits
- All inpatients reminded daily that they have “quit” while in the hospital
- Reminded that if they keep smoking, surgical pain likely to be recurring issue
- Counselled/meds provided if interested in quitting

Follow-up

- All patients queried at every follow-up as to smoking habits
- Reinforce counselling

MEDICAL POLICY

Excellus

An independent licensee of the Blue Cross Blue Shield Association

MEDICAL POLICY DETAILS	
Medical Policy Title	**Angioplasty and Stenting of Extracranial, Intracranial and Vertebral Arteries**
Policy Number	**7.01.110**
Category	**Technology Assessment**
Original Effective Date	**12/16/24**
Committee Approval Date	**08/22/24**
Current Effective Date	**12/16/24**
Archived Date	**N/A**
Archive Review Date	**N/A**
Product Disclaimer	• *Services are contract dependent; if a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply.* • *If a commercial product (including an Essential Plan or Child Health Plus product), medical policy criteria apply to the benefit.* • *If a Medicaid product covers a specific service, and there are no New York State Medicaid guidelines (eMedNY) criteria, medical policy criteria apply to the benefit.* • *If a Medicare product (including Medicare HMO-Dual Special Needs Program (DSNP) product) covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.* • *If a Medicare HMO-Dual Special Needs Program (DSNP) product DOES NOT cover a specific service, please refer to the Medicaid Product coverage line.*

POLICY STATEMENT

VI. Based upon our criteria and assessment of the peer-reviewed literature, transcarotid artery revascularization (TCAR) is considered **investigational** for all indications.

Excellus BCBS

- ROADSTER 2 (*n* = 115)
- Analyzed ITT versus PP
- Failed to include:
  - PP analysis
  - Large-scale VQI studies (over 55k patients)
  - VQI TSP as a registry
  - SVS carotid clinical practice guidelines
- Further data warranted versus CEA…

In 2015, the FDA approved transcarotid artery revascularization (TCAR) for high-risk patients with carotid artery stenosis. While TCAR's long-term durability still remains unknown (Malas et al., 2019; Kashyap et al., 2020, 2022; Zhang et al. 2022), in 2022 the FDA granted an expanded indication to TCAR to approving its use among standard-risk patients (Columbo et al., 2023).

Kashyap et al. (2022) published the one-year outcomes after transcarotid artery revascularization (TCAR) in the ROADSTER 2 trial. All patients were considered high risk for CEA and underwent independent neurological assessments preoperatively, postoperatively, and had long-term clinical follow-up. The primary end point was incidence of ipsilateral stroke after treatment with the ENROUTE Transcarotid Stent System. Secondary end points included individual/composite rates of stroke, death, and perioperative myocardial infarction. Between June 2016 and November 2018, 155 patients at 21 centers in the United States and one in the European Union were enrolled and represented a subset of the overall trial. Asymptomatic (n = 119; 77%) and symptomatic patients (n = 36; 23%) with high-risk anatomic (i.e., high lesion, restenosis, radiation injury; 43%), physiologic (32%), or combined factors (25%) were enrolled. No patient suffered a perioperative myocardial infarction or stroke. Over the one-year follow-up, no patient had an ipsilateral stroke, but four patients died (2.6%), all from non-neurological causes. Additionally, a technical success rate of 98.7% with a low cranial nerve deficit rate of 1.3% was achieved. The authors concluded, in patients with high risk factors, TCAR yields high technical success with a low stroke and death rate at one (1) year. The authors concluded that further comparative studies with CEA are warranted.

SCHOOL OF MEDICINE & DENTISTRY

Department of Surgery
Division of Vascular Surgery

UNIVERSITY of ROCHESTER MEDICAL CENTER

Attention:

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Roan J. Glocker, MD, MPH, FACS, FSVS
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Assistant Professor

Anna A. Pendleton, MD, MPH, FSVS
Assistant Professor

The faculty of the University of Rochester feels very strongly about the limitations of the analysis being used to deny coverage for TCAR. There is a strong evidence base around direct carotid-access stenting via the TCAR technique, which the faculty of the University of Rochester has been a major contributor to. We use this evidence base in our everyday clinical decision-making to treat our carotid artery disease patients. We are disheartened that we may lose the ability to use what we see as a superior treatment option for Excellus beneficiaries.

Analysis of the Excellus Angioplasty and Stenting of Extracranial, Intracranial and Vertebral Arteries

I. Summary: Transcarotid Artery Revascularization (Evidence Summary)
The evidence summary correctly notes the successful outcomes of the RAODSTER-2 trial (the University of Rochester was one of the highest enrolling sites in this prospective trial), which replicated and improved upon the original FDA approval data. While the authors do conclude that additional comparative data versus CEA are warranted, we would argue that the large-scale real-world data adequately supply these data.

First of all, TCAR has been compared extensively to traditional trans-femoral carotid stenting (CAS). There is not a single comparative analysis in the current published literature reporting a higher mortality rate with TCAR than CAS (transfemoral carotid stenting [TFCAS]) at any time point (1-7).

- Referral to University of Rochester payor relations
- Initial phone call with Medical Policy Coordinator
- Decision window has been reopened
- Pending review

CE/CME Credit

- Scan QR code or click on link to complete attendance attestation & evaluation
- Seven (7) calendar days (including meeting day) to complete & submit above documents
- No reminders; nothing granted retroactively
- Record of meeting attendance is required
- **Must** have active PATHWAYS account
- Approximately two weeks after meeting, DMU will send physician and non-physician attendees instructions on how to access credit certificate

Provided by Des Moines University (DMU)

Greater New York - November 21, 2024

SVS | Society for Vascular Surgery | American Venous Forum | fivos | Society for Vascular Medicine | VASA | SVU

SVS | VQI
In collaboration with NCDR®

VQI National Update

Caroline Morgan
Director of Clinical Operations, SVS PSO

SVS | VQI
In collaboration with NCDR®

VQI Participation

SVS | VQI
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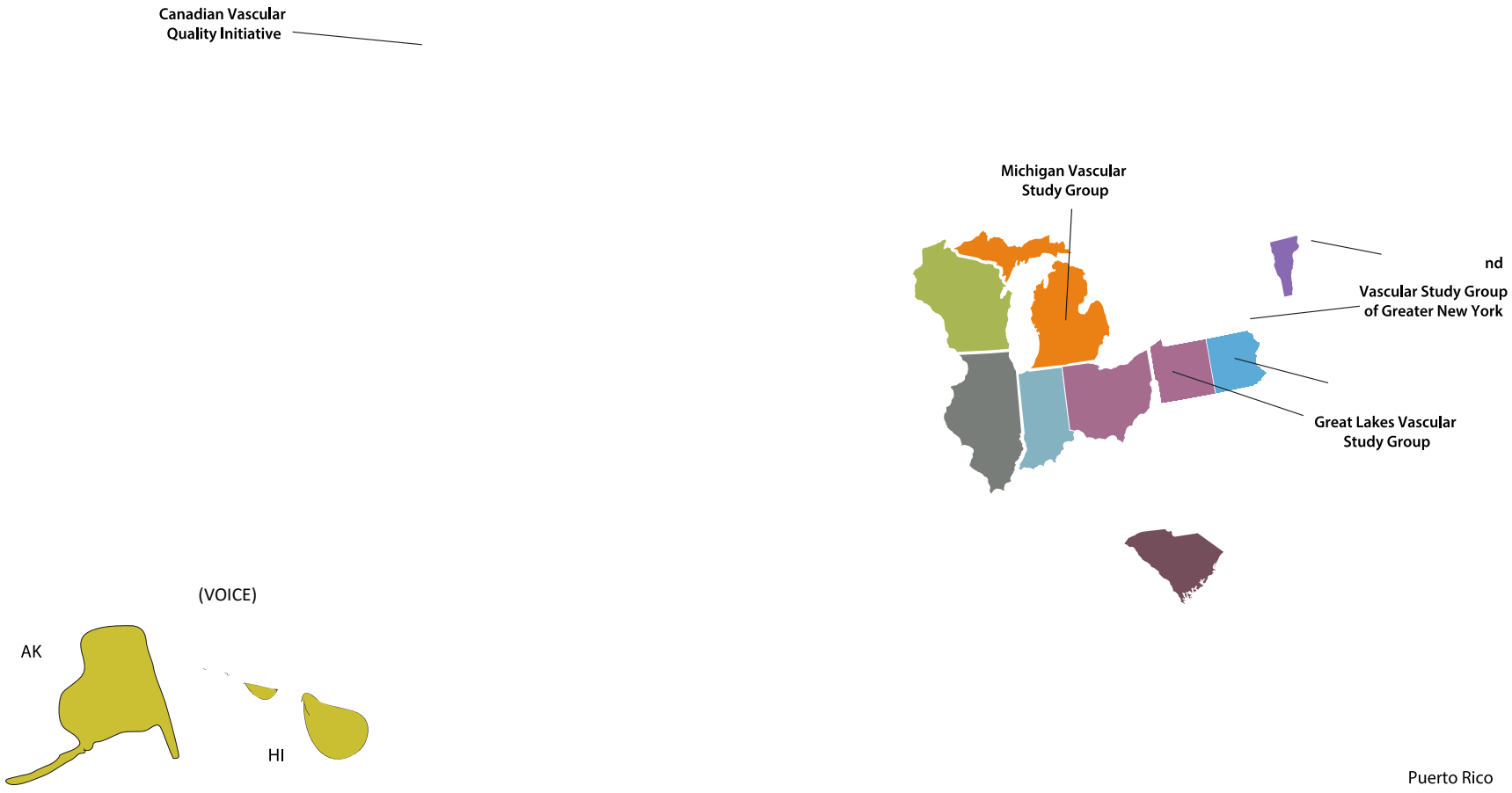


Regional Breakdown

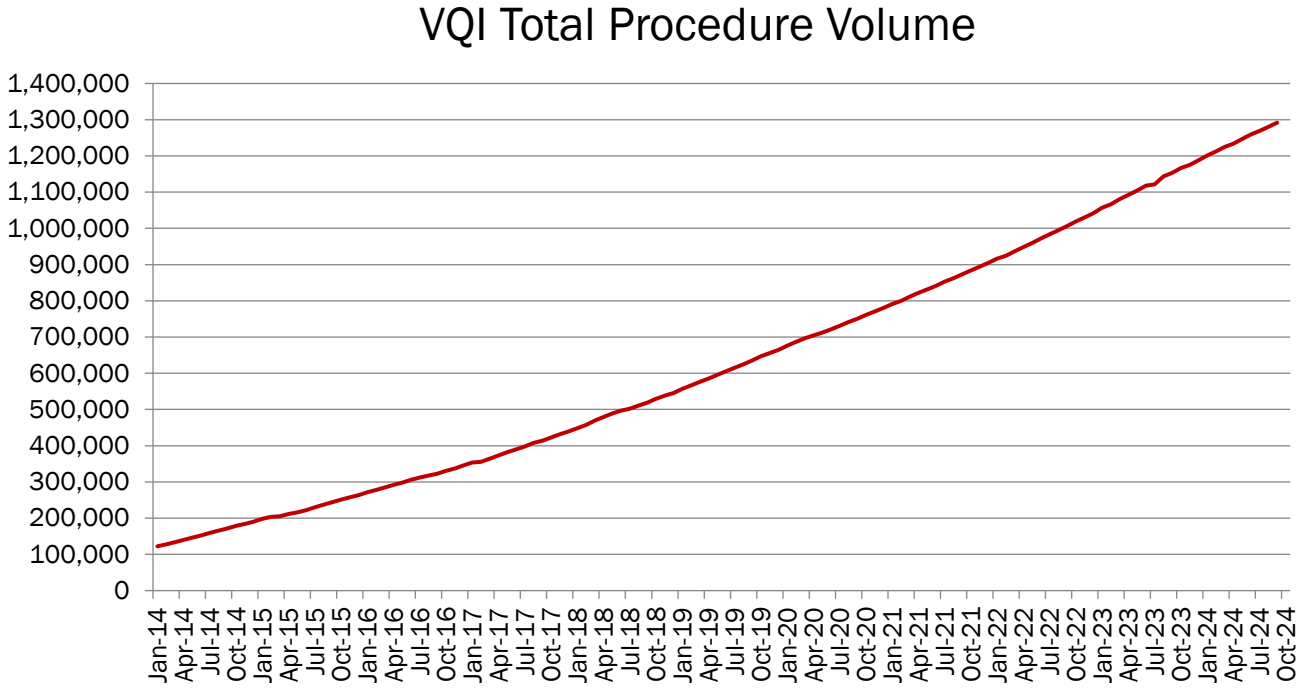
Canadian Vascular Quality Initiative | 6 Centers
Carolinas Vascular Quality Group | 41 Centers
Great Lakes Vascular Study Group | 62 Centers
Michigan Vascular Study Group | 37 Centers
Mid-America Vascular Study Group | 78 Centers
Mid-Atlantic Vascular Study Group | 93 Centers
MidSouth Vascular Study Group | 26 Centers
Midwest Vascular Collaborative | 49 Centers
Northern California Vascular Study Group | 28 Centers
Pacific NW Vascular Study Group | 35 Centers
Rocky Mountain Vascular Quality Initiative | 51 Centers
Southeastern Vascular Study Group | 133 Centers
Southern California VOICE | 40 Centers
Southern Vascular Outcomes Network | 116 Centers
Upper Midwest Vascular Network | 62 Centers
Vascular Study Group of Greater New York | 43 Centers
Vascular Study Group of New England | 44 Centers
Virginias Vascular Study Group | 45 Centers
Singapore | 2 Centers
TOTAL CENTERS | 993 Centers

SVS Society for Vascular Surgery | American Venous Forum | fivos | Society for Vascular Medicine | VASA | SVU

Procedures Captured

SVS | VQI
In collaboration with NCDR®

TOTAL PROCEDURES CAPTURED (as of 11/1/2024)	1,302,849
Peripheral Vascular Intervention	453,222
Carotid Endarterectomy	223,983
Infra-Inguinal Bypass	92,177
Endovascular AAA Repair	93,163
Hemodialysis Access	85,293
Carotid Artery Stent	142,041
Varicose Vein	70,097
Supra-Inguinal Bypass	28,956
Thoracic and Complex EVAR	36,809
Lower Extremity Amputations	34,840
IVC Filter	19,793
Open AAA Repair	19,825
Vascular Medicine Consult	2,345
Venous Stent	305



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

2024 VQI@VAM

SVS | VQI
In collaboration with NCDR®

Registered attendees:

- Slides and recordings are now available to review. Log into the mobile app or online planner and click on the session of interest to gain access. These will be available for 3 years. https://2024svsvam.eventscribe.net/

2023 Star Award Winners

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In collaboration with NCDR®

2023 Participation Star Awards

3 Star = 109 Centers
2 Star = 173 Centers
1 Star = 130 Centers

2023 VSGGNY Participation Award Winners

SVS | VQI
In collaboration with NCDR®

Buffalo General Medical Center
NYU Langone Medical Center
Stony Brook University Medical Center
University of Rochester Medical Center
Weill Cornell University Medical Center

Queens
St. Peter's Hospital
Vassar Brothers Medical Center
White Plains Hospital

Brooklyn Methodist Hospital
Catholic Health Mercy Hospital of Buffalo
Catholic Health Sister of Charity Hospital
Columbia University Irving Medical Center
Long Island Jewish Medical Center
Maimonides Medical Center
Montefiore Medical Center
Norwalk Hospital
Upstate University Medical Center

VQI@VAM Poster Winners

SVS | VQI
In collaboration with NCDR®

- ***"From Zero to Three Stars in One Year"*** - PSO Choice Medical Director's Award

Allegheny Health Network
Ashley Moore, Sheila Nichols, Shatish Muluk and Barbara Sanders

- ***"I've got an EVAR and the only cure is more surveillance!"*** - favorite poster as voted by meeting attendees

Hartford Hospital
Patricia Bozeman, Sharon Vacca, Kristy Wrana, Maria Garcia, Kristen Hallisey, Aknilesh Jain and Edward Gifford

Development Updates

Aug 2023
- Retire variables from OPIOID tab
- Retired majority of COVID variables

Dec 2023
- Harmonization of CAD across all registries
- Update Exercise Program Variables – all LE registries

Feb 2024
- Shared Decision – CAS
- Open AAA - Add ERAS variables
- TEVAR - Aberrant Vessel
- Mechanical Thrombectomy/Thrombolysis PVI
- PVI Revision - Recycle Reuse Device

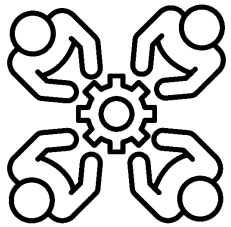
Mar 2024
- Infrainguinal Bypass Follow-up Outcomes Report
- Harmonization of Chronic Anticoagulants

August 2024
- PTAB/DVA to PVI

In Development:
- Retire remaining COVID variables
- Suprainguinal Follow-up Outcomes Report
  - Anticipated late September release
- Release of Open Aorta Registry 2025
- Minor revision IVC Filter Registry
- Venous Stent revision
- Blinded Data Set enhancements
- Interactive dashboards for all registries
  - Staggered release

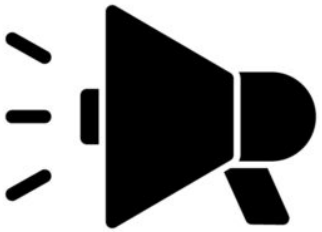
Promote Your Center's SVS VQI Participation

Patients



Internal Organization

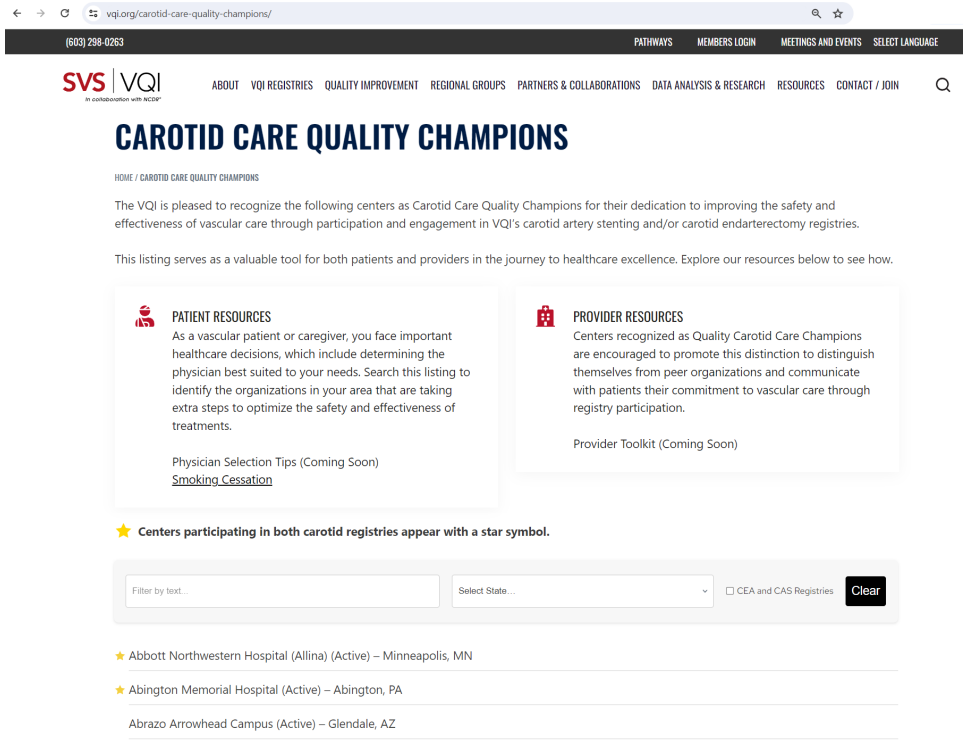
Referral Channels



Share Your Story

https://www.vqi.org/about/svsvqi_participation/#about

SVS VQI Carotid Care Quality Champions and Participation Awards Media Toolkits – Helping you Share Your Story



SVS VQI Media Tool Kits include SVS PSO approved marketing content to promote your commitment to quality care.

Carotid Care Quality Champions program

A way to recognize Carotid Care Quality Champions centers within the VQI

- Create awareness of the importance of our carotid quality programs
- Add value to your VQI participation and maintain a consistent, educational message

SVS VQI Participation Awards program

Participation Awards began in 2016 to encourage active participation in the registries program

- Help centers recognize the importance of participation

A New SVS VQI Mobile App is coming!

Stay tuned for more details as we begin work on this exciting project.

New VQI Interactive Dashboards Announcements

SVS | VQI
In collaboration with NCDR®

Dashboards Available *(on PATHWAYS)*
- Carotid Artery Stents (CAS)
- Carotid Endarterectomy (CEA)
- Varicose Vein (VV)

Next in Development
- Peripheral Vascular Intervention (PVI)
- INFRA/SUPRA

New Features/Updates
- Including Percentiles
  - Anticipated release: Q1 2025
- VQI definitions will be updated with each dashboard release

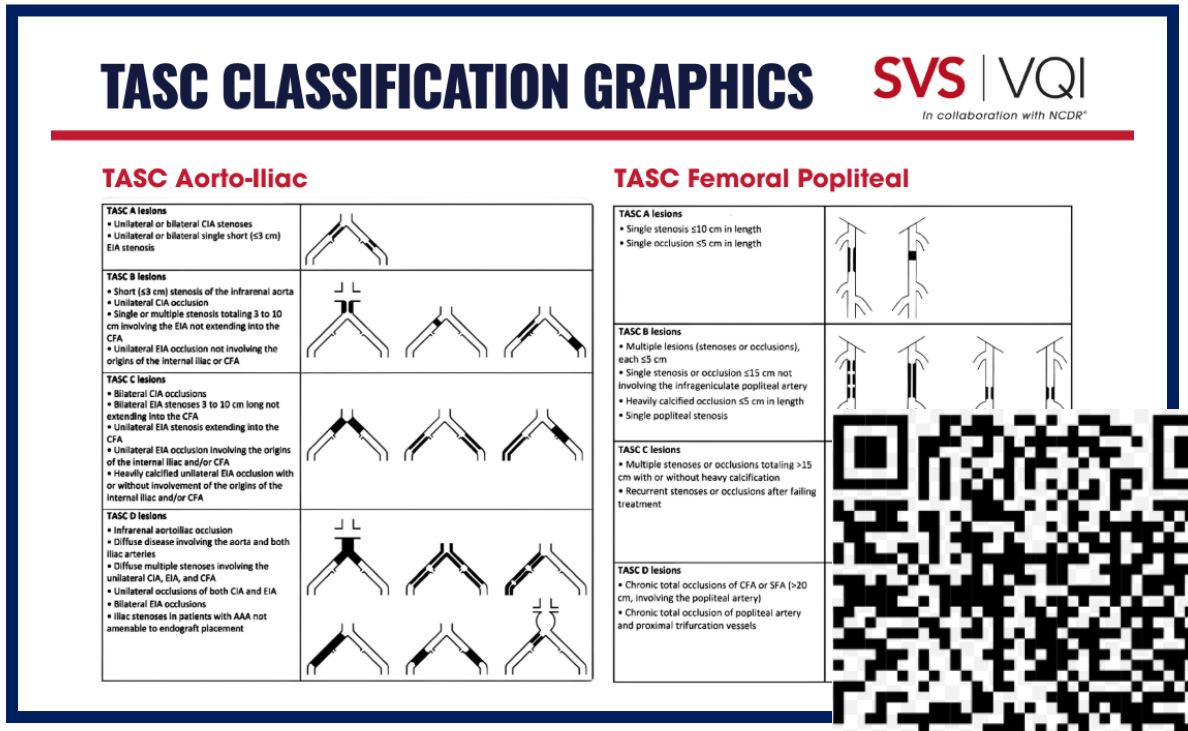
2024 Source Data Audit

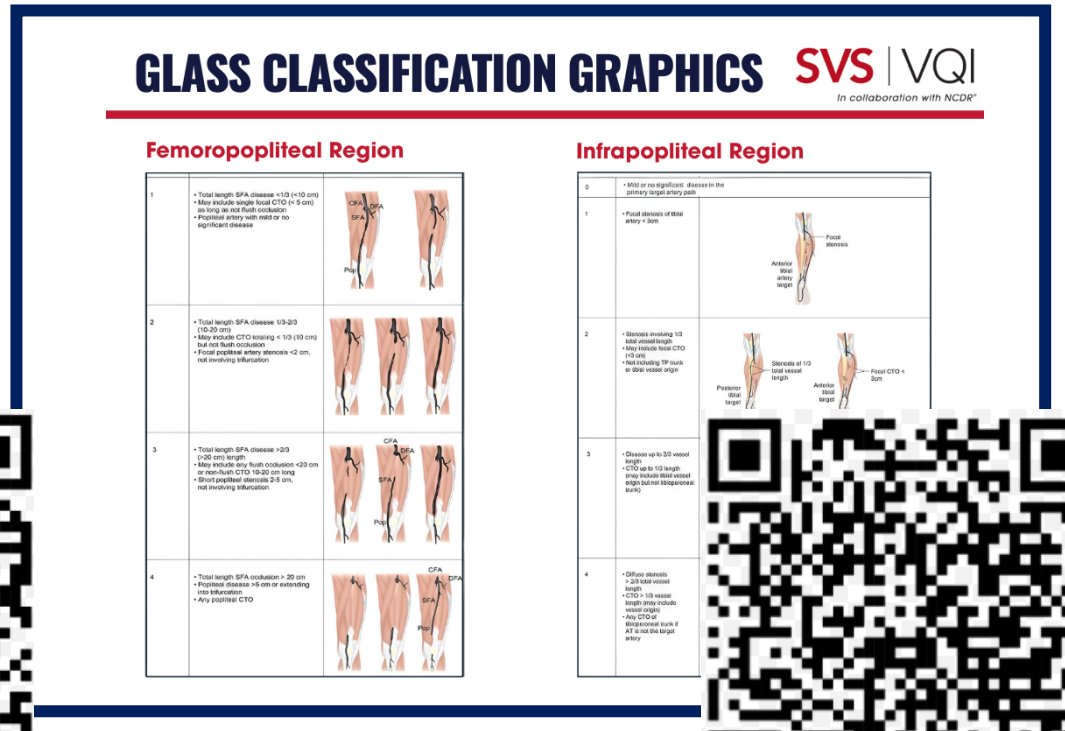
SVS | VQI
In collaboration with NCDR®

Carotid Artery Stent and Carotid Endarterectomy

- CEA and CAS; 2023 procedures only; no LTFU
- 100 randomly selected centers
- Randomly selected centers; 5-10 randomly selected PRIMPROCs per center
- Notifications will be sent in August 2024.
- Participants of the 2023 Source Data Audit or the 2024 claims validation audit are excluded.
- 3rd party vendor will blindly abstract records. The the results will be compared to original abstraction for matching.
- Audited variables are selected based on use for reporting measures, risk-adjustment & guideline/AUC supported variables
- Hopeful to provide some type of center level report

CLTI Classification Tools





Full documents provided in below links:

https://www.vqi.org/wp-content/uploads/TASC-Classification-Graphics.pdf

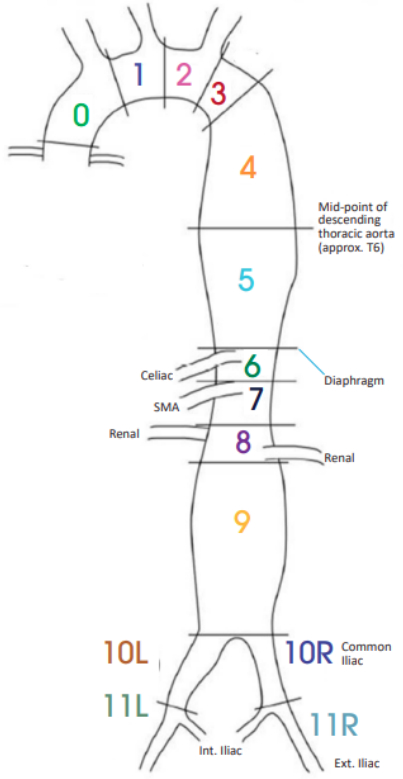
https://www.vqi.org/wp-content/uploads/GLASS-Classification-Graphics.pdf

Aortic Zone Tool

AORTIC ZONE DIAGRAM

SVS | VQI
In collaboration with NCDR®

0	Ascending Arch - Above take off of coronary arteries to just beyond & including Brachiocephalic Artery (Innominate)
1	Distal to Brachiocephalic Artery (Innominate) including Lt. CCA
2	Distal to Lt. CCA including Lt. Subclavian
3	Distal to Lt. Subclavian - 2 cm in length
4	2 cm distal to Lt. Subclavian to mid-point of descending thoracic aorta; Approx T6
5	Mid-point of descending thoracic aorta; Approx T6 to just above Celiac
6	Above Celiac to top of SMA (includes Celiac)
7	Includes SMA
8	Includes Renal arteries
9	Below lowest renal to just above aortic bifurcation
10R	Rt. common iliac to just above bifurcation of internal/external iliac
10L	Lt. common iliac to just above bifurcation of internal/external iliac
11R	Just above Rt. bifurcation of internal/external iliac to above CFA
11L	Just above Lt. bifurcation of internal/external iliac to above CFA



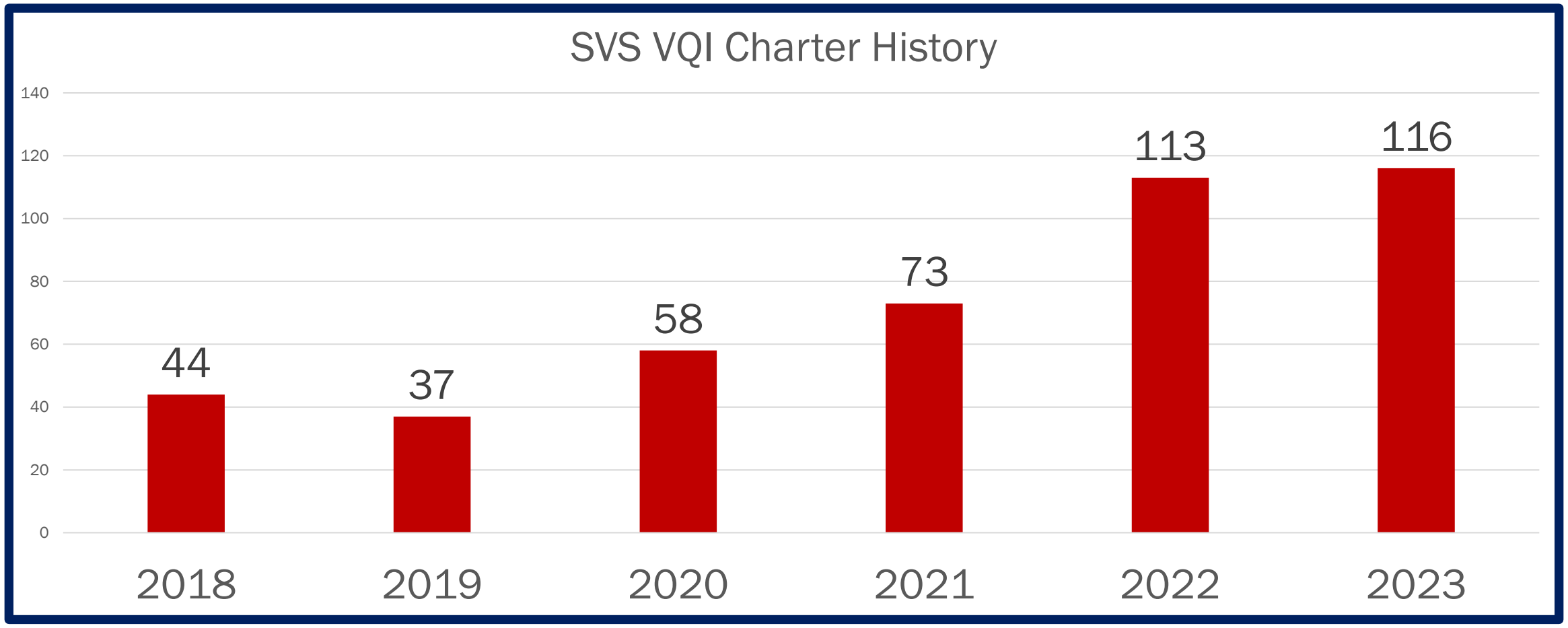
https://www.vqi.org/wp-content/uploads/Aortic-Zone-Diagram-2.pdf

Quality Improvement Updates

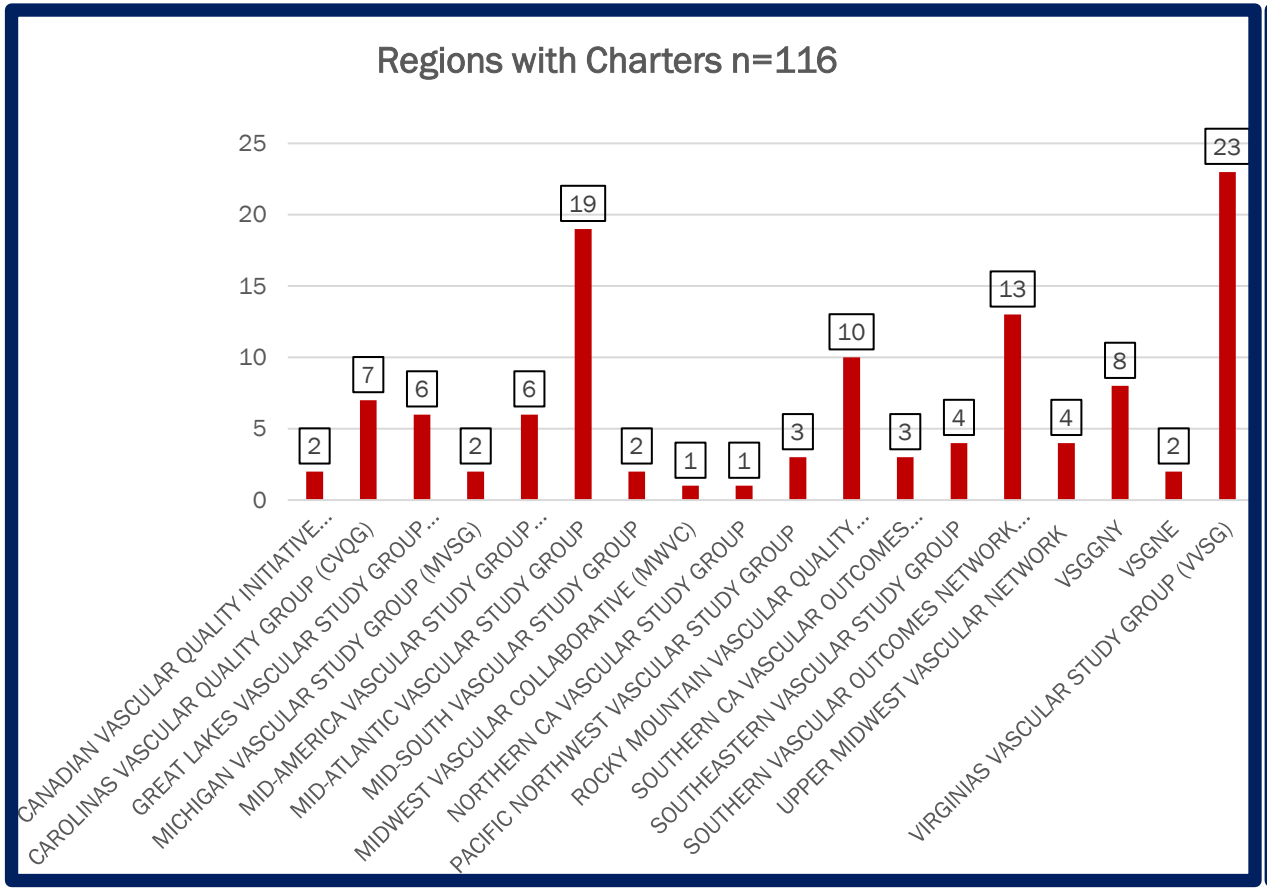
SVS | VQI
In collaboration with NCDR®

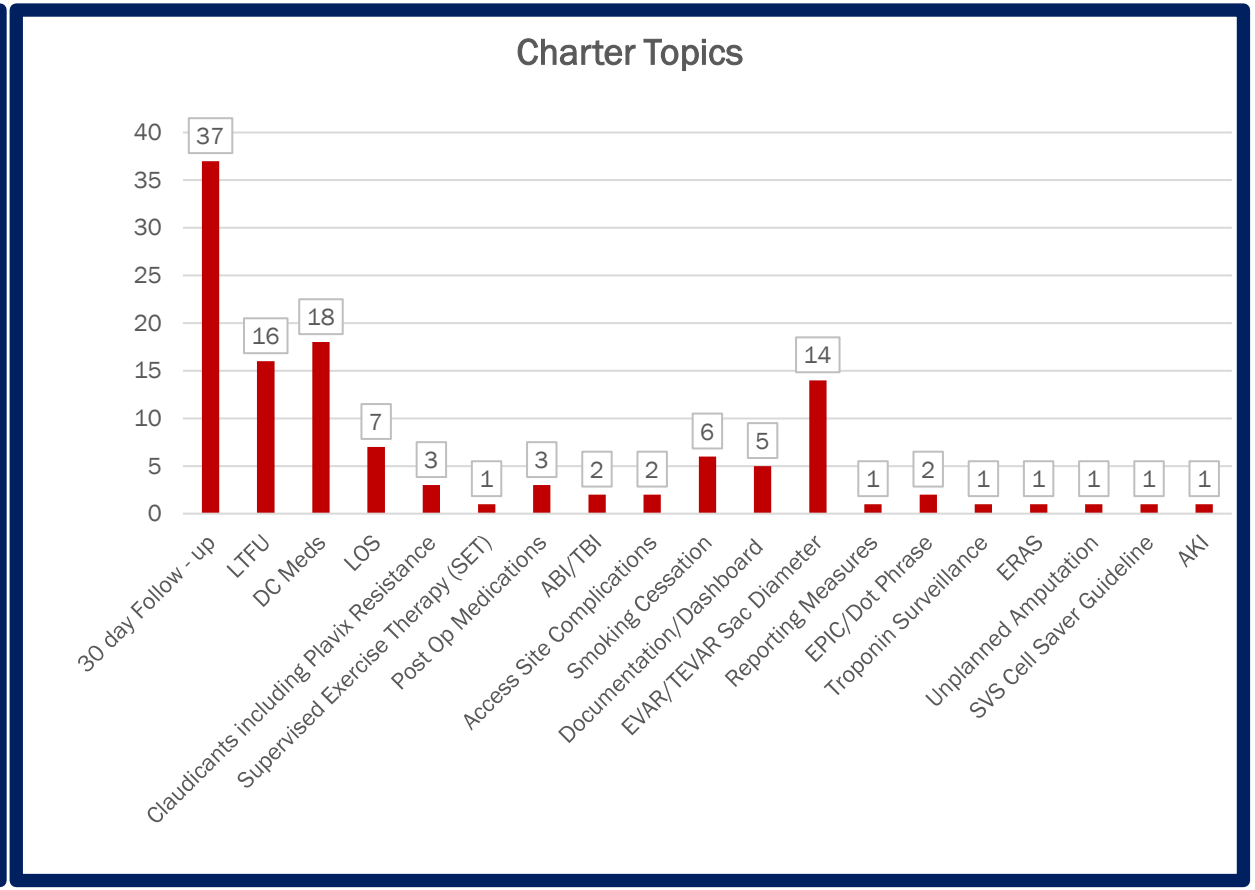
Betsy Wymer, DNP, RN, CV-BC
Director of Quality, SVS PSO

Quality Improvement – Charters



Quality Improvement – 2023 Charter Review





Quality Improvement – Charters

- QI project based on VQI data
- Center, Regional, National
- Last 1 - 3 years
- Resources
  - https://www.vqi.org/quality-improvement-members-only/#tools
- Participation points – QI domain
  - One charter per center per year
- Accepted CY January 1 – December 31
- Submit to bwymer@svspso.org

Quality Improvement – QI Resources

- https://www.vqi.org/quality-improvement-members-only/#about
  - All things Quality
- https://www.vqi.org/regional-groups/#current-regional-groups
  - Regional Group information
- https://www.vqi.org/resources/reporting/
  - VQI reporting schedule for LTFU, Participation Awards
- pathwayssupport@fivoshealth.com
  - All clinical questions
- Betsy Wymer, Director of Quality
  - bwymer@svspso.org
- Jennifer Correa, Marketing Manager
  - jcorrea@svspso.org

FIT Fellows 2024-2025

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FIT Mentor	FIT Fellow	Center
Dr. Miranda Witheford	Lisa Vi	University Health Network, Toronto, ON
Dr. Matthew Corrierre	Chinmayee Potti	The Ohio State University
Dr. Michael Madigan	Lindsey A. Olivere	UPP Vascular Surgery
Dr. Matthew Corrierre	Gabrielle Rieth	The Ohio State University
Dr. Pouya Entezami	Guillermo Polanco Serra	Henry Ford Health
Dr. Jason Ryan	Michael Chaney	Western Michigan University
Dr. Abhishek Singh	Vinay Bhushan Lakki	Creighton University Med Center
Dr. Ashley Vavra	Lara Lopes	Northwestern Memorial Hospital
Dr. Matthew Blecha	Karan Chawla	Integrated Vascular Surgery Loyola Medical Center
Dr. Matthew Blecha	Lorela Weise	Loyola University Medical Center, Integrated Vascular Surgery Residency
Dr. Robert Meisner	Ioannis Tsouknidas	Lankenau Medical Center
Dr. Adam Beck	Angela Danielle Sickels	University Of Alabama Medical Center
Dr. Nii-Kabu Kabutey	Menna Hegazi	University of California, Irvine
Dr. Linda Harris	Isaac Naazie	Buffalo General Medical Center
Dr. Michael Stoner	Irina Kanzafarova	University of Rochester, Rochester, NY
Dr. Nikolaos Zacharias	Falen Demsas	Massachusetts General Hospital
Dr. Cassius Chaar	Justin Jay Bader	Yale New Haven Hospital
Dr. Marc Schermerhorn	Camila Guetter	Beth Israel Deaconess Medical Center
Dr. Nikolaos Zacharias	Brandon Gaston	Massachusetts General Hospital - Integrated Training Program
Dr. Marc Schermerhorn	Guaurang Joshi	Thomas Jefferson University

2nd Year FIT Scholars

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FIT Fellow	FIT Mentor	Center	Project
Saranya Sundaram	Dr. Thomas Brothers	Medical University of South Carolina	Quality
Mikayla Lowenkamp	Dr. Michael Madigan Co Mentor: Dr. Mohammad Eslami	University of Pittsburgh Medical Center	Quality
Mitri Khoury	Dr. Nikolaos Zacharias	Massachusetts General Hospital	Research
Christopher Chow	Dr. Arash Bornak	University of Miami	Research
Amanda Filiberto	Dr. Adam Beck	University of Alabama at Birmingham	Research

FIT Mentors and Scholars

L-R Dr. Lemmon (Co-Chair FIT Program), Dr. Madigan (FIT Mentor), Dr. Dakour (FIT Scholar), Dr. Johnson (Chair FIT Program), Dr. Filiberto (FIT Scholar), Dr. Chow (FIT Scholar), Dr. Khoury (FIT Scholar), Dr. Jack Cronenwett, Betsy Wymer (Director of Quality), Dr. Zacharias (FIT Mentor), Dr. Mureebe (FIT Mentor), Dr. Li (FIT Scholar)

Committee Updates

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In collaboration with NCDR®

AQC Update

Vacant

- Committee actively reviewing and providing comment on the Open Aorta Registry revision
- Approval of PTAB/DVA PVI Revision
- Addition of new select option for race and ethnicity will be added – “Not specified”
- Working with registry committees to provided refreshed reporting measures
- Assisting with harmonization of variables
  - When discrepancies between MD dictation and reports, formal decision to default to MD dictation

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In collaboration with NCDR®

VQC Update

Vacant

- Committee meets bi-annually – Next meeting VEITH 2024 (hybrid)
- Last meeting June 21, 2024, hybrid meeting at VAM
- New VQC Vice Chair – Rabih Chaer, MD
- Review of Regional VQC representative roles and responsibilities
- Discussion focused on Venous reporting at National level only
- Call for Regional Venous quality projects

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Arterial RAC Update

Richard Schutzer, MD

- Please review the **SVS PSO Data Use Agreement** for restrictions and conditions
- The **Product Identification Policy**, may affect your dataset request as there are stringent restrictions on the use of product data in VQI protocols.

PSO Arterial RAC – December 2024 Proposal Submission

Call for Proposals: October 30, 2024

Submission Deadline: November 27, 2024

Review Period open: November 28, 2024

Review period end: December 8, 2024

Meeting: December 9, 2024

SVS | VQI

In collaboration with NCDR®

Arterial RAC Update

Richard Schutzer, MD

- Please submit a completed NIH bio sketch with your RAC submission
- Make sure the proposed tables and figures reflect your aims and objectives
- Your Regional RAC chair is happy to offer assistance or review if requested

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Arterial RAC Update

Richard Schutzer, MD

To receive a blinded data set, you must have an active pathways account at a center that belongs to the requested registry.

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Venous RAC Update

Vacant

As access to VQI data is a valuable benefit to participation in a registry.
Nicholas Osbourne – Chair

Must be a member of the registry of interest or work with a member that is enrolled in the registry to get a blinded data set

2025 Venous RAC submission schedule will be posted in the coming weeks.

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In collaboration with NCDR®

Governing Council Update

Michael Stoner, MD

- Continuing brainstorming efforts to increase biannual regional meeting attendance
  - Live only vs hybrid vs Fully Remote
    - Discussion will continue along with monitoring of attendance in relation to meeting venue
- Committee evaluation process
  - Align with SVS
  - Late Fall annually
- LEAF Update – Phil Goodney

SVS | VQI
In collaboration with NCDR®

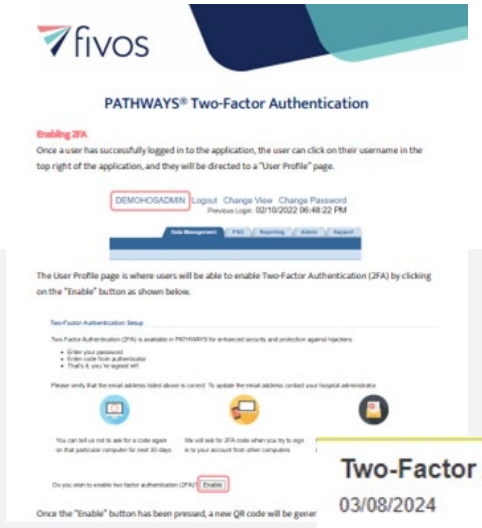
Fivos Update Fall 2024

fivos

Enhance Your Security

Did you know…?

PATHWAYS offers **enhanced security** for your account by enabling Two-Factor Authentication. Check out our video tutorial and guide to help you get started!


fivos

PATHWAYS® Two-Factor Authentication

Enabling 2FA

Once a user has successfully logged in to the application, the user can click on their username in the top right of the application, and they will be directed to a "User Profile" page.

DEMOHOSADMIN Logout Change View Change Password
Previous Login: 02/10/2022 06:48:22 PM

The User Profile page is where users will be able to enable Two-Factor Authentication (2FA) by clicking on the "Enable" button as shown below.

Two-Factor Authentication Setup

Two-Factor Authentication (2FA) is available in PATHWAYS for enhanced security and protection against hackers.

- Enter your password
- Enter code from authenticator
- That's it, you're signed in!

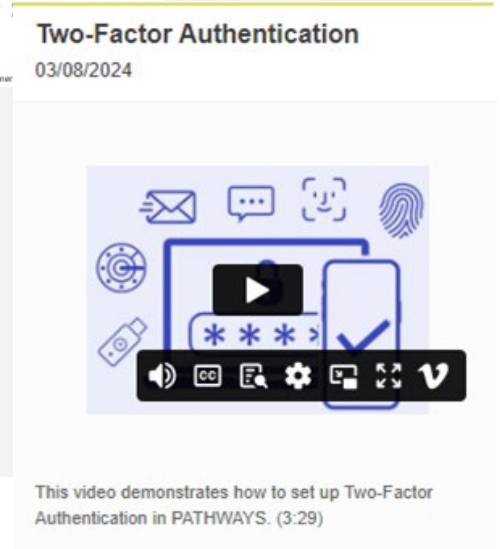
Please verify that the email address listed above is correct. To update the email address contact your hospital administrator.

You can tell us not to ask for a code again on that particular computer for next 30 days.

We will ask for 2FA code when you try to sign in to your account from other computers.

Do you wish to enable two factor authentication (2FA)? Enable

Once the "Enable" button has been pressed, a new QR code will be gener


Two-Factor Authentication

03/08/2024

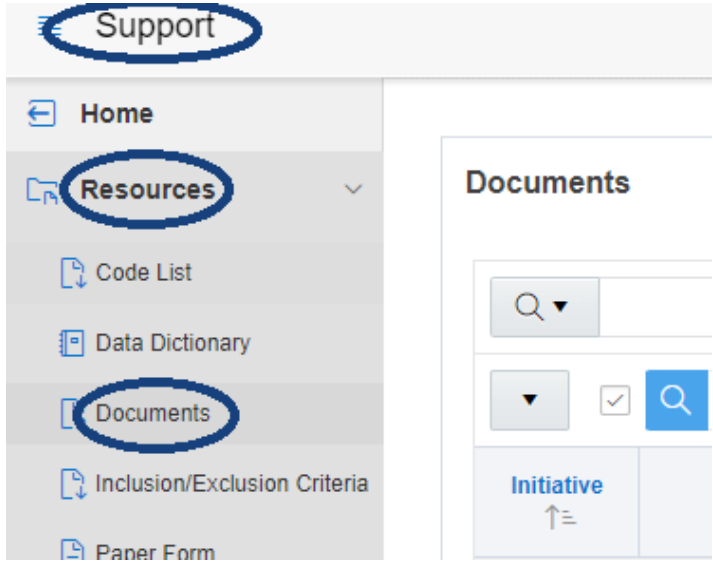
This video demonstrates how to set up Two-Factor Authentication in PATHWAYS. (3:29)

Let Us Be Your Guide

Explore the many Guides available on Pathways

Click on Support > Resources > Documents

- LTFU Completion Rate by Procedure
- LTFU Reporting - Best Practice
- Incomplete Records Report
- 30-Day Follow-up
- Hospital Manager Guide
- 2-Factor Authentication
- Registry Clone Procedure
- Named Physician Report Authorization
- Missing Aortic Diameter Report
- IVC Filter Retrieval Report
- Audit & Supplemental Data Query



Be in the Know

Optimize your user experience–check often for updates.

We use multiple communication methods to reach you where you are most, with our messaging capability most recently introduced.

We suggest making a **new** habit to check and read messages regularly. This workflow will keep you up-to-date on all important notifications.

Important Notifications - When & Where to Check

Within PATHWAYS
Important dates

Bubble Notifications
Get the word on downtimes, meeting dates, webinar invites, holidays and other important dates to put on your calendar.

Within PATHWAYS
Things you need to know

Messaging
Learn when to look at release notes, code updates, and projects– with targeted messages to Centers, Physicians, and Hospital Managers also here.

Outside of PATHWAYS
Important messages

Email
Receive release notes, webinar invites, and other registry-related documents to the Hospital Manager's inbox and share with others at your center.

Named Physician Reports

With the recent release of the Named Physician Report and permissioning, access to physician-specific reporting is now available.

Get started! Lead Hospital Managers have access to a new tool in Admin that facilitates the collection of physician authorization to easily provide physician reporting views to others at your center.

Named Physician Report

1

Only Lead HMs have access to the Named Physician Report and the Physician Reporting View permission.

2

Lead HMs should begin requesting permission from the physicians at their centers using the Named Physician Report Tool in PATHWAYS.

3

Once permission to access their identified reports is granted by the physician, the Lead HM can enable the Physician Reporting View and Physician Snapshot permission to any user role.

Active Industry Operations Projects

Endologix AFX2 LEAF Project	
Project Description:	To evaluate the late outcomes of the Endologix AFX2 device, with a specific focus on Type III endoleak. A retrospective patient worklist is provided to sites to complete a LTFU visit at the time of reintervention or for the patient's 5-year follow-up visit.
Registry:	VQI - EVAR
Reimbursement:	$600 for LTFU form + $200 for imaging
Project Contact Information:	pathwaysleafproject@fivoshealth.com

Endologix DETOUR Project	
Project Description:	To evaluate the safety and effectiveness of the Endologix DETOUR System when used in real world practice for performing percutaneous transmural arterial bypass (PTAB) with a 5-year follow up period.
Registry:	VQI - PVI
Reimbursement:	Procedure: $400 30 Day & 1 Year: $450 2-3 Years: $550 4-5 Year (telephone visits): $200
Project Contact Information:	pathwaysdetourproject@fivoshealth.com

Spring 2025 Report Reminder

SVS | VQI
In collaboration with NCDR®

Spring 2025 Report Cut Date = February 1, 2025 for procedure dates of January 1, 2024 – December 31, 2024

Submit by 1/31/2025

Spring 2025 Regional Meeting

June 5, 2025
5:00 PM – 7:00 PM CT

VQI@VAM
Morial Convention Center
New Orleans, LA

CE/CME Credit

- Scan QR code or click on link to complete attendance attestation & evaluation
- Seven (7) calendar days (including meeting day) to complete & submit above documents
- No reminders; nothing granted retroactively
- Record of meeting attendance is required
- **Must** have active PATHWAYS account
- Approximately two weeks after meeting, DMU will send physician and non-physician attendees instructions on how to access credit certificate

Provided by Des Moines University (DMU)

Greater New York - November 21, 2024

SVS | Society for Vascular Surgery | American Venous Forum | fivos | Society for Vascular Medicine | VASA | SVU

SVS | VQI
In collaboration with NCDR®

CE/CME Credit – ABS Transfer (Physicians only)

SVS | VQI
In collaboration with NCDR®

- DMU will submit credit to the American Board of Surgery (ABS) for the surgeons
- Following fields must be provided on attestation/evaluation only if credit is to be transferred to ABS
  - First and last name as it appears in your ABS record
  - Date of birth – month and day
- Wait eight (8) weeks from activity date prior to reviewing transcript

Questions? Contact cme@dmu.edu

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

SVS | VQI
In collaboration with NCDR®

- 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

SVS | VQI
In collaboration with NCDR®

Thank You

SVS | VQI
In collaboration with NCDR®