Why Your PCP and Internist Are Responsible for the Outcomes of Vascular Care

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Medical Care of Vascular Patients
- Patients with lower extremity PAD need lots of attention.
- Diabetes
- Smoking
- Avoiding Readmission After Surgery

Medical Care of Vascular Patients
- We hypothesize that primary care physicians can directly impact outcomes in lower extremity revascularization and other major vascular procedures
- Using administrative claims and data from a recent pilot randomized trial, we evaluated how primary care physicians – and their roles – are important for patients with vascular disease.

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Care for Diabetes...

- Evaluated all Medicare patients with diabetes between 2002 and 2012
- Consistency of hemoglobin A1C testing
  - High (3/3 consecutive years)
  - Medium (2/3 consecutive years)
  - Low (1/3 consecutive years)
- Association between consistency and outcomes

Figure 1a
Freedom From Major Adverse Cardiovascular Event (MACE) or Death

Figure 1b
Freedom From Death

Figure 1c
Freedom From Myocardial Infarction

Figure 1d
Freedom From Stroke

Figure 1e
Freedom From Leg Vascular Procedure
Medical Care of Vascular Patients
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- Smoking Cessation

Smoking Cessation and PCPs
- Smoking cessation is a major emphasis for primary care providers.

Can we train vascular surgeons to act like PCPs?

Trying to Improve Quality of Vascular Care
- VSGNE meeting 2010
  - Nancy Rigotti, MD
    - Director, Tobacco Treatment Center, Massachusetts General Hospital
The Intervention

- 3 Key Components

1. Physician-delivered “very brief advice”
2. Nicotine Replacement Therapy (NRT)
3. Referral to smoking counseling services (quitlines)

Step 1: Offer

Offer “very brief advice” on smoking cessation
(http://www.nest-training.co.uk/player/play/VBA)

Ask:
“Are you still smoking?” (if yes, or quit <30 days ago, proceed as below)

Advise:
Smoking increases the chance that you will have poor results from vascular procedures. Quitting smoking will greatly improve your results.

Act:
“It is difficult to quit smoking, but I want to help you quit. My approach is two-fold:

First, we are going to connect you to a free, telephone-based program, called 1-800-QUITNOW, that will help you quit by phone to help you do this. Second, I’ll write you a prescription for nicotine replacement therapy, which will consist of a patch for daily use, and lozenges for breakthrough cravings.

Step 3: Quitline Referral

Oklahoma Tobacco Helpline
1-800 QUIT NOW
784-8669
Okhelpline.com
The Study

- **Aim 1:** To implement a cluster-randomized trial comparing a standardized, office-based smoking cessation protocol with usual care.

- **Aim 2:** To measure rates of tobacco abstinence at 3 months at intervention sites when compared to controls.

A Multicenter Trial

The Vascular Physician Offer and Report Trial
Site Initiation Meeting
August 4th, 2014
2pm-5pm EST

Better Delivery of Evidence-based Smoking Cessation Than “Usual Care”
But have they quit smoking?

- Many sites still completing three month follow-up.
- Final results of pilot trial will be ready in December, 2015.

Acting Like a PCP Can Help Your Patients Quit Smoking!! (we hope...)

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Medical Care of Vascular Patients

- Analyzed Part A and B Medicare Claims Data (2003 to 2010) for open non-ruptured TAA repair
- Exposure variables:
  - 1) patient evaluation with a PCP within 30-days of hospital discharge
- Primary outcome measure:
  - 30-day readmission following discharge after open TAA repair
Seeing a PCP Can Help Your Patients Stay Out of the Hospital!

Summary

- Patients with PAD need lots of attention
  - Closer diabetic care directly impacts cardiovascular outcomes.

- Better interventions are needed – from PCPs and surgeons - to help patients quit smoking.

- PCPs – and good transitions - can keep patients from getting readmitted after vascular surgery.

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