A National Coverage Determination Policy is Needed

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The Benefits are Huge

• For the patient
  • Consistency
  • Vetted Policy
  • Better care
  • Appropriate health care delivery

The Benefits are Huge

• For the Health-Care Provider
  • Known policy and consistent across all payers
  • Decreased overhead
    • Less staff
    • No peer reviews
    • ETC

So How do We Achieve the

National Coverage Determination Policy

Should Societies be the Optimal Setting for the Plea
Should Insurance Companies be the Optimal Setting for the Plea?

CMS

Should an Accreditation Society be the Optimal Setting for the Plea?

IAC

Intersocietal Accreditation Commission

Most of you know the IAC through:

- Vascular Testing – 1990
- Echocardiography – 1996
- Nuclear/PET – 1997
- MRI – 2000
- CT – 2007
- Carotid Stenting – 2009

Vein Center – 2012

10 Different Societies Are Represented

- American Academy of Dermatology
- American College of Phlebology
- American College of Surgeons
- American Society for Dermatologic Surgery Association
- American Venous Forum
- Society for Clinical Vascular Surgery
- Society for Vascular Medicine
- Society for Vascular Nursing
- Society for Vascular Ultrasound
- Society for Interventional Radiology

* Cardiology

Why Should Payers Dominate?

All Insurance Companies Are EVIL
ATTEMPTED EXPOSURE
DO PATIENTS KNOW?

Divisions of Vascular and Endovascular Surgery

Objectives:
The emerging model of US health-care delivery is aimed at reducing costs, standardizing care, and improving outcomes. Although it is necessary for health-care providers and insurance carriers to work together to achieve those goals, insurers have the added duty of assuring physicians and patients that they comprehend the medical evidence and, based on that understanding, construct policies. Are US insurers meeting that responsibility or are they simply creating policies to serve their own needs?

Methods
Literature review was performed to determine whether increased insurance documentation requirements affect:
- cost reduction
- standardization of care
- improvement of outcomes

Conclusions
Patients and physicians are increasingly ill-served by, and frustrated with, the clear lack of consistency in the medical policy criteria being created by US insurance carriers in covering the treatment of patients with symptomatic varicose veins.

The contradictory coverage requirements, seemingly based on minimal understanding of evidence-based medicine guidelines, and total variability in reimbursement for various types of treatment options is particularly worrisome.

Collaboration between venous treatment providers and insurance carriers, to create evidence-based standards of care, would be timely and beneficial in creating guidelines for optimal patient care.

Who Should Develop Venous Guidelines?
Venous Stake Holders*

American Academy of Dermatology  
American College of Phlebology  
American Society for Dermatologic Surgery Association  
American Venous Forum  
Society for Clinical Vascular Surgery  
Society for Vascular Medicine  
Society for Vascular Nursing  
Society for Vascular Ultrasound  
Society for Vascular Surgery  
Society for Vascular Ultrasound

* Cardiology

Guidelines*

Multi-disciplinary Quality Improvement Guidelines for the Treatment of Lower Extremity Superficial Venous Insufficiency with Ambulatory Phlebectomy from the Society of Interventional Radiology, Cardiovascular and Interventional Radiological Society of Europe, Canadian Interventional Radiology Association

Guidelines

• The care of patients with varicose veins and associated chronic venous diseases: clinical practice guidelines of the SVS and AVF.


Resolution of Conflict

• Collaborative effort by the stake holders  
  • Societies/Physicians  
  • Payers  
  • Patients

In Conclusion

Through a collaborative effort of venous stakeholders (Societies and Payers)

To Develop Collaborative Acceptable Venous Guidelines (MD and Payers)

WE SHOULD BE ABLE TO ACHIEVE A VENOUS NATIONAL DETERMINATION POLICY
Thank You!