The Argument For Surgical Intervention In Patients With Venous Ulcer, Based On Healthcare Savings

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DISCLOSURES RELEVANT TO THIS PRESENTATION

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HOW IS INTERVENTION BENEFICIAL?

• PREVENTION
  Retrospective Review of a large administrative data base (Insurance Claims)

• TREATMENT
  Cost Effectiveness Analysis comparing two strategies for managing C6 patients:
  1) Compression & Wound Care;
  2) endovenous Ablation

Real-world assessment of interventional treatment timing and outcomes for varicose veins: a retrospective claims analysis

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ADMINISTRATIVE DATA BASE

• retrospective cohort analysis using claims data from both the Truven HealthMarketScan® Commercial Claims & Medicare Supplemental and Coordination of Benefits Database
• Five year study period was from 01/01/2007 through 06/30/2012.
• Patients were followed for a period of 24 months after the index diagnosis date to assess outcomes.

INTERVENTION DEFINED AS L&S OR EVTA
Treatment Timing Characterization

Early (N=10,892)  Intermediate (N=14,703)  Delayed (N=10,831)

Index Varicose Vein Diagnosis  Time to Initial Interventional Treatment (TIT)  Days

OUTCOMES EFFECT OF INTERVENTION ON

*Overall varicose vein disease progression,
*Varicose veins progression to specific advanced stages of relevance
*Treatment-specific and all-cause costs for the entire population

METHOD OF ASSESSMENT

- Varicose vein disease progression was measured using a novel modified Thomson Reuters Disease (TRD) staging system for varicose veins of lower extremities
- A hierarchical assessment of markers of disease severity based on the presence of ICD-9-CM codes for various diseases
- E.G. Stage 5 (with stasis ulcers; DX 454.0, 454.2)

STUDY POPULATIONS

44,026 PATIENTS
Rx

SURGICAL INTERVENTION

100,072 SURVEILLANCE

PROGRESSION TO STAGE 2%/YEAR SIMILAR TO BONN STUDY

- [Multivariate logistic regression analysis] –
Delayed interventional treatment initiation was associated with 2.3 times the odds ($P<0.0001$) of overall varicose veins disease progression/complications compared to early treatment initiation
COMPARISON OF COSTS BY TIMING OF INTERVENTION

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TREATMENT OF C6

COST EFFECTIVENESS OF EVA IN C6 PATIENTS

36 CEAP C6 PATIENTS
21 COMPRESSION 15 EVA
TIME TO HEALING & TIME OF RECURRENTE ULCER FREE DAYS
ACTUAL COSTS
ESCHAR UFDs YEARS 2 & 3 QoL

COST EFFECTIVENESS

1st year cost per patient

CALCULATION OF QALYS

EVA & C(n=15): (0.78) (0.76) + (0.22) (0.63) = 0.7314
C (n=21): (0.71) (0.76) + (0.29) (0.63) = 0.7223
Diff of 0.0091 QALYS over 3 years
ADVANTAGING SURGERY

INTERVENTION

• TIMING CAN SLOW PROGRESSION OF DISEASE TO C6
• COST–EFFECTIVE IN C6