Appropriateness in Venous Care challenges and solutions:

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Evidence-based Guidelines: the gold standard

- Guidelines provide the necessary recommendations to guide practitioners in clinical decisions based on scientific evidence.
- In actual practice guidelines cannot address all clinical scenarios physicians are faced with making clinical decisions daily.
- Only about 15-20% of medical procedures can be supported by rigorous scientific research justifying their effectiveness.

Dubinsky, M and Ferguson JH. Inter J of Tech Ass in health Care 2009.

Evidence-based Guidelines: the gold standard

- To address this gap where scientific evidence is either insufficient or not yet available, appropriate use criteria provides another source for aiding clinical decision making.

What is Appropriate Use Criteria (AUC)?

- RAND/UCLA method first published in mid 1980 which uses a modified Delphi system of evaluating clinical scenarios and aims to rate appropriateness.
- Combines best available evidence with expert panel ratings of specific clinical scenarios.
- Panelists are provided best available evidence of the literature and are provided the AUC poll. They are given scenarios of procedures, diagnostic testing, billing and practice management.
- 2 rounds of rating the scenarios.

Appropriate Use Criteria (AUC) for Venous Care

- Multi-Society Project
  - American College of Phlebology
  - American Venous Forum
  - Society of Interventional Radiology
  - Society for Vascular Surgery

American Venous Forum: Ethics Task Force

- Elna Masuda: Chair
- Marc Passman: ex officio
- Jose Almeida
- William Brown
- Michael Dalsing
- Steve Elias
- Peter Gloviczki
- Robert Kistner
- Peter Lawrence
- Joann Lohr
- Fedor Lurie
- Dan Monahan
- Thomas O’Donnell
- Kathleen Ozsvath
- John Vossler
- Thomas Wakefield

Appropriateness Ratings:

<table>
<thead>
<tr>
<th>Rating</th>
<th>Explanation</th>
</tr>
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<tbody>
<tr>
<td>7-9</td>
<td>Appropriate: Treatment is a generally acceptable and reasonable approach for the indication. Treatment is likely to improve the patient’s health outcomes or survival.</td>
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<tr>
<td>4-6</td>
<td>May be appropriate: Treatment may be an acceptable or reasonable approach for the indication. Treatment may improve the patient’s health outcomes or survival. More research or patient information is necessary to classify the appropriateness of the indication.</td>
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<tr>
<td>2-3</td>
<td>Rarely appropriate: Treatment is not a generally acceptable or reasonable approach for the indication. Treatment lacks clear benefit-risk advantage. Treatment is rarely effective for the indication.</td>
</tr>
<tr>
<td>1</td>
<td>Never appropriate</td>
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Example of AUC findings (not actual data):

We need multiple solutions to improve appropriateness of venous care

Choosing Wisely Initiative

Improving Wisely Quality Collaborative

Vascular Quality Initiative

The American Venous Forum
31st Annual Meeting
February 19-22, 2019

The Westin Mission Hills
Palm Springs, CA
www.americanvenousforum.org
Potential, ongoing solutions aim toward improving Appropriateness of Venous Care

- **Improving Wisely**: initiative of the American Vein and Lymphatic Society (previously ACP).
  - Examined the USA data of Medicare beneficiaries, by using an audit and feedback method of reporting number of ablations per patient; results given to individual physicians. (Median 1.9 ablations per patient)

- **Choosing Wisely**: initiative of the ABIM, warning physicians and patients:
  - Avoid routine venous US tests for patients with asymptomatic telangiectasia (SVS)
  - Don’t make dx of Pelvic Congestion syndrome on CT or MRI unless patients meet clinical and imaging criteria (ACR).
  - (Be aware of a physician who tells you need the opposite leg which is normal txd to PREVENT varicose veins from developing.)

- **VQI registry (SVS/AVF)**: database for assessing indications and outcomes, could apply Appropriate Use Criteria to measure practice pattern changes over time.