Can VQI be used as a Benchmark for setting Ethical Standards

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No Disclosures

Varicose Vein Registry (VVR)

– Steady growth in participation
– 130 Physicians entering consecutive VV cases

39 Varicose Vein Centers

>23,000 Varicose Vein Procedures

Research projects driven by clinical questions

• Comparing outcomes of combined procedures vs ablation only for venous disease
• Comparing outcomes of bilateral GSV ablation vs staged GSV ablations
• Effects of age, gender, race and other patient factors on outcome of GSV ablation
• Incidence and impact of EHIT after GSV ablation
• Clinical and patient reported outcomes after different types of GSV ablation
• Impact of truncal vein diameter on ablation outcomes
• Factors associated with need for repeat treatment after GSV ablation

Age is Not a Barrier to Good Outcomes After Varicose Vein Interventions

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<table>
<thead>
<tr>
<th>Age</th>
<th>&lt; 65 years old</th>
<th>≥ 65 years old</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. (%)</td>
<td>2364 (84.5)</td>
<td>765 (71.8)</td>
<td>.008</td>
</tr>
<tr>
<td>VCSS Pre Procedure</td>
<td>8.71 ± 3.05</td>
<td>8.75 ± 3.05</td>
<td>.863</td>
</tr>
<tr>
<td>VCSS Post Procedure</td>
<td>6.64 ± 2.51</td>
<td>6.63 ± 2.51</td>
<td>.980</td>
</tr>
</tbody>
</table>

Overall VCSS for < 65

Overall VCSS for ≥ 65
Can the VQI VVR be used to benchmark outcomes?

Physician Dashboard:

<table>
<thead>
<tr>
<th>Category</th>
<th>Outcome Complication</th>
<th>Physician</th>
<th>New Region</th>
<th>Region of Care</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subtotal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall</td>
<td>33.5%</td>
<td>15.8%</td>
<td>12.3%</td>
<td>33.5%</td>
<td>15.8%</td>
</tr>
<tr>
<td>VQA</td>
<td>15.8%</td>
<td>12.3%</td>
<td>33.5%</td>
<td>15.8%</td>
<td>12.3%</td>
</tr>
<tr>
<td>VA</td>
<td>15.8%</td>
<td>12.3%</td>
<td>33.5%</td>
<td>15.8%</td>
<td>12.3%</td>
</tr>
<tr>
<td>Total</td>
<td>33.5%</td>
<td>15.8%</td>
<td>12.3%</td>
<td>33.5%</td>
<td>15.8%</td>
</tr>
</tbody>
</table>

In summary:
- VQA: 33.5%
- VA: 15.8%
- Total: 33.5%
Complications by Procedure Type:

Lack of follow-up is barrier to accurate assessments

Can the VQI VVR be used to measure appropriateness of care?

Appropriateness of care

• “The expected health benefit exceeds the expected negative consequences by a sufficiently wide margin that the procedure is worth doing.”


Defining appropriateness of care in venous disease

Appropriateness Reports

Advantages

• VQI represents large comprehensive database with long-term data to define appropriate care
• VQI infrastructure already geared to producing reports (center and surgeon)

Disadvantages

• National VQI VVR participation is low
• VQI VVR doesn’t capture cosmetic procedures (C2+ disease only)
• VQI participants are likely “good actors”

What would appropriateness reports look like in the VQI VVR?

• Potential targets for reporting
1. Mean number of ablations per patient
2. Mean number of ablations per limb per patient
3. Proportion of perforator ablations for C2 disease
4. Documented presence of reflux in ablated vein
We recommend against selective treatment of perforating vein incompetence in patients with simple varicose veins (CEAP class C2).

**GRADE 1B**

**SVS/AVF Guideline:**

The care of patients with varicose veins and associated chronic venous disease: Clinical practice guidelines of the Society for Vascular Surgery and the American Venous Forum

- SVS/AVF Guidelines
- CEAP Classification
- C2 Disease Treatment Data:
  - 44% were performed at one center
  - 2 other centers have 30 such procedures each
  - The remaining 95 such procedures are scattered across 20 other centers

**VQI VVR to improve venous care**

- VQI VVR has the potential to provide critical data to define quality of care in venous surgery
- Together, the AVF and VQI can define and measure:
  1. Quality
     - Benchmarking
     - Best Practice
  2. Appropriateness

**C2 Disease Treatment Data:**

- 38% of perforator treatments performed for C2 disease

**Harnessing the VQI VVR to improve venous care**

**Thank you**

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