Why Graduated Compression Is An Insurance Requirement for Saphenous Ablation

SHOULD IT BE?

DISCLOSURES
CURRENTLY
CONSULTANT
*TACTILE MEDICAL
*AMSEL
*RADIUS VENTURES

WHAT IS REQUIRED?

KEY ISSUES BETWEEN M.D. & PAYERS
“Covered Indications for Rx”
Trial of “conservative” therapy → Stockings
• Photography
• Duplex Criteria for Rx of GSV - diameter; Site of reflux
• Method of Rx for GSV
• Rx of AASV
• Rx of non-axial veins
• Rx of perforators

REQUIRED LENGTH OF TIME FOR ELASTIC STOCKING WEAR IN MEDICAL COVERAGE POLICIES FOR VARICOSE VEINS

SEARCH POLICIES AVAILABLE ON WEB

6 NATIONAL PAYORS
4 REGIONAL PAYORS

LENGTH OF TIME

COMPARISON OF “CONSERVATIVE Rx” LENGTH of ES WEAR

<table>
<thead>
<tr>
<th>PAYER</th>
<th>LENGTH OF WEAR (MONTHS)</th>
<th>GSV DIAMETER (MM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>AETNA</td>
<td>3</td>
<td>4.5</td>
</tr>
<tr>
<td>CGI NA</td>
<td>3</td>
<td>3</td>
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<tr>
<td>MASS BC/BS</td>
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<td>PALMETTO</td>
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<tr>
<td>NORIDIAN</td>
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<tr>
<td>NOVITAS</td>
<td>3</td>
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</table>
THE KEY BARRIER TO GSV ABLATION

Saphenous varicosities result in either of the following, and symptoms persist despite a 3-month trial of conservative management (including analgesics and prescription gradient support compression stockings).

QUESTION

ARE EVIDENCE-BASED GUIDELINES USED BY PAYORS TO SHAPE THEIR POLICIES?

BUT HOW DOES A TRIAL OF CONSERVATIVE THERAPY FARE?

TRIAL OF CONSERVATIVE Rx [SVS/AVF GL RECOMMENDATIONS]

• “Although third-party payers often require a trial of compression stockings, there is virtually no scientific evidence to support such a policy when saphenous ablation to treat superficial reflux is both more efficacious and cost-effective”

• 9.2 We recommend against compression therapy as the primary treatment of symptomatic varicose veins in patients who are candidates for saphenous vein ablation. (1 B)

NICE GUIDELINES (2013)

Refer people to a vascular service if they have any of the following:
- Symptomatic primary or symptomatic recurrent varicose veins.

Do not offer compression therapy to treat varicose veins unless interventional treatment is unsuitable.

IS THERE ANY EVIDENCE TO SHOW THAT INTERVENTION IS SUPERIOR TO COMPRESSION? [Michaels et al RCT CS vs L&S (BJS; 2006:93:175-181)]

• 246 patients followed for 2 years
• SURGERY (Quality of Evidence)
• SF 6D & EQ 5D L&S better at 1 & 2 years (Low)
• Sx of Aching, heaviness, itching, & swelling better at 1 year (Moderate)
• Less Dissatisfaction (Moderate)

PARADOX

GUIDELINES (GL) REFERENCED, BUT MANY PAYOR EXCLUSION CRITERIA ARE NOT MENTIONED IN GL

→ SELECTIVE USE
THE EFFECTS OF SURGICAL Rx (L & S)

Table 12: Percentages where pre-operative expectations were not met 6 months post-operatively

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Leg (n=100) or Patient (n=100) where expectations were not met</th>
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<tbody>
<tr>
<td>Pain</td>
<td>Low</td>
</tr>
<tr>
<td>Itch</td>
<td>21%</td>
</tr>
<tr>
<td>Tingling</td>
<td>10%</td>
</tr>
<tr>
<td>Cramp</td>
<td>20%</td>
</tr>
<tr>
<td>Restless Legs</td>
<td>20%</td>
</tr>
<tr>
<td>Swelling</td>
<td>27%</td>
</tr>
<tr>
<td>Heaviness</td>
<td>10%</td>
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LOW

European Journal of Vascular and Endovascular Surgery
2014 47, 670-677DOI: (10.1016/j.ejvs.2014.02.015)

Compression Therapy Versus Surgery in the Treatment of Patients with Varicose Veins: A RCT

What to do with the Mismatch between Payer Requirements and the Guidelines?

MEET WITH THEM!!!

"Not to be argumentative, but go to hell, Ernie."

Just tell the doctor the stockings don’t work and you will get your procedure

What to do with the Mismatch between Payer Requirements and the Guidelines?

MEET WITH THEM!!!

COLLEGIAL DISCUSSIONS & TEACHING SESSIONS
“A TEACHABLE MOMENT”

- (1) proper nomenclature for the venous systems,
- (2) the elimination of the need for chronic analgesic medication,
- (3) treatment for nonaxial varicose veins,
- (4) decrease in the required length of conservative (ie, elastic compression stockings) treatment prior to surgery from 12 weeks to 6 weeks,
COMPARISON OF “CONSERVATIVE Rx” LENGTH of ES WEAR

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<tr>
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<td></td>
</tr>
<tr>
<td>HARVARD PILGRIM</td>
<td>6 WEEKS</td>
<td>&gt; 3</td>
</tr>
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CONCLUSIONS

• Guidelines for VVs are used by payers **BUT SELECTIVELY**
• Many requirements for VVs are not based on evidence and appear intended to drive down utilization
• Direct Meetings with payers can produce changes