How VQIs Can Be Used To Help Set Ethical Standards

Nicholas Osborne, MD, University of Michigan
Thomas Wakefield, MD, University of Michigan

Disclosures
• No Disclosures

VQI Varicose Vein Registry

• Purpose:
  – Analyze procedural and follow-up data
  – Benchmark outcomes regionally and nationally for continuous improvement
  – Improve outcomes by developing best practices
  – Help meet IAC certification requirements for Vein Centers

VQI Varicose Vein Registry

Data collection:
• Collecting procedural and follow-up data (90 days and 1 year)
• Data on ablation treatments includes:
  – Thermal Radiofrequency Ablation, including ClosureFast™
  – Thermal Laser Ablation
  – Mechanochemical Ablation
  – Chemical Ablation, including Varithena®
  – Embolic Adhesive Ablation, including VenaSeal®
  – Surgical Ablation, including high ligation, stripping, and phlebectomy

VQI Varicose Vein Registry

Inclusion Criteria
• Percutaneous (closed) and/or cut-down (open) procedures to ablate or remove superficial truncal veins, perforating veins or varicose vein clusters in the lower extremity (C2 or greater venous disease).

Exclusion Criteria
• Any treatment of deep veins of lower extremity.
• Interventions done for trauma
• Treatment of C0 or C1 disease

VQI Varicose Vein Registry

Number of Participating Centers
Location of VQI Participating Centers

502 Centers, 46 States + Canada
18 Regional Quality Groups

- Significant participation in first 3 years
  - 130 Physicians entering consecutive VV cases

VQI Varicose Vein Registry (VVR)

- 39 Varicose Vein Centers
- >23,000 Varicose Vein Procedures

Total Procedure Volume tab reflects net procedures added to the registry for the month

VQI Total Procedure Volume

- Doing more with our data

- Examining appropriateness...

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
### 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”

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### What would appropriateness reports look like in the VQI VVR?

**Targets for reporting**
1. Disease severity of patients undergoing great saphenous ablation (CEAP)
   - Proportion of patients undergoing GSV ablation with C2 disease.
   - Proportion of patients undergoing GSV ablation with C4 or greater disease.
2. Mean number of ablations per patient
3. Mean number of ablations per limb per patient
4. Proportion of perforator ablations for greater than C4 disease

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### Proportion of Patients Undergoing Great Saphenous Vein Ablation with C2 disease

![Graph]

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### Proportion of Patients Undergoing Great Saphenous Vein Ablation with C4 or greater disease

![Graph]

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### Mean Number of Ablations per Patient

![Graph]

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### Mean Number of Ablations per Patient Limb

![Graph]
What would appropriateness reports look like in the VQI VVR?

**SVS | VQI**

Proportion of Patients Undergoing Perforator Ablation with C4 or greater disease

**SVS | AVF Guideline:**

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

- We recommend against selective treatment of perforating vein incompetence in patients with simple varicose veins (CEAP class C2)
  - **GRADE 1B**

**C2 Disease Treatment Data:**

- 874 total perforator treatments reported, 332 (38%) for C2 disease
- 332 veins were treated as part of 279 total procedures
- 279 procedures, 124 (44%) were performed at one center
- The remaining 95 such procedures are scattered across 20 other centers

**Why VVR for Physicians Treating VV?**

- Improving the quality of patient care and selection, by understanding our results and benchmarking with others.
  - Increased payer focus requires data to support continued payment for vein ablation in appropriate patients.
- Each treating physician will soon likely be required to provide evidence of appropriate patient selection, adherence to society best practice, and good outcomes.
  - This will be more accurately accomplished by a society-based registry than government/payer claims data.
- The VQI Varicose Vein Registry is well positioned to meet these needs.

**Can VQI be used as a Benchmark for setting Ethical Standards**

*Yes*