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Venous Care Partnership

Current Venous Disease **Treatment Disparities**

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Venous Care Partnership

Disclosures

- BMS- grant/research support (major association > \$10,000)
- Daiichi-Sankyo- grant/research support (major association > \$10,000)
- EKOS/BTG- grant/research support (major association > \$10,000)
- Janssen- grant/research support (major association > \$10,000)

Venous Care Partnership

Overview

- Disparities in the treatment of chronic venous disease (CVD) exist for age, gender, race, and specific therapeutic modalities.
- These disparities have the potential to negatively impact the outcomes of Medicare beneficiaries as well as health care costs.

Age Disparity

- **Disparity:** While the burden of disease, in particular venous ulcers, weighs most heavily on the elderly, access to CVD therapies is greater for the young. Furthermore, evaluation of the root cause of CVD (obstruction and/or venous reflux) is less likely to be undertaken in the elderly.
- **Impact:** Treatment of CVD in the elderly is often skewed toward treating the end stage of disease (ulcers) rather than addressing earlier stages based on pathophysiology.



Carruthers TN, et al. Vasc Endovascular Surg. 2014;48:482

De Maeseneer MGR and van der Velden SK. Eur J Vasc Endovasc Surg. 2015;49:676

Gender Disparity

- **Disparity:** Women more often present with earlier stage (C1-C3) CVD and more limiting symptoms than men.
- **Impact:** Failure to treat earlier stage CVD may result in substantial symptomatic burden in women and more rapid disease progression.



Rabe E, et al. Int Angiol. 2012;31:105

Kelechi TJ, et al. Eur J Cardiovasc Nurs. 2016 Feb 17. [Epub ahead of print]

Racial Disparity

- **Disparity:** Analysis of the Nationwide Inpatient Sample (NIS) (N = 20,648) demonstrated that African American patients (15%) presented with more advanced stage CVD and were more likely to require later-stage therapies, including ulcer debridement.
- **Impact:** Failure to recognize and treat earlier stage disease in African Americans results in greater severity at presentation and the need for more costly treatment modalities.



Treatment Paradox

- **Disparity:** While the health care costs associated for treating the end stage of CVD (ulcers) far exceeds that for treating earlier stages, coverage is more consistent for end stage therapies (debridement, skin grafting).
- **Impact:** Patients progress to more advanced stage CVD before treatment is initiated and the resultant health care costs and disability are greater.

Compression Therapy Coverage Disparity

- **Disparity:** Compression therapy is an evidence-based recommendation for C2-C6 CVD but coverage is inconsistent among Medicare beneficiaries.
- **Impact:** A greater proportion of the cost falls on the elderly who often cannot afford to pay compression therapy out of pocket. Therefore, therapy for CVD, from early to late stages, often does not meet the standard of care in the elderly.

Guideline and Coverage Disparity

- **Disparity:** Evidence-based clinical practice recommendations and multi-society sponsored accreditation guidelines have not been incorporated into coverage policies for Medicare beneficiaries.
- **Impact:** Coverage policies are not evidence-based, and therefore access to treatments for CVD deviates from the standard of care.

Gloviczki P, et al. J Vasc Surg 2011;53:2S

O'Donnell TF, et al. J Vasc Surg 2014;60:3S

Khilnani NM, et al. J Vasc Interv Radiol 2010; 21:14



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