

# New research finds substantial increase in CVI procedures in medicare population

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A new study by the Harvey L. Neiman Health Policy Institute found that utilization of procedures to treat chronic venous insufficiency (CVI) in the Medicare population increased markedly from 2005 through 2014. The study is published online in the *Journal of Vascular and Interventional Radiology (JVIR)*.

The researchers used aggregated Centers for Medicare and Medicaid Services claims data to identify recent temporal trends in the use of CVI treatment procedures in the Medicare population, with attention to conventional versus new minimally invasive procedures, as well as performance by site of service and physician specialty. "We discovered that between 2005 and 2014, total services for CVI in the Medicare fee-for-service population grew from 95,206 to 332,244," said Neiman Institute affiliate research fellow and lead study author Anand M. Prabhakar, MD, MBA.

Prabhakar and his colleagues found that procedure growth was particularly rapid for newer minimally invasive procedures, including radiofrequency (RF) and laser ablation. RF ablation utilization per 1,000 Medicare enrollees increased the most from 0.3 in 2005 to 2.6 in 2013. CVI [procedure](#) services were predominantly performed in the private office setting. The percentage of procedures performed annually in the office setting increased annually from 87 percent in 2005 to 92 percent in 2014.

As a group, vascular surgeons and other surgeons were the dominant

providers of these services, with relative market shares of 33 percent and 29 percent, respectively, in 2005, to 26 percent and 25 percent in 2014. Although radiologists and cardiologists had smaller market shares, their relative growth was much faster, with compound annual growth rates of 23 percent for radiology and 51 percent for cardiology versus 12 percent for vascular surgery and 13 percent for other surgery.

"As a group, cardiology experienced the most rapid growth in market share from 2005 to 2014 for all CVI procedures, far outpacing that of radiology, vascular surgery, other surgery, and primary care providers," noted Prabhakar. "For [interventional radiology](#) to play a more prominent role, it is critical that trainees learn how to run a consultative practice, including how to evaluate and manage patients with CVI."

"Our results show that a number of different specialists are currently performing a wide mix of procedures for this clinical condition," added Richard Duszak, MD, FACR, professor and vice chair for health policy and practice in the department of radiology and imaging sciences at Emory University and senior affiliate research fellow at the Neiman Institute. "The findings now serve as a foundation for future work to systematically compare quality and patient outcomes associated with the various procedures and performing specialists to help shape policy and practice patterns to optimize patient care."

**More information:** Anand M. Prabhakar et al. Changing Medicare Utilization of Minimally Invasive Procedures for the Treatment of Chronic Venous Insufficiency, *Journal of Vascular and Interventional Radiology* (2017). [DOI: 10.1016/j.jvir.2017.02.034](https://doi.org/10.1016/j.jvir.2017.02.034)

Provided by Harvey L. Neiman Health Policy Institute

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