NEWSLETTER | AUGUST 2021
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VEIN SPECIALIST

It's all **About** *the* **Patient**

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It's Just Lunch in Portland

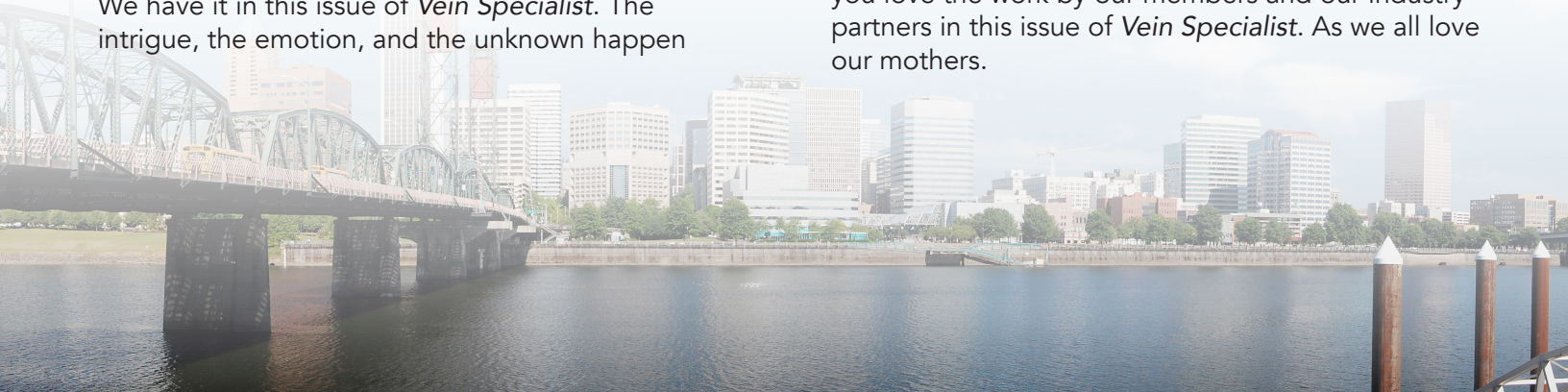
Fiddler on the Roof has nothing on my mother, a 91-year-old woman whose goal among many others is to have her 38-year-old granddaughter get married. Who can argue with a nonagenarian woman whose only real health issue is that she needs to apply drops to her eyes multiple times a day to ward off high intraocular pressure? But she has made worrying about just about everything family-associated her mission in life. We should all have a life mission. Portland? Lunch? What's the connection? In my mother's mind, it all makes sense.

Steve Elias, MD

My niece, the aforementioned granddaughter, casually mentioned that she was going to Portland, Oregon. This elicited a direct tirade about choices, chances, and wasted money by my mother. My niece was innocently going to Portland to visit some friends. This is a waste of time and money according to my mother. My niece defended her decision by informing my mother that she was using "points" for the flight. My mother encouraged her to sign up for the dating site, It's Just Lunch. Clever, but It's Just Lunch charges $8000 for 5 dates. They don't accept points. I went to the website. Not to find a date; I'm married and happy, but just to see what my mother found so intriguing or hopeful. On the website, they have images and words that sound so blissfully hopeful. It's Just Lunch says, "The *Just Lunch* difference: private, premium dating experiences for busy professionals." Sterile, focused, and bland; and about as romantic as a colonoscopy. Where is the intrigue, the emotion, the unknown?

We have it in this issue of *Vein Specialist*. The intrigue, the emotion, and the unknown happen every day when we go to work. We see patients. It is in this interaction that we try to experience and understand what each patient has come to us for. Vein disease more than some others (arterial for instance) must be understood from the patients' viewpoint. Most, almost all, vein disease is not life- or limb-threatening. AVF is very science- and research-focused, but our end goal is the patient. This issue has contributions by our members emphasizing how we get to our end game of optimal patient care. Each article is written from the patients' perspective: What is their problem? What are their goals? How do we educate them? Compression choices. Lymphedema care. Insurer coverage issues. AVF patient educational materials. AVF and AVF members work really hard for our patients. Just as my mother was working really hard for my niece.

My niece got to her end game of visiting Portland. She met her friends. She had a good time. She had lunch. But not It's Just Lunch lunch. She had dinner also. As vein specialists we usually have breakfast, lunch, and dinner. We don't think it's just lunch. My mother lives in a really nice assisted-living facility. The lunch is really good. *Vein Specialist* is not just lunch. It is more than a prescriptive means to an end. It is your path to a better understanding of venous disease. We don't ask for money, points, or your dating preferences. We ask for your time and your input. Our goal is not to get you to Portland or the matchmaker. You can ask my mother about that. Our goal is to help you better do what you love. We hope you love the work by our members and our industry partners in this issue of *Vein Specialist*. As we all love our mothers.



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VENOUS 2022
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Science Sessions - Scientific presentations and discussions	Physician-in-training Sessions
Featured Sessions	Social Events, Breaks, Non-CME Sessions
Abstract Sessions - Original research abstract presentations with Q&A	

WEDNESDAY, FEBRUARY 23, 2022

8:00 - 13:00	Golf & Tennis
14:00 - 15:30	Science Session 1
15:30 - 16:00	**Break**
16:00 - 17:30	Science Session 2

THURSDAY, FEBRUARY 24, 2022

8:00 - 9:00	Science Session 3
9:00 - 10:00	AVF Core Values Session - Exploring and addressing diversity and disparities in venous disease
10:00 - 10:30	**Break**
10:30 - 12:00	Abstract Session 1
12:00 - 13:00	**Lunch Symposium**
13:00 - 14:30	Abstract Session 2
14:30-17:00	Physician-in-training Session A - Superficial, deep obstructive, compression, post-thrombotic, deep reflux, hands-on with industry
14:30 - 15:15	EVF/AVF Session - Joint presentations with the European Venous Forum
15:15 - 15:45	**Break**
15:45 - 17:30	Villavicencio International Symposium - Featured session hosted by Dr. Glenn Jacobowitz and Dr. Jorge Ulloa
17:30 - 19:00	Poster Session & Opening Reception - Explore scientific posters, interact with exhibitors, network with colleagues in exhibit hall

FRIDAY, FEBRUARY 25, 2022

8:00 - 9:00	Science Session 4
9:00 - 10:00	Sumner Session - Featured session hosted by Dr. William Marston
10:00 - 10:30	**Break**
10:30 - 11:30	Abstract Session 3
11:30 - 12:30	President's Session - Featured speakers & Presidential address
12:30 - 13:30	**Lunch Symposium**
13:30 - 15:00	Abstract Session 4
14:30 - 16:15	Physician-in-training Session B - DVT, PE, SVT, hands-on with industry
15:00 - 15:45	AVLS/AVF Session - Joint presentations with the American Vein & Lymphatic Society
15:45 - 16:15	**Break**
16:15 - 17:45	Abstract Session 5
17:45 - 18:30	SVS/AVF Session: Venous Potpourri of Clinical Impact
19:00	Gala - Food, fun, and entertainment with your friends and colleagues *(additional ticket required)*

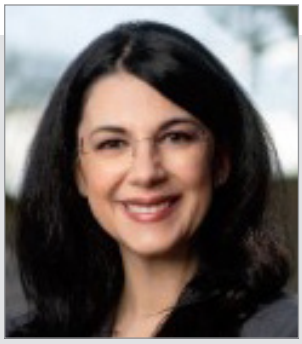
Science Sessions - Scientific presentations and discussions	Physician-in-training Sessions
Featured Sessions	Social Events, Breaks, Non-CME Sessions
Abstract Sessions - Original research abstract presentations with Q&A	

SATURDAY, FEBRUARY 26, 2022

7:30 - 8:30	AVF Annual Business Meeting Breakfast - For AVF Members
8:30 - 10:30	Physician-in-training Session C - Sclerotherapy, lymphedema, starting avein practice, hands-on with industry
8:30 - 10:00	Science Session 5
10:00 - 10:30	**Break**
10:30 - 11:30	Abstract Session 6
11:30 - 12:00	Strandness Lecture - Keynote Speaker Joseph Raffetto, MD
12:00 - 13:00	**Lunch Symposium**
13:00 - 13:45	SVM/AVF Session - Postthrombotic Syndrome
13:45 - 14:45	Abstract Session 7
14:45 - 16:00	Aesthetic Vein Session - Spider veins with allied health professionals

Understanding Venous Disease: A 3-minute Face-to-face Conversation

Alessandra Puggioni, MD, DFAVF



Alessandra Puggioni, MD, DFAVF

The Internet is the main source of medical education available outside of a physician's office. Patients with venous disease often need clarification on the conflicting body of information they acquire online. Physicians should take the time to provide a concise and accurate in-person education experience to patients from the first encounter and onward. Including clear medical definitions and explanations of venous disease terms to the patient is critical in providing reassurance and better understanding of any printed materials. This direct physician-to-patient basic education aims to enhance patients' involvement in shared decision-making and should include goals and expectations in terms of quality of life as well as short- and long-term outcomes.

When patients present to the physician's office with tiny superficial web-like veins under the skin *(Spider Veins)*, they should be reassured that they often do not cause any medical problems but can be treated cosmetically. Larger, bluish/purple, soft, ropey cords under the skin of the legs *(Varicose Veins)* represent a manifestation of a common medical condition often referred to with the broader term of *Venous Disease*. Healthy leg veins have several valves that regulate the direction of blood to be drained from the legs up to the heart. *Chronic Venous Insufficiency (CVI)* is a form of advanced venous disease occurring when valves stop working properly. Blood is no longer prevented from flowing backward for a prolonged time *(Venous Reflux)* and pools in the leg veins, producing visible signs. Some people have no symptoms or consequences other than the visible spider and varicose veins, while others experience leg heaviness, pain, burning, itching, cramps, fatigue, and restless legs. Visible signs of CVI include leg swelling *(Venous Edema)*, skin color and texture changes with inflammation *(Lipodermatosclerosis)*, and skin cracking/sores *(Venous Leg Ulcer)*. The most common questions patients ask is "what caused my varicose veins and what will make them worse?" It should be emphasized that while venous disease can be hereditary, several factors including aging, pregnancies, prolonged sitting or standing, obesity, and lack of exercise may contribute to its occurrence and worsening. Unhealthy veins can be diagnosed by *Ultrasonography*, which is a painless technique that allows physicians to visualize the main superficial and deep leg veins and their blood flow.

After the ultrasound test, the clinician will discuss available treatments. Conservative therapies include lifestyle changes (exercise, weight loss, leg elevation), medications, and compression stockings, in line with medical insurance requirements. If there is no improvement or worsening over the next few months and symptoms affect daily activities, patients will be offered medical procedures like injections *(Sclerotherapy)* to seal the varicose veins

and or in-office surgeries *(like Venous Ablations)* for the longer main superficial veins *(i.e, Saphenous Veins)* with leaky valves. Some patients with prior blood clots and/or significant leg swelling may require further testing to identify a blockage in the larger veins that run deep in the back of the abdomen *(Iliac Vein Obstruction)*, as they may require the insertion of a metal mesh tube *(Venous Stenting)*.

GLOSSARY OF VENOUS TERMINOLOGY

Term	Description
Spider Veins	Tiny, flat, blue or red veins visible under the skin surface
Varicose Veins	Larger ropy, bluish or purple veins under the skin
Venous Disease	Any abnormality or disease in a body vein requiring attention
Chronic Venous Insufficiency	Advanced chronic venous disease with visible signs
Venous Reflux	When leaky valves allow abnormal backward blood flow
Venous Edema	Swelling of a limb due to venous disease
Lipodermatosclerosis	Inflammation, swelling and thickening of skin in the lower leg
Venous Leg Ulcer	Non-healing leg wound associated with venous insufficiency
Ultrasonography	Test that uses ultrasound to image organs and blood vessels
Sclerotherapy	Injection treatment of abnormal veins with a chemical agent
Venous Ablations	Methods of eliminating superficial veins through a catheter
Saphenous Veins	Long and large superficial leg veins of the thigh and calf
Iliac Vein Obstruction	Narrowing of the Iliac Vein due to compression or prior clot
Venous Stenting	Procedure to implant a metal mesh tube in a narrow vein

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Dealing with Our Patient's Frustrations with Venous Disease

Sophie Ilic and Beverley Chan, MD

Chronic venous disease can be difficult for patients to navigate. In turn, some patients may experience feelings of frustration resulting from a difference in patient expectations and outcomes.

At Vascular Health Bronte, located in Oakville, Ontario, in-person semi-structured interviews were held in a private setting to identify areas of frustration. The inclusion criteria consisted of English-speaking adults who had been previously diagnosed with varicose veins.

Forty-five patients between the ages of 22 and 85 were interviewed. On average, 33 months passed between the patient's referral and when the study was conducted. Following saturation, three common themes emerged, each suggesting that frustration results from a difference in patient expectations and outcomes.

Theme 1: Patient expectations of post-procedure symptoms and aesthetics. Sixty-two percent of patients listed symptom management, and thirty-five percent voiced their physical appearance as a significant concern. Frustration among patients was often associated with a lack of understanding regarding the current state of their legs post-procedure. Patients indicated that they did not expect that symptoms would ensue for weeks and expressed that further insight into the "next steps" post-procedure would be beneficial in managing expectations and concerns. In turn, providing patients with pictures of what their legs may look like and what they may feel post-procedure may help alleviate frustration.

Theme 2: Frustration with the length of the healing process post-procedure. The patients' comments indicate frustration can arise when expectations of the timeline surrounding healing post-procedure differ from reality. Moreover, some patients "thought that [their] procedure would be all [they] needed" and didn't take into account that they may need additional appointments. As such, it is recommended that physicians stress that healing post-procedure takes time and that procedures will not rid patients of their "chronic" disease, but rather treat symptoms.

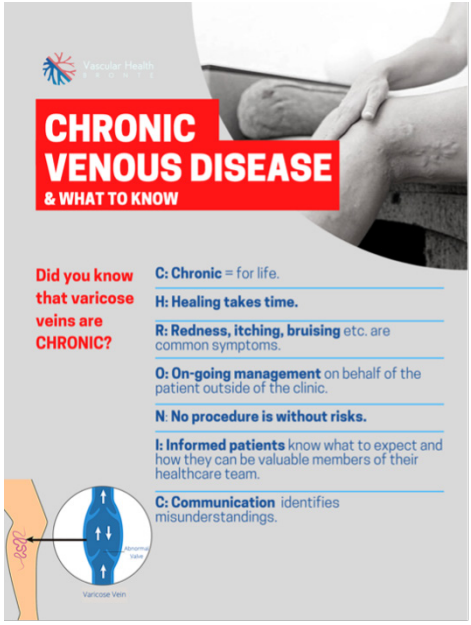
Theme 3: Patients did not associate themselves having varicose veins with having chronic venous disease. While learning from our patients' feedback, we developed this acronym CHRONIC to share in our patient rooms as posters. Patients expressed frustration when they noticed new symptoms, indicating that it must be clarified that varicose veins are "Chronic." Additionally, it is important that patients remember that the letter "H" stands for "Healing takes time," and that "R" stands for common symptoms such as "Redness." The letter "O" reminds patients that varicose veins require "Ongoing-management," and "N" stresses that "No procedure is without risks." By remaining "Informed" and facilitating productive "Communication," misunderstandings and thus, differences in expectations can be minimized.

Sophie Ilic

Beverley Chan, MD

Dealing with Our Patient's Frustrations with Venous Disease

So aside from remembering this acronym, what else can frustrated patients do? Many patients stated that despite referring to additional resources, confusion persisted. As such, it may be beneficial for patients to ask their doctors to define unfamiliar terms and start referring to treatment options by their specific names. When interviewing the same patients who conducted their own research, multiple patients were not able to name the procedure that they had. Further insight into medical terminology should help guide patients when referring to additional resources, thereby preventing patients from referring to misleading information or internet searches. By specifying internet searches, patients will be able to focus on and increase their knowledge regarding their individual condition and treatment. In turn, expectations should be clarified and are more likely to align with treatment outcomes. With the gathered patient feedback, ideally future work toward clarifying and demystifying chronic venous disease from the patient's perspective can be improved.



What Patients Should Know about Compression Stockings

Emily Malgor, MD

Emily Malgor, MD

Having to tell a patient that they would benefit from regular compression stocking use or that, frankly, they need them daily and indefinitely for treatment of venous stasis disease is not always an easy or welcome conversation. More often than not, the resultant furrowed brow and promised non-compliance are the result of misconceptions about stocking use and an unpleasant experience using them in the past. Here are some things patients should know that might make this prescription less troubling:

1. **Stockings should fit properly**. Various forms of compression garments abound in drug s and online, but they do not all provide adequate or appropriate compression. With stockings, "one size fits all" does not apply, and simply choosing a generic (read: over-the-counter) S, M, L, or XL stocking based on weight and height will not suffice. Thromboembolic deterrent (TED) hose are also readily available but they are typically intended for non-ambulatory patients for a limited period of time. That being said, wearing some form of compression is usually better than nothing.

   When advised to wear compression at or above 20 mm Hg, being measured properly for a compression stocking is important– whether this service is provided to the patient or they learn to measure themself—before choosing the proper stocking to provide the level of compression recommended by a provider. This may mean the difference between a comfortable and miserable patient.

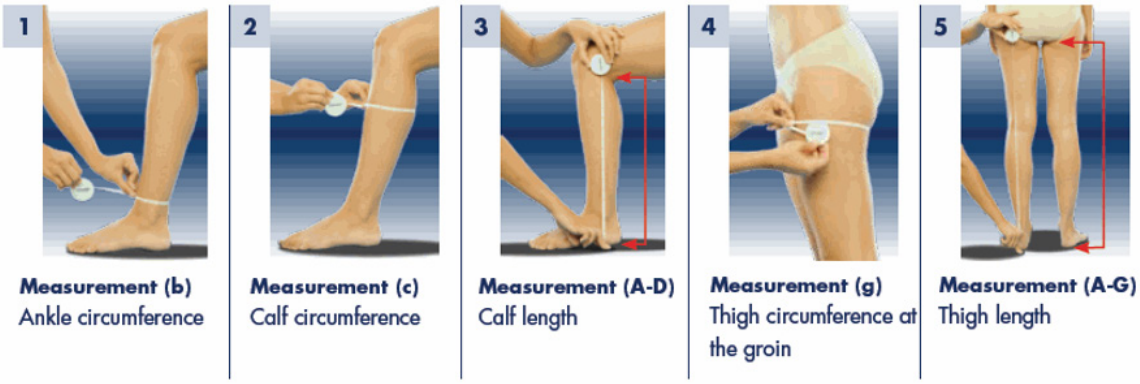
2. **If a stocking is hurting, make sure it is being worn properly**. Ask the patient: Did you know that your knee-high compression garments should not reach your knee crease as this can cause pain and a "tourniquet" effect? Did you know that wrinkles in your stockings can cause similar discomfort and even cause "rope burns"? Sometimes, pain from compression garment use can be remedied with simple adjustments.

3. **Don't forget to move**. Compression stockings inhibit blood clot formation by preventing blood from pooling in the dependent regions of the lower extremities and directing circulation to the deeper aspects of the legs; however, these stockings should act as a complement to activities that involve moving one's legs, if possible. Normal calf muscle contractions help blood circulate.

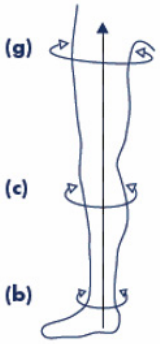
4. **Compression should be avoided in the setting of critical limb threatening ischemia**. While compression is ideal when it comes to managing severe pain or wounds related to venous stasis disease, it can further impede blood flow and exacerbate symptoms in patients with peripheral arterial disease (PAD). Studies are available that evaluate the role for specific compression garments in patients with PAD, but they are limited.[1] Compression use in PAD should be discussed with a provider prior to use.

5. **Stockings don't have to be ugly**. The flesh-colored stockings worn by a beloved grandparent and disguised as their arguably more attractive hosiery counterparts under the euphemisms "beige," "tan," and "nude" are not the only options. Online and sometimes local retailers have just about every imaginable design available. Alternatively, to fly under the radar, just go with black. Be aware that prices vary greatly, ranging anywhere between $25-$150, depending on the amount of fabric, quality, and the vendor. Unfortunately, stockings are not regularly covered by insurance.

MEASURING INSTRUCTIONS



General Guidelines



- Measurements should always be taken as soon as possible after waking when swelling is at its lowest
- Limbs should be measured next to bare skin
- The measuring system is based on the angle between the sole of the foot and leg or arm being at 90°, for best results
- Measurements must be taken by pulling the tape snugly around the leg but without constriction
- Measurements should be taken from the ground up

Source: https://comprogear.com/compression-sock-sizes/

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A Simple Analysis for Complex Pathology: What you Need to Know About Lymphedema

Albeir Mousa, MD

The lymphatic system serves our body in many ways: fighting infection as part of the immune system, maintaining the equilibrium of fluids within our body, and helping absorption of fat-soluble nutrients. When any part of the body has a lymphatic problem, this may lead to lymphedema (as the name indicates, it refers to swelling related to underlying malfunction of the lymphatic system). The prevalence of primary lymphedema within North America is estimated to be 1.15 per 100,000 and is more common in females around menarche. On the other hand, secondary lymphedema (i.e., arm swelling following breast cancer treatment which is the most common cause of lymphedema in North America) reportedly affects 15% to 20% of women receiving axillary dissection and/or radiotherapy as part of their breast cancer therapy.[1] Still, worldwide, lymphedema is mainly caused by infections as in filariasis caused by *Wuchereria bancrofti*.[2]

Albeir Mousa, MD

DIAGNOSIS AND TREATMENT

Several different diagnostic tools can be used to detect the presence of extra fluid in tissues. These include injecting radioactive substance either between fingers or toes tracking the flow and detecting areas of blockage (lymphoscintigraphy; magnetic resonance imaging (MRI); computed tomography (CT); and types of ultrasound (US).

The International Society of Lymphology (ISL) focuses on the fibrotic (hard or tough tissues) soft tissue changes with lymphedema.[3] Stage I is reversible, characterized by soft pitting edema (indentation of skin upon pressure against bony surface) without skin changes. Stage II is irreversible, characterized by fibrosclerotic changes, inflammation, hardening or thickening, along with nonpitting edema. Stage III lymphostatic elephantiasis is characterized by extreme increase in the size and texture of the skin and associated with infection often with typical growth and/or deep skin folds **(Figure 1)**. A common skin finding with lymphedema where we can't pick up a fold of skin at the base of the second toe is called Stemmer's sign; it is usually a positive sign of lymphedema of the legs. **(Figure 2)**

Lastly, the approach most often used to classify lymphedema is the Common Terminology Criteria for Adverse Events. This grading system provides both objective measures (inter-limb discrepancy in volume or circumference), and subjective and clinical assessments for lymphedema diagnosis.

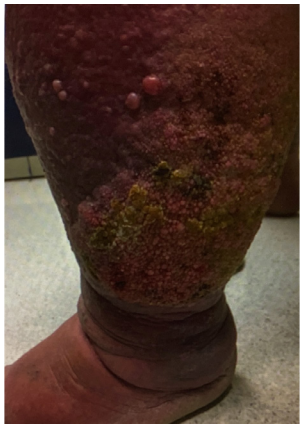

Figure 1 Left lower extremity lymphedema; Stage III lymphostatic elephantiasis. Note extreme increase in the size and texture of the skin and association with deep skin folds infection

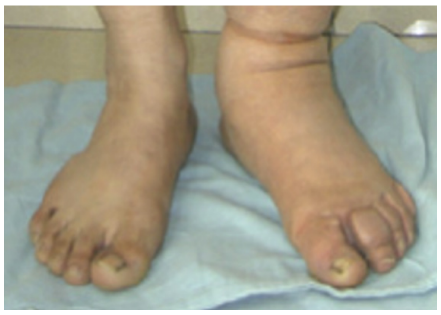

Figure 2 Stemmer's sign, where we can't pick up a fold of skin at the base of the second toe, and this is usually a positive sign of lymphedema of the legs

Grade	Inter-Limb Discrepancy	Visible Difference
I	5%-10%	Swelling or obscuration of anatomic architecture on close inspection; pitting edema
II	10%-30%	Readily apparent obscuration of anatomic architecture; obliteration of skin folds; readily apparent deviation from normal anatomic contour
III	More than 30%	Gross deviation from normal anatomic contour; interfering with activities of daily living

Unfortunately, even with all ongoing advances in current therapy, lymphedema is still deemed to be an incurable disease in most part and the main component of therapy is non-surgical interventions. After diagnosis is established, the main components of non-surgical therapy include: manual lymphatic drainage (MLD) (massaging); and compression bandages, compression garments, and compression devices.[4] Other therapeutic measures may include pharmacotherapy, laser therapy, hyperbaric oxygen, and intermittent negative pressure. Lastly, sequential pneumatic compression (also called intermittent pneumatic compression [IPC]), is another method of compression therapy, which is an ideal alternative to replace MLD for those patients who find difficulty performing the self-care MLD. Outcomes of surgical options are still not satisfactory; and it can be devastating including lymph node transposition and excision of subcutaneous soft tissue or liposuction.[5]

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Informed Consent: An Opportunity for Patient Education

John Blebea, MD, MBA, DFAVF

John Blebea, MD, MBA, DFAVF

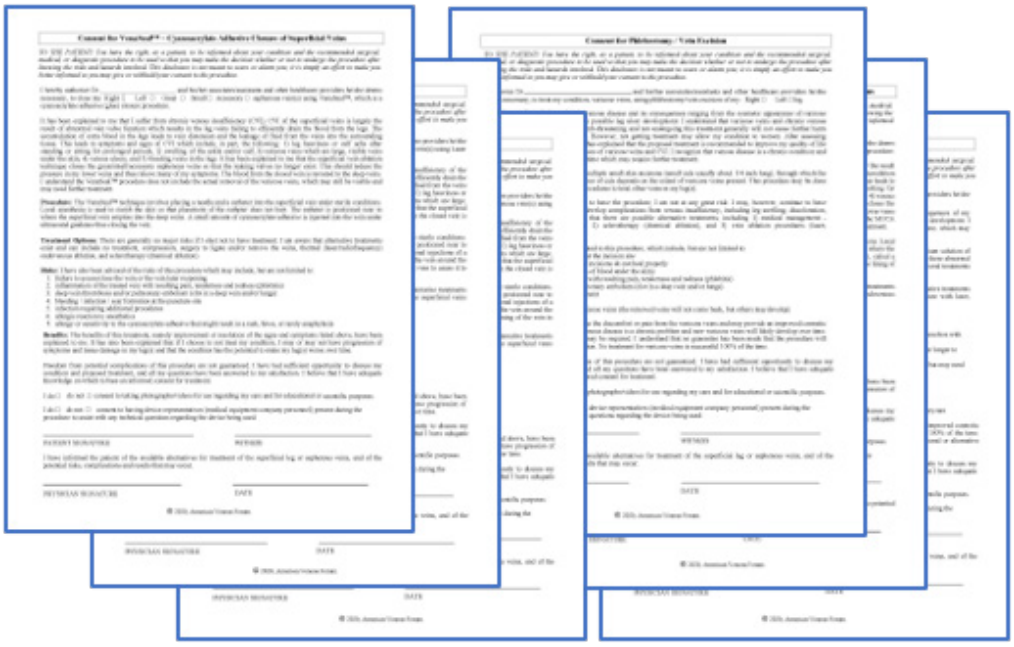
Informed consent to medical treatment is fundamental in both ethics and the law.[1] Lack of sufficient informed consent continues to be an allegation in more than half of medical malpractice lawsuits.[2] All physicians readily acknowledge that patients have the right to receive appropriate and relevant information so that they can make well-considered decisions about their care. Beginning in medical school, our students are taught that information needed for informed consent generally includes the diagnosis, nature and purpose of the recommended procedures, and the risks and expected benefits, including those of not undergoing the treatment. During residency training, our trainees receive further emphasis that either verbal or written informed consent needs to be sufficiently documented in the medical records of the patient. As practicing clinicians, after being sued or hearing of respected colleagues who have become defendants in a lawsuit, we become even more cognizant of the need for our patients to clearly understand the reason for any recommended interventions and their possible outcomes.

In the out-patient office setting where most venous interventional procedures are performed, a tendency exists for physicians to become less formal and perhaps less attentive to the details of informed consent. This may be due to the less stressful environment compared to the hospital setting; the fact that we have generally gotten to know our venous patients better through multiple interactions; or because modern venous interventions are now associated with less morbidity. These factors, however, should not deter us from continuing to obtain a complete and informed consent because venous procedures are also the subject of malpractice litigation.[3]

The American Venous Forum, through its Patient Education Committee, had developed in 2011 model informed consents for sclerotherapy, phlebectomy, and superficial vein catheter ablation to provide physicians and patients with helpful informational material on these procedures. Obviously, much has changed in the past decade. As such, the committee over the past year has updated and written additional consents so that they are now available, in both English and Spanish, to cover sclerotherapy, phlebectomy, radiofrequency ablation, laser ablation, VenaSeal™ - cyanoacrylate adhesive closure, and ClariVein® - mechanochemical vein ablation (MOCA). Each of these consents provides an extensive yet understandable explanation of the underlying pathophysiology and symptoms, specific procedural details, treatment options, and benefits. In addition, the clinically relevant risks are described as well as a clear statement that freedom from potential complications is not guaranteed. Responding to modern concerns, there are separate specific consents for the taking of

photographs and images and having a device representatives present to assist with any technical questions. Utilizing the extensive clinical experience of 15 clinicians and multiple reviews, these informed consents provide complete and up-to-date material to satisfy the informational needs of both the venous specialist and patient about to undergo a procedure. They are now available for download at our AVF Store https://store.veinforum.org free to members and $10 each for non-members.

These new informed consents are an excellent opportunity to further educate our patients about venous disease in an objective and scientifically supported manner. They will also be of benefit to the physician in helping to provide their patients with truly informed consent before undergoing venous interventions.



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Navigating Insurance Coverage for Venous Disease

Emily Malgor, MD

When it comes to preparing a patient for a procedure, few things are as frustrating as obtaining insurance authorization, particularly when it is denied despite obvious documentation of severe venous stasis disease. These tips are meant to help you better understand and control the process.

Emily Malgor, MD

GETTING AUTHORIZATION

Knowing and having open lines of communication with the person(s) obtaining insurance authorization for your patients is key. Also known as a Patient Affairs Coordinator (PAC) at my institution, this person is responsible for submitting all documentation and securing insurance authorization. This means they are potentially the most knowledgeable non-clinician involved in this process. A sample of a medical coverage guide we use in our practice is available as an example at https://www.dropbox.com/s/922fb11b4fgv0xr/Medical%20Coverage%20Guidelines_malgor.pdf?dl=1.

The first person the PAC should contact during the authorization process is the patient to determine their preferred procedural/surgical (service) date. "Do you want the next available appointment or to wait until the summer is over?" Why? Because frequently, insurance companies link authorization to a specific date of service. This means that if the date changes at any point after authorization has been secured, the entire 2-week authorization process begins anew. Less often, insurers will allow use of authorization for any preferred date, but for the most part, if you change the date, you re-initiate.

VenaSeal™. More payers beyond Medicare, Tricare, and BCBS Federal now cover VenaSeal™ (CPT codes 36482, 36483). The below list of items to include in documentation will help provide this modality to your patients—just remember to avoid using VenaSeal™ in patients with any allergies to adhesives/tape and consider doing so in patients with ≥5 allergies (of any kind).

Spider Veins. While most patients will pay out-of-pocket for treatment of spider veins, documentation of bleeding, ulcerated, and sometimes even tenderness overlying a telangiectasia will suffice when requesting insurance authorization. Just be prepared to

quote a price up front!

LOCATION MATTERS

Prior authorization will be necessary for services performed in the hospital, whereas it is not needed for cases performed in clinics, ambulatory surgical centers, and office-based labs. While this latter scenario sounds like a "freebie," both paths to eventual insurance coverage will still require the provider's documentation to include a description of the patient's symptoms or signs/evidence of venous stasis disease, a statement that the patient's symptoms interfere with activities of daily living, history of prior venous interventions, vein size (≥5 mm for truncal veins, ≥3 mm for varicose veins), evidence of reflux, a history of ≥90 days of compression stocking use, daily leg elevation, a discussion about activity levels and attempts to achieve a healthy weight, BMI, and CEAP 'C' classification. In some cases, mentioning the use of analgesics to control symptoms can be helpful, and Medicare will require a VCS score as well. If you are in the habit of including lower extremity photos in the patient's chart, these will only be seen by payers if they are submitted with the request.

Plan to include all of these items in your documentation on a regular basis, incorporating them into your templates to decrease chart fatigue and to consistently secure the authorization your patients deserve.

AVF Advocacy Efforts Continue: CMS Fee Schedule Update and Call for Action

Mark Iafrati, MD

Since long before CMS announced its CY 2022 Medicare Physician Fee Schedule (PFS) Proposed Rule in the Federal Register on July 13, AVF's Health Policy Committee has been monitoring the forecasts and discussions related to changes in reimbursement for practitioners in the vascular field and subsequent effects on patients' access to care particularly related to office-based procedures.

Mark Iafrati, MD

Antonios Gasparis, MD

As was anticipated following last year's considerations relevant to the pandemic, telehealth, critical care services, and services furnished by teaching physicians involving residents are prominent in the proposal. Further, the proposed rule speaks to potentially misvalued codes and other policies affecting the calculation of payment rates including changes to Evaluation and Management (E/M) visit codes. For the first time in 20 years, increases are proposed for clinical staff. Given the Congressional mandate for budget neutrality, one group's gain becomes another group's loss, emphasizing the importance of involvement by all AVF members-- in addition to AVF's people on Capitol Hill-- in making the case for appropriate reimbursement policies for relevant codes. The proposed changes involve several aspects of the calculations CMS uses to determine payment rates and cumulatively could have a drastic negative impact on reimbursement for Vein Care Providers, potentially >20% reduction in 2022.

Two comprehensive video discussions in *Venous Edge's* "Breaking News: The Edge Out Front" provide background and insight into the PFS. The episode from the May 2021 Volume 1, Issue 2 entitled "CMS Wants to Pay You Less" http://www.venousedge.com/past-issues.html includes commentary from a panel of clinicians and lobbyists who are close to the CMS process. The episode from the July 2021 Volume 1, Issue 3 http://www.venousedge.com/current-issue.html is entitled "CMS Cuts to Physician Reimbursement: Industry Perspective" and includes viewpoints from 3 industry representatives in discussion with clinicians regarding how changes to interventionalists' reimbursement will create changes in patient care.

CMS will accept comments until September 13 and will respond to comments in a final rule. The complete proposed rule can be downloaded from the Federal Register at https://www.federalregister.gov/public-inspection Colleagues from multiple specialties are encouraged to act by contacting their Congress people by emailing them directly via https://www.uspaccess.org/takeaction-august and by signing the petition at https://www.change.org/p/congress-fight-cms-office-cuts

Your AVF Leadership will submit letters to CMS and to Congress and will be meeting with CMS to make clear the dramatic adverse impact that such changes would have on our patients' ability to access care. Your involvement is key to our success. You are urged to reach out to CMS and Congress. The above links make this easy. In the coming days AVF will provide sample letters which you can use/edit to make your outreach easier.

While the proposed CMS Fee schedule changes have created a sense of helplessness and impending doom over many of our practices, I am pleased to share some good news. Based on the input from AVF's Health Policy Committee and a dozen like-minded national societies, CMS has listened to our input and decided to remove a Non-Coverage Decision (NCD240.6). This policy, written in 1983, declared transvenous pulmonary embolectomy to be unproven and uncovered. Although there were several devices with specific FDA clearance and multiple clinical trials, hospitals were put in an untenable position with the reimbursement (CMS) and regulatory (FDA) arms of government badly misaligned. With the proposed removal of this NCD the regional Medicare Contractors (MACs) may choose to create new coverage decisions based on current data regarding pulmonary embolectomy. The AVF will continue to engage with CMS and their MACs if they decide to move forward with new coverage decisions.

For now we can enjoy a brief moment to appreciate a win for our patients and our members. You may read the full CMS report at https://www.cms.gov/medicare-coverage-database/details/nca-proposed-decision-memo.aspx?NCAId=303

Learn the facts and Get involved!

Mark Iafrati

Mark Iafrati MD
Chairman, Health Policy Committee
American Venous Forum

Antonios Gasparis

Antonios Gasparis, MD
American Venous Forum President

A Novel Partnership with Industry

Patrick Muck, MD, Chair, Venous Advisory Council

Patrick Muck, MD

Dear American Venous Forum Members,

Two years ago, AVF President Dr. Brajesh Lal envisioned a role for the American Venous Forum as a facilitator for information and idea exchanges between AVF members and companies in the venous and lymphatic space. Last year, AVF President Dr. Harold Welch agreed that it was beneficial for industry and physicians to work together within the context of a completely open and transparent relationship to advance the field and improve patient care. New ideas and treatments could be assessed for efficacy to help patients worldwide while enabling a wider range of physicians to participate without dealing with the burdensome administrative details of traditional consulting agreements.

Today, this dream has taken root as the Venous Advisory Council (VAC). The goal of the VAC is to match appropriate venous/lymphatic expertise of AVF members with specific informational needs of medical companies. This "Venous Matchmaker" service will encourage physician/industry relationships in a fully transparent manner and with some form of remuneration in compliance with the Sunshine Act.

Very soon, the AVF will send a questionnaire to all members. This tool will help us assess our members' areas of expertise, practice locations, and career stage to facilitate matching members with specific industry surveys or projects that could include:

- Short surveys
- Research reviews or focus groups
- Research opportunities; smaller post-market studies
- Phone calls with individual clinicians
- Industry educational materials (videos, webinars)
- Conference calls with groups of clinicians
- On-site VAC participation at Annual Meeting

Please watch for this communication. You will be the true strength of the Venous Advisory Council and we look forward to your valuable participation. Please reach out to me if you have any questions about this exciting new AVF initiative.

Thank you!

VAC COMMITTEE

Chair: Patrick Muck, MD

Members: BK Lal, MD; Joana Lohr, MD; Elna Masuda, MD; Sarah Onida, MD; Harold Welch, MD

Staff: John Forbes, MBA; Jeffrey Mendola, CFRE

THE AVF FOUNDATION TO AWARD 15 PHYSICIAN-IN-TRAINING SCHOLARSHIPS FOR THE 2022 AVF ANNUAL MEETING!

As a tangible expression of our commitment to our Core Values, the AVF Foundation will award 10 US scholarships and 5 International scholarships covering VENOUS2022 registration fees and 2 nights lodging at the Omni Orlando.

The AVF and AVF Foundation are committed to providing a culturally diverse educational environment and equal opportunities for all members. Applications from veterans, individuals with disabilities, women, minorities, and members of other underrepresented groups are strongly encouraged.

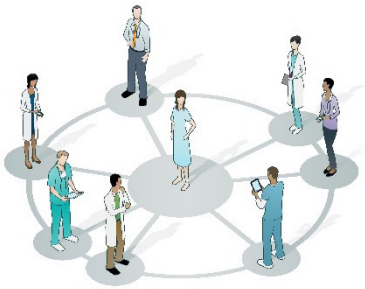
PLEASE CLICK HERE FOR MORE SCHOLARSHIP INFORMATION

2022 AVF - JOBST CLINICAL RESEARCH GRANT

Submit Your Application for the 2022 AVF-JOBST Clinical Research Grant

The AVF Foundation is now accepting submissions for the 2022 AVF-JOBST Clinical Research Grant which will provide an $85,000 grant over two years for original, clinical research in venous diseases, lymphatic diseases, or lipedema with an emphasis on:

- Prevention of disease and its progression
- Diagnosis of disease
- The science of management of the above conditions, especially with compression therapy



THIS OPPORTUNITY IS OPEN TO:

- Residents and fellows in a training program located in the United States
- Physicians who have completed their training within the past ten (10) years, have not previously received this award and are currently based in the United States
- Either the applicant or their mentor must be an AVF Member at the time of submission. The awardee is expected to join the AVF and maintain their membership for the duration of the grant period.

Full details on eligibility, the application process and funding can be found on the AVF website. Application deadline: Friday, September 24, 2021 at 5:00 PM CST.

PLEASE CLICK HERE TO LEARN MORE ABOUT THE RESEARCH GRANT

A Fully-Supported Solution for Patients with Chronic Swelling

Daniel Carlson and Kristie Burns

Lymphedema (LE) is an often-overlooked condition that can lead to increased risk of skin ulcers, recurrent infections, and sometimes, hospitalization. That's why Tactile Medical provides clinical education to build awareness of lymphedema and its causes, helping clinicians improve patient outcomes.

Increasingly, clinicians are recognizing the link between chronic venous disease and secondary lymphedema (LE), or phlebolymphedema (PLE). In fact, according to a recent study by Dean et al, CVI is now recognized as the predominant cause of lymphedema, affecting approximately 16 million Americans.[1]

Daniel Carlson, Associate Director, Vascular Market Development

Kristie Burns, Senior Vice President, Marketing & Clinical Affairs

HELPING YOU SUPPORT YOUR PATIENTS

A multimodal approach is required to manage lymphedema and that typically includes MLD therapy, compression garments, patient education, and at home pneumatic compression. The Flexitouch® system uses advanced intermittent pneumatic compression to stimulate the lymphatic system, and is clinically proven to reduce cellulitis episodes by 75%,[2] reduce healthcare costs, and improve quality of life.[3] Tactile has been treating lymphedema for more than 20 years and more than 100,000 patients; we know what it takes.

A Fully-Supported Solution for Patients with Chronic Swelling

PARTNERSHIP BEYOND THE PRESCRIPTION – THE TACTILE DIFFERENCE

Once you prescribe Flexitouch therapy, the Tactile team takes a coordinated approach for each patient, so you can be assured they are fully supported. It begins with a no-cost demonstration about PCD home therapy including taking measurements to determine the appropriate garment size and configuration. Then we'll work with your clinic to ensure all documentation is completed, check insurance coverage, and advocate for the patient with payers as needed. Coverage for Flexitouch therapy is available with hundreds of payers including Medicare, and Medicaid in most states. But if coverage isn't available or adequate, we offer financial options for your patient, and if needed, a payment-assistance program.

TRAINING & SUPPORT: THE CRITICAL COMPONENTS TO PATIENT ADOPTION

Effective training starts your patient off right, increasing their confidence using the therapy at home and reinforcing the importance of the treatment you have prescribed. Training is available in person, virtually via web or phone, or self-guided training with videos. Personalized trainings can also include specifically fitting the garments to the unique contours or body challenges of the patient such as abdominal swelling or panus, lobules, or buffalo hump. The combination of garment fittings with the unique garment design of the Flexitouch therapy ensures your patients' body is personally addressed.

Setting consistent patient expectations and encouraging daily usage begins with the provider and carries forward through the Tactile training staff. When patients are effectively trained to routinely use and enjoy the therapy, it translates to high satisfaction and measurable results in symptom improvement and reduced edema. Follow-up surveys at 30 and 60 days confirm these results and identify any additional needs or adjustments. Ongoing support is available through our call center and website resources.

Contact Tactile Medical if you have a patient with swelling or persistent symptoms of lymphedema, or if you and your staff would like a device demonstration. Our team is always available to provide support to you and your office.

References

1. Dean SM, Valenti E, Hock K, Leffler J, Compston A, Abraham WT. The clinical characteristics of lower extremity lymphedema in 440 patients. J Vasc Surg Venous Lymphat Disord. In press. Published online Jan 25 2020. https://doi.org/10.1016/j.jvsv.2019.11.014.
2. Karaca-Mandic P, Hirsch AT, Rockson SG, Ridner SH. The cutaneous, net clinical, and health economic benefits of advanced pneumatic compression devices in patients with lymphedema. JAMA – Dermatology; www.archderm.jamanetwork.com; Oct. 2015.
3. Blumberg SN, Berland T, Rockman C, et al. Pneumatic compression improves quality of life in patients with lower-extremity lymphedema. Ann Vasc Surg. 2016;30:40–4.1

AVF's Online Store Offers New Practice Resources

ShopAVF

Valuable practice resources are now available through ShopAVF, the American Venous Forum's new online store. Here you will find a variety of products developed by members to provide to your patients as well as to enhance your office operation for your practice and your patients' benefit—with more products coming soon. As John Blebea, MD, former chair of the Patient Education Committee states, "The consent forms and patient education brochures were conceived, written, developed, and approved by practicing clinicians who recognized the value they bring to our practice. They allow members to obtain vetted materials to facilitate patient education and obtain resources they can trust."

CONSENT FORMS

AVF is offering standardized forms for your use in documenting consent for common procedures.

Incorporating easily readable common language and available in English and Spanish, each template provides consent information describing the procedure, treatment, risks, and benefits with space for patient and physician signatures and options for allowing photography and other considerations.

Order the templates you need https://store.veinforum.org/ for your practice to receive a license to download the PDFs that you may then add to your EHR using the resources of your own system. Complimentary to AVF members; $10 per form for nonmembers.

AVAILABLE FORMS COVER:

- ClariVein® - Mechanochemical Vein Ablation of Superficial Veins
- Phlebectomy/Vein Excision
- Sclerotherapy of Varicose and Spider Veins
- Superficial Vein Laser Ablation
- Superficial Vein Radiofrequency Ablation
- VenaSeal™- Cyanoacrylate Adhesive Closure of Superficial Veins

AVF's Online Store Offers New Practice Resources

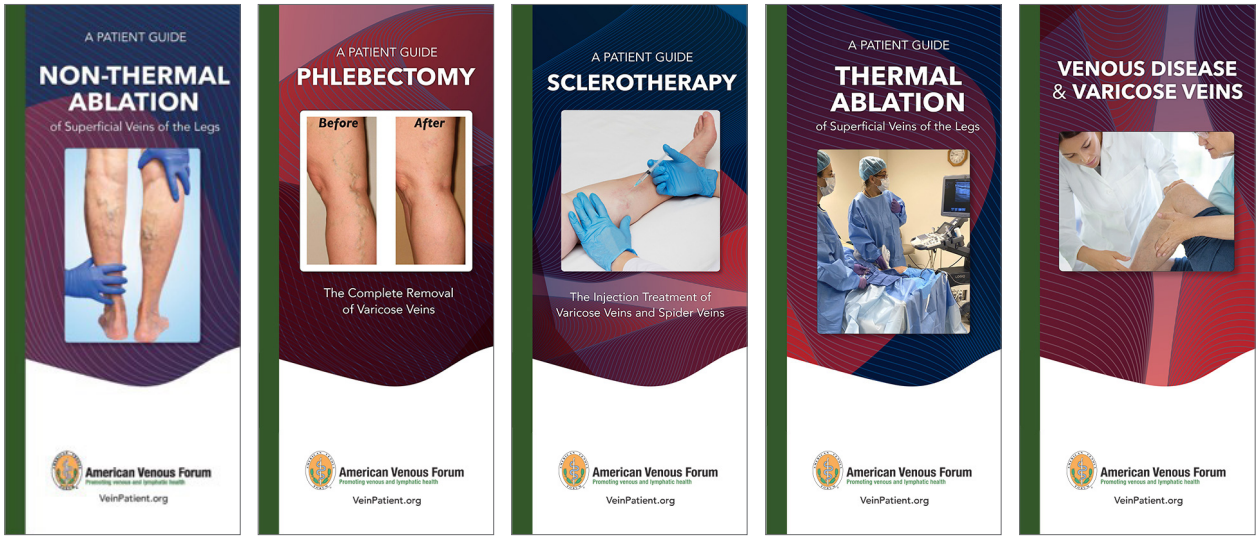
PATIENT BROCHURES

Written by leading experts and approved by AVF's Board of Directors, a series of 5 different patient education brochures are now available through ShopAVF https://store.veinforum.org designed for your office literature rack and more brochures will be added to the mix. Each brochure explains the basics of one of five frequently encountered conditions and includes a description of the condition; an explanation of the procedure; a discussion of the benefits and risks of the procedure; and describes how and where the procedure is performed. As AVF's Patient Education Committee Chair Allesandra Puggioni, MD, explains, "The availability of these brochures will cut down on time clinicians spend in developing materials for their practice and ensure that patients receive comprehensive, accurate information in straightforward language. They can be placed in patient information packets, displayed in literature racks, or used in face-to-face patient consultation." Brochures are available in convenient packs of 50 on each of the following topics with more to come:

- Venous disease and varicose veins
- Phlebectomy
- Sclerotherapy ablation
- Nonthermal ablation
- Thermal ablation

You can purchase individual packages of each topic for $48 nonmember/$40 member per pack plus shipping and handling

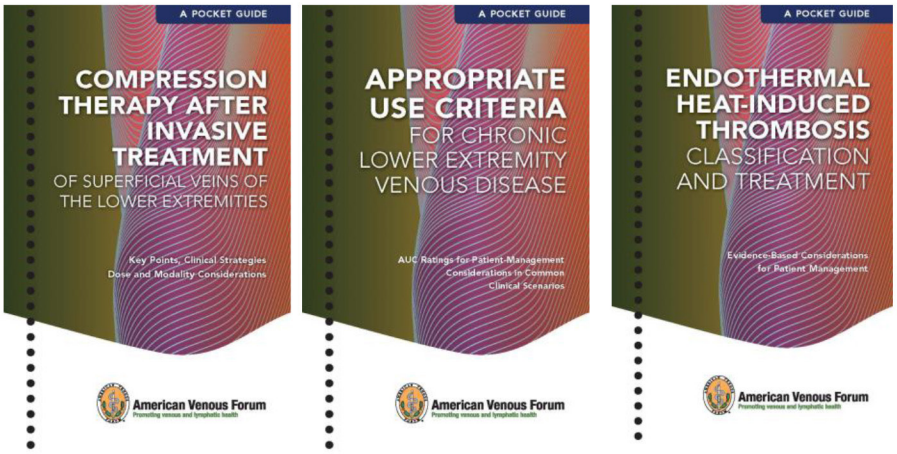
As an introductory offer, you can pre-order by September 30, 2021 for a 15% discount off the regular price and receive free shipping and handling.



AVF's Online Store Offers New Practice Resources

POCKET GUIDES

AVF has also prepared a series of pocket guides based on recently published clinical practice guidelines that appeared in *Journal of Vascular Surgery: Venous and Lymphatic Disorders*. Go to https://store.veinforum.org/ for ordering information. As AVF President Antonios Gasparis, MD advises, "We truly appreciate the direction that evidence-based guidelines provide with strength of recommendations identified and discussion from the guidelines panel members, but we need a quick-reference for point-of-care or when counseling a patient. AVF prepared these quick references as that resource." Conveniently sized and spiral bound to fit in a lab coat, the concise booklets present the basics of guidelines for easy reference in your busy practice.



The ongoing series begins with:

- *Compression Therapy after Invasive Treatment of Superficial Veins of the Lower Extremity*. AVF created this resource as a pocket guide to the proper role of compression therapy following invasive treatment of superficial veins of the lower extremities. Including a chart explaining levels of evidence applied to the statements, summaries of the evidence and key points are presented for various treatments in this 20-page booklet.
- *Appropriate Use Criteria for Chronic Lower Extremity Venous Disease*. This 36-page booklet includes a color-coded appropriateness rating scale that is applied to 12 common procedures along with diagnostic techniques and timing and reimbursement decisions. Commentary and key points from the guidelines are included.
- *Endothermal Heat-Induced Thrombosis: Classification and Treatment*. The purpose of this 20-page pocket guide is to review and evaluate the current evidence on classification of EHIT and provide the key points of the treatment recommendations.

Watch forthcoming messages from AVF regarding additional products available at ShopAVF and let us know if you have ideas about specific practice tools or patient education materials that would enhance your and your colleagues' practice.

VTE PROPHYLAXIS IN THE SURGICAL PATIENT

Presented by

SANOFI

TUESDAY, SEPTEMBER 28, 2021
7:00 PM – 8:30 PM ET

AGENDA

7:05 PM
Incidence of VTE in the Surgical Patient and Its Effect on Morbidity and Mortality
Dr. Ellen Dillavou

7:19 PM
Individualized Preoperative Risk Assessment: Does Type of Surgery Alter Risk Level?
Dr. Joseph Caprini

7:33 PM
Current Guidelines on VTE Prophylaxis in the Surgical Patient
Dr. Sarah Onida

7:47 PM
The Effect of COVID on Patient Assessment and Prophylaxis
Dr. Joseph Caprini

8:01 PM
Burden of VTE in Surgical Patients
Dr. Patrick Muck

INFORMATION

This live webinar will provide a proactive scientific exchange on prophylactic methods, especially those based on anticoagulants administered during hospital admission to decrease the incidence of post-operative Venous Thromboembolism (VTE). VTE prevention guidelines have recommended pharmacological prophylaxis in patients undergoing abdominal and pelvic oncological surgery, and for those at "especially high risk". There is a need to educate surgeons to conduct VTE assessment and to provide appropriate thromboprophylaxis to high-risk surgical patients.

WEBINAR INFO

American Venous Forum
Promoting venous and lymphatic health

AVF Member *Community*

COME TO THE NEW AVF CAREER CENTER

The **Career Center** offers a non-dues revenue stream that supports the important work of the **AVF**, and we believe this provides a **one stop shop** for both **job seekers** and **employers**!

ROBUST. ENGAGING.

Welcome to the Community! *New AVF Members*

Yee Lai Lam, *Netherlands*
Rashad Bishara, *Egypt*
Philippe Hugues Nicolini, *France*
Javier Cabezas, *Costa Rica*
Linas Velicka, *Lithuania*
Stefania Maria Assunta Roberts, *Australia*

VEIN SPECIALIST PUBLICATION

American Venous Forum

Promoting venous and lymphatic health

WANT TO RECEIVE MONTHLY UPDATES?

Contact us 847-752-5355 or **info@avfmail.org**

VEIN SPECIALIST WELCOMES YOUR THOUGHTS AND COMMENTS

Please send all comments to **info@avfmail.org**

ADVERTISING IN VEIN SPECIALIST

Each issue of **VEIN SPECIALIST** has a reach of more than **7,500** via email and social media. For information about advertising in **VEIN SPECIALIST** please contact Jeff Mendola at **Jeff@VeinForum.org**.

**Disclaimer: The information featured in this newsletter selected by AVF, which offers educational materials, are not intended to be representative of patients with venous disease generally and should not be considered medical advice. Patients should consult their doctor to determine the best treatment decision for their individual disease.*