

Standardization of Venous Testing and Vein Center Accreditation

The Intersocietal Accreditation

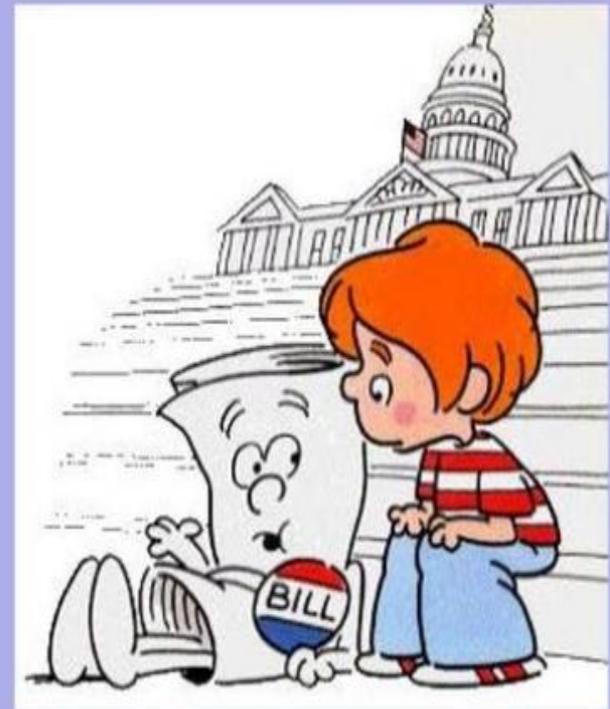
*Commission (IAC) wants
to put the “Stand” back
in “Standardize” for
Reflux Testing*

Thom Rooke

Mayo Clinic

Hawaii, 2019

Why is it complicated
to pass a bill?



DISCLOSURE

Thom Rooke, MD

**No Relevant Financial
Relationship Reported**



Disclosure:

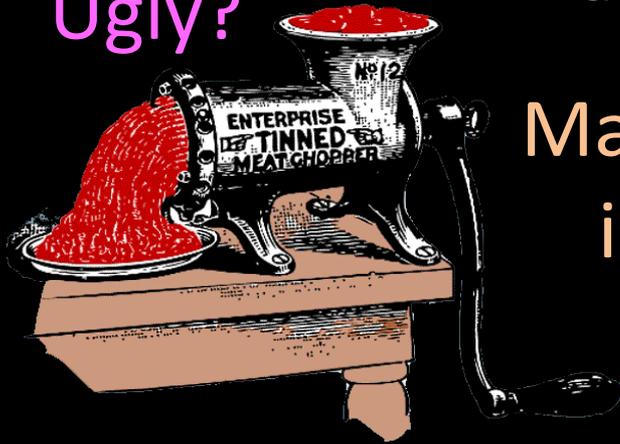
I was a member of
the IAC Vascular
Testing Board (ICAVL)
including term as
President



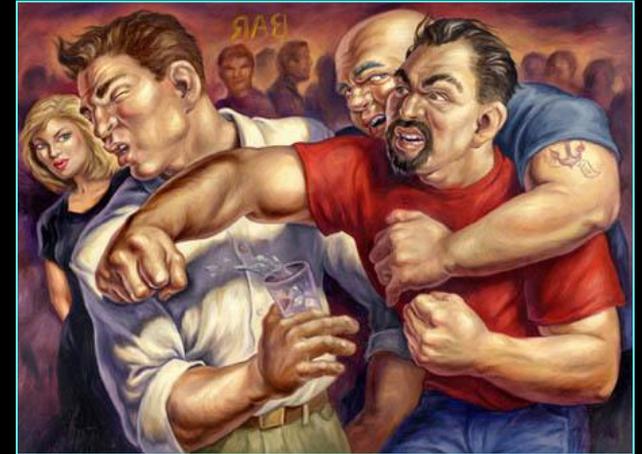
I am currently a member of the IAC Vein
Center Accreditation Board, and have been
since its from inception in 2013.

Since 2013, the *IAC Vein Center* has created quality standards for those providing vein treatment and management.

Ugly?



Making standards is like making sausage ...



The process is usually straightforward.

But not always.

Let's look at a proposal for a new *Vein Center* standard that turns out to be controversial ...

How the story starts:

IAC VEIN CENTER

January 14, 2017. A discussion occurs during a routine meeting of the board.

*Dr. XXX questions the [lack of] a requirement for reflux testing in the **standing** position.*

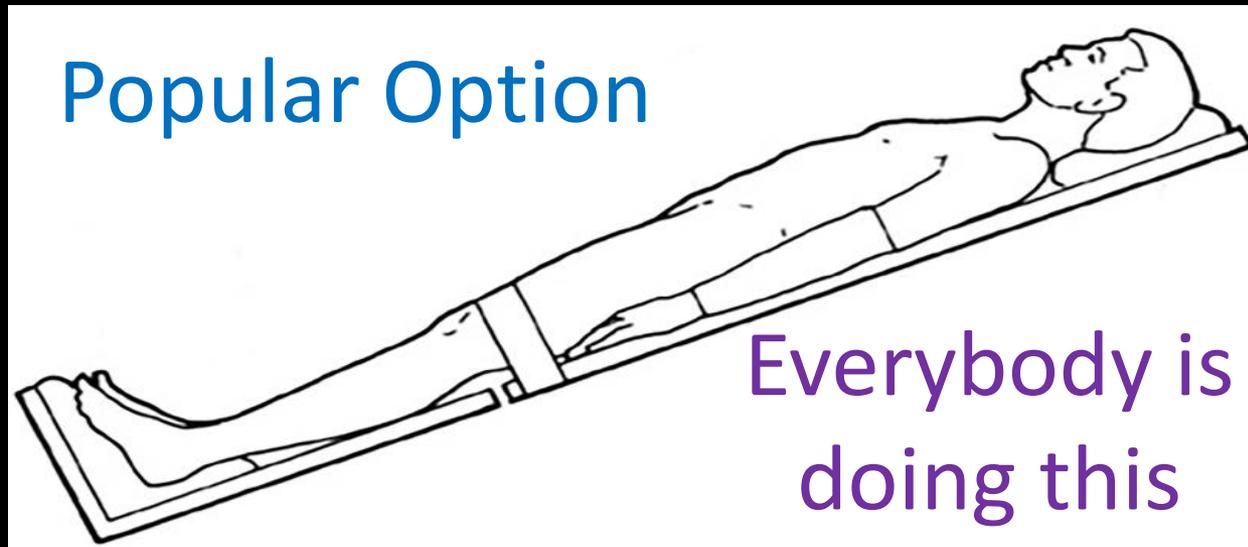
He ... is concerned that the IAC Vascular Testing standards are weak [and are compromising quality].

He feels that IAC Vein Center should write their own, more rigorous venous standards.

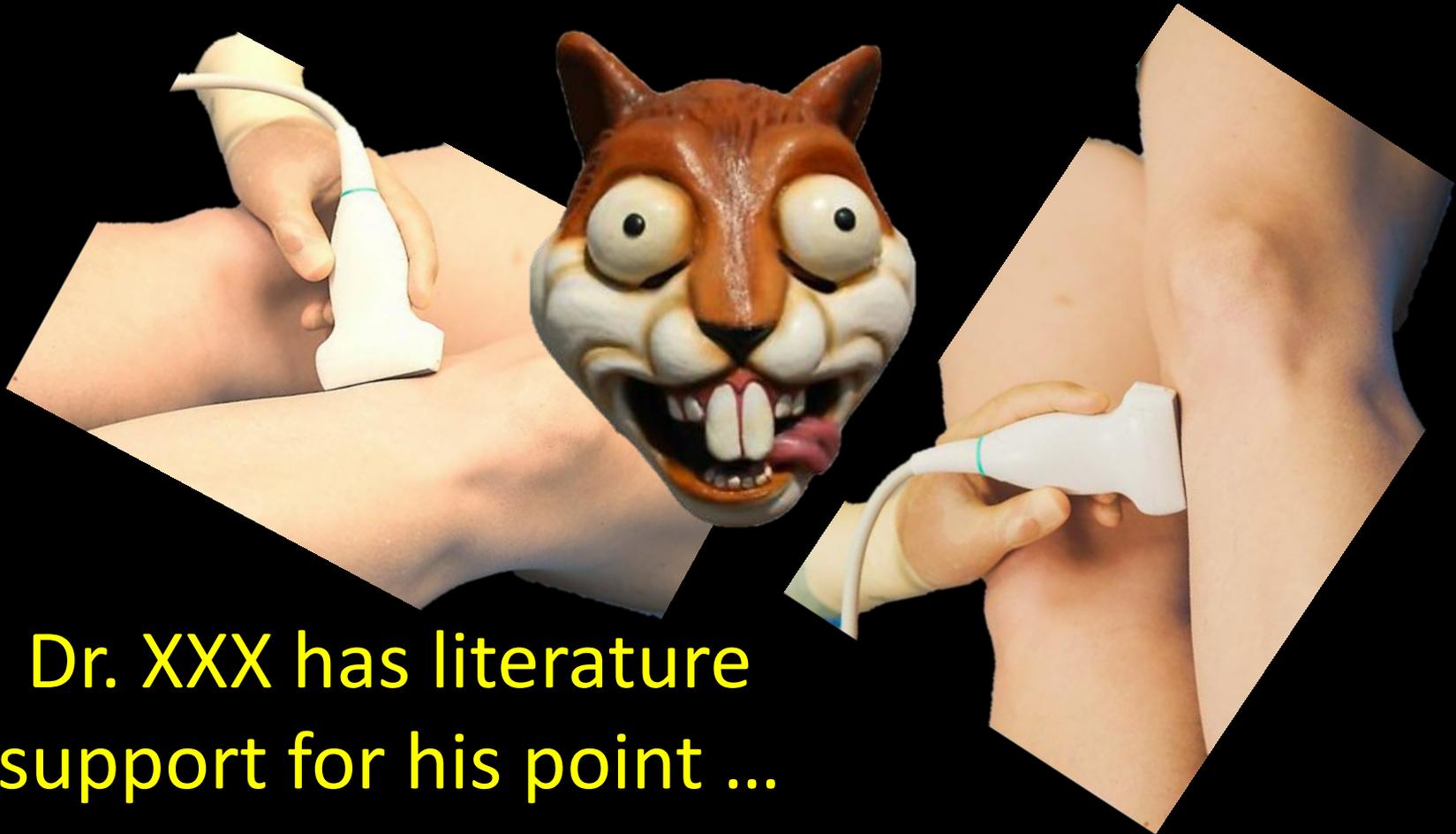
What is his (specific) concern?

Standards & Guidelines for Vascular Testing Accreditation 8/15

Standard 4.4.1.2 B – *Proper patient position;
For assessing reflux standing, sitting, or reverse
Trendelenberg (at least 15 degrees) must be used
to maintain lower extremity dependency*



Dr. *XXX* feels that venous scanning (for reflux) should be *required* with the patient in the standing position.



Dr. *XXX* has literature support for his point ...

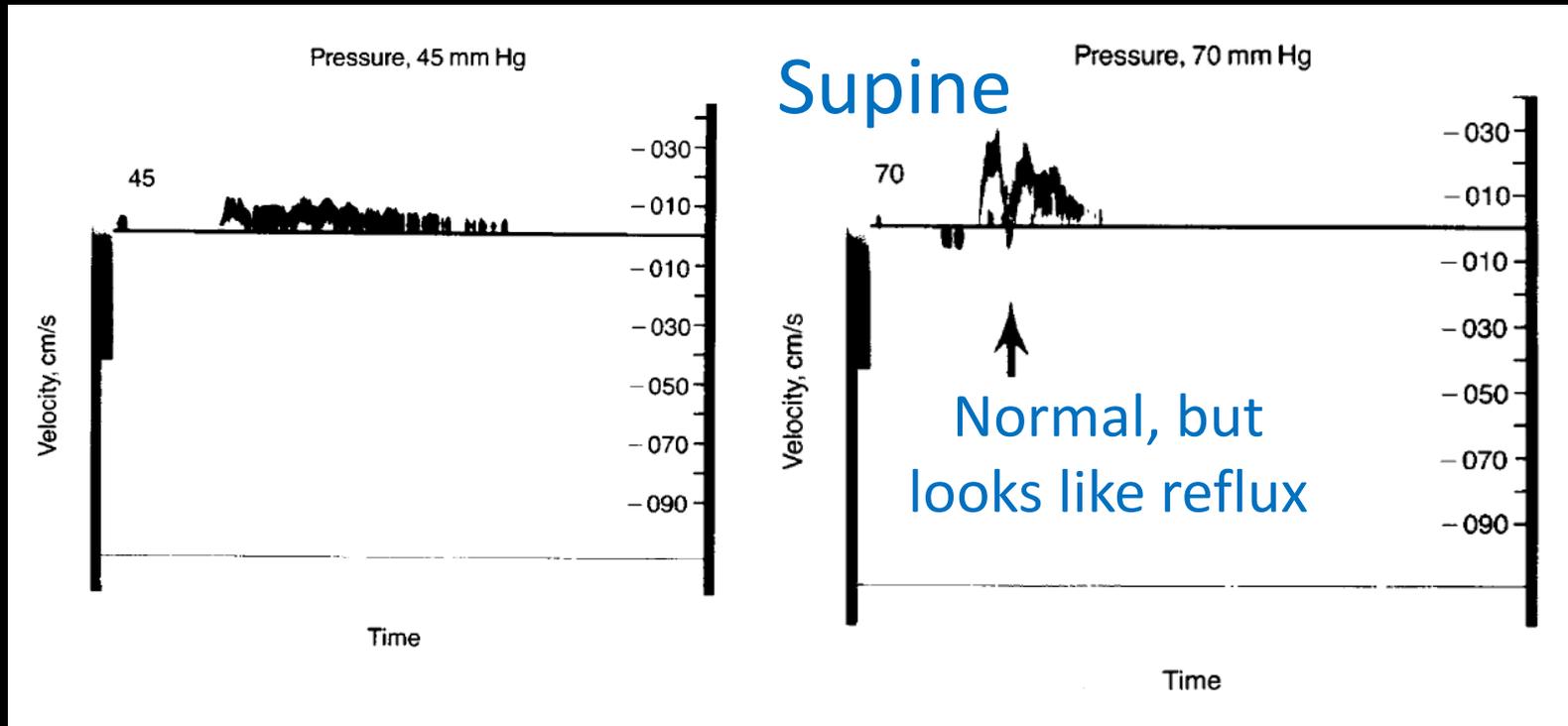
Research Data

(Arch Surg. 1990;125:617-619)

The Mechanism of Venous Valve Closure

Its Relationship to the Velocity of Reverse Flow

Paul S. van Bemmelen, MD; Kirk Beach, PhD, MD; Geri Bedford, RVT; Donald E. Strandness, Jr, MD



Research Data

The *INVEST* Study

Lurie F, J Vasc Surg 2012

Duplex U/S in 17 volunteers and 57 CVD pts

Reflux times shorter in standing position

– Supine 0.82 ± 0.81 sec

– Standing 0.59 ± 0.65 sec

Published Guidelines (2011)

Clinical practice guidelines of the Society for Vascular Surgery and the Amer. Venous Forum

Peter Gloviczki, MD, Anthony J. Comerota, MD, Michael C. Dalsing, MD, Bo G. Eklof, MD, et.al.

“The supine position gives both false-positive and false-negative results of reflux.”

“... Evaluation of reflux in the ... veins with duplex scanning should be performed with the patient upright ...

Published Guidelines (2011)

Duplex Ultrasound Investigation of the Veins of the Lower Limbs after Treatment for Varicose Veins e UIP Consensus Document

Eur J Vasc Endovasc Surg (2011) 42, 89e102

*“When assessing superficial veins, patients should be examined in the **standing position** where possible, to standardise measurements of venous diameter and reflux.”*

Expert Opinion ...

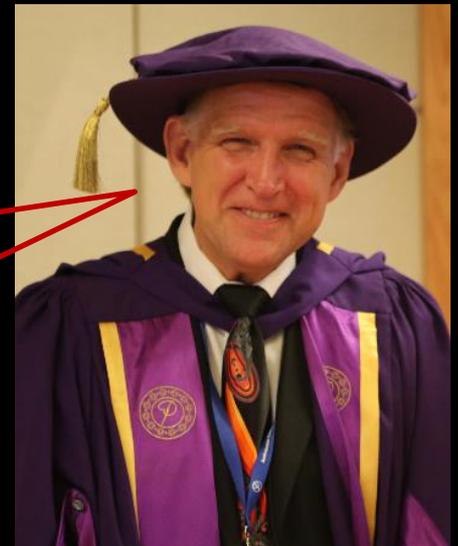
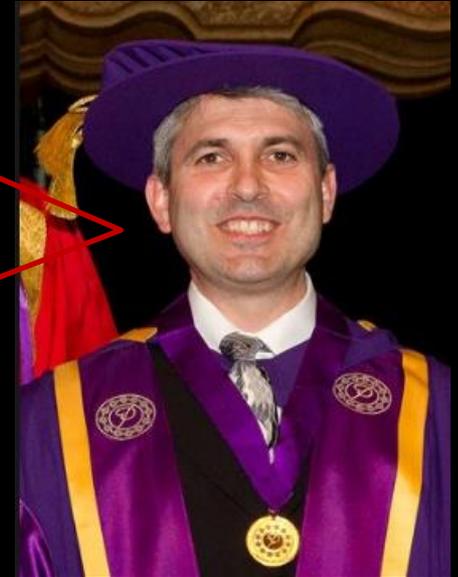
*“... the supine position, even with a modest reversed Trendelenburg (15–25°), will **not** allow precise examination of the extremity.”*

- Nicos

The Journal for Vascular Ultrasound 36(2):159–160, 2012

“Nobody ever got a venous ulcer from laying supine.”

- Meissner



Dr. XXX is very influential – and
his argument is solid – so ...

*“The Board debated ... whether IAC Vein
Center should set the standards or ... rely on
IAC Vascular Testing and the American
College of Radiology (ACR) to modify the
venous standards ...”*

*To avoid creating two different standards ...
... the IAC Vein Center Board asked Vascular
Testing for changes to their standards ...*

The Vascular Testing Board agreed and a proposal mandating [scans in the] standing position was released for public comment

Vascular Testing - Comment Period (10/5/17 - 12/5/17) - SUMMARY

STANDARD /
SECTION

CHANGE TYPE

OLD STANDARD

NEW STANDARD

- When the primary assessment is for valvular function, the limb must be placed in a dependent position.
 - Standing is *preferred* but sitting or reverse Trendelenburg may be used.
- If no venous insufficiency is present with sitting or reverse Trendelenburg [consider these to be screening exams?], the examination must be repeated ... in the standing position if not constrained by the patient's physical condition.

Belief of the IAC board: “This change is a no-brainer.”

As Nicos once put it:

A portrait of a man with short, graying hair, smiling slightly. A red speech bubble tail points from the text below towards his face.

“We would like to believe that vascular technologists aspire to perform a vascular examination in the best possible manner to provide the greatest benefit to the patient.”

What happened (scores of similar comments):

“This is just ridiculous ... you guys need to realize WE DON'T have the extra time for this. Why try to change something that is not broken? This is just unreasonable.”

“Standing is a career killer for vascular sonographers and is not comfortable for the patient.”

“I feel it is inappropriate for IAC to dictate that a standing exam is required for every patient that does not have abnormal findings in the reverse Trendelenburg or seated position.”

“The IAC is supposed to be advocating for the sonographer in our profession”

“... this statement needs ... billing information for the IAC to pay for destroying the backs and shoulders of vascular sonographers.”

The Board Reacts:

“I would disagree [with the negative feedback] and note that more than 98% of my patient can be scanned in the upright position.”

-- anonymous IAC Board Member



“I don't buy the argument that a lot of patients are unable to stand. Just the act of doing a standing ... study is a diagnostic test. If the patient can't stand, they probably don't need an intervention on their varicose veins.”

Reasonable? Unreasonable?

Where are we? (over 2 years later)

The
End

“The Vascular Testing Board of Directors is supportive of standing and have been working diligently over the past 6-8 months to revise the venous testing Standards.

Once they are completed, I am sure that everyone will be satisfied with the revisions.”

- IAC leadership

Vein Center Accreditation group may (still) develop their own testing Standard?