

ASK THE EXPERTS

What Are Three Keys to Improving Access to Venous Care?

Addressing the barriers to venous care access requires proper education of providers and patients, a diverse workforce, societal collaboration, and improved care in rural and remote areas.

With Kathleen Ozsvath, MD, and Sheila Blumberg, MD, MS, RPVI



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Access to care has finally become a forefront discussion in many aspects of health care. The patients who are in direst need of care are sometimes the most disadvantaged in receiving it. Underserved areas, socioeconomic issues, and lack of medical provider education in venous disease are examples of barriers to care. To rectify these gaps, there are some very basic issues that must be addressed.

1. Education of providers. Many patients go to medical providers who do not have the necessary educational background to identify venous pathology. There are significant gaps in knowledge in the identification, workup, and treatment of venous disease, which is not taught well in medical schools or residency training programs. Most venous disease is seen in clinics and outpatient offices, so trainees are not given the opportunity to gain experience with this patient population. Most venous specialists have needed to seek posttraining education to better serve their patients. As technology moves forward, it is hard to

keep up. Connections with providers to form collaborative groups to help treat this patient population will lead to the best outcomes. Device companies have the technology needed to help treat patients. In the need to market and sell, there is a responsibility to teach and educate. Large companies in the venous market must ensure that their products are used in a safe and appropriate manner. By providing responsible educational opportunities, providers will gain insight and learn the proper ways to use the equipment.

2. Education of patients. Patient outreach and education will allow patients to advocate on their own behalf. Education can include access to official websites, literature in medical offices, and educational programs for the lay public. If patients can learn to ask the right questions, they can ask their medical providers for information and consultations as needed. Increasing awareness helps the lay and professional communities.

3. Academic society responsibilities. Academic meetings provide an avenue for venous specialists to learn about cutting-edge research and interact with their colleagues. Robust discussions designed to address and answer difficult questions and provide opportunities for growth and research will further involve participants to engage. The collaboration among societies to partner with one another and work on projects, such as guidelines and appropriate use criteria, will help guide and educate venous providers. Organized advocacy within societies provides a platform for society members to be heard locally and nationally. Discussion with payors and Centers for Medicare & Medicaid Services is undertaken to bring about change in health policy. Societies provide access to research opportunities and access to funding opportunities that will help further venous research.

Efforts to close these gaps will lead to better care.


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1. Diversifying the workforce. Ensuring representation in the health care workforce is crucial for providing equitable access to venous care. Minority populations often face significant disease burdens related to venous disease and are more likely to seek and receive care when health care providers are representative of their minority group. For example, Black and darker-skinned patients may present with specific skin changes associated with advanced disease that may not be immediately recognized by majority White physicians who are less familiar with these changes. This knowledge gap can be attributed to the fact that most dermatologic images available for reference predominantly feature lighter-skinned patients. By diversifying the workforce and including health care professionals from diverse backgrounds, we can enhance cultural competence and improve the quality of care provided to all patients.

2. Venous education. It is essential to educate various health care providers, including nurse practitioners in other specialties, about the recognition and early detection of venous disease. By expanding venous education

beyond specialists, we can ensure that health care professionals across different disciplines are equipped to identify the onset and progression of venous disease. This broader understanding and awareness can help avoid delays in diagnosis and facilitate timely interventions. For instance, educating nurse practitioners working in primary care, cardiology, or geriatrics about the signs and symptoms of venous disease can enhance their ability to identify patients who may benefit from specialized venous care.

3. Access to expert care. Improved access to expert venous care is crucial, particularly for individuals residing in remote or rural areas. Often, specialized venous care is concentrated in larger urban communities, leaving a significant portion of the population with limited access to these services. To address this disparity, innovative approaches such as telemedicine and the use of artificial intelligence can be leveraged to bridge the gap. Telemedicine enables remote consultations, allowing patients in underserved areas to connect with venous specialists located in larger urban centers. Additionally, the use of artificial intelligence algorithms can assist in the triaging and preliminary assessment of venous conditions, providing initial guidance and support even in areas where access to experts is limited.

By focusing on diversifying the workforce, expanding venous education, and improving access to expert care through innovative solutions, we can enhance the overall quality and equity of venous care delivery. These measures will help ensure that all individuals, regardless of their demographic or geographical background, have equal opportunities to receive appropriate and timely venous care. ■