Improving Care Transitions in Patients with Venous Thromboembolism
Objectives & Agenda

Session Objectives

- Understand the prevalence, burden, challenges and risks associated with patients with venous thromboembolism (VTE)
- Takeaway key learnings on how to better manage transitions of care for patients with VTE

Agenda Topics

- Prevalence & Burden of Disease
- Treatment & Guidelines
- Patient Flow & Challenges
- Strategies for Improved Care
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Prevalence & Burden of VTE

Approximately 900,000 patients will have a VTE every year in the US.\(^1\)

Up to 100,000 deaths are due to VTE, primarily PE.\(^2\)

Upon presentation, of those who experience a PE, 1 in 4 will die.\(^3\)

Within 10 years
DVT, deep vein thrombosis; PE, pulmonary embolism; VTE, venous thromboembolism

References:

NEARLY 1 in 3* patients who have had a DVT or PE WILL HAVE A RECURRENT VTE.\(^4,5\)

MORE THAN 1 in 5 VTEs are due to a recurrent or recent hospitalization in medically ill patients.\(^6\)

The risk of clots remains after hospital discharge.

67% of VTEs occur within the FIRST 30 DAYS after hospital discharge.\(^7\)

*Within 10 years

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VTE Treatment & Guidelines

- Anticoagulation therapy is a delicate balance\(^1\)
- There is often the discontinuity of hospital discharge, early in the process\(^2\)
- Treatment must be maintained over a long time, in multiple settings, with multiple providers\(^3,4\)

VTE Treatment Timeline

<table>
<thead>
<tr>
<th>Initial Management</th>
<th>Diagnosis of VTE (DVT or PE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3–6 months</td>
<td>Planned indefinite duration</td>
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Primary Treatment

- Suppress the coagulation cascade, while
- Minimizing the risk of a major bleed

Secondary Prevention

Decision point for (1) stopping anticoagulation, or (2) continuing for secondary prevention

References:
AMGA VTE Care Transitions – Roundtables & Research

• **Roundtables:** AMGA recently conducted roundtables with 12 member organizations, selected to share their VTE expertise
  - Advocate Aurora Health
  - Billings Clinic
  - Cleveland Clinic
  - Geisinger
  - HealthPartners Park Nicollet
  - Henry Ford Health System
  - Intermountain Healthcare
  - Lehigh Valley Health Network
  - Mercy (St. Louis)
  - Ochsner Health System
  - Permanente Medical Group
  - University of Wisconsin Health

• **Research:** To understand the flow of patients with VTE, AMGA analyzed adjudicated claims data from AMGA member organizations participating in the Collaborative for Performance Excellence, a partnership between AMGA and Optum

VTE Expertise
- Clinical protocols
- Care team structures
- Risk assessment tools
- Anticoagulation clinics
3.4% of surgical discharges (n=8,600)

3.0% of medical discharges (n=33,000)

71% of patients with VTE admitted

29% of patients with VTE treated and released

74% of patients with VTE

26% of patients with VTE

5.5% of patients with VTE admitted

Amidst patients w/VTE treated and released from the ED, 7.5% admitted within 6 mo.

Among patients w/ VTE treated and released from the ED, 7.5% admitted within 6 mo.

Among medical discharges w/ VTE, 4.4% readmitted within 6 mo.

Inpatient Rehab, Skilled Nursing Facil.

Home Nursing, Ambulatory Rehab

Disclaimer: The data represented in this figure were prepared by AMGA Analytics who take full responsibility for the accuracy of the results. The figure is based on AMGA’s analysis of Optum adjudicated claims data for 2018 and 2019.

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Strategies for Improving Care Transitions in Patients with VTE

- Multidisciplinary, multispecialty care team
- Protocols
- Provider Communication
- Medication Access & Affordability
- Anticoagulation Clinic
- Patient Education
- Follow-Up Process

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Thank You!