
*Adequate Compression at each visit for Patients with Venous Leg Ulcers (VLUs)
appropriate to arterial supply*

MEASURE ID: USWR32

MEASURE DESCRIPTION:

Percentage of venous leg ulcer visits among patients aged 18 years and older in which adequate compression is performed at each treatment visit during the 12-month reporting period. Arterial status must first be assessed to ensure that compression can be implemented safely.

DENOMINATOR:

All visits for patients aged 18 years or older in which a venous leg ulcer (VLU) is treated within the 12-month reporting period.

NUMERATOR:

All visits for VLU treatment in which an adequate compression method is performed at each visit in the 12-month reporting period among patients with adequate arterial supply.

DENOMINATOR EXCLUSIONS:

Death, amputation, Palliative care or hospice patients, VLU patients seen for consultations only, VLU patients with fewer than 2 visits in 30 days.

DENOMINATOR EXCEPTIONS:

Compression not provided for patient, system or medical reasons. Exceptions include patients for whom inadequate arterial supply makes compression medically inappropriate.

NUMERATOR EXCLUSIONS:

None

HIGH PRIORITY MEASURE:

Yes

MEASURE TYPE:

Intermediate Outcome

NQS DOMAIN:

Effective Clinical Care

SUBMISSION PATHWAY (MIPS REPORTING OPTION):

Traditional MIPS, MVP

INCLUDES TELEHEALTH:

No

CARE SETTING:

Ambulatory Care: Clinician Office/Clinic; Ambulatory Care: Hospital; Home Care; Hospital Outpatient; Nursing Home; Outpatient Services; Post-Acute Care; Rehabilitation Facility

APPLICABLE SPECIALTIES:

Podiatry; Wound Care; Cardiology; Cardiothoracic Surgery; Dermatology; Emergency Medicine; Family Medicine; Geriatrics; Internal Medicine; Interventional Cardiology; Physical Medicine & Rehabilitation; Physical Therapy/Occupational Therapy; Post-Acute Care; Primary Care; Other: Other: Other: Undersea and Hyperbaric Medicine (UHM is an ABMS recognized subspecialty)

PUBLISHED CLINICAL CATEGORY:

Wound Care

MEANINGFUL MEASURE AREA:

Preventable Healthcare Harm

MEANINGFUL MEASURE AREA RATIONALE:

Compression of venous leg ulcers is the standard of care for VLUs and VLUs will not heal without compression. However, 25% of patients with a VLU have undiagnosed arterial disease and compression could cause limb ischemia in those patients. Compression can be adapted to the level of arterial status to prevent healthcare harm when the standard of care is implemented for active venous ulcers.

MEASURE CALCULATION TYPE/INDICATOR:

Proportional Measure

NUMBER OF PERFORMANCE RATES:

1

INDICATE OVERALL PERFORMANCE RATE:

1st Performance Rate

RISK ADJUSTED STATUS:

No

TRADITIONAL OR INVERSE MEASURE:

Traditional

CLINICIAN TESTED QCDR MEASURE:

Yes

CLINICAL RECOMMENDATION STATEMENT:

Venous ulcers heal more rapidly with compression than without, based on RCT data. The use of a Class 3 (most supportive) high-compression system (three layer, four layer, short stretch, paste-containing bandages, e.g., Unna's boot, Duke boot) is indicated in the treatment of venous ulcers. The degree of compression must be modified when mixed venous/arterial disease is confirmed during the diagnostic work-up (Level I evidence)". Compression for venous leg ulcers. O'Meara S, Cullum NA, Nelson EA.

Department of Health Sciences, University of York, Area 3 Seebohm Rowntree Building, Heslington, York, UK, YO10 5DD. smo4@york.ac.uk Update in Cochrane Database Syst Rev. 2012;11:CD000265.

Available at: <http://www3.interscience.wiley.com/cgi-bin/fulltext/118605278/HTMLSTART> Compression therapy heals more venous leg ulcers than no compression therapy as well as decreases the healing time. Level of evidence = A. High compression is more effective than low compression. Level of evidence = A. Wound, Ostomy, and Continence Nurses Society - Professional Association. 2005, Available at: <http://www.guideline.gov/search/searchresults.aspx?Type=3&txtSearch=venous+ulcers&num=20>.

Compression bandaging is a procedure performed by trained staff and must be applied at each venous ulcer visit.

QCDR MEASURE RATIONALE:

VLUs may be the most common lower extremity ulcer. Despite the fact that compression is the mainstay of therapy for VLUs, a 2010 USWR study showed that patients with venous ulcers were provided adequate compression in fewer than 17% of visits, even in specialized wound centers. A PQRS measure focused on compression of venous ulcers (now retired) allowed clinicians to pass the measure by applying ANY type of compression (regardless of whether it was adequate) once in a 12-month period. When we designed our measure, we analyzed our data using the old PQRS specifications and found that 100% of practitioners would have passed a measure in which performance was achieved with any level of compression only one time a year. However, only 10% of practitioners would pass if the requirement was for "adequate" compression to be applied at EACH visit - which is the clinical standard. Since 2014, providers reporting the venous compression measure through the USWR QCDR have improved their performance of this measure significantly, but a significant gap continues to exist with wide variations in practitioner behavior. Because patients with reduced arterial flow can be harmed by compression bandaging, arterial testing is mandatory to ensure patient safety. Adequate compression systems are well defined, as are the bandaging systems that are best to use if the patient has mild arterial disease but can still be provided with compression. Because compression bandaging requires significant training to apply correctly, as well as the use of relatively expensive supplies, many practitioners continue to use low quality materials which require no skill to apply, and which are known to be ineffective. This measure is important because it establishes a requirement for compression treatment of VLUs to be safe, effective and consistent.

STUDY CITATION:

A 2010 USWR study showed that patients with venous ulcers were provided adequate compression in fewer than 17% of visits, even at hospital-based outpatient wound centers. A PQRS measure focused on compression of venous ulcers (now retired) allowed clinicians to pass the measure by applying ANY type compression (adequate not defined) one time in a 12 month period. When the USWR reviewed data on this measurer, all eligible providers passed the measure using these specifications, but only 10% would have passed it using the "at each visit" specification. Since 2014, providers reporting the venous compression measure through the USWR QCDR have improved their performance of this measure to more than 70% of visits. However, providers who do NOT report the measure still provide compression in only 25% of VLU visits, indicating that among non-reporters, a significant gap in practice remains. Although significant progress has been in the implementation of compression bandaging, less progress has been made in arterial screening. The average performance rate remains below 25%. If venous compression is implemented at a faster rate than arterial assessment, harm could occur. However, USWR data show that practitioners who report both the arterial screening measure and the venous compression measure to the USWR have a VLU healing rate at least 10% higher than their counterparts who do not perform arterial assessment, both of which are the standard of care in venous disease.