

## **Society Abstracts Submission Guidelines**

### Checklist for Abstracts

- ✓ Presentation title
- ✓ Author names with institution information
- ✓ In-text citation for all figures and tables.
  - Figures: sharp and legible in 3 inches width
  - Tables: in editable Word format

### **The Journal will consider the submitted abstracts as final.**

Abstracts that are incorrectly formatted will cause production issues that could lead to major delays in publication. To maintain our production schedule, incorrectly formatted abstracts, figures, and/or tables will be excluded from publication if not corrected by the given deadline.

Abstract Text Format

SS19.



Presentation number

**Impact of Provider Characteristics on Use of Endovenous Ablation Procedures in Medicare Beneficiaries**

Presentation title

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Authors with institution information

**Objectives:** To assess the association between provider characteristics and intensity of endovenous therapy (EVT) use in the Medicare population.

Text with the following headings:

- Objectives
- Methods
- Results
- Conclusions

**Methods:** The Medicare Provider Utilization and Payment Data Public Utilization Files (2012-2014) were queried to construct a database of providers performing EVT for treatment of lower extremity venous reflux. For all providers performing EVT on more than 10 patients annually, practice patterns were assessed by calculating a use index, the number of EVT procedures per patient per year. To measure geographic variation in EVT use at the provider level, the median number of EVT performed annually per provider per year was calculated. Multivariate regression analysis was used to identify provider characteristics (including specialty, site of service, and geography) associated with high intensity use of EVT (a use index >75th percentile).

**Results:** There were 6599 providers who performed more than 10 EVT per year in Medicare beneficiaries, accounting for 405,232 services. The intensity of EVT use by providers was assessed by the calculated use index, the average number of EVT performed per patient per year (range, 1-4). Vascular surgeons had the lowest use index among all provider specialties (1.32; Fig 2). **By multivariate analysis, the likelihood of a provider use index being greater than 1.8 (top 25%) was associated with provider training in a field other than surgery, cardiology, or radiology (odds ratio, 3.35; 95% confidence interval, 2.74-4.09), services performed in an outpatient setting (odds ratio, 2.62; 95% confidence interval, 1.97-3.47), and providers who perform high annual volume of EVT (odds ratio, 8.68; 95% confidence interval, 7.59-9.91). A high annual volume provider was defined as one whose EVT volume was at or greater than the 75th percentile nationally.**

In-text figure or table reference

**Conclusions:** There is great variation in intensity of vein ablation procedures performed on Medicare beneficiaries that cannot readily be explained by clinical factors alone. The likelihood that a provider will



**Fig 1.** Intensity map demonstrating variation in median annual endovenous therapy (EVT) services per provider by county.

Figure with title

Provider Specialty	Median Ratio (OR)
Vascular Surgery	1.32[1.16-1.59]
Radiology	1.42[1.20-1.67]
Cardiology	1.42[1.24-1.70]
Surgery Other	1.43[1.22-1.76]
General Surgery	1.47[1.24-1.68]
Other Specialty	1.75[1.44-2.25]
Service location	
Facility	1.27[1.13-1.48]
Outpatient	1.46[1.24-1.85]

**Fig 2.** Median use index (number of endovenous therapies [EVTs] performed per patient, per year) segmented by provider specialty and setting in which EVT was performed.

perform multiple EVT on a patient within a given calendar year is predictable based on the provider's geographic location, site of service (facility vs hospital), specialty, and annual EVT volume. Of particular concern is the high intensity of EVT use by providers with specialty certification not typically associated with the management of venous disease.

**Author Disclosures:** J. T. Baber: Nothing to disclose. P. Connolly: Nothing to disclose; J. Mao: Nothing to disclose. A. J. Meltzer: Nothing to disclose. A. Sedrakyan: Nothing to disclose.

Conflict of Interest Disclosure

- Abstract Title

Abstract titles should be submitted in Subject case (ie, “Titles for Abstracts Should Be Set Like This”) and not in Title case (ie, “Titles for abstracts should not be set like this”).

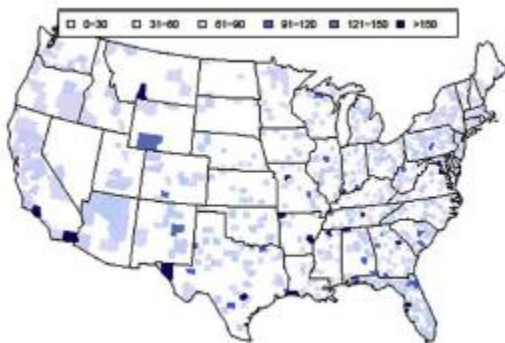
- Author Byline

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- Figures

Figures+Tables must not exceed two for each abstract. Figures must be the original, unpublished property of the authors, or permission must be included if the author is using the figure from another source. In Word, each figure must span 3 inches and all text and graphics must be easily legible at this size. Sketches must be done by a professional artist. Sketches that are not neat and professional will not be published. Figures must NOT contain patient information and empty space surrounding the figure must be cropped out. Figures must be separate from each other so they can be arranged properly in the Journal. Figures must be referenced in the abstract and each figure must include a title.

For example:



*Figure 1. Intensity map demonstrating variation in median annual endovenous therapy (EVT) services per provider by county*

- Tables

Tables+Figures must not exceed two for each abstract. Tables must be the original, unpublished property of the authors, or permission must be included if the author is using the table from another source. Tables must be editable in the Word document. Tables may not contain information that could identify patients. Tables must use 12-point Times New Roman font and must NOT span more than one page in the Word Document. Tables must be cited in the abstract, include a title, and all columns and/or rows must be labeled.

Example:

Table I. Demographic Data following reconstruction.

Data Heading 1	Data Heading 2
547	603

- Conflict of Interest Disclosure

Each author must have a clear Conflict of Interest Disclosure listed at the end of the abstract. Disclosures should appear in the same order as the author byline.