Identification of Uncomplicated DVT Patient Characteristics Treated in the Outpatient Setting

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BACKGROUND

According to the American Society of Hematology 2020 guidelines, uncomplicated DVT can be treated in the outpatient setting with direct oral anticoagulants [1]

However, patients with uncomplicated DVT who present to the ED are often managed in the inpatient setting rather than being discharged

Providers have demonstrated varying levels of comfort with initiating anticoagulation therapy for uncomplicated DVT in the outpatient setting

OBJECTIVE

This study aims to examine the characteristics of patients with a new diagnosis of uncomplicated DVT treated solely in the outpatient setting without requiring an ED visit

METHODS

Design: Retrospective, observational quality improvement study utilizing EPIC electronic health records (EHR)

Analysis: Descriptive statistics were used to analyze study variables

Inclusion Criteria

- Patients in the Temple, TX region
- Ultrasound (US) critical finding for acute DVT in the outpatient setting between March 01, 2020 – February 28, 2021

Exclusion Criteria

- Temple ED visit within 3 days of ultrasonography
- Known pulmonary embolism
- Isolated calf vein DVT
- Redemonstration of an already known DVT

RESULTS

Baseline Characteristics	Study Patients (N=44)
Age, mean (SD)	59.3 (15.0)
Female, n (%)	24 (55%)
English language, n (%)	44 (100%)
Provider specialty, n (%)	
Family medicine	30 (68%)
Oncology	6 (14%)
Orthopedic Surgery	6 (14%)
Other	2 (4%)
Length of patient-provider relationship, median (days)	472

Outcomes	Study Patients (N=44)
Anticoagulation use, n (%)	
History of anticoagulant	12 (27%)
Initiation of anticoagulant	32 (73%)
Treatment completion, n (%)	
Completed	12 (27%)
Indefinite Treatment	21 (48%)
Lost to follow up	3 (7%)
Other	8 (18%)

Figure 1: Anticoagulation type (n,%)

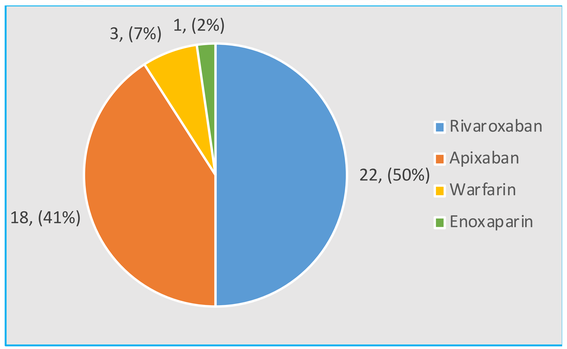
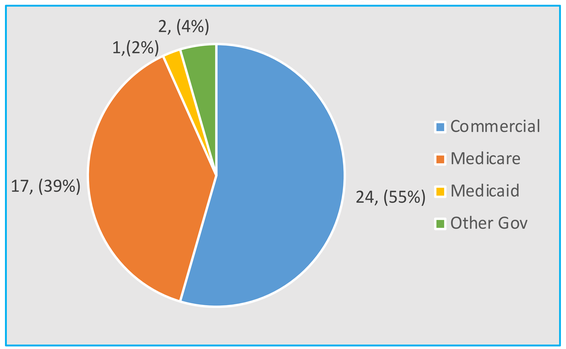


Figure 2: Payers by type (n,%)



LIMITATIONS

- Due to the study period and its overlap with COVID, it is possible that a higher number of patients would not have wanted to be seen in the ED. This may impact the characteristics found in the study results.

CONCLUSION

- Patients were either being treated with an anticoagulant at the time of the US or were initiated on an anticoagulant after the US critical finding
- Patients did not seem to have any access or social determinants of health issues; thus, it is possible that providers took this into account when determining treatment setting (outpatient vs. ED)
- Median length of patient-provider relationship was >1 year, suggesting an existing patient-provider link

FUTURE DIRECTIONS

- Additional studies are needed to determine factors that could contribute to decision making surrounding outpatient treatment of uncomplicated DVT
- A comparator study examining characteristics of patients treated in the ED would be beneficial to understand differentiators between patients sent to the ED and those managed in the outpatient setting

REFERENCES

1. Ortel TL et al. American Society of Hematology 2020 guidelines for management of venous thromboembolism: treatment of deep vein thrombosis and pulmonary embolism. *Blood Adv*. 2020

DISCLOSURES

Authors of this presentation have no concerning possible financial or personal relationships with commercial entities that may have a direct or indirect interest in the subject matter of this presentation.

Questions? *Contact Ryan.Thaliffdeen@BSWHealth.org*