

BACKGROUND

- Venous thromboembolism (VTE) is a leading cause of morbidity and mortality after cancer surgery.
- Extended pharmacologic VTE prophylaxis (ePPx) decreases VTE risk and is recommended by professional societies.



- Yet, local, regional and national studies show prescription of ePPx by surgeons is low.



- The aim of this study is to obtain insight toward surgeon practices and attitudes regarding ePPx within a regional health system.

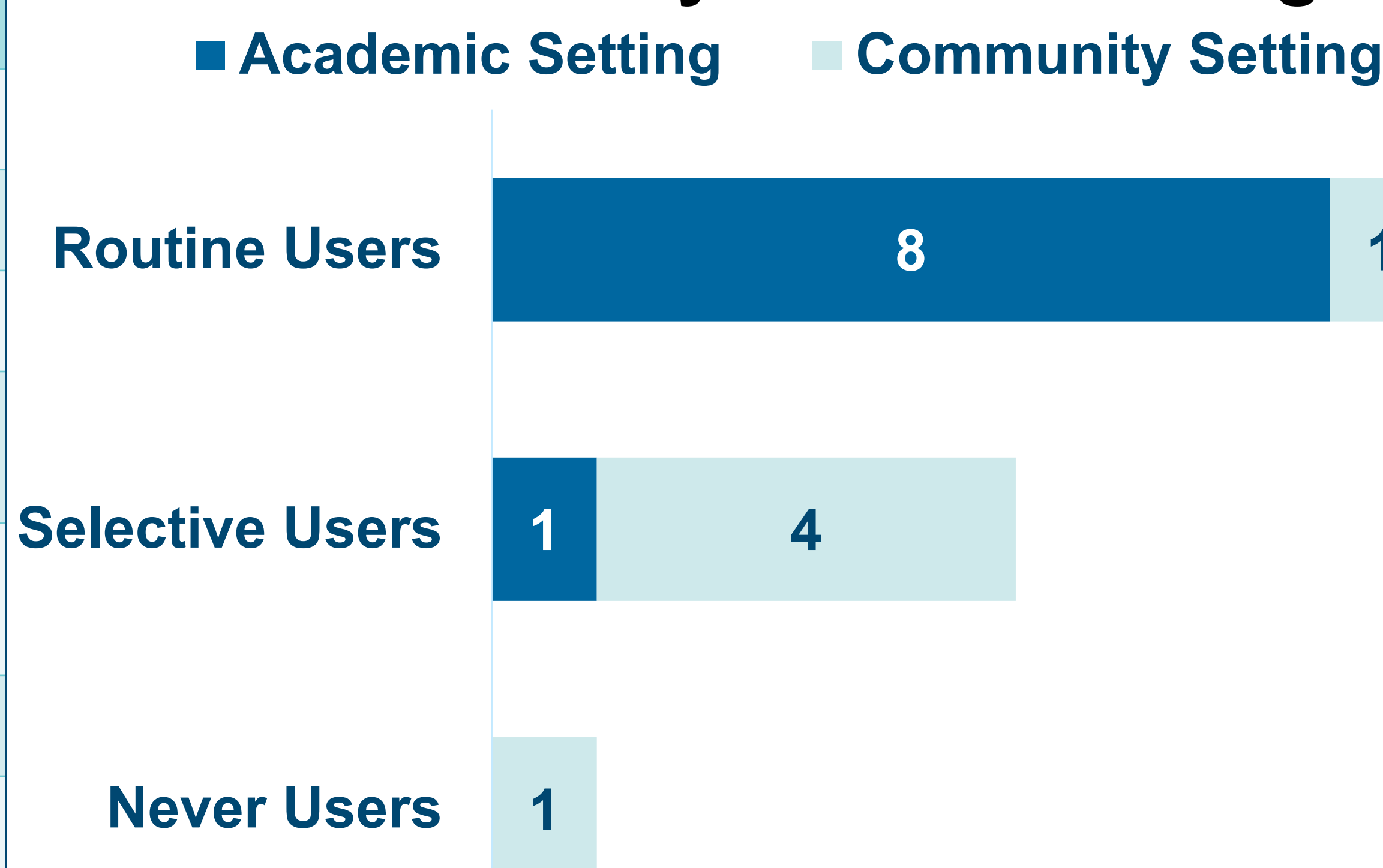
METHODS

- Semi-structured interviews were conducted with surgeons at MUSC CHS and in the RHN's.
- Interviews characterized provider VTE perceptions, prevention strategies, and barriers/facilitators to ePPx.
- An EMR-based decision support tool to improve ePPx utilization was demonstrated, and providers rated the tool.
- Transcripts were thematically coded thematically and analyzed.

RESULTS

Provider Specialty	n
APP	2
Colorectal Surgery	3
General Surgery	3
Gynecology Oncology	3
Hepatobiliary Surgery	1
Surgical Oncology	1
Urology	2

ePPX Use By Practice Setting



Thematic analysis of interviewee facilitators and barriers to ePPx

Theme	Theme Overview	Frequency Proportion	Illustrative Quote
Barriers			
Cost	Medication cost is prohibitive to patient compliance with VTE prophylaxis.	47% (n = 7)	"Lovenox is sometimes cost prohibitive." (Provider 1)
Patient comfort and fear	VTE prophylaxis route of administration or side effects cause patient fear, which is prohibitive to prophylaxis.	60% (n = 9)	"I think in general Lovenox and heparin injections are challenging for some of our patients to do." (Provider 8)
Surgeon Training/Routine	Surgeon mentors, training, and length of practice can serve as barriers to VTE prophylaxis.	40% (n = 6)	"95% of my practice is driven by mentorship." (Provider 13)
Facilitators			
Guidelines and evidence	Society-based evidence and guidelines support VTE prophylaxis.	67% (n = 10)	"After [the patients] leave the hospital, most commonly they're discharged on Eliquis because ... the literature that we have has good data to support that." (Provider 8)
Surgeon experience and patient outcomes	Surgeon experiences and anecdotal patient outcomes may influence their VTE prophylaxis routines.	43% (n = 7)	"I can think of 1 patient who almost certainly died of a DVT ... maybe a week or two after discharge, who refused all heparin. All everything." (Provider 7)

RESULTS

- Thirteen surgeons and 2 APPs were interviewed; 5 were female.
- Six surgeons practice in the community setting and 7 surgeons practice in the academic setting. Both APPs practice in the academic setting.
- *All providers were open to the EMR decision support tool.*

CONCLUSIONS

- Diverse attitudes toward ePPx were identified across providers.
- Community surgeons were found to be more likely to prescribe ePPx selectively or never.
- Surgeon education, utilization of an oral ePPx medication, and cost mitigation may improve ePPx adherence.

FUTURE DIRECTIONS

- Identify patient barriers and facilitators to extended VTE prophylaxis.
- Implement utilization of the EMR decision support tool and assess its utility in promoting guideline-concordant VTE prophylaxis.
- Provide provider and patient education to improve VTE ePPx prescription and adherence.