

# VA's Disrupted Care National Project discovers vascular surgery rates still decreasing since COVID-19 pandemic

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Recently published findings from the VA Disrupted Care National Project (DCNP) revealed the number of vascular surgeries performed

across the United States continued to decline even after large drops during the COVID-19 pandemic.

The research [study](#) was originally published in the *Annals of Vascular Surgery*.

A multi-institutional team of researchers, led by the White River Junction VA Medical Center, analyzed 21,031 vascular surgeries of three common procedures from 2019 to 2023 using Medicare claim data. There was a dramatic drop of 47% at the beginning of the pandemic, but while rates of care recovered partially, another drop of 34% occurred during the omicron wave of the pandemic in early 2022.

Not only have the number of vascular surgeries never returned to pre-pandemic levels, but researchers found the number of vascular [surgery](#) procedures has continued to decrease, particularly for younger and minority patients.

"By examining which groups have been most affected and who is at most risk of complications if they do not receive care, we can identify where resources should be focused to maximize the health of this population as we emerge from the pandemic," said Louise Davies, MD, the White River Junction VA research investigator leading the DCNP.

The two surgeries that declined the most were [carotid endarterectomy](#), a surgery to remove blockages in the artery that supplies blood to the brain, and intact abdominal aortic aneurism repair, a surgery to fix a bulge in a major blood vessel in the abdomen. Both surgeries would be considered critical patient care.

In a separate study during the pandemic, a survey of vascular surgeons found over 91% reported elective surgery cancelations, and 34% reported they had been reassigned to intensive care units and central

venous catheter teams. There was also a 45% decline in AAA screenings.

Furthermore, resource scarcity during the pandemic led to many surgeries being canceled as the Society of Vascular Surgery developed guidelines early in the [pandemic](#) to create a graduated hierarchy of procedures, decreasing the [number](#) of non-urgent procedures being performed. Yet while these causes are no longer relevant, the drop in vascular surgery numbers continues for unknown reasons.

While the recent VA DCNP study highlights the ongoing need to remain focused on rebuilding our health care delivery systems and getting people in for needed care, the team plans to expand their research by investigating other health care issues and care flow.

They will explore similar analyses in Veterans receiving care through the Veterans Health Administration, allowing for a more detailed examination of patient characteristics to support additional insights. Their research will also focus on identifying the causes of the continuing procedure decline.

**More information:** Brianna M. Krafcik et al, The Sustained Impact of the COVID-19 Pandemic on Vascular Surgical Care Delivery, *Annals of Vascular Surgery* (2024). [DOI: 10.1016/j.avsg.2024.03.025](https://doi.org/10.1016/j.avsg.2024.03.025)

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