Inferior vena cava (IVC) filter placement and retrieval procedures have markedly declined over the last decade from previous large growth in Medicare beneficiaries, according to a new Harvey L. Neiman Health Policy Institute study published online in the Journal of American College of Radiology (JACR).

Using Physician/Supplier Procedure Summary Master Files from 1994 through 2015, Dr. Morris and colleagues calculated utilization rates for IVC filter placement and retrieval procedures in Medicare fee-for-service beneficiaries. Services were classified by provider specialty group and site of service.

IVC filter placement rates dramatically increased from 1994 to 2008 (from 65.0 to 202.1) and then decreased to 128.9 by 2015. This decrease was observed across all specialty groups and sites of service. From 1994 to 2015, placement procedure market share increased for radiologists (from 45.1% to 62.7%) and cardiologists (from 2.5% to 6.7%) but decreased for surgeons (from 46.6% to 27.9). Between 2012 and 2015, retrieval rates increased from 12.0 to 17.7. Retrievals as a percentage of placement procedures were similar across specialties in 2015.

"Although IVC filter retrieval rates have increased in recent years, they remain less than 15% across all provider specialty groups," said Elizabeth Morris, MD, Professor of Radiology, Cornell University-Weill Medical College. "Still the overwhelming majority of IVC filters are placed in the inpatient hospital setting, services have slowly shifted to the hospital outpatient setting."

"Despite prior dramatic growth, the utilization of IVC filters in Medicare beneficiaries markedly declined over the last decade, likely relating to evolving views regarding efficacy and long-term safety," said lead study author, professor and director of health policy in the department of radiology at NYU Langone Health and a Neiman Institute affiliate research fellow. "This decline was accompanied by several filter-related market shifts, including increasing placement by radiologists and cardiologists, increasing outpatient placement procedures, and increasing retrieval rates."


Provided by Harvey L. Neiman Health Policy Institute