

Importance and scope of phlebological care in dermatological practices

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Keywords

Health care, phlebology, survey, qualification, certification

Summary

Background: Venous diseases are of great socio-economic importance in Germany. **Question:** What is the scope and importance of phlebological care by office-based dermatologists? **Methods:** Structured online survey in May 2018 in n = 1,500 dermatological practices nationwide. **Results:** Of the 704 (46.9%) practices, 49.7% have additional certified qualification in phlebology. 87% of dermatologists carry out phlebological treatments, 74% of which are based on contracts with the statutory health insurances. On average they treat 18 phlebological patients per week and 880 per year, respectively. Most fre-

quent procedures: Vein diagnostics (Doppler/duplex) and sclerosis of spider veins or lateral branches (each > 50%). 43% were rather or very satisfied with their phlebological treatment options, 35% assessed the care situation in phlebology worse than 10 years ago. Certified qualification in phlebology is considered to be of great importance by 82%. **Conclusion:** Specialized phlebological care as well as the additional certificate „phlebology“, are mostly considered as important for dermatology as a speciality.

Schlüsselwörter

Versorgung, Phlebologie, Studie, Zusatzqualifikation, Zertifikat

Zusammenfassung

Hintergrund: Venenkrankheiten haben in Deutschland eine hohe sozioökonomische Bedeutung. **Fragestellungen:** Welchen Umfang und welche Bedeutung hat die phlebologische Versorgung durch niedergelassene Dermatologen? **Methoden:** Strukturierte Onlineumfrage im Mai 2018 in bundesweit n = 1.500 Hautarztpraxen. **Ergebnisse:** Von den 704 (46,9%) rückmeldenden Praxen weisen 49,7% die Zusatzweiterbildung „Phlebologie“ auf. 87% der Dermatologen führen in ihrer Praxis phlebologische Behandlungen durch, davon 74% vertragsärztlich. Im Durchschnitt versorgen sie 18 phlebologische Patienten pro Woche, entsprechend 880 pro Jahr. Häufigste Leistungen: Venendiagnostik (Doppler/Duplex) und Verödungen von Besenreisern oder Seitenästen (jeweils > 50%). 43% zeigten sich mit ihren phlebologischen Behandlungsmöglichkeiten eher oder sehr zufrieden, 35% schätzten die Versorgungssituation in der Phlebologie schlechter als vor 10 Jahren ein. Der Zusatzweiterbildung wird von 82% eine hohe Bedeutung für das Fach zugesprochen. **Fazit:** Die phlebologische Versorgung, wie auch die Zusatzbezeichnung „Phlebologie“, ist für die Dermatologie von großer Bedeutung.

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Stellenwert und Umfang der phlebologischen Versorgung in dermatologischen Praxen

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Background

Phlebological or venous diseases play a major role in Germany, as in other western countries (1). Uniform criteria in classification and treatment ensure that the care of these diseases is well-standardised (2, 3). The main providers of specialist care are physicians holding a certified additional

qualification in phlebology, which was introduced in 1993 (4).

Peripheral venous diseases have high care needs. In Germany, the assumed treatment-requiring prevalence in the population is about 15–20% (5) and above the age of 80, it is over 70% (6). The need for care results both from the burden on patients (7–10) as well as the economic im-

portance of these diseases, especially in advanced stages (11, 12).

Questions

1. How often do dermatological practices have the additional qualification in phlebology?
2. What services are provided?

3. What is the importance of phlebological care for the practice-based dermatologists?

companied by a letter from the study director and the Berufsverband der Deutschen Dermatologen (BVDD, Professional Association of German Dermatologists).

The statistical analysis was performed descriptively using SPSS for Windows, Version 23.

Methods

Study design

The characteristics of dermatological phlebological care in Germany were determined with a structured online survey of practice-based dermatologists (approx. 1500 practices) from 2nd to 17th May 2018. This survey recorded the proportion of dermatologists holding the additional qualification in phlebology and the services associated with it. The survey was ac-

Results

Participating practices

To obtain an illustrative representation of the current care situation, an online survey, sent out by the BVDD's server, was undertaken in 1500 dermatological practices in Germany in May 2018. Evaluable re-

sponses were submitted by 704 dermatologists during the data collection phase, corresponding to a participation rate of 46.9% (► Fig. 1).

Ambulatory care by dermatologists

87% of the dermatologists performed phlebological treatments in their practice and 74% provided this in the course of their work as physicians accredited to statutory health insurance (► Table 1). On average, they treated 18 patients with venous complaints per week, corresponding to about 880 per practice and year. The services most commonly provided were the diagnosis of venous diseases (Doppler or duplex) and sclerotherapy of spider veins or

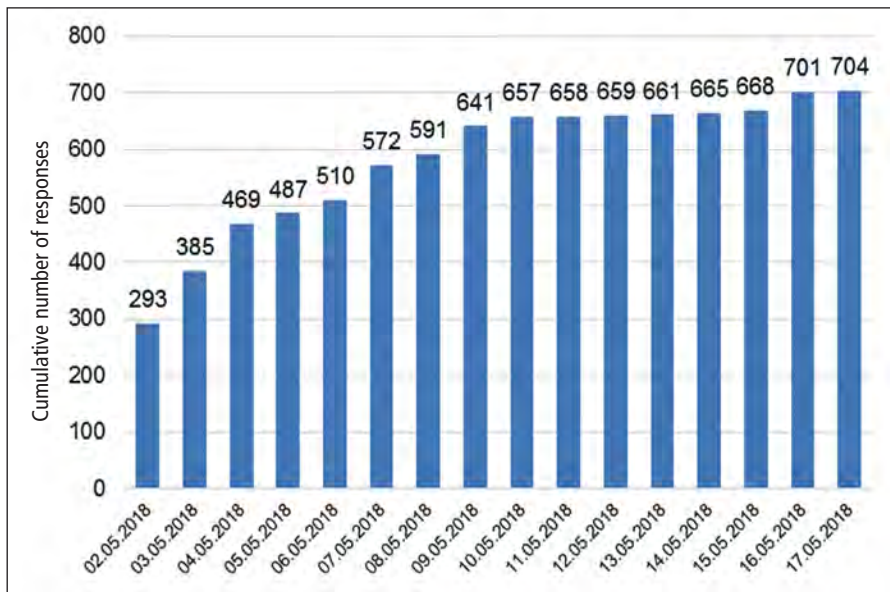


Fig. 1 Course of inclusion of the responding practices (n = 704)

Tab. 1 Characteristics of services in dermatological practices (n = 704)

Number of phlebological services/quarter	
Mean	18.0
Standard deviation	25.4
Median	10
Max	250
Min	0
Additional qualification in phlebology	
	n
Yes	333
No	337
No information	34

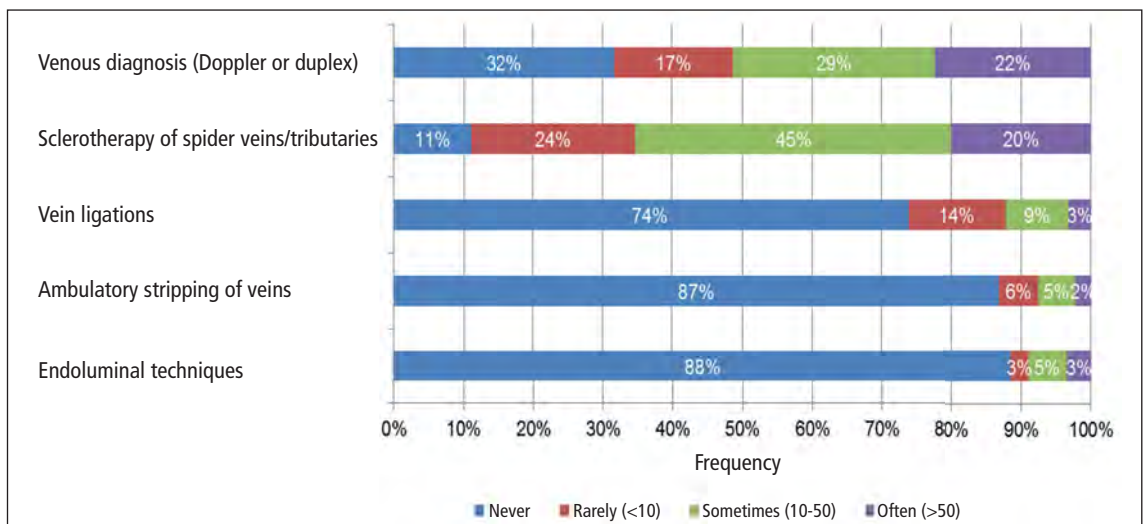


Fig. 2 Frequency of phlebological services in dermatological practices (patients per quarter, n = 660)

tributaries (over 50% in each case; ► Fig. 2).

In 49.7% of practices, at least one colleague had undertaken the certified additional training in phlebology. 47% of der-

matological practices rated the importance of phlebology as very high, high or moderate and 53% as low or very low (► Fig. 3).

The further training in phlebology was regarded as relevant by 82% of dermatol-

ogists, of whom 52% rated its relevance as high or very high and 29% as moderate (► Fig. 4). About 19% of responding dermatologists estimated the importance of the additional qualification as low or very low.

The vast majority of dermatologists who provided no or only some phlebological care, worked closely with other specialist groups, of which 34% were practices with dermatologists who specialised in phlebology, 41% worked with surgeons and 43% with angiologists (► Fig. 5b). With regard to inpatient care, approx. 51% of the dermatological practices reported that they had links with a department of dermatology, 46% with a surgical, 27% with an angiological and 17% with a specialised phlebological department (► Fig. 5b).

43% were satisfied or very satisfied with their possibilities for providing phlebological treatment, 34% were partly and 22% somewhat or very dissatisfied (► Fig. 6). The most frequent reason for dissatisfaction was the payment – judged as inadequate – for quality-assured phlebological care.

Overall, phlebological care and also the certified additional qualification in phlebology played a role in about half of the German dermatological practices and were perceived as being part of the care offered (► Table 2). Minor phlebological procedures were most commonly undertaken. The larger ambulatory procedures were re-

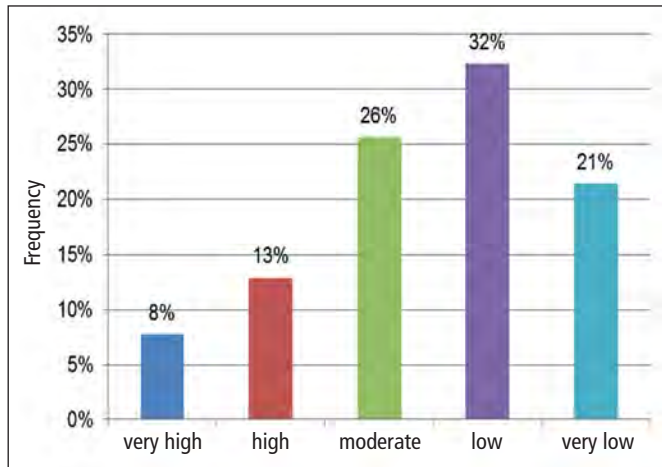


Fig. 3 Importance of phlebological care in dermatological practices (n = 659)

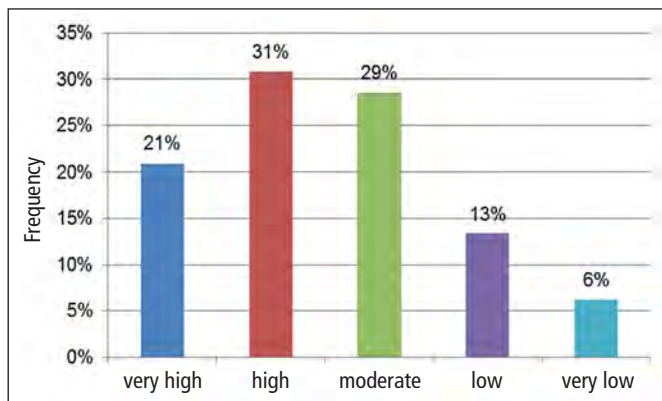


Fig. 4 Importance of the certified additional qualification in phlebology for dermatology in the view of practice-based dermatologists (n = 658)

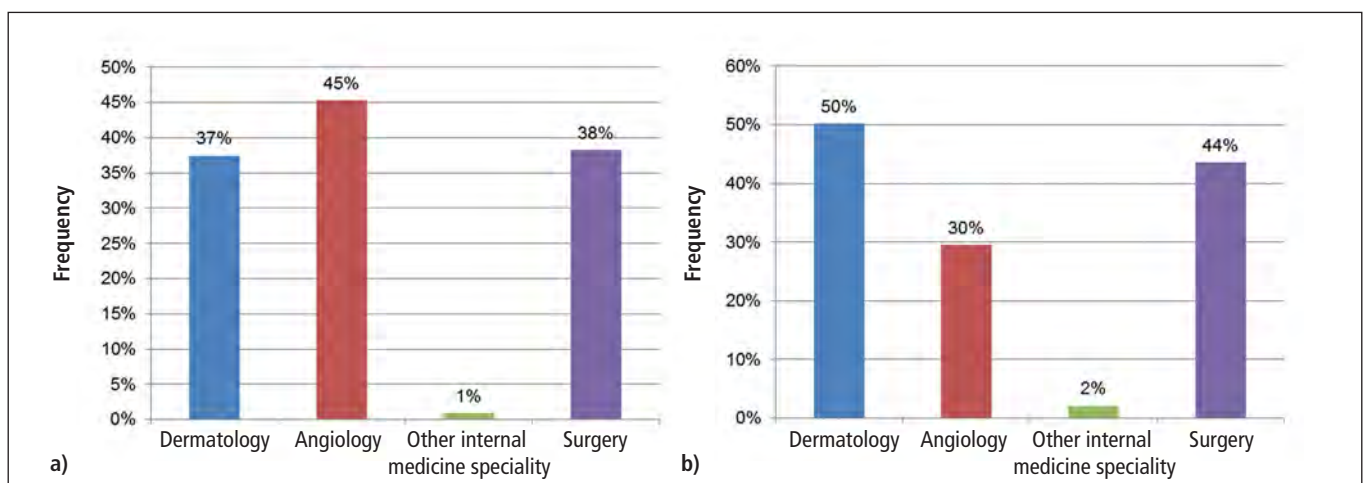


Fig. 5 Percentage of routine referrals by community-based dermatological practices (n = 654) to further phlebological care in ambulatory (a) or in-patient settings (b)

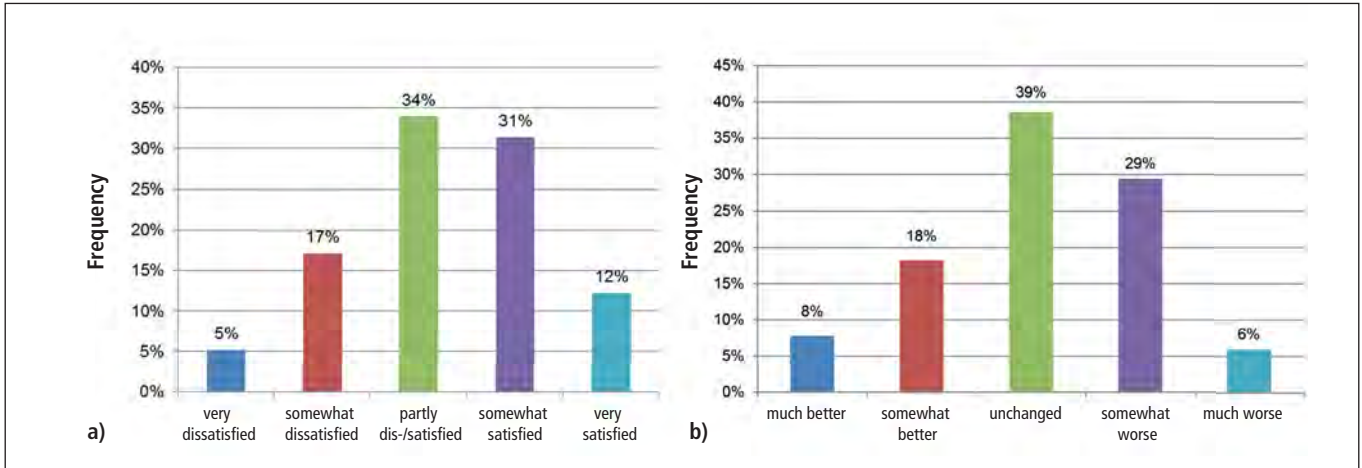


Fig. 6 Satisfaction of community-based dermatologists with their possibilities for undertaking phlebological treatment (a) and estimation of the current care situation compared to the situation 10 years ago (b) (each n = 653)

stricted to fewer and more specialised dermatological practices.

Discussion

The aim of this health services research study was to record the occurrence of care for venous diseases provided by dermatological practices in Germany. In addition, the service characteristics and attitudes of dermatologists to phlebological care were documented. The recorded data showed that specialised care for venous diseases is carried out by a relevant proportion of dermatological practices, but certainly not by all of them. A relevant number also undertake minor procedures, so that full care with a broad range of interventions is limited to a smaller number of specialised practices. Accordingly, most of the non-specialised practices routinely refer patients to phlebological practices and hospital departments. The degree of specialisation will increase further in future since many dermatological practices focus on different specialties such as the treatment of tumours or the care of chronic inflammatory skin diseases. In this situation of increasing specialisation, the recognisability and quality assurance of practices with a phlebological emphasis must be guaranteed. To this end, in 2018, the German Medical Association retained the certified additional training in phlebology in its catalogue. The number of physicians work-

ing in Germany with this additional qualification is about 3400 (4). These specialists have the task of personally ensuring a higher quality of phlebological care, or contributing to it by imparting their knowledge to those providing basic care. The urgency of quality-improving measures in the provision of care is particularly clear when the data are consider-

ed. There are still considerable deficits, particularly in the care of high-grade venous insufficiency, for example in the use of compression therapy in rural areas (8, 13). Even among specialists there is an urgent need for practical competence in the treatment of venous diseases with compression systems (14). For quality assurance in the wider care situation, the offering of incen-

Tab. 2

Synopsis: key data of the dermatological practices providing phlebological care; SHI = statutory health insurance

Care	%
Practices providing phlebological care, total	87
Practices providing phlebological care by SHI-accredited physicians	74
Practices with additional training in phlebology	55
Practices undertaking diagnosis of venous diseases	52
Practices undertaking sclerotherapy of spider veins/tributaries	67
Practices undertaking vein ligation or stripping	8
Practices undertaking endoluminal procedures	9
Patients per year	n = 883
Attitudes	%
Phlebology tends to have high/very high importance for the practice	49
Additional training in phlebology is important for care	82
Cooperation with...	%
Dermatologists specialised in phlebology	34
Surgeons	41
Angiologists	43
Specialist dermatology department	51
Specialist surgical department	46
Specialist angiological department	27

tives for more phlebological expertise among dermatologists and also in other specialties appears necessary. The great benefits of phlebological expertise lie in the improvement in dermatological care, because a large number of dermatological conditions such as stasis dermatitis or inflammatory skin conditions are aggravated by venous insufficiency.

Conflict of interest

The authors declare that there are no conflicts of interest.

Ethical guidelines

No studies in humans or animals were conducted for the manuscript.

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