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A Call to Leadership: New VTE Treatment and Prevention Guidelines

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> To put the world in order, we must first put the nation in order; to put the nation in order, we must first put the family in order; to put the family in order; we must first cultivate our personal life; we must first set our hearts right.—Confucius

Venous thromboembolism (VTE) remains a significant global health burden, imposing severe mortality, morbidity, and economic repercussions. With an alarming one-year case fatality rate of 23%, VTE demands urgent attention and effective strategies for prevention and treatment. It affects ~1 to 3 of every 1000 adults worldwide annually, with higher incidence rates among older demographics.1,2 Yet, despite decades of research in VTE treatment and prevention, the rates have remained not improved.[3–5] Against the backdrop of these statistics, the recent release of the updated Prevention and Management of Venous Thromboembolism: International Consensus Statement is a crucial opportunity for healthcare leadership to address this pressing issue. This new publication is a Call to Physician Leadership and a tool for change.

Effective leadership in healthcare requires clear direction, alignment, and commitment.[6] The new VTE guidelines provide a roadmap for healthcare professionals, offering evidence-based recommendations for the prevention, diagnosis, and management of VTE. In a commendable effort, Nicolaides et al[7] brought together an impressive roster of international experts and orchestrated a global debate of evidence and opinion on VTE care ultimately obtaining multisocietal endorsement.

Change management in healthcare is a challenging endeavor. Physician leaders within their own communities may be enabled to find common ground in the direction of care using these guidelines as a cornerstone to start a discussion with their local stakeholders. These guidelines are aimed to focus a light on areas of uncertainty among healthcare providers to come together and ensure standardized, high-quality care for VTE patients within the local culture, thus reducing the burden of this potentially life-threatening condition. As a key distinction of these guidelines, to facilitate multidisciplinary discussion, the International Consensus contextualized to the needs of subspecialties with dedicated chapters to dissect disease perspectives in obstetrics, orthopedic, bariatric, neurosurgery, medical patients, among others. Furthermore, direction in healthcare leadership entails fostering a culture of continuous learning and adaptation, enabling practitioners to stay abreast of advancements in VTE management and deliver optimal care to patients.

Alignment is essential for achieving coherence and synergy across healthcare systems, ensuring that efforts are harmonized towards common goals. While the new VTE guidelines serve as a catalyst for alignment, the physician leader may help provide a facilitated framework for VTE prevention and treatment practices. Besides collaboratively discussing with stakeholders across disciplines and sectors to align policies, protocols, and resources with the recommendations outlined in the guidelines. We must embrace alert systems and clinical decision support to pursue outcome changes.[8,9] Alert systems, electronic or human, are needed to detect the higher-risk patients who need a higher level of care and will likely benefit the most from a change in action. In these guidelines, the authors have selectively distilled several risk stratification tools to recommend their use according to the main problem. A targeted nudge to action and clinical support must follow patient detection. The physician leader, aimed with administrative support and sponsoring, will need to help adopt the pursuit of better outcomes as a never-ending Plan-Do-Study-Act (PDSA) cycle. As a consequence of this cycle, alignment shall foster equity in healthcare delivery, ensuring that all patients, regardless of geographical location or socioeconomic status, have access to evidence-based VTE care.

Perhaps the hardest but most important aspect to consider is creating common ground for an emotional commitment to

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improve VTE management. The physician leader wanting to reshape the status quo must unfreeze, change, and then refreeze the culture. In the Lewin's change management model, we can imagine an ice cube that needs to melt before transforming and then controlled into a new frozen state.[10] The initial unfreeze needs an emotional commitment to find energy in the stakeholders and administration. The incentive to mobilize may be in multiple scenarios: finding value, wanting to facilitate workflows and mitigate physician burnout, or auditing our own outcomes, etc. The present guidelines summarize pragmatic expectations on epidemiological burden and analysis of cost versus impact of recommendations. By demonstrating a steadfast commitment to improving VTE outcomes, healthcare leaders can instill confidence in both patients and providers, fostering a culture of trust and collaboration.

In conclusion, effective healthcare leadership is paramount in addressing the global burden of VTE. The direction, alignment, and commitment directive, resembles the call to provide head, hands, and heart when the physician leader approaches change management. The new treatment and prevention guidelines offer a pivotal opportunity for leaders to demonstrate and execute toward improved VTE outcomes. These global guidelines are a tool and Call to Physician Leadership so healthcare systems can enhance patient care, reduce VTE-related morbidity and mortality, and ultimately, alleviate the substantial burden of this condition on individuals and societies worldwide.

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