They are the sort of cuts the Society for Vascular Surgery (SVS) says will have a massive impact on vascular surgery practices for years to come. The recently released Centers for Medicare and Medicaid Services (CMS) Physician Fee Schedule (PFS) Proposed Rule decreases vascular surgeon work relative value unit (W RVU) and practice expense RVU (PE RVU) by 2 and 5%, respectively, resulting in an estimated reduction of 7% in the total payment for the services vascular surgeons provide.

SVS MEMBERS MAY HAVE noticed a recent flurry of attention around the proposed cuts, changes currently scheduled to take effect Jan. 1, 2021.

The stakes are high, demanding we unpack in some detail what these cuts mean to surgeons in practice and what you can do to help support our community in order to work to prevent this looming catastrophe.

On Aug. 3, CMS released the 2021 Medicare PFS Proposed Rule which lays out a series of changes that in aggregate will result in the predicted 7% cut in reimbursement for vascular services administered to Medicare patients.

What will this look like on Jan. 1? The conversion factor (CF), or dollar amount per work RVU, will drop nearly 17%—by $3.85—from this year’s CF of $36.09 to $32.24. Pause for a moment to reflect on the fact that this is less in actual, non-inflation adjusted dollars than we were paid back in 1998. In fact, had 1998 payment levels kept up with inflation over the past 27 years, the CF for 2021 should be $57 per RVU, representing an inflation-adjusted loss of more than 43%. This amounts to an acute collapse layered on top of a long-term devaluation of physician services that has gone on—essentially unchecked—for 27 years.

How did this happen? The failure to adjust reimbursement to keep pace with inflation is a long-term productivity problem but changes to Evaluation and Management (E/M) coding and reimbursement are driving the sharp drop for 2021. This began with a CMS proposed initiative for 2019 to collapse the new and established outpatient office visit levels into one code each, with add-on codes for complexity. The goal was to reduce documentation burden on physicians and simplify the coding system. This proposal was universally rejected by the house of medicine. The American Medical Association (AMA) then embarked on an enormous undertaking to rewrite the code set for outpatient office visits. The new code set created the level structure essentially intact but removes the requirement for history
2020 September Specialist

Headlines
Local matters: Three community service honorees in profile
SVS Appointments Committee confidential
SVS ONLINE 2020 meeting returns in series of recordings
SVS Foundation makes structural changes to board make-up
Keep the money you deserve
PAD month, new app, membership dues
Dalman ponders challenges in year ahead
Gender disparities

Black/minority patients

- underinvestment
- higher rates of lower extremity complications

Black/minority surgeons

- inequality of opportunity
- underrepresentation in leadership positions
- racial profiling

Diversity, equity and inclusion: Disparities in medicine and vascular surgery

By Brian Kay

Recent months have yielded a conversation on systemic racism perhaps unlike any other before. We’ve learned about how it manifests across society, how it impacts those on the receiving end, and how it can appear in subtle ways, including in healthcare. In the wake of the killing of George Floyd and the racial disparities exposed by the COVID-19 pandemic, last month vascular specialists explored what role the vascular specialty might play in this crucial, and looked at what that conversation should look like within vascular professionals.

It has since been ventilated everyone of another recurring area of disparity: that of inequity across gender. Unfortunately, vascular surgery itself grabbed the international spotlight under this auspice. A paper published in the Society for Vascular Surgery (SVS) peer-reviewed publication, the journal of vascular surgery, sparked widespread discussion for the nature of its classification of so-called "unprofessional" social media content among young vascular surgeons. Its primary target was generally interpreted to be female members of the specialty, garnering the viral moniker "MedKnit on of all places, social media."

This month, Vascular Specialist continues its focus on systemic racism, broadening coverage with a special issue that explores matters of diversity equity and inclusion across race, ethnicity and gender. Among

Our coverage, from SVS ONLINE we hear about the latest scientific findings in studies that investigate demographic disparities in peripheral arterial disease (PAD) and cardiac revascularization.

From within the vascular surgery ranks, we hear from four African American practitioners who detail their personal experiences of racism as well as their clinical and research interests in the arena of healthcare disparities. And we hear about the research that gave rise to the SVS Diversity, Equity and Inclusion Task Force. All of it nourishes a conversation that, unlike others before, doesn’t look like it will fade away anytime soon.

See page 3-9

Announcing the 5th Edition of the Vascular Educational Self-Assessment Program (VESAP), with:

- 13 topic areas
- VESAP5 Vascular Lab (available as separate purchase)
2020 August Specialist

Headlines
A Vascular VISION: Improved Patient Care
VESAP5 Available for Purchase
APDVS Reacts to JVS Paper, Re-Avows Commitment to Diverse Workforce
SVS Vows to Learn From Journal Episode
Cultural reckoning: Confronting systemic racism

By Malachi Sheahan III, MD

KNOW IT’S ALL A BIT EXHAUSTING. A pandemic, a recession and now racism. Do we need to deal with this now? If you’ve listened to your Black colleagues in the recent podcasts and town halls, you already know the answer. The least we can do is unburden them of the stress that comes with feeling alone.

Of all the things I’ve learned the past few weeks, one vignette struck me as particularly poignant. On a recent Audible Bleeding podcast, Osarumwen Okanbor, a new general surgery graduate, described his plan to drive cross-country to begin his vascular fellowship in Seattle. The other panelists immediately expressed concern. He would take this drive alone as a young Black male! Osa responded that his mother was also worried for his well-being. Black parents have to fear for their children in a way that never would occur to me as a father of white boys. That fear persists even if their children are surgeons. We all need to consider our roles in ending racial inequity in vascular surgery. It’s not enough to say, “I would have more black trainees/faculty if there were more qualified Black applicants.”

We also need to ask why. Why are there not more applicants? Is it because there are disproportionately fewer Black medical students. But why? As you drill down, your answer either becomes “because there is systemic injustice”—or something very problematic. Among the voices in this issue, you will hear from two young Black men who I attempted to mentor through the recent vascular match. But supporting them was only passive action on my part. These men had come to me. To ensure we train more Black vascular surgeons, we must engage in active recruitment. We can no longer wait for them to come to us.

To ensure we train more Black vascular surgeons, we must engage in active recruitment. We can no longer wait for them to come to us.

See page 4-6

Announcing the 5th Edition of the Vascular Educational Self-Assessment Program (VESAP), with:

13 topic areas
VESAP5 Vascular Lab (available as separate purchase)
2020 July Specialist

Headlines
SVS vice president, treasurer announced on SVS ONLINE opening day
Outgoing SVS president outlines state of Society diversity?
SVS issues statement abhorring injustice and violence amid unrest in US?
SVS ONLINE: Crawford Forum sets the stage for vascular surgery future?
SVS ONLINE: How remote support systems will transform medical care
SVS Foundation Board structure changed
SVS Foundation announces awards, grants
Coding Course: What you don’t know can cost you money
ACC, SVS join forces on single vascular registry?
Headlines
Double whammy: Pair of Annual Business Meetings slated for 2020
JVS produces collection on COVID-19, vascular care
Coding event set to take place Sept. 25–26
Advocating for our members
VESAP5 to debut this summer?

By Bryan Kay

This year’s E. Stanley Crawford Critical Issues Forum is set to come full circle from its very genesis 32 years ago at the Vascular Annual Meeting (VAM) in Chicago.

Now a linchpin of the Society for Vascular Surgery (SVS) flagship event on its opening day, this year not only will it make an unlikely return to the original Saturday slot it occupied in 1988 but also to the spirit of the fundamental themes outlined by E. Stanley Crawford, MD, the outgoing SVS president, when he called for the forum’s introduction.

As per tradition, the session is the brainchild of the incoming SVS president.

This year’s rendering of the forum, entitled “Defining and valuing vascular surgery in the coming decade,” covers vascular surgery branding, the value of the specialty to the healthcare system, an SVS Wellness Task Force pulse check, and insight on how U.S. healthcare rankings are compiled by U.S. News & World Report.

President-elect Ronald L. Dalman, MD, saw the founding charge set out by his forerunners reverberating down the years.

“The original impetus for the meeting was to affirm the leadership of the SVS in the development of vascular surgical science and help the society to navigate the challenges of the times,” separate from the more scientific presentations: The question that was posed by E. Stanley Crawford was, “Who would want to go into vascular surgery today with the uncertainties of tomorrow and how can those who are already committed remain dominant?”

The president-elect tells Vascular Connections. “That’s the founding charge.”

VAM 2020, of course, has been replaced by the alternative virtual conference SVS ONLINE owing to the novel coronavirus. As Dalman notes, VAM traditionally was held at the beginning of the week in contrast to more recent times when the conference begins on a Wednesday: “So it being on a Saturday this year, we’ve come full circle on that.”

That extends to the theme. Dalman considers the varying topics that have constituted the forum over the years. Some have been clinical, while more recently and commonly they have tended toward some of the more macro level challenges to vascular surgery practice.

It’s at this juncture Dalman dots in, picking up the baton left first by Michel S. Makaroun, MD, SVS president from 2015–19, and Kim Hodgson, MD, the incumbent president. While the former focused on the perils of a coming shortage in vascular surgeons, Hodgson zeroed in on appropriateness in care.

Which brings things neatly back to the baseline set by Crawford three decades ago. In June 1996, Calvin E. Ernst, MD, penned an article in the Journal of Vascular Surgery that recalled the opening years of the Crawford forum’s journey.

GENESIS

“It’s ironic if you read this article, many of those same issues and questions were being addressed more than 30 years ago,” says Dalman. “They’ve evolved, they’ve expanded, they’ve taken on different levels of urgency. But the fundamental questions are still there. I think that’s how we came up with the program for this year’s Crawford Critical Issues Forum.”

The first presentation on the Crawford stage sees an update on the continued on page 2

Resident Research Award-winning paper: Extracellular vesicles enhance DVT via RIPK3

By Bryan Kay

Extracellular vesicles enhance deep vein thrombosis (DVT) via receptor interacting protein kinase 3 (RIPK3), the study that claims this year’s SVS Foundation Resident Research Award, found, raising the suggestion of a causal relationship between necroptosis and hypercoagulable states seen in various diseases.

MITHRI KHOURY, MD, a general surgery resident at the University of Texas Southwestern in Dallas, will present the findings during the William J. von Labeig forum—the opening scientific session—on the first day of SVS ONLINE.

Khoury and a team of colleagues had sought to establish how RIPK3 is carried in plasma and whether its presence can enhance thrombus formation. “Receptor interacting protein kinase 3 (RIPK3) is a key mediator of a regulated form of cell death termed necroptosis,” they state. “Recent studies have demonstrated elevated levels of RIPK3 within the plasma of patients with hypercoagulative states. In addition, other mediators of necroptosis have been found to be associated with thrombus formation.”

The fruit of several different projects continued on page 1
Vascular Annual Meeting.

June 12, 2020
Aspirin combined with rivaroxaban significantly lowers adverse events in PAD patients after revascularization

BY ANGELA O’NEILL

Treatment with aspirin plus rivaroxaban following lower-extremity revascularization in patients with peripheral arterial disease (PAD) leads to a 17% reduction in the risk of major adverse limb and cardiovascular events when compared with aspirin alone.

The VYNILO PAD study was presented at the American College of Cardiology World Congress of Cardiology’s virtual scientific sessions (ACC.20/WCC Virtual)—originally scheduled to take place March 28–30 in Chicago—and simultaneously published in the New England Journal of Medicine (NEJM). It found that a twice daily dose of 2.5 mg rivaroxaban plus low dose aspirin is associated with significantly lower incidence of the composite primary efficacy outcome of acute limb ischemia, major vascular amputation, or death due to cardiovascular causes compared with aspirin alone.

See VYNILO PAD - page 4

SVS Town Halls seek to help steer members out of choppy COVID-19 waters

BY BRYAN KAY

The vascular world has gone through a dramatic change. The normal to which vascular surgeons had become accustomed has vanished almost overnight. As the realities of the approaching COVID-19 pandemic have begun to crystallize, the Society for Vascular Surgery (SVS) started to set the stage for what was about to reorder the specialty for some time to come.

Among the first SVS maneuvers was to set in motion a series of Town Hall events covering the many implications for vascular specialists. The virtual arena quickly became a platform for meaningful dialogue, dealing with the immediate clinical implications for vascular procedures. Becoming a weekly event, the Town Halls have tackled such issues as impact on education and training, and the safe practice of the vascular lab. As the series details what awaits vascular surgery on the other side of the pandemic is undoubtedly poised.

See Town Halls - pages 6-7

2020 CANADIAN VASCULAR SURGERY WEEK TORONTO

For the protection and safety of our members and their patients, VAM 2020 in Toronto is canceled.

Please stay tuned and join us, starting in June, for SVS ONLINE!

More information to come. Visit vascular.org

SVS
Society for Vascular Surgery
2020 May Specialist

Headlines
SVS Town Halls seek to help steer members out of choppy COVID-19 waters
SVS remains nimble in face of pandemic, pivots to focus on priorities and needs of membership?
‘Desperate times require desperate measures,’ maiden SVS Town Hall hears
Leadership figures ruminate on redeployment of vascular surgeons during viral surge?
Implementing change: How adjustments in communication approach helped BEST-CLI trial register on radar?
VAM 2020 canceled, summer interactive forums planned?
Preparing for arrival of CMS Quality Payment Program year 4?
VESAP5 debuting by Aug. 1?
SVS journals: Study of interest?
Your SVS: Membership deadline is June 1?
Vascular surgeons urged to avoid admissions not an immediate threat to life and limb

BY DIAN CAY

Vascular surgeons were issued with a plea to support the health of the U.S. population “by immediately reducing resource expenditure, avoiding all surgical admissions unless immediately life- or limb-threatening and, most importantly, by staying home” from a prominent membership body.

The advisory came in the form of a statement from the Vascular and Endovascular Surgery Society (VESS) on COVID-19, designed to help foster understanding of changes being put in place to allow use of telemedicine so specialists can continue to treat patients and mitigate exposure risk.

The VEISS executive committee, the statement assured, “supports the decision of surgical providers to rapidly curtail surgical services in response to the public health threat posed by COVID-19 patients to overwhelm hospital resources in the next weeks.”

COVID-19: Focusing minds on need to act as virus tears path across North America

BY BENJAMIN W. STARNES, MD, AND NITEN SINGH, MD

SEATTLE—We live in unprecedented times. On Jan. 19, patient zero arrived in the United States at Seattle-Tacoma International Airport after returning from a visit to his family in Wuhan, China. He tested positive for COVID-19 on Jan. 20. Fast forward one month, and the heroic efforts of Helen Chu, MD, at the University of Washington, who, despite running against a cease-and-desist order by the federal government, ran COVID-19 tests on 2,500 sputum samples being used for...

As this issue went to press, the SVS leadership was reviewing the full picture of events related to the coronavirus and the 2020 Vascular Annual Meeting, assessing information daily and anticipating making a decision by March 31. Thus, the information in the “News from SVS” pages could be outdated by the time readers receive this issue of Vascular Specialist. All SVS members should stay tuned to the SVS website, vascular.org, and the Pulse electronic newsletter (vascular.org/Pulse) for more information as this changing situation unfolds.
Headlines
What has SVS PAC ever done for you?
Quality: Global Vascular Guidelines now available in pocket guide format
VAM adds Career Fair for 2020
Technology drives vascular future
Vascular Trainee Program redesigned for VAM 2020
Evaluation and management coding: Dizzying rounds of changes continue to filter through
Journal watch: Open-source papers on deck
Newly FDA-approved device for central venous occlusions hailed as exciting advance

BY BRYAN KAY

HOUSTON—These are exciting times in the theater of dialysis access, expert in the field Eric Peden, MD, noted in the latter part of last year—and that’s not always easy to say because dialysis has had not too much change for many decades. That’s starting to change, the division chief and program director for vascular surgery at Houston Methodist DeBakey Heart & Vascular Center said.

And so it was that, in the middle of February, one of three latest developments gained Food and Drug Administration (FDA) approval. The new product of technology named the Setheor Inside-Out Access Catheter System and developed by private medical technology company Brianass Vascular Technologies (BVT), was designed to help patients with central venous occlusion.

See Setheor: page 10

‘No evidence’ to suggest spinal cord injury is decreased by prophylactic drainage during EVAR procedures

BY BRYAN KAY

MIAMI—Cerebrospinal fluid (CSF) drainage is a key component in the treatment of spinal cord injury but the evidence that prophylactic drainage decreases each injury during endovascular repair (EVAR) is “at best weak,” Gustavo S. Oderich, MD, told the Critical Issues America annual meeting in Miami, Florida, held Feb. 7-8.

Last year, Oderich et al, of the Mayo Clinic in Rochester, Minnesota, published a study in the Journal of Vascular Surgery that discovered severe complications from placement of cerebrospinal fluid drains (CSFD) during first-stage thoracic endovascular aortic repair (TEVAR) and branched endovascular repair (F-BEVAR) of paravascular thoracoabdominal aortic aneurysms (TAAA). As that point, Oderich and colleagues found they were occurring at an “alarming rate” in their prospective, nonrandomized study.

In this latest presentation, Oderich sought to answer the question: “Are prophylactic spinal drains necessary?” See Oderich: page 4
2020 March Specialist

Headlines
How SVS-STS tandem developed TBAD reporting standards
VRIC discussion agenda: Immune cell dysfunction and immunotherapy for vascular disease
VSIG webinar from APDVS coming soon?
Your SVS: Storming into 2020 and horizons beyond?
O Canada: VAM 2020 housing, registration now open?
Leadership: Developing mission, vision and strategy?
SVS PAC donations and Congressional committees of most impact?
Mysteries of market forces and surprise billing?
Purchase tickets today for 2020 VAM ‘Spectacular’ Gala?
CMS publishes 2020 round of coding changes for vascular surgeons

BY FRANCESCO AELLO, MD, AND MATTHEW SIDEMAN, MD

The Centers for Medicare and Medicaid Services (CMS) has provided some light reading with the publication of the Physician Fee Schedule (PFS), Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems, as well as Quality Reporting Programs final rules for calendar year 2020. The combined updates are captured in thousands of pages, covering a wide variety of changes, updates, and comments. We would like to focus our attention on those changes that will impact vascular surgeons.

The PFS lists all clinical services and procedures along with their relative value units (RVU) for the fiscal year. Those RVUs are converted to dollar amounts using the annual Medicare conversion factor (CF). In

See Coding • page 4

Hotly-contested meta-analysis suggests a higher risk of death or amputation at one year when paclitaxel-coated balloons are used in infrapopliteal arteries

BY SUZE MARSHALL AND JOCelyn HUDSON

A new meta-analysis, just published in the Journal of Vascular and Interventional Radiology (JVIR), suggests significantly reduced amputation-free survival at one year when paclitaxel-coated balloons are applied in arteries below the knee for critical limb-threatening ischemia (CLTI) treatment, but some experts advise cautious interpretation of the results and question whether these data will impact practice. The new systematic review and study-level meta-analysis of eight randomized controlled trials was conducted by Konstantinos Katsanos, MD, assistant professor in the School of Medicine, University of Patras, Patras, Greece, and colleagues.

Several physician thought leaders believe that the conclusions are not yet definitive, with multiple peripheral vascular interventionalists cautioning how these data should be interpreted. Most emphasized the challenge of teasing out scientifically meaningful information from a patient cohort that suffered

See Meta-analysis • page 6

Medtronic 56% FEWER INTERVENTIONS MORE OF WHAT MATTERS
2020 February Specialist

**Headlines**
- VRIC agenda taking shape, poster sessions to return
- New registry to keep track of vascular patients launched
- Presenting public policy issues of importance to vascular surgeons: SVS PAC, Congress and you?
- Deadline for Seed Grant applications falls March 1
- Zero hour: SVS awards nominations come due
- ‘There is no perfect job’: Benefits of working across VA system outlined by current practitioners
- SVS rolls out Leadership Development Program
- Wider VAM 2020 schedule unveiled
- Welcome to our new members
- Bridging the gap to future surgical success: Surgeon-coaches can help colleagues thrive?
2020 January Specialist

Headlines
Leadership: Strengths and weaknesses of team members
Advocacy: Coding and Reimbursement Committee experiences lead to greater sense of awareness
Countdown: VESAP4 set to expire in six months
Learn all about coding updates at Jan. 22 webinar?
Vital importance of funding for pair of separate needs?
SVS launches key valuation study?
Registration open for VRIC?
Save the date for 2020 SVS Foundation Gala?
Burned out on burnout? Changing course with peer support?