

Society for Vascular Surgery Trainee Health Advocacy Scholarship

Scholarship Recipient Report to the SVS

As the recipient of the 2013 Society for Vascular Surgery Trainee Health Advocacy Scholarship, I was afforded a unique opportunity to be in Washington, DC, at the forefront of the many salient issues and discussions that do affect us as vascular surgeons every single day. There is no better time than the present to be pro-actively involved in the very matters that will dictate our future as health care providers.

With the guidance of the SVS' Washington Office and SVS Political Advocacy Committee, a busy day on Capitol Hill was planned. Along with several prominent vascular surgeons, I had the opportunity to meet and visit with the offices of Representative Stivers (R-OH), Senator Brown (D-OH), Representative Braley (D-IA), Representative Loeb sack (D-IA), Senator Grassley (R-IA), and Senator Harkin (D-IA). What a unique and incredible opportunity to be in the nation's capital among the very legislators who can affect health care delivery and health care policy! And how timely is it that the Affordable Care Act and its online rollout is around the corner? Health care is the salient national topic at hand – it is only unfortunate that the government shutdown in October 2013 delayed the opportunity for further progress.

Capitol Hill was bustling with activity. From building to building, every elevator was filled to capacity. Every person was moving with intent – it was akin to our operating suites, where every movement is purposeful, specific and precise. There is no wasted activity here.

After the necessary introductions, we went straight to the “critical portion of the case”. Along with the SVS group, we discussed the Medicare Sustained Growth Rate repeal, the proposed annual updates, value-based performance payment programs, encouragement of alternative payment model (APM) participation as well as encouragement of care coordination for individuals with complex chronic care needs.

The bicameral bipartisan position to repeal the SGR and adopt alternative payment methods in an effort to improve quality and value in health care was a key component of the meetings. With a concentration in Health Policy and Management during my Master’s Degree in Public Health, I found this particularly interesting in discussion and perspectives. With the repeal of the SGR, the proposal is that of annual updates of zero percent for the next ten years. As a senior vascular surgery fellow, this has profound implications for me (and others) who are embarking out of training and into the “real world”. I expressed that these uncertainties pose concerns for employment practices – in fact, we noted that it is estimated that this proposal could result in a cumulative gap of approximately 45% between Medicare payments and the actual cost of treating patients. We urged that in order to align payment for health care services, the SVS has recommended harmonizing physician payment updates with hospital updates – these are annual market based updates that factor current economic considerations and inflation.

As vascular surgeons, we have a very unique position with regard to health care delivery. Our largest patient population is Medicare, and we are both physicians and surgeons. We manage complex chronic care conditions through medications and lifestyle modifications for patients with intermittent claudication. We also employ high-technology endovascular devices and techniques for minimally invasive interventions, and furthermore, we are capable of maximum invasive open, and high-risk, surgery. These were positions I was able to convey to

the legislators to explain that we do not necessarily fall into a “pre-selected” category that many other specialties may have. We develop a rapport with our patients whom we see, follow, and survey for life. This longitudinal role in patient care is not factored in the current model and it was an excellent opportunity to shed light on this fact – that we are in fact the primary care providers of patients with atherosclerotic disease on a chronic level, and lead their care during acute conditions.

This is the time. This is our time. Health care delivery, reimbursement, quality and accountability are changing. As a group, we accept change and adapt well to it. Our numbers are increasing at an incredible rate. It is imperative that we take our future in our hands and become pro-active for our future as a specialty, for our future as physicians, but most importantly, for the future of our patients – of whom only we, as vascular surgeons, can provide a comprehensive medical, interventional, and surgical management plan by virtue of our training and experience. I am eternally thankful to the Society for Vascular Surgery for selecting and honoring me as the 2013 SVS Trainee Health Advocacy Scholarship Recipient, and allowing me the opportunity to meet with legislators along with other vascular surgeons as an ambassador for our specialty and our patients.

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Dr. Mouawad, Representative Loeb sack (D-IA), and Dr. Kresowik on Capitol Hill, November 2013



Dr. Mouawad, Senator Grassley (D-IA), and Dr. Kresowik on Capitol Hill, November 2013