

SVS Vascular Surgery Trainee Advocacy Travel Scholarship Essay

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Standing in front of the 36 ton collection entitled “Mountains and Clouds,” situated in the atrium of the Hart Building on the U.S. Capitol, it is easy to become overwhelmed and it is a statement as to the scale of the issues at hand. Of course this is the message conveyed by the 51-foot tall steel portrayal of mountains and the 75-foot long clouds dangling above.

A controversial piece since its inception the “clouds” of the display have been dismantled and lowered to allow a full inspection as to their structural integrity. Like everything else in Washington, the piece has been subject to scrutiny and regulation. Despite the fact that the clouds have hung for more than 30 years without issue.

My visit to DC was not simply to see Calder’s work, but to engage with political leaders around a number of issues salient to the SVS and our patients. As the SVS Vascular Surgery Trainee Advocacy



Travel Scholarship recipient I was chosen by the SVS Resident and Student Outreach Committee and the SVS Health Policy Committee to represent the organization on a number of issues for three days in our nation’s capital. I met with Representatives and Senators from Michigan, to discuss the CMS proposal to dismantle the 10 and 90-day global codes package in an effort to attain more data points regarding post-operative care. By way of context, it is important to note that the majority of changes made to the CMS regulatory mechanism in the last 15 years have been in the name of bundling payments to physicians for episodes of care, instead of the old mechanism of strict fee for service. By requiring separate billing codes for each visit post-operatively we believe there will be both direct and indirect effects on patients. Simply, dismantling the bundle to allow for better monitoring of billing is contrary to the overarching goal of providing a continuum of care to our patients. It will lead to increase loss to follow-up, it will negatively

impact how we are able to care for our patients in the postoperative setting, it will affect research and quality initiatives, and it will adversely impact our ability to monitor outcomes.

Being a House Representative or Senator is a mammoth proposition. It became clear to me that at times it is a bigger job than any one person can handle. Routinely a legislator needs to rely on a staff member to collect information, learn the specifics of an issue, and be available to help guide them in the decision making process. There are far too many issues and intricacies for one person to manage accordingly. This is why contacting your representative is vitally important. Through the education of staffers, and by providing the clinicians view of what needs to happen we effect policy change. Often, the legislator does not understand how a policy or regulation will affect the patient. If we do not engage with them around these issues then they may make the wrong decisions for our patients and our specialty.

The CMS bundle initiative has been designed to support the care of patients in the same way the mobile is designed to hold Calder's clouds. Dismantling the bundled payment structure to gain better metrics on postoperative billing is a classic situation of the ends not justifying the means. Dismantling and lowering multiple tons of aluminum and steel that has been hung for nearly 30 years to check whether it is structurally sound to be hung arguably falls into the same category. Without our engagement this and many other issues, including the SGR fix and the implementation of the IPAB committee, will be change that is brought to us instead of by us. I encourage each of you to reach out to your representatives and work to educate them on how they can best support us in the care of patients.



PHOTO CAPTION: Dr. Peter Beaulieu (left) and Senator Gary Peters (D-MI).