

# TheVascularSurgeon

## How SVS Is Working for You...

### Securing approval of the primary certificate in vascular surgery by the ACGME

The requirements for residency training leading to primary certification in vascular surgery recently received approval from the Accreditation Council for Graduate Medical Education (ACGME). SVS initiated the process in March 2004, and the American Board of Surgery (ABS) submitted an application to the American Board of Medical Specialties (ABMS) and the Surgery RCC approved the Primary Certificate in Vascular Surgery.

The primary certificate eliminates the requirement for certification in general surgery prior to certification in vascular surgery, and thus allows the creation of more flexible and in-depth training paradigms. It also will provide more training options:

- **Expanded training in vascular surgery-specific areas.** The primary certificate will make more time available for training in areas such as non-operative prevention, diagnosis and management of vascular disease.
- **Shorter training periods.** By reducing the time spent in non-essential components of general surgery rotations, the primary certificate can result in a shortened vascular surgery training period for junior residents or medical students who choose vascular surgery early on.
- **More opportunities to choose vascular surgery.** The primary certificate will bring more freedom of career choice to medical students and residents, who will be able to make the vascular surgery choice at various stages of training—during medical school, after several years of initial surgical training, or after completion of full five-year general surgery training.

Two key deadlines were established to assure that the transition to the new certificate is equitable and maintains the integrity of the vascular surgery certificate:

- Graduates of general surgery programs in academic years prior to *July 1, 2006*, will still need certification in general surgery before they can be certified in vascular surgery. Only vascular surgery trainees who complete general surgery training in academic years after this date (June 2007 or later) will be able to pursue vascular surgery certification independently of general surgery certification.
- As of *July 1, 2008*, the RRC-S will no longer accredit one-year vascular surgery training programs. Correspondingly, the ABS will not approve applications for certification from

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Online: [www.VascularWeb.org](http://www.VascularWeb.org),  
click on "Residents  
and Fellows"

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# SVS Strategic Planning Session Highlights

The Society for Vascular Surgery, regional vascular societies, national vascular societies and representatives from Boston Scientific, Cordis, Gore and Medtronic recently met to discuss collaboration and future directions in vascular surgery. Several areas of common interest were identified:

- Improving public understanding of vascular disease and the specialty of vascular surgery
- Providing training opportunities on new technologies and techniques to practicing vascular surgeons
- Attracting the “best and the brightest” to the specialty
- Advocating with policymakers on behalf of vascular patients and surgeons
- Enhancing collaboration on clinical research and outcomes analysis

Participants identified several specific areas for collaboration, which are summarized in the following plan.

## 1. Improve understanding of vascular disease and the specialty of vascular surgery through branding and outreach to the public and other specialties.

Create a task force of vascular leadership and industry representatives to advise the SVS Communications Committee on a comprehensive marketing plan for the specialty.

Work may include advising the Committee on:

- Creating the vascular surgery “brand” identity
- Crafting messages
- Identifying channels for promoting the brand identity, e.g., industry sales staff

## 2. Provide training opportunities on new technologies and techniques to practicing vascular surgeons.

Create a task force of vascular leadership and industry representatives to advise the SVS Education Council on a comprehensive continuing education plan for the specialty.

Work may include advising the council on:

- Creating a standard menu of training opportunities within vascular surgery
- Creating a listing of the available mini fellowships
- Creating a standard that physicians could use with their hospitals to document their skills learned at education programs
- Establishing quality metrics for training outcomes
- Identifying synergies among the SVS, regional society and national society educational initiatives

## 3. Recruit the best and brightest to the specialty of vascular surgery.

Create a task force of vascular leadership and industry representatives to advise the SVS Recruitment Work Group on a comprehensive plan for attracting medical students and surgical residents into the specialty.

Work may include advising the Work Group on:

- Creating messages about the attractions of the specialty
- Identifying channels for reaching medical students and residents
- Creating mentoring programs and other vehicles

## 4. Advocate with policymakers on behalf of vascular patients and vascular professionals.

Create a task force of vascular leadership and industry representatives to advise the SVS Clinical Practice Council on a plan for collaborating on advocacy initiatives.


Work may include advising the Council on:

- Identifying the issues comprising a common agenda
- Formulating collaborative advocacy strategies, including information sharing and creation of lobbying coalitions

## 5. Enhance collaboration on clinical research and outcomes analysis.

Continue including industry, as appropriate, in SVS research and outcomes activities, e.g., Outcomes Committee and SVS Board of Technology and Clinical Studies.

Work may include:

- Participating in outcomes analysis for AAA – open vs. endovascular
- Expanding to more complex outcomes over time and as the skills to do outcomes analysis are sharpened
- Working with CMS and FDA on outcomes analysis 

## SVS Critical Initiatives for 2006-2007

Also part of the planning session, strategic goals and critical initiatives for 2006-2007 were established.

### **Goal 1: Meet member needs through continuing education and advocacy.**

#### **1. Develop a comprehensive plan for providing continuing medical education to vascular surgeons.**

- Conduct a retreat to develop a continuing education strategic plan for vascular surgery.
- Establish an advisory task force of industry and other vascular societies to work together on key CME issues and enhance communication and collaboration.
- Develop a plan for how SVS will help members with maintenance of certification.
- Increase the information to members relative to all vascular meetings.
- Promote international participation in the Vascular Annual Meeting.

*Referred to Education Council for implementation.*

#### **2. Advocate with policymakers on behalf of vascular patients and vascular surgeons.**

- Establish an advisory task force of industry and other vascular societies to work together on key legislative issues and enhance communication and collaboration.
- Continue member surveys to regularly capture important data impacting SVS and industry positions on policy issues.
- Increase the information on practice management to the membership and outline its impact on reimbursement issues.

*Referred to Clinical Practice Council for implementation.*

### **Goal 2: Promote the specialty.**

#### **1. Improve understanding of vascular disease and the specialty of vascular surgery through branding and outreach to the public and other specialties.**

- Establish an advisory task force of industry and other vascular societies to work together on a comprehensive marketing plan for the specialty.
- The task force should review all current SVS outreach programs, evaluate effectiveness, recommend changes and/or maintain the current approach.

*Referred to Communications Committee for implementation.*

#### **2. Develop strategies for attracting high-quality candidates into vascular surgery training programs.**

- Establish an advisory task force of industry and other vascular societies to work together on a comprehensive marketing plan for attracting medical students and surgical residents into the specialty.
- Develop a communication strategy with medical students outlining the positive position of our specialty, transmitting the enthusiasm for our specialty and our job satisfaction.
- Develop a plan to increase attendance of trainees and women at the Vascular Annual Meeting.
- Create a section on the Web site for trainees.

*Referred to Recruitment Work Group to oversee implementation by Communications Committee, Education Council, Fellows Council and APDVS.*

### **Goal 3: Promote professionalism through research and standard setting.**

#### **1. Expand SVS outcomes analysis activities.**

- Develop a three to five year plan outlining outcomes analysis activities, including identifying ways to work collaboratively with industry.  
*Referred to Outcomes Committee.*

#### **2. Promote stronger participation of vascular surgeons in clinical trials.**

- Create a task force to explore funding and locations for future clinical trials.  
*Referred to Research Council.*

#### **3. Accelerate development of SVS reporting standards, practice guidelines, credentialing statements and position papers.**

- Create a Practice Guidelines Committee to stimulate and oversee guidelines work groups.  
*Referred to Clinical Practice Council.*

#### **4. Pursue an accreditation program for comprehensive vascular care centers.**

- Take a leadership role in the certification of vascular centers.
- Create a Vascular Center Accreditation Work Group.  
*Referred to Clinical Practice Council.*

### **Goal 4: Unify the specialty.**

#### **1. Establish mechanisms to enhance relationships among SVS, regional societies and national vascular societies.**

- Create opportunities for communication on unity issues within vascular surgery, exploring models to enhance two-way dialogue.  
*Referred to Board of Directors.*

# Washington Update

## National Aneurysm Alliance (NAA)/ Screening Abdominal Aortic Aneurysms Very Efficiently (SAAAVE) Act

On February 8, 2006, President Bush signed the SAAAVE Act into law as part of the Deficit Reduction Act of 2005. Beginning January 1, 2007, AAA screening will be available for male-ever smokers and men and women with a family history at the Welcome to Medicare physical. This is very significant victory for vascular surgeons and Medicare beneficiaries - it is the only new preventive benefit to be included in the law and will save thousands of lives.

Pamela Phillips, SVS Director of Health Policy and Government Relations, hand-delivered thank you letters to the SAAAVE sponsors - Representatives John Shimkus (R-IL), Ron Lewis (R-KY), Gene Green (D-TX) and Senators Jim Bunning (R-KY), Christopher Dodd (D-CT) and Rick Santorum (R-PA). SVS members are encouraged to send thank you letters to their members of Congress if they were sponsors or co-sponsors of the legislation. A list of co-sponsors is located on the [www.VascularWeb.org](http://www.VascularWeb.org) under Government Relations.

The next step for the NAA is to ensure that this law is properly implemented so that appropriate reimbursement levels are secured and the quality of services delivered to Medicare beneficiaries remains high. Also, physicians and Medicare beneficiaries will need to be educated about the existence of this new benefit.

## Physician Payment

As it has done the past three years, Congress intervened with another temporary "fix" to halt steep cuts in Medicare physician payment. A zero percent increase in the 2006 physician payment update, which is retroactive to January 1, 2006, was included as part of the Deficit Reduction Act that was signed by President Bush on February 8.

The Sustainable Growth Rate (SGR) formula, an annual target tied to the Gross Domestic Product with the intent of controlling growth in expenditures for physician services, still needs to be eliminated. This formula is presently used by the Centers for Medicare and

Medicaid Services (CMS) in making its annual recommendation for the physician payment update. Already, CMS is estimating that the 2007 physician payment update will be a 4.8 percent decrease. However, the Medicare Payment Advisory Commission has recommended a 2.8 percent increase for 2007.

Representative Nancy Johnson (R-CT), chair of the House Ways and Means Health Subcommittee, introduced legislation in 2005 that would replace the SGR with a Medicare Economic Index, linking physician payment to the rate of inflation only for providing medical services to beneficiaries. In 2006, Representative Joe Barton (R-TX), chair of the House Energy and Commerce Committee, has made a permanent solution for the physician payment update a high priority for the committee. And, the Senate recently passed a Budget Resolution that calls for creation of a deficit neutral "reserve fund to ensure that physicians will receive an appropriate reimbursement rate under Medicare instead of a scheduled cut which would threaten the adequate provision of care for seniors and disable citizens." Although not the force of law, this puts the Senate on record in support of a favorable solution. SVS will continue to work with other health care associations in advocating for increases in the physician payment update and elimination of the SGR.

## Quality Issues


In 2006, CMS launched the Physician Voluntary Reporting Program (PVRP) as part of its overall quality improvement effort. This is an interim step in the development of a Pay for Performance (P4P) program that will ultimately utilize evidence-based quality measures and financially reward quality. Physicians who choose to participate in the PVRP will help capture data about the quality of care provided to Medicare beneficiaries and be provided with confidential feedback on their reporting and performance rates. However, no financial incentives are being offered to participate in this program. Additional information about PVRP is posted on [www.VascularWeb.org](http://www.VascularWeb.org).

Additionally, SVS staff and members are participating in multi-specialty legislative and regulatory advocacy efforts regarding P4P measures. These include participation in meetings of the Surgical Quality Alliance, Ambulatory Care Quality Alliance and the AMA Physician Consortium. SVS also has established an excellent working relationship with Trent Haywood, MD, CMS Deputy Chief Medical Officer, who is the CMS "point person" on P4P. ~

## SVS PAC

Because this is a time of crisis for reimbursement of vascular surgery services, it is vital that SVS substantially increase its PAC funds. The 2006 goal is to raise \$75,000 for the SVS PAC. These funds enable SVS staff and members to have access to targeted members of Congress who are on committees of jurisdiction for health care issues. Attending PAC events and having one-on-one conversations with targeted Congressional members was a major factor in getting the SAAAVE bill enacted.

Every SVS member received a letter from President Ascher, MD and at least one phone call from an SVS representative requesting a contribution to the PAC. If you have not contributed as yet, please complete the SVS PAC form on [www.VascularWeb.org](http://www.VascularWeb.org) and send in your contribution today.

Take your involvement a step further. SVS is asking members to serve as “key contacts” to their members of Congress. If you are willing to donate time and effort, contact Pamela Phillips at [pPhillips@vascularsociety.org](mailto:pPhillips@vascularsociety.org) to sign up. You will be asked to send letters to your Congressional members on important issues when needed and make visits to them in their district offices when Congress is in recess. 

## Please send your PAC donation along with this form to:

Please indicate method of payment.

\_\_\_ **Donation by Check:** Make checks payable to SVS PAC. Checks cannot be drawn from a corporate account.

Send your PAC donation along with this form to:

Society for Vascular Surgery  
Political Action Committee  
35314 Eagle Way  
Chicago, IL 60678-1353

\_\_\_ **Donation by Credit Card:** Complete this form and fax it to 312-202-5610 or mail it to the following address:

SVS Political Action Committee  
% The Society for Vascular Surgery  
633 N St. Clair St. 24th Floor, Chicago, IL 60611

- American Express
- Visa
- Master Card

\$ \_\_\_\_\_

Amount

\_\_\_\_\_  
Credit Card Number

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Exp. Date (mm/yy)

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Name as it appears on card

\_\_\_\_\_  
Cardholder signature

Your donation is a political contribution under federal law and will be used for federal election purposes.

Contributions are not tax deductible for federal income tax purposes. Contributions from corporations and foreign nationals are not permitted. All contributions are voluntary and will not affect your status as a member of SVS.

Federal Election law requires us to use our best efforts to collect and maintain the following information for individuals who contribute more than \$200 in a calendar year.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Employer

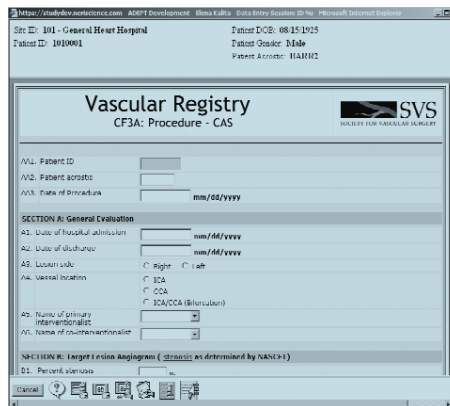


# The Vascular Registry: Your Solution for Carotid Artery Stenting Outcomes Data Collection and Compliance

The Vascular Registry, a web-based tool designed exclusively for carotid artery stenting (CAS) and carotid endarterectomy (CEA) outcomes data reporting, was unveiled last summer in response to the Centers for Medicare and Medicaid Services (CMS) expanded coverage of CAS for patients at high-risk for CEA.

Reimbursement for CAS is contingent on your facility's ability to meet specific standards set by CMS including the collection of data on all CAS procedures performed at your facility.

If your facility is CMS-approved, or if you are planning to apply, you need to know about the Vascular Registry. Developed by SVS and administered by the New England Research Institutes, an organization with in-depth expertise in the successful design and implementation of clinical registries, the Vascular Registry



provides you with the confidence that you are collecting all of the CAS data needed to ensure compliance with CMS outcomes data requirements—and to establish eligibility for CMS reimbursement.

In an easy-to-use format, you can complete on-line case report forms on medical history, pre-procedural diagnostics, CAS and/or CEA procedure, follow-up and termination in a just a few minutes. The Vascular Registry assures confidentiality of patients and

providers at all times. It is fully compliant with HIPAA regulations, and all data reports are de-identified and aggregated.

This cost-effective program has a one-time enrollment fee of \$1,000 and an annual subscription fee of \$3,000. You may download the Facility Interest Form from [www.VascularWeb.org](http://www.VascularWeb.org) or call 800-258-7188 for more information. ~

## How SVS Is Working for You on Coding and Reimbursement Issues

Every five years the Centers for Medicare and Medicaid Services (CMS) allows specialty societies to submit a list of procedures they believe to be most undervalued in the Medicare Resource-based Relative Value System. For the five-year review that will be implemented in the 2007 Medicare Fee Schedule, SVS submitted open AAA repairs (35081 and 35102), thoracoabdominal aortic aneurysm repair (33877), lower extremity bypass grafts constructed with vein (35556, 35566, 35583, 35585), two lower extremity amputations (27880 and 28805) and 30 other less frequently performed services. Most of these procedures received a favorable review by the AMA/Specialty Society Relative Value Update Committee (RUC). CMS will make the final decision regarding revaluation, and any changes in work RVUs will appear in the 2007 Physicians Fee Schedule. Following is the complete list of the codes SVS submitted to the five-year process as “undervalued.”

27880	Amputation of lower leg with AAOS
28805	Amputation thru metatarsal with APMA
33877	Thoracoabdominal graft
34001	Removal of artery clot
34201	Removal of artery clot
34471	Removal of vein clot
35081	Repair defect of artery
35102	Repair defect of artery
35216	Repair blood vessel lesion
35381	Rechanneling of artery
35501	Artery bypass graft
35506	Artery bypass graft
35507	Artery bypass graft
35508	Artery bypass graft
35509	Artery bypass graft
35515	Artery bypass graft

35516	Artery bypass graft
35541	Artery bypass graft
35546	Artery bypass graft
35556	Artery bypass graft
35566	Artery bypass graft
35583	Vein bypass graft
35585	Vein bypass graft
35601	Artery bypass graft
35606	Artery bypass graft
35612	Artery bypass graft
35616	Artery bypass graft
35641	Artery bypass graft
35642	Artery bypass graft
37720	Removal of leg vein
60600	Remove carotid body lesion
60605	Remove carotid body lesion

# Plan Now to Attend the Premier Meeting for Vascular Specialists



SVS will hold its 60th Annual Meeting on June 1-4, 2006 at the Pennsylvania Convention Center in Philadelphia. This event promises to live up to its reputation as the premier annual meeting for vascular healthcare professionals. There are several societies meeting in conjunction with the Vascular Annual Meeting including the Peripheral Vascular Surgical Society, the Society for Vascular Ultrasound, the Society for Vascular Medicine and Biology and the Association of Chairs in Vascular Surgery.

## New Educational Activities

We have planned a full agenda with many new educational activities added to our already wide-ranging scientific program including the European Vascular Symposium, the International Vascular Symposium, the Rapid Paced Paper Session and a Simulation Training Center.

You'll also have the opportunity to choose from an excellent array of scientific presentations on cutting-edge topics, such as the Thursday Breakfast Session on Lower Extremity Arterial Occlusive Disease - The Rapidly Changing Landscape, the Friday Breakfast Session on Complex Aortic Pathologies and the Saturday Breakfast Session on Pancakes and Payments - Serving Up the Latest Trends in Healthcare Economics.

Our industry partners are sponsoring the ever-popular clinical symposia this year on Wednesday and Thursday. Invitations with more detailed programming information will be mailed to you on these events.

## Social Events

Plan to attend our many social and networking activities including the Welcome Reception and the Third Annual American Vascular Association Benefit Gala. Please keep in mind that your participation in the fun-filled AVA Benefit Gala supports the important research and valuable screening initiatives of the AVA.

## New Opening Ceremony

The 60th Annual Meeting will open on a high note with a very exciting Opening Ceremony. This new event will showcase a brief, motivational video featuring SVS members and honor the recipients of the SVS Lifetime Achievement Award, the first-ever SVS Medal for Innovation in Vascular Surgery, and many other awards. You won't want to miss this energizing event.

## Expanded SVS/AVA Booth

Learn how to get the most from your membership at the expanded SVS/AVA booth. It will be located directly across from the Registration area. Be sure to stop by to learn how to stay current on issues directly related to your career and practice, and how to get more involved with SVS/AVA initiatives. SVS/AVA staff will be on hand to answer questions and tell you about new programs and activities including:

- Political Action Committee Legislative Issues
- Upcoming Educational Events
- Vascular Registry Hands-on Demonstration
- Vascular Screening Activities

We look forward to welcoming you to Philadelphia!

## Now Available Online: Registration and Housing Information

The site of the 2006 Vascular Annual Meeting is the Pennsylvania Convention Center and the Headquarters Hotel is the Philadelphia Marriott with official overflow hotels of the Ritz Carlton Philadelphia and Loews Philadelphia.

We are pleased to announce that in an ongoing effort to improve services, SVS has contracted Wyndham Jade to provide complete housing services for the

2006 Society for Vascular Surgery and Peripheral Vascular Surgical Society attendees. You will find this new service makes booking easy with the best rates. Wyndham Jade's Online Booking platform allows you to block rooms at the hotel of your choice (based upon availability), complete the online rooming list yourself (and make changes, substitutions, etc.) until the cutoff date of **May 1, 2006**. The Housing Team also

can assist you with any and all housing-related requests, including housing reservations, suite requests and last-minute room additions. To make housing reservations, visit [www.VascularWeb.org](http://www.VascularWeb.org) or call 866-268-0197 (domestic) / 972-349-5435 (international). To register for the meeting or for more general information, as well as a detailed schedule of events, visit [www.VascularWeb.org](http://www.VascularWeb.org).



## Register Today to Participate in the AVA Patient Screening in Philadelphia

The American Vascular Association (AVA) is holding a patient screening on Tuesday, May 30, immediately preceding the 2006 Vascular Annual Meeting at the Pennsylvania Convention Center, Philadelphia, Pa.

The AVA will provide all equipment and supplies needed for the screenings. All participants will receive a quick carotid ultrasound exam, an aortic ultrasound scan and a Doppler exam for PAD. They also will receive a Vascular Report Card, a summary of their exam results. Educational materials on vascular diseases and their prevention and treatment will be distributed after the screenings.

Physicians are needed to discuss the screening findings with participants, and when appropriate, encourage them to contact their physicians directly. Registered vascular technologists are also needed to conduct the exams. If you are interested in participating in this screening, please contact Michele Lentz, AVA Senior Program Administrator, at [mlentzava@cablespeed.com](mailto:mlentzava@cablespeed.com) or 877-AVA-2010.

Your participation is the key to a successful screening!

## Special Events at the 2006 Vascular Annual Meeting

### SVU/SVS Special Vascular Physics Review Course

May 31, 2006, Philadelphia Marriott Hotel, Philadelphia, PA

#### Program Overview

This one-day advanced course is an in-depth review of vascular physics for physicians planning to sit for the new ARDMS Registered Physician in Vascular Interpretation (RPVI) Certification Exam. Physicians passing the ARDMS exam will receive the Registered Physician in Vascular Interpretation (RPVI) credential from ARDMS.

Taught by Frank Miele, MSEE, President of Pegasus Lectures, Inc., will focus on reviewing the vascular physics skills as specified by the exam content outline, including case-based test question simulation. Each attendee will receive a complimentary CD of PowerPoint presentations and case studies from the course.

#### Learning Objectives

Upon completion of this course, attendees should be prepared to:

- Formulate a better understanding of ultrasound physics concepts and their application to the field of vascular diagnostics
- Sit for the new ARDMS Registered Physician Vascular Interpretation (RPVI) Certification Exam

#### Course Co-Directors

Tish Poe, BA RDCS RVT, Vascular and Transplant Specialists, Hampton, Va.

Frank Miele, MSEE, Pegasus Lectures, Inc., Forney, Texas

### General Information

#### Registration Fee

*Before May 8, 2006*

SVU/SVS Members	\$195
Non-members	\$250
Fellows	\$125

*After May 8, 2006*

SVU/SVS Members	\$295
Non-members	\$350
Fellows	\$225

#### Register Today!

Call 800-788-8346 or visit <http://www.svunet.org/>.

### Continuing Medical Education (CME) Credit

*For Physicians*

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of the Society for Vascular Surgery (SVS) and the Society for Vascular Ultrasound (SVU). SVS, as part of the Consortium for Academic Continuing Medical Education, is accredited by the ACCME to provide continuing medical education for physicians.

SVS designates this educational activity for a maximum of **8.25 Category 1** credits toward the AMA Physician's Recognition Award. Each physician attending this course should claim only those credits that he or she actually spent in the activity.



# How the SVS Communications Committee Is Working for You

## Medical Student Outreach

One of the major goals of the Communications Committee is to attract medical students to vascular surgery. Current activity includes:

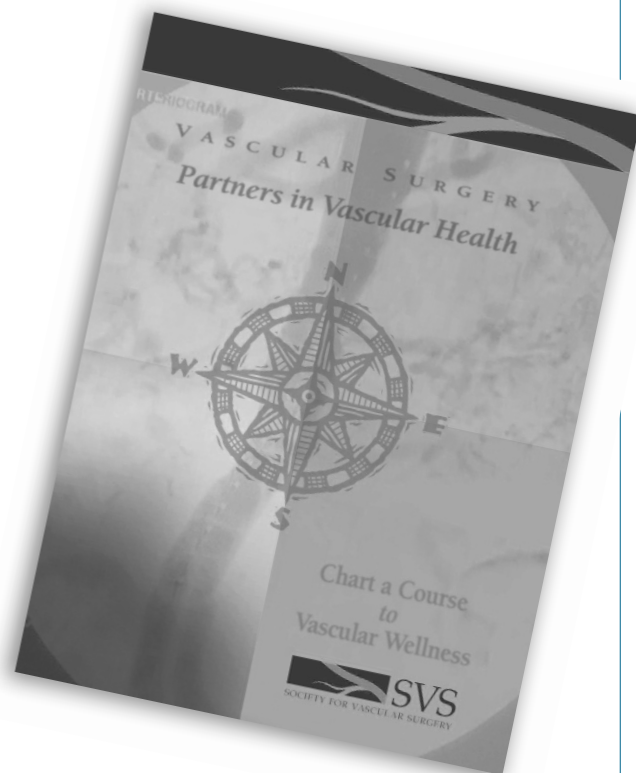
- **American Medical Student Association (AMSA) Residency Fair & Specialty Showcase:** On June 10, 2006 SVS will exhibit and talk with medical students about the field of vascular and endovascular surgery.
- **Medical Student Externships/Sub-internships:** One-on-one contact with a vascular surgeon is important in the recruitment process. The Communications Committee is developing tactics to mentor students by offering externships and sub-internships in vascular surgery services. This mentoring offers students first-hand experience and opens their eyes to the exciting career of vascular surgery.
- **Integrated Recruitment Campaign:** The committee contracted a professional media company, Health & Medical Media, to develop a high quality DVD and brochure promoting careers in vascular and endovascular surgery. The materials will be unveiled at the Vascular Annual Meeting. Final plans for use of these materials is under discussion.

## Increased Recognition for Vascular Surgeons

The Communications Committee recognizes the need to promote the leadership and expertise of vascular surgeons, and has launched campaigns to begin the image-building process.

- **Primary Care Physician Referral Campaign:** The committee developed a sample letter members can personalize and send to physicians reminding them that vascular surgeons are the experts they should contact for patient referral.  
  
The letter is designed to be sent with a brochure produced by the AVA. Response has been very positive. Members can access the letter and order the brochures through [www.VascularWeb.org](http://www.VascularWeb.org).
- **Vascular Health Speakers Bureau:** A pilot program offering speakers for grand round presentations has been launched. The bureau consists of 40 members in leadership roles who are interested in educating hospital staff and referring physicians the advancements in vascular disease treatments. The program will be expanded based upon the success of this initial promotion.

- **AMA Screening Event:** Dr. Carlo Dall'Olmo, MD, is working with the AMA to plan a vascular disease screening program at its June 2006 House of Delegates meeting. This is a unique opportunity to educate a large body of practitioners about peripheral vascular disease and promote the expertise of vascular surgeons.
- **Media Activity:** Press releases announcing newsworthy articles published in the *Journal for Vascular Surgery* are now being distributed to the press. A release was issued announcing the Vascular Health Speakers Bureau. Media alerts and press releases featuring the Vascular Annual Meeting are being distributed. New press kit materials are being distributed. All of this information is available on [www.VascularWeb.org](http://www.VascularWeb.org).
- **Public Outreach Activity:** The Communications Committee will be developing a comprehensive public outreach program over the next several months. The AVA screening program will be integrated into this initiative and the screening program operations will be moving to the SVS Chicago office later this year, with oversight by the Communications Committee. The current screening program operations will stay in place through July 2006. ~



# Upcoming CME Course



## Advanced Endovascular Interventions

May 2-3, 2006

The Texas Heart Institute at St. Luke's Episcopal Hospital, Houston, Texas

### Learning Objectives

Upon completing this course, participants should be able to:

- Understand the technical considerations necessary for complex endografting and management of aortic dissections
- Review clinical data, patient selection, and technical details regarding renal, mesenteric, sfa, tibial and endoleak interventions
- Understand the indications and techniques for placement and retrieval of vena cava filters and the differences between available filters and retrieval systems
- Discuss pre-procedure and intra-procedure imaging modalities
- Understand commonly encountered pathologic conditions and normal anatomic variations
- Outline techniques and selection criteria for large sheath insertion, brachial access, trans-lumbar access, and supra-selective microcatheterization

- Recognize and manage common early and late complications of advanced endovascular procedures
- Identify protocols for post-procedure surveillance to maximize efficacy
- Describe clinical competencies and correct CPT coding for these procedures

### Course Directors

Timur P. Sarac, MD, Cleveland Clinic Foundation, Cleveland, Ohio

Kim J. Hodgson, MD, Southern Illinois University School of Medicine, Springfield, Ill.

Alan B. Lumsden, MD, Baylor College of Medicine, Houston, Texas

### Faculty

Ruth L. Bush, MD, Baylor College of Medicine, Houston, Texas

Peter H. Lin, MD, Baylor College of Medicine, Houston, Texas

Sean P. Lyden, MD, Cleveland Clinic Foundation, Cleveland, Ohio

Peter Schneider, MD, Kaiser Permanente Medical Group, Division of Vascular Therapy, Honolulu, Hawaii

Luis Sanchez, MD, Washington University School of Medicine, St. Louis, Mo.



Program hosted by Baylor College of Medicine, Division of Vascular Surgery and Endovascular Therapy, Michael E. DeBakey Department of Surgery.

Enroll now for our spring continuing medical education program on incorporating advanced endovascular interventions into your practice. Space is limited, be sure to register today!

### Continuing Medical Education (CME) Credit

The SVS is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education (CME) for physicians.

The SVS designates this educational activity for a maximum of 16.5 category 1 credits toward the AMA Physician's Recognition Award. Each physician should claim only those credits that he or she actually spent in the educational activity.

### General Information

#### Hotel Reservations

Marriott Houston Medical Center

6580 Fannin Street

Houston, TX 77030

Hotel Phone: 713-796-0080

Reservations: 800-228-9290

Room Rate: \$209 plus tax single/double

Reservation Deadline: April 17, 2006

#### Registration Fees

\$995 SVS Member, \$1,250 Non-Member

#### Register Today!

Visit [www.VascularWeb.org](http://www.VascularWeb.org), click on "SVS CME Meetings" and Download a Registration Form.



Supported through an educational grant provided by Boston Scientific.

## How SVS is Working for You... *continued from page 1*

individuals who complete a one-year program after this date. ABS certification in vascular surgery will, thereafter, require a minimum of two years of accredited vascular training.

For more detailed information on how the approval of the primary certificate in vascular surgery affects residents and medical students, visit [www.VascularWeb.org](http://www.VascularWeb.org).

### Actively participating in a broad-based coalition to oppose the Deficit Reduction Act, which includes across the board cuts to the technical component of in-office imaging services.

These cuts will go into effect January 1, 2007. The cuts cap the technical component for physician office imaging at the lesser of the Hospital Outpatient Prospective Payment System or the Medicare Fee Schedule and include all imaging services except mammography. The Congressional Budget Office estimates that these will generate \$2.8 billion in savings over five years.

Because vascular studies are greatly impacted, Pamela Phillips is representing SVS by actively participating in a broad-based coalition of multiple physician specialties and manufacturers at meetings of the coalition and with targeted members of Congress to oppose this law. SVS staff and members also are participating in a coalition addressing the specific threat to vascular labs.

In addition, SVS signed onto a letter that has been distributed to Congressional leaders. The letter requests that Congress reconsider imaging cuts because there was no public deliberation by either body of Congress or analysis of the impact, leading to unintended consequences including diminishing access to imaging services outside of the hospital setting. A copy of the letter is posted on [www.VascularWeb.org](http://www.VascularWeb.org). And, SVS staff and members met with CMS staff to express their concern regarding this issue.

In the next few weeks, SVS will be conducting a grassroots campaign by asking members to send letters to their members of Congress in opposition to these cuts. The letters will focus on how these cuts affect patients' access to vascular imaging services.

### Launching a campaign targeted to primary care physicians to increase their awareness regarding the extent to which vascular surgeons perform operative, endovascular and diagnostic services.

The purpose of the campaign is to inform primary care physicians that vascular surgeons now perform minimally invasive and catheter-based procedures and remind them that vascular surgeons are the most qualified to diagnose and treat their patients. Together, SVS members have this opportunity to blanket the country with a unified message that will influence the image of vascular surgeons.

The Communications Committee urges you to take part in this campaign. Find the sample letter, and order form for *Partners in Vascular Health* on [www.VascularWeb.org](http://www.VascularWeb.org). If you have questions, please contact Jill Goodwin, director of communications, 312-202-5608.

### Providing an online research opportunities resource for residents and medical students

Developed by the SVS Research Council to identify opportunities in vascular surgery for medical students and residents, this resource allows research supervisors to post research opportunities on [www.VascularWeb.org](http://www.VascularWeb.org), as well as helps candidates search a list of current research opportunities.

For questions or comments, contact Sarah Murphy at 312-202-5605 or [smurphy@vascularsociety.org](mailto:smurphy@vascularsociety.org).

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## American Vascular Association Awards Available for Vascular Surgeon Scientists

Two awards are available through the American Vascular Association (AVA) and the National Heart, Lung and Blood Institute (NHLBI), National Institutes of Health (NIH), DHHS.

**The Mentored Clinical Scientist Development Award (K08)** is directed at vascular surgeon scientists in the early stages of their research careers and will provide supplemental funding to an individual who receives an NHLBI Mentored Clinical Scientist Development Award (K08). The purpose of the Mentored Clinical Scientist Development Award (MCSDA) is to support the development of outstanding clinician research scientists who are committed to a career in laboratory or field-based research.

**The Mentored Patient-Oriented Research Career Development Award (K23)** is directed at vascular surgeon scientists in the early stages of their research careers and will provide supplemental funding to an individual who receives an NHLBI Mentored Patient-Oriented Research Career Development Award (K23). The purpose of the Mentored Patient-Oriented Research Career Development Award (K23) is to support the career development of investigators who have made a commitment to focus their research endeavors on patient-oriented research.

For more information, or to apply, visit [www.VascularWeb.org](http://www.VascularWeb.org). **Application submissions for both awards are due June 1, 2006.**

## SVS News Briefs

### Sign Up Now to Participate in the AVA National Screening Program, May 13-20, 2006

The 2006 AVA National Screening Program will be held as part of Vascular Disease Week on May 13-20, 2006. Over 200 participating centers are expected to screen more than 10,000 people this year.

Sign up to today to ensure your participation in the largest, most comprehensive public service screening program in the country. Your involvement helps to promote public awareness of vascular disease and the vascular specialist.

The AVA National Screening Program includes the following:

- A "quick" carotid scan for detection of carotid stenosis
- An aortic ultrasound scan for diagnosis of AAA
- An ABI for detection of PAD

All participating screening centers will receive a comprehensive array of public education materials to distribute, and marketing resources to assist them in conducting the program successfully.

To qualify as a screening center, you must have accredited non-invasive vascular testing resources and be committed to the public service goals of the AVA program. The AVA believes its screening program should have a balanced geographic, demographic and practice distribution.

This year AVA will be charging a \$200 fee for each box of screening materials sent out to help defray expenses. An invoice will be mailed shortly after shipping the materials. You will be sent additional information regarding the screening program when the AVA office receives your completed enrollment form.

If you have questions, please call 877-AVA-2010, fax 410-553-6009, or e-mail Michele Lentz at [mlentzava@cablespeed.net](mailto:mlentzava@cablespeed.net).

### Wanted: SVS-Member Marathon Runners for the 2006 LaSalle Bank Chicago Marathon

The Vascular Disease Foundation (VDF) is the official charity of the 2006 LaSalle Bank Chicago Marathon, and has requested SVS members who are marathon runners take part in this year's run. It will be held October 22, 2006 in Chicago. SVS is a founding member of the VDF.

This is a great opportunity to promote the importance of physical activity for good vascular health with a media campaign. If any members are interested in running, please contact Jill Goodwin at 312-202-5608 or [jgoodwin@vascularsociety.org](mailto:jgoodwin@vascularsociety.org).



### Toursarkissian Is Awarded the 2006 Health Policy Scholarship

Dr. Boulos Toursarkissian has been awarded the 2006 Health Policy Scholarship, which is co-sponsored by the American College of Surgeons and the Society for Vascular Surgery. His scholarship will make it possible to attend the intensive course entitled "Leadership Program in Health Policy and Management," offered by the Heller School for Social Policy and Management at Brandeis University, Waltham, Mass. This program was specifically designed with surgeons in mind, and is scheduled May 29 through June 3, 2006.

Following completion of the course, Dr. Toursarkissian will spend one year as a pro tem member of the Health Policy Steering Committees of the College and the SVS Clinical Practice Committee, advising and assisting both as requested.



## SVS Attends the American Medical Student Association Residency Fair & Specialty Showcase

SVS recently introduced the new Primary Certificate in Vascular Surgery to medical students and residents at the American Medical Student Association's Residency Fair & Specialty Showcase. SVS member, Dr. Mark Morasch, was on hand to explain the new changes and highlight the exciting field of vascular surgery.

## SVS Receives Fistula First Breakthrough Initiative Recognition from CMS

SVS recently received a Certificate of Appreciation from the Centers for Medicare and Medicaid Services (CMS) recognizing the work of SVS, as well as the SVS lead representative, Clifford M. Sales, MD, to the CMS Fistula First Breakthrough Initiative. A special thank-you is extended to all those involved in this effort.

## SVS Staff

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SAVE THE DATE!

## SVS Member Business Luncheon

Friday, June 2 at 12:45 pm  
Philadelphia Convention Center  
Ballroom A

VASCULAR  
ANNUAL MEETING  
PHILADELPHIA, PA

## In Memoriam

Clarence Dennis, MD  
St. Paul, Minn.  
*Distinguished Fellow*

George G. Lindesmith, MD  
Arcadia, Calif.  
*Distinguished Fellow*

E. Converse Peirce II, MD  
Hancock, Maine  
*Distinguished Fellow*

T. Keith Scobie, MD  
Chiriqui, Panama Republic  
*Distinguished Fellow*

Richard L. Varco, MD  
Bellingham, Wis.

Frank Wheelock, MD  
Cushing, Maine  
*Distinguished Fellow*

## Calendar

### May 2-3, 2006

#### Advanced Endovascular Interventions

The Texas Heart Institute at St. Luke's Episcopal Hospital, Houston, Texas  
*Supported through an educational grant provided by Boston Scientific*

### May 30, 2006

#### The American Vascular Association (AVA) Vascular Screening

Pennsylvania Convention Center, Philadelphia, Pa.  
To participate, contact Michele Lentz, AVA Senior Program Administrator, at [mlentzava@cablespeed.com](mailto:mlentzava@cablespeed.com) or 877-AVA-2010.

### May 31, 2006

#### SVU/SVS Special Vascular Physics Review Course

Philadelphia Marriott Hotel Philadelphia, Pa.  
Call 800-788-8346 or visit <http://www.svunet.org/>.

### June 1, 2006

#### Submission Deadline

American Vascular Association and National Heart, Lung and Blood Institute Jointly Sponsored Mentored Clinical Scientist Development Award (K08)

### June 1, 2006

#### Submission Deadline

American Vascular Association and National Heart, Lung and Blood Institute (NHLBI) Jointly Sponsored Mentored Patient-Oriented Research Career Development Award (K23)

### June 1-4, 2006

#### Vascular Annual Meeting

Pennsylvania Convention Center, Philadelphia, Pa.

VASCULAR  
ANNUAL MEETING  
PHILADELPHIA, PA

### June 2, 2006

#### Third Annual American Vascular Association (AVA) Benefit Gala

*Fifty dollars of each \$150 ticket is a tax-deductible donation to the AVA. All proceeds support the mission of the AVA. Sign-up on the registration form or on-site at the 2006 Vascular Annual Meeting Registration Desk.*

For more information, visit [www.VascularWeb.org](http://www.VascularWeb.org)



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