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The SVS President discusses the critical role of education, advocacy, and new media in the better treatment of patients.

What are your goals as the 2009/2010 Society for Vascular Surgery (SVS) President? What has been your biggest challenge so far?

My goals are related to engaging the SVS membership and improving the care of patients with peripheral vascular disease. Goals related to the membership of the SVS include engaging members in informing the leadership of their needs and issues, assessing various SVS programs' effectiveness based on whether they meet members' needs, and developing tools to help the society assess outcomes of programs and services. To improve the care of patients with peripheral vascular disease, I would specifically like to work on improving patients' awareness of vascular disease and establishing strategic alliances with organizations that care for patients with vascular disease.

I think that the biggest challenge that the leadership of the society faces is how to evaluate various programs and functions to determine whether they meet the membership's needs. It is important to align the SVS budget with programs of value to our members. That is why assessing the effectiveness of various programs is a goal of mine as president of the society.

How did the collaboration between the SVS and the American Podiatric Medical Association (APMA) to improve diabetic foot care come about?

Vascular surgeons and podiatrists work together every day on clinical issues. However, there has not been a formalized organizational commitment to duplicate the clinical collaborative setting that exists in various medical centers or practice groups between vascular surgeons and podiatrists. So one way to think about it is that this collaboration or alliance between the SVS and APMA is a natural outgrowth of the way we care for patients with lower extremity vascular disease and chronic limb ischemia. A group of vascular surgeons and podiatrists started discussions to join forces on an organizational level. A meeting was held between the leaderships of SVS and APMA in Washington, DC, on August 21, 2009. This was a very important meeting in which the leaderships expressed their commitment to collaborate on clinical, educational, and socioeconomic issues that are important in the care of our patients.

On a personal level, I could not be happier with this collaboration. Diabetic vascular disease and the care of diabetic

foot have been passions of mine for many years, and I have published a book on the subject. This is now a great area of interest for practitioners caring for this disease since the introduction of endovascular techniques has changed the way this disease is managed with important implications on diabetic limb salvage.

Tell us about the educational aspect of this effort. What types of programs are you working on to reach the affected public?

In the August 21 meeting, the leaderships of both organizations decided to appoint a group representing both organizations to write a joint statement on the multidisciplinary team approach to the care of diabetic foot, produce a supplement on the care of the diabetic foot that will be jointly published in the *Journal of Vascular Surgery* and the *Journal of the American Podiatric Medical Association*, establish joint postgraduate courses to be held at the annual scientific meetings of both organizations, collaborate on practice guidelines and reporting standards dealing with the care of diabetic foot, and work together on advocacy and public awareness efforts in areas of common interest.

We believe those efforts will increase the awareness and the education of providers caring for patients with diabetic peripheral vascular disease in the hopes of preventing, as well as appropriately managing, the complications of this disease.

Georgetown University Hospital recently held their 2009 Diabetic Limb Salvage (DLS) meeting in Washington, DC. What are the goals of this meeting, as well as some of the distinguishing elements?

The DLS meeting organized by Georgetown University Medical Center is an excellent example of the team approach to diabetic foot management and limb salvage. The organizers continue to do a great job providing a comprehensive, practical, and didactic educational experience to all team members participating in the care of patients with diabetic foot. By doing so, DLS not only provides an excellent educational opportunity, but it also helps build the team-approach concept necessary for the optimal care of these patients.

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Can you tell us more about the SVS's role in the Find the AAAAnswers public education campaign?

The SVS has joined the Find the AAAAnswers Campaign with the American College of Preventive Medicine and the Society for Vascular Ultrasound. The year-long campaign was kicked off at a press event in New York City on September 22, 2009, with SVS Communications Chair R. Clement Darling, MD, other members of the coalition, an abdominal aortic aneurysm (AAA) patient, and former Washington Redskins football quarterback Joe Theismann as the celebrity spokesperson. Theismann's father had a AAA that was successfully managed.

This campaign is especially timely because Congress is reviewing legislation that will broaden coverage for at-risk Medicare recipients. In an effort to reduce unnecessary AAA deaths, the goal of the campaign is to increase the number of those at-risk who are screened for the presence of AAAs each year. To accomplish this goal, campaign activities include education and screening events for AAAs; VascularWeb.org links to an interactive Web portal where patients can learn more about AAAs (www.FindtheAAAAnswers.org) and make a personal pledge to get screened; educational materials and resources on AAA screening for health care professionals, patients, and their loved ones; public service announcements on the importance of AAA screenings; and events with health care advocates and policy influencers to identify current challenges in AAA care and to advocate for meaningful change.

If Congress decides to broaden coverage for screening at-risk Medicare recipients, how would that affect the way that AAAs are screened? Who would be covered that currently is not?

When the SAAAVE (Screening Abdominal Aortic Aneurysm Very Effectively) bill was passed, it attached AAA screening to the "Welcome to Medicare Physical Exam," which must be performed within 12 months of reaching Medicare eligibility. Because of this restriction and lack of education, less than 10,000 Medicare beneficiaries took advantage of AAA screening in 2007. It is difficult to give a number for how many more beneficiaries would get screened if the decision to broaden coverage is passed; however, the expansion of the eligibility window of AAA beyond the time limit for the Welcome to Medicare Physical Exam will definitely increase the number of beneficiaries that would take advantage of this benefit. It would also allow us more time to improve awareness of this disease and of the importance of screening in preventing AAA rupture and death.

The Senate Finance Committee bill does not specifically

mention AAA screening but provides for an Annual Wellness Visit beginning in 2011, followed by a visit to a primary care provider for creation of a personalized prevention plan including covered preventive services recommended by the United States Preventive Services Task Force (USPSTF) with an A or B recommendation. The bill does not require the Health and Human Services (HHS) Secretary to withdraw Medicare coverage for services rated lower than a B. Male ever-smokers aged 65 to 75 years have a B rating from the USPSTF, but men and women with a family history of AAA received lower grades from the USPSTF. The bill also provides funding for provider education, patient awareness, and a Government Accountability Office study to determine if any barriers exist that prevent the utilization of preventive services.

Senator Stabenow is committed to providing report language (provides clarification to the legislation) that will ensure that the HHS secretary has the authority to remove barriers to prevention services based on clinical criteria. Also, the committee has modified its bill to allow Medicare beneficiaries to receive either the Welcome to Medicare Physical Exam or the Annual Wellness Visit during their first year of enrollment.

The latest version of the House health care reform bill specifies that AAA screening requires the HHS secretary to report to Congress within 12 months on Medicare beneficiary barriers to AAA screening through the Welcome to Medicare Physical Exam and to identify and implement policies promoting proper use of AAA screening for at-risk beneficiaries. Representative Green continues to champion this issue.

How is the SVS involving "new media" in its efforts to stay in touch with members?

We are currently redesigning VascularWeb.org. The new system will have social networking capabilities that may be used for the entire membership, as well as pages for specific committees and other networking groups. We have also produced a library of educational podcasts featuring our members. They are posted on VascularWeb.org, YouTube, and iTunes and have proven to be very popular. Additionally, we have set up a Twitter account where members who register can get brief, up-to-the-minute news including descriptions of our press releases. We regularly communicate with our members with email blasts and an e-newsletter, SVS Pulse, which allows us more flexibility than through traditional publications. We are including some of the Vascular Annual Meeting presentations on VascularWeb to be easily accessible online. Also, the *Journal of Vascular Surgery* is including more videos on the journal's Web site for easy access. ■