

California PAD Task Force Committee

Michael R. Jaff, DO, discusses the PAD Task Force's recent initiative to increase awareness of peripheral artery disease.



Nearly 9 million Americans have peripheral artery disease (PAD), which increases the risk of heart attack, stroke, and death. PAD causes limb discomfort that often inhibits walking; however, the symptoms of PAD are often mistaken for signs of arthritis or old age, so people may not be aware of the problem and its associated risks.

The PAD Task Force Committee met for the first time on February 4, 2010, in the California State Capitol. The goal of the committee, composed of 15 respected medical experts across specialties and interests, is to outline an approach that will support early identification and appropriate treatment of PAD in California. The state aims to build awareness of this underdiagnosed disease, thereby decreasing health care costs associated with treating PAD and its comorbidities. The committee will generate a position paper centered on recommendations and guidelines for a statewide initiation of PAD awareness and surveillance of at-risk patients to be published in the next year.

Michael R. Jaff, DO, Medical Director of the Vascular Center at the Massachusetts General Hospital, and chairman and moderator of the PAD Task Force Committee on behalf of the Governor of California Arnold Schwarzenegger, the California Podiatric Medical Association, and the California Department of Chronic Disease and Injury Prevention, discusses this recent committee meeting.

What prompted Governor Schwarzenegger to convene the PAD Task Force Committee, and what were the stated goals of the committee?

Several constituents from California raised numerous issues surrounding the fragmented care of patients with PAD. There are significant counties in California with increased amputation rates, and formal data collection regarding critical endpoints in PAD are lacking. The Task Force was charged with reviewing the current state of the art for diagnosis and management of PAD, to analyze the gaps in data collection, and to develop a "road map" for the statewide establishment of comprehensive PAD care.

What were some of the highlights of the committee's discussion?

There were multiple highlights, including a warm welcome and opening comments from the governor's staff; an outstanding presentation by the chief of chronic diseases at the California Department of Public Health; and several lectures by national experts on risks of PAD and critical limb ischemia (Alan T. Hirsch, MD), screening for PAD (John Martin, MD), and surgical (Christopher Zarins, MD) and endovascular (David Roberts, MD) therapy. Finally, there was a resounding presentation by Larry Harkless, DPM, on the critical role of podiatric medicine in the care paradigm for PAD.

The meeting was held in the private chambers of the governor, and we had a private tour of his office complex, as well as the office of his wife, First Lady Maria Shriver.

Did the committee come to any particular conclusions regarding how to address PAD diagnosis or treatment?

An executive summary was forwarded to Governor Schwarzenegger, with plans for publication of the proceedings. The Task Force has made several requests of the governor, and it is hopeful that this will be the beginning of a longitudinal program for the state.

Do you foresee this Committee's findings affecting treatment outside of California?

The Task Force is hopeful that other states will view this initiative as valuable and perhaps motivate vascular specialists nationwide to launch similar campaigns. In order to accomplish this, however, a state must recognize the need for a review of the current process of care for patients with PAD, along with stakeholders from their state, and commit to developing comprehensive care plans. ■

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