What is Vascular Surgery Worth to a Health Care System?

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Conflict of Interest
NONE

Average Health Care Spending per Capita 1980 - 2009

Patient Protection and Affordable Care Act (PPACA)

- US federal statute signed into law in 2010, upheld June 28, 2012 by the Supreme Court
- Aims to improve healthcare outcomes and streamline the delivery of health care
- Reduces health care costs
- Increases rate of health insurance coverage
- Decrease insurance premiums
- Instead of fee for service (volume based) providers will receive global payments for taking care of people over time
Affordable Care Act
The Effects on Vascular Surgeons

- Increased taxes
- Physician Quality Reporting System (PQRS)
- Misvalued Code Provision
- Multiple procedure payment reduction
- Equipment utilization rate
- Independent payment advisory board
- Other factors affecting physician pay

Increased taxes

- Medicare payroll tax increased 0.9% for individuals with an annual income > $200,000 and for families with an annual income > $250,000.
- Investment income tax increased by 3.8%.

PQRS Medicare Services
Payment Schedule for physician reported quality measures

<table>
<thead>
<tr>
<th>Year</th>
<th>Additional/Decrease</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>1%</td>
</tr>
<tr>
<td>2012</td>
<td>0.5%</td>
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<tr>
<td>2013</td>
<td>0.5%</td>
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<tr>
<td>2014</td>
<td>0.5%</td>
</tr>
<tr>
<td>2015</td>
<td>Decrease of 1.5%</td>
</tr>
<tr>
<td>2016</td>
<td>Decrease of 2%</td>
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Quality Measures for Vascular Surgeons

- Provider participation in approved clinical data registries
- Prevention of catheter-related bloodstream infections
- Electronic prescribing
- Use of electronic health records
- Documentation of current medications in the medical record
- Pain assessment and follow-up
- Exposure times reported for fluoroscopic procedures
- Documentation of specific methods for reporting carotid stenosis
Quality Measures for Vascular Surgeons

- Use of aspirin or other antithrombotic medications in patients with PAD
- Screenings and cessation intervention for tobacco use
- Chronic wound care measures
- Surveillance after EVAR
- Lipid control in patients with PAD
- Appropriate follow-up of biopsy results by the performing physician
- Screening for hypertension with documented follow-up

MISVALUED CODE PROVISION

- Most endovascular and interventional radiology/cardiology CPT codes have been identified as being potentially misvalued
- Changing, bundling and revaluation of these codes is underway
- Reduced valuations for endovascular services
- Redistribution of $2.5 billion within the Medicare Physician Payment Schedule between 2009 and 2013

MULTIPLE PROCEDURE PAYMENT REDUCTION (MPPR)

- Limits overpayment for duplication of portions of the services
- Started with the technical component (TC) of diagnostic cardiovascular imaging, now includes the professional fee for certain procedures
- A 25% MPPR will apply when one or more physicians with the same National Provider Identity (same practice) interpret multiple procedures for a patient on the same day

INDEPENDENT PAYMENT ADVISORY BOARD

- Maintains Medicare spending below a cap by restricting payments to physicians and hospitals
- Can decrease physician payments
- 15-member panel of unelected federal employees with a minority of health care providers
- Will act when spending outpaces GDP per capita plus 1%, similar to the Medicare Sustainable Growth Rate (SGR) (that has been shown to be flawed)
- By January 15 of each year a plan is proposed to achieve Medicare savings targets in the following year
Focus on Primary Care

- Health care costs reduced by enhancing preventive care
- Funding shifted to primary care medicine from specialty medicine, including endovascular interventions
- This shift affects specialist training and physician payments

Sequestration

Balanced Budget Act 2011
Super Committee
Sequestration of 2.1 trillion (for 10 years)
400 billion in health care costs
(123 billion in Medicare costs)
2% cut for Medicare physician payment (March 1, 2013)

“Doc fix”

- Planned 26.5% Medicare physician payment cut (30 billion) delayed until January 1, 2014
- RVU Conversion factor unchanged ($34)
- Research fund is less
- Additional provider cuts

International Coding of Disease (ICD) Revision-10

- Implemented on October 1, 2014
- Codes for diagnosis and inpatient procedures
What is Vascular Surgery Worth to our Health Care System?

PRICELESS

Vascular Surgery’s Worth Prevention

• Carotid endarterectomy / CAS
  • Asymptomatic disease: stroke prevention
  • Symptomatic disease: recurrent event / stroke prevention
• Aneurysmal disease
  • Rupture prevention

What is Vascular Surgery Worth to our Health Care System?

The Value of Vascular and Endovascular Surgery

- Save lives
- Save limbs
- Prevent stroke
- Prevent cardiovascular disease

Mortality from Aortic Aneurysms and Dissections in the United States 2007-2011

Risk-Adjusted Mortality of AAA Repairs in the United States 1999-2008

- 36%


Vascular Surgery’s Worth
Atherosclerotic Risk Factor Reduction

- Initial referrals for PAD, carotid disease, etc.
- Need for initiation of:
  - Statin therapy
  - BP control
  - Smoking cessation
  - Antiplatelet therapy
  - Diabetes management
- Potential decrease in stroke, MI, etc. based on these therapies

Vascular Surgery’s Worth
Ambulation

- PAD and claudication
  - Limitation in ability to work
  - Limitation in QOL
- Therapy allows for exercise that may be beneficial to overall cardiovascular health
- Therapy allows the patient to continue to be productive, maintain employment, etc.

Vascular Surgery’s Worth
Limb Salvage

- Revascularizations
  - Endo and open
- Compared to limb loss / amputation
  - Cost of hospitalization
  - Cost of NH care
  - QOL
- Need data on global cost comparisons to healthcare system
Vascular Surgery’s Worth
Assistance of Other Specialists

- Surgical Oncology and Urology with tumor resection/vascular reconstructions
- Orthopedics / Neurosurgery with spine exposures
- Control of hemorrhage during / after other specialists’ operative and percutaneous procedures

Vascular Surgery’s Worth
Venous Thromboembolism Therapy

- Anticoagulation/IVC filters
  - Prevention of fatal PE
- Thrombolysis
  - Restoring patency
  - Preservation of venous valvular function
  - Decrease in post-thrombotic syndrome
  - Prevention of venous ulcers and decreasing associated costs to patients and society

Medicare Part B Payments to Vascular Surgery
Potential Causes of Better Reimbursements

- Transition from dually trained surgeons previously calling themselves general surgeons to now calling themselves vascular surgeons in the Medicare files - you have to select one specialty
- Slow but steady increase in the total number of vascular fellowship-trained surgeons
- Improved work RVUs for open vascular procedures little by little, every year since 1997

Vascular surgery takeover of percutaneous peripheral interventions that pay better than open surgery

Office-based radiofrequency and laser vein ablation since 2005 bringing the technical payment out of Part A hospital payments to Part B physician payments

Office-based arterial interventions (started in 2011)

How to Succeed in Vascular Surgery with the Affordable Care Act

- Maintain and develop the widest possible expertise in open surgical and endovascular procedures, including HD access, amputations, spine exposures and in all aspects of a vascular laboratory. This will make us INDISPENSABLE.
- NEVER forget how to perform the highest quality open vascular surgery. No one else can do that.
- Treat the disease. If that means learning to inject stem cells, perform embolization, endothermal venous ablations, sclerotherapy, so be it.

- Learn how to be team players and LEADERS in big medical center environments
- Retain recognition as honest brokers at national legislative and regulatory venues
- Seek and train people who want to earn a good wage while being a GREAT DOCTOR, not people who want to earn a GREAT WAGE by being a good doctor.
THANK YOU!