

Vascular Medicine editorial on PAD recommendations to MEDCAC panel

April 11 2016

The Society for Vascular Medicine (SVM) is a part of a coalition of five leading nonprofit professional societies that has made recommendations for the treatment of peripheral artery disease (PAD) to the Centers for Medicare and Medicaid Services (CMS) Medicare Evidence Development and Coverage Advisory Committee (MEDCAC) panel. The coalition's recommendations are explained in an [editorial that appears in *Vascular Medicine*](#), the official journal of SVM. The editorial was made available on April 10, 2016 on the *Vascular Medicine* website.

The MEDCAC panel was convened to examine scientific evidence for lower-extremity PAD treatments that aim to improve health outcomes in Medicare beneficiaries and to address areas where evidence gaps exist related to lower-extremity PAD. The panel discussed care for patients with three levels of [peripheral artery disease](#): asymptomatic, intermittent claudication, and critical limb ischemia.

Speaking on behalf of the value of early diagnosis and appropriate treatment of PAD to save limbs and lives, SVM, represented by SVM Immediate Past President James Froehlich, MD, MPH, FSVM, and SVM President John R. Bartholomew, MD, MSVM, joined with the coalition, which has a combined membership of more than 100,000 physicians, to present before MEDCAC and advocate for continued access to PAD treatments or care. Along with SVM, these organizations represented a broad coalition of PAD specialists in the United States: American College of Radiology, Society for Cardiovascular Angiography and Interventions, Society of Interventional Radiology, and

VIVA Physicians. All of these groups share a common goal of ensuring patients' access to high-quality, medically necessary care for all stages of PAD.

The editorial includes the following recommendations:

- The coalition noted that the ankle brachial index (ABI) should be reclassified based on CMS criteria as a diagnostic test to permit identification and treatment of asymptomatic patients.
- The coalition strongly believes that comprehensive medical intervention as described by the current guidelines has both immediate/near-term and long-term benefits in patients with intermittent claudication.
- The coalition strongly recommends full coverage of supervised exercise training programs for Medicare patients with intermittent claudication.
- Overall, the coalition feels that there is sufficient evidence for medical therapy, supervised exercise training, and revascularization in appropriate patients with intermittent claudication.
- The coalition strongly believes that medical therapy and revascularization have immediate/near-term and long-term impact on all outcomes related to individuals with CLI.
- The coalition endorses the concept of CLI teams, which may include endovascular and surgical specialists, podiatrists, orthotists, and other wound care specialists for optimal care.

"The Society for Vascular Medicine believes that the appropriate treatment of PAD is of the utmost importance for improving health and lives," said Bartholomew, SVM's president. "The impact of the coalition's advice to CMS may affect millions of Americans over the age of 65 years with PAD," he said.

SVM Past President Michael R. Jaff, DO, MSVM, who also addressed the MEDCAC panel, said, "It is so rewarding to see how different physician specialists who are dedicated to the management of patients with peripheral artery disease are able to put aside specialty-specific competitive positions to advocate on their behalf in a coordinated and aligned front. The messages delivered to CMS and their MEDCAC were clear, concise, consistent, and underscore the importance of advancing the field while improving the care of these complex patients. I look forward to many future initiatives using this experience as a road map."

Mehdi H. Shishehbor, DO, MPH, PhD, the corresponding author on the editorial and a member of coalition to the MEDCAC panel, said, "We are proud of the collaborative effort by all specialities and societies to advocate for our patients with PAD. Decisions made by CMS directly affect the care of our patients with PAD; therefore, all physicians, allied health professionals, and institutions involved with the care of these [patients](#) should be aware of these discussions and be fully engaged."

Provided by SAGE

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