

SVS / AAVS Newsletter



Volume 7, Number 2

Spring 2002

From the Presidents....

Dear Colleagues:

Over the past year, the AAVS and SVS have changed dramatically. In response to member feedback, several exciting new initiatives will be unveiled in Boston in June.

The Program will begin on Sunday morning at 8:00 a.m. with the AAVS paper presentations, and conclude on Wednesday, June 12 at noon. The time changes permit the addition of track sessions on Sunday and Tuesday afternoons and participants can now choose from various educational options.

Sunday afternoon's program will include:

- ♦ A Research Forum
- ♦ Risk Factor Modification
- ♦ A "Best papers" session from the regional societies
- ♦ A forum on Vascular Centers
- ♦ Current Clinical Status of Angiogenesis

Tuesday afternoon's program will include:

- ♦ A forum on the Training and Re-training of Vascular Surgeons
- ♦ Endovascular issues forum
- ♦ Endovascular papers
- ♦ A Coding and Reimbursement symposium
- ♦ A forum specifically designed for and by young vascular surgeons.

On Wednesday morning two special clinical symposia will be offered. The first, entitled "Endovascular Aneurysm Repair: Have We Gone Too Far?" will be moderated by Dr. Jock Beebe. Dr. Norman Hertzler will moderate the second, entitled "Which Patients are Candidates for Carotid Angioplasty Stenting."

Further changes include the incorporation of the breakfast sessions into each day's format and the option of either a postgraduate course on Endovascular Techniques or a Vascular Lab Interpretation course. Another highlight is the AAVS 50th Anniversary Gala event at John F. Kennedy Library & Museum featuring Pulitzer Prize winning author, David McCullough, author of the best selling book *John Adams*.

We hope that the changes being made to the annual meeting will enhance your educational experience and we hope that the changes made to the makeup of the societies will unite the many pieces of vascular surgery in America today.

We look forward to you joining us at the 2002 Annual Meeting of the AAVS and SVS June 9-12 in Boston, Massachusetts at the John B. Hynes Convention Center.

William H. Pearce, M.D.
AAVS President

Thomas F. O'Donnell, Jr., M.D.
SVS President

PROGRESS IN RECONFIGURING VASCULAR TRAINING

Thomas F. O'Donnell, Jr., M.D.

BACKGROUND

Vascular surgical training is one of the major focuses of the Society for Vascular Surgery (SVS) as stated in our mission statement - "to encourage hospitals to develop special training for young surgeons interested in the field". As part of this educational mission, the SVS convened a vascular surgical training task force (VSTF) with representatives from the SVS, AAVS and the APDVS last spring. Most vascular leaders have argued that the explosion of new vascular interventional procedures with its requirements for special technical competence has made the customary one year clinical experience in vascular surgery inadequate for fellows to adequately acquire these new skills.

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**American Association for
Vascular Surgery**

Society for Vascular Surgery

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PROGRESS IN RECONFIGURING VASCULAR TRAINING

(continued from page one)

An additional year, therefore, had been suggested to train vascular surgical fellows in this complex specialty. Concomitant with increasing the time spent in vascular fellowship training, current and future residents have expressed a desire for a reduction in the length of the overall training period required to become qualified in the specialties such as cardiothoracic, plastic, pediatric and vascular surgery. A prolonged period of training has been suggested as one of the factors leading to a decreased number of applicants for general surgery programs.

PROCESS

Composition of the Vascular Training Task Force

The Vascular Surgery Training Task Force (VSTF) was comprised of representatives from the SVS: Drs. Thomas F. O'Donnell, Jr., Ramon Berguer, Richard Green and Christopher Zarins; from the AAVS: William Pearce, Robert Hobson, Thomas Riles and John Ricotta; and finally from the APDVS: Jack Cronenwett, Frank LoGerfo, James Seeger and Richard Welling. A steering committee composed of Drs. Thomas F. O'Donnell, William Pearce and Jack Cronenwett was staffed by David Cloud from PRRI.

After reviewing educational material gathered from the literature pertinent to the subject of surgical and vascular training, a series of questions were developed to probe the members of the committee on several general areas:

1. The role of general surgery certification prior to vascular surgery training and its value to trainees as they perceive the marketplace.
2. Didactic content and indices of competence in an "ideal" vascular surgery training program.
3. That joint certification be pursued with other specialties.
4. The essential areas of required competence in a general surgery training program in preparation for a vascular fellowship.

The responses to ten questions addressing these areas were evaluated and discussed extensively at a retreat conducted at the American College of Surgeons meeting in October.

RECOMMENDATIONS

Didactic Content

The Committee overwhelmingly endorsed that the vascular surgical training program be extended from one to two years. Time should be allocated in the vascular fellowship for a full year in endovascular surgery and catheter based techniques, but this period does not have to be sequential. The committee suggested that at least a year be spent in open vascular surgical procedures. Six months of vascular laboratory experience should be included in these two years, so that the trainee could qualify to sit for the SVT examination. Finally, vascular medicine should be integrated into the fellow's ambulatory experience. While the VSTF strongly endorsed that open, endovascular surgery and vascular laboratory experience comprise the essential elements of a vascular fellowship program, exposure to critical care and diagnostic

imaging was also desirable. Obviously, the length of time in vascular fellowship may increase as the content matter in vascular further expands.

General and Vascular Surgery Training Program Reconfiguration

The VSTF recommended that general surgery consider modifying their training paradigm to four years of general surgery prior to two years of post graduate specialty training. This is not a new structure and had been suggested previously by Pories, Aust and our former AAVS President Robert Barnes in three separate papers in the early 1990's. This paradigm would permit an additional year of exposure to general surgery for a candidate planning a general surgical career, while shortening the overall training program for cardiothoracic, plastic, surgical, pediatric and vascular training. In addition to the 4 + 2 years program the VSTF suggested that pilot programs should be initiated which would consist of three years of basic general surgical training followed consecutively by three years of vascular surgery – an early entry vascular training track. In contrast to the 4 + 2 year program, the trainees in these pilot programs would receive a certificate in vascular surgery alone as opposed to the 4 + 2 program where candidates would be eligible for general and vascular certificates. The 4 + 2 configuration had been endorsed by the APDVS previously because they felt it was a reasonable compromise, which respects general surgical priorities but most importantly recognizes the need for changes. Obviously, the development of any new general surgery residency configuration lies within the purview of the ABS and RRC-S. Finally, emphasis should be placed on the attainment of competence through sufficient volume exposure rather than the actual length of time spent on rotation.

Competence

At the Training Committee Retreat in October, a considerable amount of time was spent on attempting to define competence. The consensus of the committee was that competence depends less on the length of time spent in rotation, but more on exposure to sufficient volume. The Committee recommended that the APDVS develop minimal competence standards for training in open operations, endovascular procedures and in the vascular laboratory. The committee did not feel a separate Certificate of Added Qualification (CAQ) for endovascular skills should be pursued nor should joint certification with interventional cardiology or interventional radiology.

Future Vascular Candidates

In addition, the vascular societies were charged to formulate a comprehensive program to not only better communicate the merits of

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vascular surgery, but also to promote vascular surgery during medical school training. Like the definition of competence the APDVS is the appropriate vehicle to communicate this responsibility to all vascular surgery program directors and this has been started. The VSTF should expand its focus to explore work force needs and issues building on the earlier work carried out by Dr. James Stanley and others. Finally, VSTF is continuing to refine the essential elements of vascular surgical training with particular emphasis on what are the important general surgical experiences necessary for a vascular fellow. Following a

survey where the members of the VSTF rated what were the essential general surgical procedures preparatory to a vascular surgical fellowship, a similar survey was sent out to program directors of vascular fellowships. A preliminary review of the completed survey showed that the fellowship directors felt that competence in gastrointestinal surgery by open technique and trauma were essential elements, but the program directors placed less emphasis on acquisition of endocrine, breast and laparoscopic techniques.

The full report of VSTF will be presented at the June meeting at the Vascular Training and Retraining segment of the program.

American Vascular Association Screening Program



The American Vascular Association will conduct its screening program May 18, 2002 at twenty-one sites around the US. This first year effort of the AAVS and SVS under the auspices of the AVA will be focused on launching and testing a smart scan and building operational experience to roll-out the program to the entire US over the next two years. The program is based on a strong partnership among vascular professionals and leading institutions. Examinations will include blood pressure, EKG, ABI's, Carotid Scans and Aortic Scans.

Program Director William Flinn, MD and leaders at each center have developed protocols for patient data, forms, interviews and follow-up. Preliminary data are to be presented at the AAVS Annual Meeting, June 10, Boston, Massachusetts. The list of participating centers are:

Albany Medical College / Albany, New York

Clement R. Darling, III, M.D.

Pennsylvania Hospital / Philadelphia, Pennsylvania

Keith Calligaro, M.D.

Dartmouth-Hitchcock Medical Ctr / Lebanon, New Hampshire

Jack L. Cronenwett, M.D.

SUNY at Stony Brook / Stony Brook, New York

John Ricotta, M.D.

The Heart & Vascular Center of Florida / Sarasota, Florida

Russell H. Samson, M.D.

Texas University Health Science Center / Lubbock, Texas

Michael B. Silva, Jr., M.D.

Johns Hopkins Hospital / Baltimore, Maryland

Bruce A. Perler, M.D.

UMDNJ - NJ Medical School / Newark, New Jersey

Robert W. Hobson, II, M.D.

Maimonides Medical Center / Brooklyn, New York

Enrico Ascher, M.D.

University of Colorado / Denver, Colorado

William C. Krupski, M.D.

Montefiore Medical Center / Bronx, New York

Frank Veith, M.D.

University of Maryland Medical Systems / Baltimore, Maryland

William R. Flinn, M.D.

New England Medical Center / Boston, Massachusetts

Thomas F. O'Donnell, Jr., M.D.

University of Southern California / Los Angeles, California

Fred A. Weaver, M.D.

New York Presbyterian Hospital / New York, New York

K. Craig Kent, M.D.

University of Washington / Seattle, Washington

R. Eugene Zierler, M.D.

New York University / New York, New York

Thomas S. Riles, M.D.

Visalia, California

George Lavenson, Jr., M.D.

Non-Invasive Vascular Lab, Inc. / New Iberia, Louisiana

William Harkrider, M.D., RVT

Washington University School of Medicine

St. Louis, Missouri

Luis A. Sanchez, M.D.

Northwestern Memorial Hospital / Chicago, Illinois

William H. Pearce, M.D.



AMERICAN ASSOCIATION FOR VASCULAR SURGERY

Highlights of the EXECUTIVE SESSION

Tuesday, June 12, 2001, Baltimore, Maryland

REPORT OF THE PRESIDENT

Dr. Hobson highlighted the activities of the Association over the previous year including the development of a new Foundation-The American Vascular Association; creation of a website for vascular surgeons and other professionals-VascularWeb; the ongoing successes in advocacy and reimbursement for vascular surgery spearheaded by the Government Relations Committee's Dr. Robert M. Zwolak; a new effort to develop Public Education and Public Awareness programs for vascular disease and its treatment led by Dr. William J. Flinn; and the outstanding job done by the 2001 Program Committee.

REPORT OF THE SECRETARY

The following members have passed away since the last Annual Meeting: Allan E. Bloomberg, M.D. Brooklyn, NY; William E. Bloomer, M.D., Long Beach, CA; Richard E. Fry, M.D., Beech Grove, IN; Arnold Iglau, M.D., Cincinnati, OH; Earle B. Kay, M.D., Cleveland, OH; Joseph L. Mangiardi, M.D. Marathon, FL; Alton Ochsner, Jr., M.D., Metairie, LA; John M. Porter, M.D., Portland, OR; Keith Reemtsma, M.D., New York, NY; David C. Reyes, M.D., Bay City, MI; Raymond G. Richardson, M.D., Riverside, CA; Victor P. Satinsky, M.D., Philadelphia, PA; Stewart M. Scott, M.D., Asheville, NC; Will C. Sealy, M.D., Macon, GA; J. Manly Stallworth, M.D. Charleston, SC

REPORT OF THE COUNCIL

The Council has taken actions to make fundamental changes in the Association including changes in its membership criteria, in the name, governing structure and programmatic outreach of the Association. The guiding philosophy for the AAVS is to be a broad-based group representing the interest of all vascular surgeons in the U.S. and Canada on issues pertaining to government relations, public relations and practice issues, which would include its relationship with radiologists, cardiologists and hospital and vascular lab personnel. The AAVS had agreed to eliminate the mandatory subscription provision of Cardiovascular Surgery at the conclusion of this publishing contract.

BY-LAW AMENDMENTS

The proposed AAVS By-Law Amendments, which had been distributed to the membership, were approved.

TREASURERS REPORT

The membership approved a dues increase of \$150 for Active Members.

REPORT OF THE PUBLICATIONS COMMITTEE

The term of the current Editors, Drs. K. Wayne Johnson and Robert B. Rutherford, will expire at the conclusion of 2002 and the Council is beginning a search to find appropriate new candidates for the leadership of the *Journal of Vascular Surgery*.

REPORT OF THE JOINT COUNCIL

The actions of the Joint Council include: efforts to develop a more streamlined governance operation in conjunction with the changes of the AAVS and SVS Councils; the creation of the website, VascularWeb; the effort to create a Board of Technology; efforts of the Endovascular Committee to develop a program to evaluate Postgraduate Mini-Fellowship programs for endovascular training; expanding the scientific programming at the 2002 Joint Annual Meeting; attempts to meet conjointly with the Society for Vascular Technologists beginning with the 2004 meeting; and working collaboratively with the American College of Cardiology on a grant from the Foundation for Advancement for Medical Education.

PRESENTATION TO DR. GEORGE JOHNSON, JR.

Dr. Hobson formally recognized Dr. George Johnson for his long service to the Association, in particular his representation of the Association as its Delegate to the AMA House of Delegates.

GOVERNMENT RELATIONS COMMITTEE

The Government Relations Committee continued efforts to upgrade remuneration for vascular surgery procedures through the Association's extensive participation in the Relative Value Update Committee (RUC) and the Current Procedural Terminology in (CPT).

REPORT OF THE LIFELINE FOUNDATION®

Dr. Rodney White gave a presentation to the AAVS Membership outlining the current status of the Aortic Endograph Registry and noted that the Lifeline Foundation continues to have success in raising funds within the vascular surgery community.

REPORT OF THE LOCAL ARRANGEMENTS

554 members and 611 non-member professionals attended the 2001 Annual Meeting for a total professional attendance of 1,165.

NEW BUSINESS

A ballot was distributed to all members attending the Annual Business Meeting: "The American Association for Vascular Surgery supports the proposal for an application and submission to the American Board of Medical Specialties for an Independent American Board of Vascular Surgery, ideally with the support of the American Board of Surgery". The motion passed 184 to 90.

ELECTION OF 2001-2002 AAVS OFFICERS

President	William H. Pearce, M.D.
President-Elect	Thomas S. Riles, M.D.
Treasurer	Joseph L. Mills, M.D.
Secretary	Patrick G. Clagett, M.D.
Recorder	Joseph P. Archie, Jr., M.D.



SOCIETY FOR VASCULAR SURGERY
Highlights of the ANNUAL COUNCIL MEETING
Monday, June 11, 2001, Baltimore, Maryland

REPORT OF THE PRESIDENT

Dr. Berguer thanked Drs. William Flynn, John W. Hallett and Ronald Dalman for their excellent efforts as Chairs of the Local Arrangements, Program and Membership Committees respectively. Dr. Berguer also thanked Dr. William Abbott for his service to the SVS Council, the Joint Council and for serving as the Chairman of the Nominating Committee.

REPORT OF THE SECRETARY

The Society has 245 Active, 377 Senior, 11 Honorary and 25 Corresponding Members for a total of 664 Members. The following members had passed away during the year: William E. Bloomer, M.D., Long Beach, California; Richard E. Fry, M.D., Beech Grove, Indiana; Earle B. Kay, M.D., Cleveland, Ohio; John J. McCaughan, Jr., M.D., Memphis, Tennessee; John Porter, M.D., Portland, Oregon; Maruf A. Razzuk, M.D., Dallas, Texas; Keith Reemtsma, M.D., New York, New York; Will C. Sealy, M.D., Greenville, North Carolina; J. Manly Stallworth, M.D., Charleston, South Carolina; Joe R. Utley, M.D., Spartanburg, South Carolina.

SVS COUNCIL HIGHLIGHTS

SVS operations continue to evolve following the agreement to divide responsibilities between the Societies and its leadership continues to work toward a more rational system involving the Joint Council.

The Council established the Marco Polo Fellowship Program to provide funding for two surgeons from North America to train in Europe.

The Council established a Board of Technology and Clinical Studies to act as a facilitator between the regulatory agencies, industry and vascular surgeons.

The Council reviewed the activities of the recently renamed Vascular Surgery Board of the ABS. The overall flunk rate for the qualifying exam was 19.1% which remains similar to the 1999 results; the failure rate on the certifying exam remains in line with the mean failure rate over the past 5 years of 18.7% but significantly higher than the 2.8% flunk rate experienced in the year 2000. Drs. Calligaro, Brenner and Fleischlag have been charged with proposing a re-draft of the ABS vascular surgery pamphlets which is expected to address concerns related to designating vascular surgery as a primary component of general surgery training.

Upon Council recommendation, the proposed By-laws changes and Articles V and VII, as well as proposals to change the composition of any standing committees, were deferred until 2002.

The Council adopted the following statement: "Resolved that in recognition of the increasing complexity and breadth of vascular disease, the SVS Council desires a fundamental and urgent change in the training paradigm for vascular surgeons which recognizes the importance of endovascular training and recommends that the vascular surgical societies and the Association of Program Directors in Vascular Surgery meet to expedite this process."

The Council also agreed to initiate efforts to define, with other organizations, the optimal paradigms for the training of vascular surgeons, which may cause change within the ABS or may lead to an independent board to meet those endpoints.

REPORT OF THE TREASURER

The SVS Council agreed that SVS Senior Members should be asked to voluntarily contribute to the Society each year. SVS changed its fiscal year to October through September.

PRESENTATION TO PAST PRESIDENTS

The SVS Council presented a gift to all living Past Presidents in recognition of their service to the SVS:

William M. Abbott, M.D., Boston, Massachusetts
John J. Bergan, M.D., LaJolla, California
F. William Blaisdell, M.D., Sacramento, California
Allan D. Callow, M.D. Chestnut Hill, Massachusetts
Michael E. DeBakey, M.D., Houston, Texas
James A. DeWeese, M.D., Rochester, New York
Calvin B. Ernst, M.D., Wayne, Pennsylvania
Thomas J. Fogarty, M.D., Portola Valley, California
Norman R. Hertzner, M.D., Cleveland, Ohio
Anthony M. Imparato, M.D., New York, New York
John A. Mannick, M.D., Boston, Massachusetts
Wesley S. Moore, M.D., Los Angeles, California
Malcolm O. Perry, M.D., Dallas, Texas
Harris B. Shumacker, Jr., M.D., Delray Beach, Florida
James C. Stanley, M.D., Ann Arbor, Michigan
D. Eugene Strandness, Jr., M.D., Seattle, Washington
Jesse E. Thompson, M.D., Dallas, Texas
Jonathan B. Towne, M.D., Milwaukee, Wisconsin
Frank J. Veith, M.D., Bronx, New York
James S.T. Yao, M.D., Ph.D., Chicago, Illinois
Christopher J. Zarins, M.D., Stanford, California

NEW BUSINESS

A formal ballot was distributed proposing "The SVS supports the proposal for an application to the ABMS for an Independent American Board of Vascular Surgery, ideally with the support of the ABS." The measure was adopted with 59% of ballots cast in the affirmative.

ELECTION OF 2001-2002 SVS OFFICERS

President	Thomas O'Donnell, Jr., M.D.,
President-Elect	Jack L. Cronenwett, M.D.
Treasurer	Hugh H. Trout, III, M.D.
Secretary	Richard M. Green, M.D.
Recorder	K. Craig Kent, M.D.

FROM THE SECRETARIES.....

American Association for Vascular Surgery

G. Patrick Clagett, M.D.



The winter and spring months have been busy with a number of activities. Outreach and commitment have been hallmarks of President Bill Pearce's leadership. Under his direction, Bill Flinn's AAVS National Screening Program has been launched. Eighteen to twenty centers nationwide will participate in a pilot program to offer screening for abdominal aortic aneurysm, carotid occlusive disease, and lower extremity arterial occlusive disease. The target is to screen approximately 1,000 patients and ultimately to expand this effort into a coordinated program designed to detect asymptomatic and undiagnosed peripheral vascular disease. This effort has wonderful potential for improving vascular health on a national scale and enhancing the image of our specialty.

Jeff Ballard's Young Vascular Surgeon's Committee has developed an attractive brochure that highlights the rewards of a career in vascular surgery. This brochure will be targeted at young residents and medical students. The Committee has also developed an afternoon parallel session at the 2002 Joint Annual Meeting entitled "Young Vascular Surgeons Forum."

Russ Samson's Outcomes Committee has begun deliberations aimed at developing a national vascular registry that will provide a reference database on outcomes for common vascular procedures. Ultimately, this may be linked to the Competence Initiative of the American Board of Medical Specialties that insist that board certification is reflected in documentation of good outcomes.

In addition to these efforts, Wes Moore is heading a combined AAVS/SVS committee to update "Guidelines for Hospital Privileges in Vascular Surgery". The original document was published in 1989 and has served as an important resource for hospital credentialing committees. Dave Brewster and his committee are developing a consensus statement on current guidelines for the treatment of abdominal aortic aneurysm. In another effort to provide evidence-based guidelines, Tim Kresowik is leading a committee that will look at care processes of practice, independent of volume, that lead to optimal outcomes. They will partner with the Leapfrog Initiative Group who will help with this evidence-based approach.

The redesign of the June program has allowed for expansion of educational activities with more efficient utilization of available time. For the AAVS portion of the program, the morning plenary sessions will be devoted to scientific papers with an emphasis on clinical research and new findings. Some of the afternoon sessions will be parallel and offer a wide variety of vascular topics.

The program "Best of the Regionals" on Sunday afternoon is designed to highlight papers from the regional vascular societies represented on the AAVS Council. Each regional vascular society was asked to choose the top paper from their annual meeting to be presented and discussed at the June meeting. In addition to providing an expanded forum for presentation, this will afford an excellent opportunity for members to hear outstanding papers from regional societies other than their own.

Look forward to seeing everyone at the June meeting!

Society for Vascular Surgery

Richard M. Green, M.D.



SVS has been working steadily to improve the function of the SVS to improve service to members. As a consequence of changes in the SVS relationship to the Joint Council and AAVS, the SVS has undertaken a major rewrite of its Bylaws with the help of Dr. Jim Seeger. In June the membership will be asked to consider changes to the Bylaws that will expand the SVS Council to include representatives from Lifeline, APDVS and the ABVS. The Bylaws also improve the method for electing these individuals and clarified the process for naming representatives to outside organizations.

The SVS will also propose lifting the cap of 250 active members. The Council reviewed the history establishing a maximum number of active members to ensure that the membership was limited to the most qualified vascular surgeons. Given the established nature of the specialty and the advanced vascular surgery fellowships, your SVS Council is proposing the limit be eliminated. Members will have an opportunity to vote on this issue at the SVS Business meeting Tuesday, June 11, 2002 at the Joint Annual Meeting of the AAVS and SVS in Boston, Massachusetts.

The Council also reviewed the Membership Guidelines to ensure that the current paper requirements are meaningful. There is concern that authors listed as third and fourth authors are not necessarily as involved in papers as previously understood and that the Society will increasingly look for ways to establish the contributions of authors when evaluating potential members to the SVS.

Dr. James Stanley met with the SVS to present an update on the ABVS application development. He reported that the draft was in its 19th iteration and the ABVS Board, a large group of Consultants to the application committee, designated by the national and regional vascular societies, has been working hard to finish the draft. Dr. Stanley reviewed the process for moving forward and likely steps involved in the process. He also reported that the ABVS had elected to adopt Bylaws changes to increase the size of the Board to incorporate representatives from all the national and major regional vascular societies.

The SVS Council carefully considered the selection of its ABVS representative and constructed a process for soliciting candidates and for selecting from among the candidates using a formal ballot process. Through this process the SVS selected Tom O'Donnell to be its representative to the ABVS. In April, Dr. O'Donnell represented the SVS and drew a six year seat on the ABVS Board.

Dr. William Abbott and the Marco Polo Scholarship Committee have completed the inaugural scholar selection and reported the program received 6 applicants in its first year. Two award winners will be introduced at the 2002 SVS Annual Business Meeting in June. Each scholar will be awarded \$40,000 to be used for travel to Europe to study advanced vascular techniques with European mentors.

The SVS/AAVS/APDVS Training Committee met in the fall to discuss the current vascular training environment and what changes are needed. The Committee reviewed the activities of the ABS as well as

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SVS Secretary's Report

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the directions of the ABMS regarding competency and how the Thoracic, Neurosurgery and Plastic groups are addressing desired changes in the General Surgery curriculum. The Committee canvassed the Vascular Surgery Training Directors on a global list of operative techniques and found surprising agreement on the types of general surgery experiences that can be eliminated from the current training regimen in order to reduce training time length. Dr. O'Donnell is developing a White Paper on the Training Committee findings to be presented in June.

SVS is working with the ACC through the Foundation for Advanced Medical Education (FAME) to train physicians and surgeons in certain endoluminal techniques with the aid of simulators. Vascular surgeon preceptors and preceptees have experienced difficulty with the proscribed program as it relates to their privileges within the training environment. SVS has worked directly with the Foundation in order to differentiate the needs of cardiologists from those of vascular surgeons to reorient the program to meet SVS member needs. The FAME Project will include programs for both active vascular surgeons and for those fellows entering mini-endovascular fellowships. We are pleased with our working relationship with the ACC and plan on extending this cooperation to other areas of endovascular interventions.

From the Board of Technology and Clinical Trials

Gregory Sicard, M.D.

The Board of Technology and Clinical Trials will be meeting with Industry in May to begin the process of evaluating a new protocol regarding certain devices, and discussing options for pursuing approval for vascular indications. The results of this meeting will be presented to the full Board at the June meeting in Boston.

A proposal for the development of sites that would be preferentially offered to Industry for the conduct of Clinical Trials in Vascular patients will be discussed in the meeting of the BTCT in Boston.

www.VascularWeb.org

Come visit the Basic Science Section of www.vascularweb.org to:



- ◆ Review programs and abstracts from previous Research Initiative Conferences
- ◆ Access links to funding opportunities for basic vascular research
- ◆ Be reminded of abstract deadlines for major meetings where one can present basic research
- ◆ Read current articles about basic science issues related to vascular disease

Also, welcome to our newest participating society site:
Lifeline Foundation® (<http://lifeline.vascularweb.org/>)



2002 ANNUAL MEETINGS

June 9-12, 2002

Marriott and Westin Hotels and Hynes Convention Center
Boston, Massachusetts



PROGRAM HIGHLIGHTS AT A GLANCE.....

SATURDAY, JUNE 8, 2002

7:30 - 5:30 **AAVS / SVS Postgraduate Course
Endovascular Surgery Symposium 2002**

8:00 - 5:00 **AAVS/SVS/SVT Vascular
Laboratory Interpretation Course**

11:15 **AAVS Presidential Address**

12:00 - 1:30 **AAVS Member Business Luncheon**

1:30 - 3:30 **E. Stanley Crawford
Critical Issues Forum**

3:45 - 5:30 **SVS Plenary Session**

SUNDAY, JUNE 9, 2002

8:00 - 12:00 **AAVS Plenary Session**

11:45 **Lifeline Foundation Awards**

1:30 - 5:00 **Afternoon Breakout Sessions**

1:30 - 5:00 **Session I: Lifeline Foundation
Research Forum**

1:30 - 2:45 **Session II: Risk Factor Modification**

1:30 - 3:00 **Session III: Vascular Centers**

3:30 - 5:00 **Session IV: Best of the Regionals**

3:45 - 5:00 **Session V: Current Clinical
Status of Angiogenesis**

5:00 - 7:00 **Gala Welcome Reception**

MONDAY, JUNE 10, 2002

8:00 - 12:00 **AAVS Plenary Session**

11:00 - 11:10 **American Vascular Association Task
Force on Public Education Screening
Program Results**

11:10 **AAVS Distinguished Service Award**

TUESDAY, JUNE 11, 2002

8:00 - 12:00 **SVS Plenary Session**

11:15 **SVS Presidential Address**

12:00 - 1:30 **SVS Member Business Luncheon**

1:30 - 5:00 **Afternoon Breakout Sessions**

1:30 - 5:00 **Session I: Training and Retraining
of Vascular Surgeons**

1:30 - 2:45 **Session II: Endovascular Issues
Session**

1:30 - 3:00 **Session III: Young Vascular
Surgeons Forum**

3:30 - 5:00 **Session IV: Endovascular Papers**

3:45 - 5:00 **Session V: Coding and
Reimbursement**

WEDNESDAY, JUNE 12, 2002

8:00 - 9:45 **EVAR: Have We Gone Too Far?**

10:15 - 12:00 **Which Patients Are Candidates for
Carotid Angioplasty Stenting**

TO REGISTER, contact the AAVS/SVS Administrative Office,

(978) 526-8330 / Fax: (978) 526-7521 / E-Mail: jvs@prri.com

or visit the website: www.vascularweb.org

2002 ANNUAL MEETINGS

AAVS/SVS POSTGRADUATE COURSE I - "Endovascular Surgery Symposium 2002"

Saturday, June 8, 2002 - 7:30 a.m.-5:30 p.m. / Hynes Convention Center

Chairman: Kim J. Hodgson

THE BASICS AND BEYOND

Tim Sullivan, Moderator

Setting up Your Endovascular Room: What Inventory Should You Have on Hand and Why?

Peter Schneider

What You Really Need To Know About Radiation Safety

Samuel S. Ahn

How To Optimize Your Angiographic Technique: Injection Rates, Views, Filters and Image Processing

Alan B. Lumsden

Performing and Reporting a Diagnostic Carotid Arteriogram

George Andros

WHAT'S NEW (AND AVAILABLE) FOR ENDOVASCULAR THERAPY OF OCCLUSIVE DISEASE AND PERIPHERAL ANEURYSMS

George Andros, Moderator

Renal and Tibial Interventions: New 0.014" and Monorail Systems

Peter Lin

A Million Uses For Covered Stents
Brachiocephalic and Carotid Stenting:

Robert McLafferty

Equipment and Technique

Michael B. Silva

LUNCHEON PROGRAM - WHAT'S COMING: New

Initiatives, Technologies, and Horizons Alan B. Lumsden

National Initiatives For Endovascular Training and Credentialing: The PEEC Process

Kim J. Hodgson

Early Coronary and Peripheral Experience With Drug Eluting Stents

TBA

The Prodigal Thrombolytic is Returning Home: What is The Role for Pharmacologic vs. Rheolytic Thrombol

Ken Ouriel

Understanding The Alphabet Soup of Carotid Angioplasty Trials

Maurice Solis

ADJUNCTIVE AORTIC ENDOGRAFTING TECHNIQUES

Kim J. Hodgson, Moderator

Advanced Techniques for Endografting Difficult Anatomic Situations

Luis Sanchez

Endoleak Management: Supraselective and Translumbar Aortic Catheterization and Embolization

W. Todd Bohannon

Options for Salvaging the Failing Endograft: Cuffs, Sleeves and Conversions to an Aorto-Uni-Iliac Configuration

Takao Ohki

THE NEW AORTIC DEVICES: DESIGN, DEPLOYMENT TECHNIQUES AND TRAINING PLAN

Ken Ouriel, Moderator

The Cooke Zenith Device

Roy Greenberg

The Excluder Bifurcated Endoprosthesis

Jon Matsumura

The Ancure Aorto-Uni-Iliac Device

Michel Makaroun

The Talent Device

Michael B. Silva

Lifeline Foundation Research Forum

Sunday, June 9, 2002 / 1:30 - 5:00

Moderator: K. Craig Kent

Engineered Protein Therapeutics

Translation State Array Analysis (TSAA) Identifies Endothelial Genes Whose Expression Is Subject To Translational Control

Survivin, An Inhibitor Of Apoptosis, Is Cytoprotective In Vascular Smooth Muscle Cells And Is Upregulated During Lesion Development Following Balloon Angioplasty

A Novel Role For The Cyclin-Dependent Kinase Inhibitor P27Kip1 In Platelet-Derived Growth Factor-Stimulated Proliferation Of Vascular Smooth Muscle Cells

Deep Vein Thrombosis Is CXC Chemokine Receptor-2 (CXCR2) Ligand Mediated

The R136K Fibroblast Growth Factor-1 Mutant Induces Heparin-Independent Migration Of Endothelial Cells But Not Smooth Muscle Cells Through Fibrin Glue

Arterial Enlargement In Response To Increased Flow Requires Specific MMP Pathway Activation

Shear Stress Stimulates Endothelial Cells To Induce Smooth Muscle Cell Migration

Adeno-associated Virus Mediated Gene Transfer Of Vascular Endothelial Growth Factor Increases Collateral Artery Formation And Tissue Oxygen Concentration In Rat Hindlimb Ischemia.

RESIDENT RESEARCH AWARD PRESENTATION

Over-Expression of 1_{α} Inhibits Vascular Smooth Muscle Cell Proliferation and Intimal Hyperplasia Formation and Upregulates Cyclin Dependent Kinase Inhibitors

2002 ANNUAL MEETINGS

Risk Factor Modification

Sunday, June 9, 2002 / 1:30 - 2:45

Moderator: Michael R. Jaff

The Role of Lipid Lowering Therapy on Vascular Disease

H. Robert Superko

Does Control of Diabetes Improve Vascular Outcomes

Emile R. Mohler, III

What Does Tobacco do to Our Vascular System?

Laura Resch

How Important is Blood Pressure Control in Vascular Disease?

Jeffrey W. Olin

Vascular Centers

Sunday, June 9, 2002 / 1:30 - 3:00

Moderator: Enrico Ascher

The "Ideal" Vascular Center of Excellence

Enrico Ascher

Building a Winning Business Plan for a Vascular Center

John W. Hallet, Jr.

A Model for a Partnership and a Bond for Vascular Specialists

Frank J. Veith

The Role of the Vascular Surgeon in the Vascular Center

Richard M. Green

Lessons Learned About Integrated Care Delivery Over 15 Years

Barry T. Katzen

Best of the Regionals

Sunday, June 9, 2002 / 3:30 - 5:00

Moderator: G. Patrick Clagett, M.D.

SOUTHERN ASSOCIATION FOR VASCULAR SURGERY

Predictors for Adverse Outcome After Iliac Angioplasty and Stenting for Limb-threatening Ischemia

Carlos H. Timaran

WESTERN VASCULAR SOCIETY

Choice of Autogenous Conduit for Lower Extremity Vein Graft Revisions

Gregory J. Landry

MIDWESTERN VASCULAR SOCIETY

Pediatric Splanchnic Arterial Occlusive Disease: Clinical Relevance and Operative Treatment

Gilbert R. Upchurch, Jr.

NEW ENGLAND SOCIETY FOR VASCULAR SURGERY

Aortobifemoral Bypass in Young Adults: Is it the Gold Standard?

Amy B. Reed

CANADIAN SOCIETY FOR VASCULAR SURGERY

Endovascular Repair of Abdominal Aortic Aneurysms: Economic Analysis of Early Experience at St. Boniface General Hospital, Winnipeg, MB, Canada

Randolph Guzman

EASTERN VASCULAR SOCIETY

TBA

Current Clinical Status of Angiogenesis

Sunday, June 9, 2002 / 3:45 - 5:00

Moderator: Anthony J. Comerota

Introduction to Therapeutic Angiogenesis

Anthony J. Comerota

VEGF in Critical Limb and Myocardial Ischemia

Douglas Losorda

Coronary Angiogenesis

Michael Simons

FGF-1 Gene Therapy for Critical Limb Ischemia

Timothy Henry

Traffic and Beyond-Basic FGF in Intermittent Claudication

Brian H. Annex

Genetic Interventions for Vein Graft Disease:

Clinical Trials of the E2F Decoy

Michael S. Conte

E. Stanley Crawford Critical Issues Forum

Monday, June 10, 2002 / 1:30 - 3:00

Improving Vascular Surgery Outcomes

Moderator: Jack L. Cronenwett

Does Case Volume Matter?

John Birkmeyer

The Leapfrog Initiative

Vincent E. Kerr

The Case Against Volume Criteria

Shukri F. Khuri

The Medicare Perspective

Sheila H. Roman

Training and Retraining of Vascular Surgeons

Tuesday, June 11, 2002 / 1:30 - 5:00

Moderator: Thomas F. O'Donnell, Jr.

Future Educational Directions of Vascular Fellowships – Contents and Skills Equisition

Jack L. Cronenwett

How "Competence" Should Be Evaluated

G. Patrick Clagett

Work Force Implications

James C. Stanley

"Retraining" Vascular Surgeons

William H. Pearce

What Skills Does a Modern Vascular Surgeon Require?

Richard M. Green

Accrediting Endovascular Training Programs

Kim J. Hodgson

Report of the Combined SVS/AAVS/APDVS Committee on Training

Thomas F. O'Donnell, Jr.

2002 ANNUAL MEETINGS

Endovascular Issues Session

Tuesday, June 11, 2002 / 1:30 - 2:45

Moderator: Kim J. Hodgson

Designing and Building A Better Widget – The Role of the Engineering Team

Thomas J. Fogarty

Proving the Widget Works – The Principal Investigators Role In Trial Design & Conduct

Robert W. Hobson, II

Analyzing and Addressing Problems - The Role of the Data, Safety, & Monitoring Committee

Michael B. Silva

The FDA Office of Device Evaluation's Role in Device Approval & Labeling

Dorothy Abel

Is the Device Performing In The Real World – Post-Market Surveillance Initiatives

Rodney A. White

Young Vascular Surgeons Forum

Tuesday, June 11, 2002 / 1:30 - 3:00

*Jointly Sponsored by the American Association for Vascular Surgery and
the Peripheral Vascular Surgical Society*

Moderator: Jeffrey L. Ballard

Building the Ideal Vascular Practice: Employment Strategies and Concerns

Cory L. Hansen

Planning for your Financial Future

Ross Comaratta

Developing an Endovascular Surgery Program: Lessons Learned

Timothy M. Sullivan

Endovascular Papers

Tuesday, June 11, 2002 / 3:30 - 5:00

Moderator: Michael B. Silva, Jr.

The Value and Limitations of Translumbar and Trans-Femoral Access in the Management of Type-2 Endoleaks After Endovascular Abdominal Aortic Aneurysm Repair

Iliac Artery Angioplasty and Stenting for TASC (TransAtlantic Iner-Society Consensus) Type B and C Iliac Lesions

Predictive Factors and Clinical Consequences of Proximal Aortic Neck Dilatation in 215 Patients Undergoing AAA Repair with Self-Expandable Stent Grafts

Varied Sac Behavior Following Abdominal Aortic Aneurysm Endografting: An Analysis of Core Laboratory Data in A Graft Specific Manner

Carotid Artery Stenting: Analysis of 105 Cases in High-Risk Patients

Volume Regression of Abdominal Aortic Aneurysms and its Relation to Successful Endoluminal Exclusion

Coding and Reimbursement

Tuesday, June 11, 2002 / 3:45- 5:00

Moderator: Robert M. Zwolak

CMS Medicare Update

Kenneth Simon

Complex Coding for Vascular Surgeons

Gary Seabrook

Ten Top Tips on HIPAA for Vascular Surgeons

Allison Shuren

Should Vascular Surgery Societies Form a Political Action Committee (PAC)?

Robert M. Zwolak

EVAR: HAVE WE GONE TOO FAR?

Wednesday, June 12, 2002 / 8:00– 9:45

Moderator: Hugh G. Beebe

What is the Best Imaging Modality for Screening and Following Patients with EVAR?

Rodney A. White

Limitations and Failure Modes

Robert B. Rutherford

Endovascular Approaches to Device Failure

Hugh G. Beebe

Operative Approaches to Device Failure

Richard M. Green

Which Patients are Most Appropriate for EVAR?

A Liberal Approach: Wesley S. Moore

A Highly Selective Approach: Frank J. Veith

Implications of ADAM

Frank Lederle

WHICH PATIENTS ARE CANDIDATES FOR CAROTID ANGIOPLASTY STENTING

Wednesday, June 12, 2002 / 10:15 – 12:00

Moderator: Norman R. Hertzner

What Defines a High Risk Patient?

A Liberal Approach: Gary S. Roubin

A Highly Selective Approach: Bruce A. Perler

Technical Adjuncts in High Risk Patients Undergoing Enderarterectomy

Joseph P. Archie, Jr.

Does Regional Anesthesia Reduce the Risk of Carotid Enderarterectomy and Eliminate the Justification for Stenting?

Thomas S. Riles

Is there an Ideal Stent for the Carotid Bifurcation?

Timothy M. Sullivan

Is Cerebral Protection Necessary During Angioplasty?

Takao Ohki

What to do When Things Go Wrong

Mark Wholey

How do Surgeons Get Involved in Clinical Trials?

Robert W. Hobson, II

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2002 ANNUAL MEETINGS

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Sunday, June 9, 2002

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MEDTRONICS

Monday, June 10, 2002

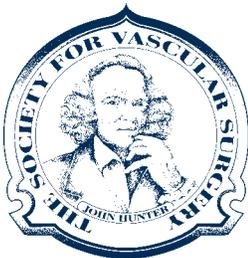
6:00 am - 8:00 am Westin Copley Place
CENTACOR

6:00 am - 8:00 am Marriott Copley Place
BOSTON SCIENTIFIC

Tuesday, June 11, 2002

6:00 am - 8:00 am Westin Copley Place
MEDTRONICS

6:00 am - 8:00 am Marriott Copley Place
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Electronic Health Care Transaction and Code Set Standards

Allison Shuren, JD
Arent Fox, Washington, DC

WHAT ARE THE ELECTRONIC HEALTH CARE TRANSACTION AND CODE SET STANDARDS?

In 1996, Congress mandated the U.S. Department of Health and Human Services (“HHS”) to adopt a uniform, national method for transmitting certain administrative and financial health care data electronically. This mandate was part of an Act called the Health Insurance Portability and Accountability Act or “HIPAA,” and its purpose is to decrease the cost and the administrative burden of paying for and getting paid for health care services by requiring most health plans, health care providers, and health care clearinghouses (businesses that process billing and claims information) to use the same billing and coding system for the electronic exchange of information related to: health care claims;

- ♦ health care payment and remittance advice;
- ♦ referral certifications and authorizations;
- ♦ health plan enrollments and disenrollments;
- ♦ health plan eligibility;
- ♦ health plan premium payments;
- ♦ health care claim status; and
- ♦ coordination of benefits.

In response to this mandate from Congress, HHS developed (with input from health insurance industry leaders, health care professionals, and organizations with expertise in developing national standards) a set of regulations called the “Electronic Health Care Transaction and Code Sets Standards” These regulations were published in the Federal Register on August 17, 2000, and set forth the new national standards for performing the transactions listed above electronically. You may print a copy of the regulations from the HHS website at the following address <http://aspe.hhs.gov/admsimp/final/txfinal.pdf>. The deadline for complying with the new regulations is October 16, 2002. However, as explained below, Congress recently extended this deadline to October 16, 2003 if certain requirements are met.

HOW DO THE TRANSACTION AND CODE SET STANDARDS AFFECT SURGEONS?

All health care providers (which includes all surgeons), who choose to complete any of the transactions listed above by electronic means must comply with the Transaction and Code Set Standards. This means, that as of the compliance deadline either your computer systems must be capable of performing the transactions in the new standard formats or you must be using the services of a health care clearinghouse capable of doing so to perform the

transactions for you. The computer software companies with which you work should be prepared or preparing to update your systems to be in compliance with the regulation.

THE EXTENDED DEADLINE

In response to considerable concern expressed by health insurers and health care providers that it would be impossible to bring all entities covered by the regulations (referred to as “covered entities”) into compliance with the new Standards by October 16, 2002, Congress agreed to extend its compliance deadline one year. Because Congress feared that many covered entities would simply treat the extension as a license to procrastinate implementing the new Standards, it decided to require every covered entity who wants the extension to submit a plan to HHS as to how it intends to be in compliance with the Standards by the October 16, 2003 deadline. This plan has been termed a “Electronic Health Care Transactional and Code Set Standards Compliance Plan.”

To make filing the Compliance Plan quick and easy, the Center for Medicare and Medicaid Services (CMS) has developed a brief three-page Compliance Plan form that physicians may complete and send to the Agency. The form is available on the CMS website at <http://www.cms.gov/hipaa/hipaa2/ascaform.asp> and may be sent to CMS either electronically or by facsimile. All health care providers who submit a completed form will be granted the one year extension.

The CMS Compliance Plan is, for the most part, a multiple-choice questionnaire that should not take more than a few minutes to complete. The questions are relatively straightforward, and there are no right or wrong answers. The questions ask you to provide such information as: (1) what kind of health care provider are you, (2) the reason you are seeking the extension, (3) whether you intend to install new software or hire a clearinghouse to perform your electronic transactions in the standard format, (4) your estimated cost for complying with the new Standards, and (5) your timetable for becoming compliant.

All health care providers (which includes all surgeons) who choose to complete any of the transactions listed above by electronic means must comply with the Transaction and Code Set Standards.

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Electronic Health Care Transaction and Code Set Standards

(continued from previous page)

SHOULD YOU APPLY FOR AN EXTENSION?

Yes. All surgeons that perform or expect to perform any of the transactions listed above electronically should submit an extension Compliance Plan. This advice holds true even if you expect your systems to be in compliance by the 2002 deadline or your billing company, billing agent (e.g., a hospital), or billing software vendor believes it will be in compliance this year because should you or they fail to meet the compliance deadline as intended, you will be held accountable for violating the law.

According to CMS, "if you are a member of a group practice, the extension will be granted to all physicians/practitioners who are members of that practice. It is not necessary to file separate compliance plans for each physician in the practice if the practice files all claims on your behalf." If, however, you submit any claims for payment outside the group claims processing system, you must file your own individual compliance plan.

If you are employed by a hospital or medical center or considered part of an organized health care arrangement with the hospital, and the hospital or medical center processes all claims for you, then you need not complete a compliance plan. But again, if you submit any claims for payment outside the hospital arrangement, you must file your own individual compliance plan.

QUESTIONS?

The CMS form contains step-by step instructions on how to complete the Compliance Plan form as well as an overview of HIPAA. Nevertheless, should you have any questions regarding the Electronic Health Care Transactional and Code Set Standards in general, or completing the CMS Compliance Plan form, you may contact either Bill Sarraille or Allison Shuren, our SVS/AAVS government relations counsel, at the Washington, D.C. law firm of Arent Fox Kintner Plotkin & Kahn 202/857-6000.

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