A true story about a struggle for independence...

- Large multispecialty healthcare organization
- 11 million people
- 40 vascular surgeons
- 12 hospitals

Problems for vascular surgeons: inadequate funding (midlevel providers, vascular lab, OR equipment, additional surgeon FTEs, hybrid ORs, compensation programs, OR access, VQI programs, etc.), BURNOUT = not a priority for general surgery department.

Survey on independence to Vascular Surgeons – 95% response rate
- Department status?
- Division status?
- Section?

SURVEY SAYS:

67% Department
26% Division
7% Yes Change

93% for increased representation
Dissatisfaction with administrator response

- 3+ years of meetings, writing documents, forms, emails, calls, etc
- General Surgery Chiefs approval
- Board of Directors approval
- COO and CEO approval

Final result: division status for vascular surgery
- (67% wanted department status)

End of story...

Why independence?

- Protect the future viability of the specialty - “our survival”
- Representation, Recognition, Competition
- Changes in healthcare: critical factors
  - Administrative control – on the rise
  - Loss of autonomy – employed vs. owner
  - Decline of fee-for-service, pay for quality

Why independence?

- Protect the future viability of the specialty - “our survival”
- Representation, Recognition, Competition
- Changes in healthcare: critical factors
  - Administrative control – on the rise
  - Loss of autonomy – employed vs. owner
  - Decline of fee-for-service, pay for quality

Why independence?

- Protect the future viability of the specialty - “our survival”
- Representation, Recognition, Competition
- Changes in healthcare: critical factors
  - Administrative control – on the rise
  - Loss of autonomy – employed vs. owner
  - Decline of fee-for-service, pay for quality

Why independence?

- Protect the future viability of the specialty - “our survival”
- Representation, Recognition, Competition
- Changes in healthcare: critical factors
  - Administrative control – on the rise
  - Loss of autonomy – employed vs. owner
  - Decline of fee-for-service, pay for quality

Why independence?

- Protect the future viability of the specialty - “our survival”
- Representation, Recognition, Competition
- Changes in healthcare: critical factors
  - Administrative control – on the rise
  - Loss of autonomy – employed vs. owner
  - Decline of fee-for-service, pay for quality
### HHS Value-Based Payment Goals

**2016**
- 30% of contracts will have alternative payment models (such as ACOs or bundled payments).
- 85% will be tied to quality or value through programs such as VBPR or readmission reduction.

**2018**
- 50% of contracts to be tied to alternative payment models and 95% to quality or value overall.

### Challenges for a Division/Section Chief of Vascular Surgery

- **Top 5 Challenges in Current Practice**
  1. Not Enough Compensation
  2. Time-Management
  3. Competition from Other Practitioners
  4. Call Coverage
  5. Cost of Overhead

### Which one would you rather be?

- **YOU**
  - Identity
  - Compensation Committees
  - Hospital Administration
  - Board of Directors
  - Department Chair (General Surgery)

- **VS**
  - Board of Directors
  - VP
  - VP
  - Medical Specialties
    - Neurosurgery
    - Orthopedics
    - Urology
    - General Surgery
    - Vascular Surgery

---

**ALL OUR KNOWLEDGE HAS ITS ORIGIN IN OUR PERCEPTIONS.**

— LEONARDO DA VINCI
Summary

- Our viability (survival) is at stake
  - Administrators are and will be in control of resource allocation. Their perceptions of our vascular surgery will become increasingly important.
  - Increasing competition for resources, decreasing recognition of our specialty.
  - Vascular surgery needs may not be a priority for the larger surgery department.
  - Increased representation will educate administrators about vascular surgery so we can secure better resources for our patients and compete with other specialties.
  - Changes at the local level may be supported by changes at the national level with the creation of a separate board for vascular surgery.

Why Vascular Surgery Needs Separate Governing Bodies

Jeffrey H. Hsu, MD FACS
Regional Chief of Vascular Surgery
Kaiser Permanente
Southern California
Vascular Surgery – what is our value?

We prevent strokes from carotid disease
We prevent amputations from PAD
We prevent deaths from aneurysms
We provide access for dialysis
We improve symptoms of venous insufficiency
We provide live-saving “bail-outs” in the OR for other surgeons
To the person needing us – we are invaluable

Vascular Surgery – What is our value?

- Millionnaire Research Group 2013
- 2001 (16 years ago!)
- $4.37 billion was spent on PAD-related treatment
- $3.87 billion from Medicare, 88% was for inpatient care
- 6.8% of the elderly Medicare population received treatment for PAD
- PAD-related costs accounted for approximately 2.3% of all Medicare Part A and B expenditures
- 3,000 Vascular Surgeons / 1,000,000 MDs = .3% physician workforce

Comparing costs to other conditions...

- $2.7B cardiac dysrhythmias
- $3.9B CHF
- $3.7B cerebrovascular disease
- $4.37B PAD

National health care costs of peripheral arterial disease in the Medicare population

Alan T. Harkavy, Lacey Hartman, Robert J. Tarr, and Seth A. Verzi

- 2001 (16 years ago!)
- $4.37 billion was spent on PAD-related treatment
- $3.87 billion from Medicare, 88% was for inpatient care
- 6.8% of the elderly Medicare population received treatment for PAD
- PAD-related costs accounted for approximately 2.3% of all Medicare Part A and B expenditures
- 3,000 Vascular Surgeons / 1,000,000 MDs = .3% physician workforce

Global Dynamics of Surgical and Interventional Cardiovascular Procedures, 2015-2022, Report K500 (MedMarket Diligence, LLC)
Conclusions

• Vascular surgery is growing in importance in the healthcare system

• Vascular surgery is probably under-represented at many levels

• Vascular surgeons may be in favor of increased representation and reorganization of the specialty