Vascular Surgeons are NOT Appropriately Valued and Compensated in Hospitals for their Unique Consultant Services: Being a Separate Independent Specialty Would Help

Background

• All surgical specialties performing more advanced surgical procedures that increasingly involve critical, essential vascular structures
• To successfully complete many advanced, complex operative procedures, the need for vascular exposure, control and reconstruction is a requirement

Intra-Operative Consults

• Intra-operative consults frequently urgent and unplanned
• Available at any time and any day, 24/7
• Negative impact on vascular surgeon’s individual practice
• Disrupts the care of the individual vascular patient
• Do hospital administrators have any understanding or knowledge of the vascular surgeon’s hospital role

The Vascular Surgeon Skill Set

Vascular Exposure
Vascular Control
Vascular Reconstruction
Vascular Substitutes (Grafts)
Endovascular Techniques
VASCULAR MINDSET

Disclosures

Financial none

Fig. 1. Distribution of intraoperative vascular surgery consultations

The Hospital Fireman
Your Hospital Vascular Surgeon


• Review Keck Hospital of USC: 2013 - 2016
• Planned and unplanned intra-operative consultations
• Excluded anterior spine exposures (145)

Results
76 Vascular Surgery Intra-Operative Consultations

<table>
<thead>
<tr>
<th></th>
<th>Total (%)</th>
<th>Unplanned (%)</th>
<th>Planned (%)</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vascular Exposure</td>
<td>37 (20%)</td>
<td>7 (20%)</td>
<td>10 (28%)</td>
<td>.15</td>
</tr>
<tr>
<td>Vascular Reconstruction</td>
<td>23 (29%)</td>
<td>9 (39%)</td>
<td>14 (43%)</td>
<td>.04</td>
</tr>
<tr>
<td>Bleeding</td>
<td>15 (20%)</td>
<td>14 (23%)</td>
<td>1 (17%)</td>
<td>.001</td>
</tr>
<tr>
<td>Limb Ischemia</td>
<td>10 (13%)</td>
<td>8 (18%)</td>
<td>2 (6%)</td>
<td>.17</td>
</tr>
<tr>
<td>Arterial Injury</td>
<td>8 (11%)</td>
<td>4 (52%)</td>
<td>4 (12%)</td>
<td>.72</td>
</tr>
<tr>
<td>Endovascular</td>
<td>3 (4%)</td>
<td>1 (33%)</td>
<td>2 (6%)</td>
<td>.58</td>
</tr>
</tbody>
</table>

Indications for Consultation

<table>
<thead>
<tr>
<th>Anatomic Location of Vascular Structures</th>
<th>Total (%)</th>
<th>Unplanned (%)</th>
<th>Planned (%)</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lower Extremity</td>
<td>29 (38%)</td>
<td>13 (30%)</td>
<td>16 (49%)</td>
<td>.10</td>
</tr>
<tr>
<td>Upper Extremity</td>
<td>5 (7%)</td>
<td>2 (5%)</td>
<td>3 (8%)</td>
<td>.65</td>
</tr>
<tr>
<td>Head and Neck</td>
<td>4 (5%)</td>
<td>2 (5%)</td>
<td>2 (6%)</td>
<td>1.0</td>
</tr>
<tr>
<td>Abdomen: IVC</td>
<td>13 (17%)</td>
<td>12 (17%)</td>
<td>1 (3%)</td>
<td>.005</td>
</tr>
<tr>
<td>Abdomen: Aorta</td>
<td>25 (33%)</td>
<td>14 (39%)</td>
<td>11 (33%)</td>
<td>.94</td>
</tr>
</tbody>
</table>
Operative Data

<table>
<thead>
<tr>
<th>Operative Time and Estimated Blood Loss</th>
<th>Overall (N=76)</th>
<th>Unplanned Group (N=43)</th>
<th>Planned Group (N=33)</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean (SD)</td>
<td></td>
<td>Mean (SD)</td>
<td>Mean (SD)</td>
<td></td>
</tr>
<tr>
<td>Total operative time (min)</td>
<td>390 (199)</td>
<td>417 (193)</td>
<td>354 (205)</td>
<td>.18</td>
</tr>
<tr>
<td>Vascular time (min)</td>
<td>120 (99)</td>
<td>91 (75)</td>
<td>158 (114)</td>
<td>.003</td>
</tr>
<tr>
<td>Operative Blood Loss (ml)</td>
<td>1722 (2124)</td>
<td>2267 (4001)</td>
<td>1011 (1222)</td>
<td>.04</td>
</tr>
<tr>
<td>Vascular Blood Loss (ml)</td>
<td>540 (2302)</td>
<td>763 (3044)</td>
<td>249 (325)</td>
<td>.34</td>
</tr>
</tbody>
</table>

Outcomes

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Overall (N=76)</th>
<th>Unplanned (N=43)</th>
<th>Planned (N=33)</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post Operative Complications</td>
<td>16 (21%)</td>
<td>11 (26%)</td>
<td>5 (15%)</td>
<td>.4</td>
</tr>
<tr>
<td>In-Hospital/30 Day Mortality</td>
<td>7 (9%)</td>
<td>4 (9%)</td>
<td>3 (9%)</td>
<td>1.0</td>
</tr>
</tbody>
</table>

Conclusions

- The Skills of the Vascular Surgeon are frequently required to rescue other surgical specialties
- These skills are Essential for Safe completion of operations requiring rescue
- Vascular surgeons are effective in “putting out the fire” i.e. controlling the bleeding since:

  Outcomes are equivalent for planned and unplanned consults despite excessive blood loss being the predominant indication for an unplanned Intra-operative consult

Does the C-suite/Hospital Administration recognize Vascular Surgery as a veritable “Fire Department”?

Does your hospital recognize the unique rescue role of vascular surgeons?

NO, additional compensation such as is available to surgeons covering the emergency room is not available. What is more emergent than uncontrolled bleeding in the operating room?

How would the C-Suite be aware of the rescue role of the Vascular Surgeon

- Planned consults: May be on the OR schedule without the role of the vascular surgeon listed
- Unplanned consults: The rescue role of the vascular surgeon is not known in the C-suite since the OR schedule does not list the vascular surgeon
- Our surgical colleagues/competitors are not in the habit of praising our contributions
- Many still think general and cardiac surgeons are vascular surgeons

Would A Separate Vascular Surgery Board Increase Recognition/Compensation of the Vascular Surgeon?

Certainly would not hurt and here is why

Board status would:

- Distinguish vascular surgeons from pseudo vascular surgeons
- Elevate vascular surgery visibility within the medical staff and unconditionally establish vascular surgeons (not general/cardiac surgeons or cardiologists) as the specialty which cares for blood vessels
- ABMS Board status is a reference point for hospital administrators as to the legitimacy of a specialty therefore: Hospital credentialing, service lines and financial support follow the default frame of reference for administrators. ABMS defined specialties i.e. General Surgery
And More

Increase recognition in public rankings and the public square since ABMS defined specialties are the critical reference point.

1) US News and World Report ranks hospitals according to specialty, Vascular Surgery is missing from the list
2) These rankings are a big deal to hospital administrators and the Boards they answer to
3) Financial support in hospitals follows what the Hospital Board and Administration think is important, rankings and visibility
4) Without an ABMS defined Board we are invisible to many

And Finally

- As vascular surgeons in the USA we have a great national society, the SVS, our own Journal, the JVS, our own quality/safety initiative, the VQI, our own foundation, the SVS Foundation, and our own training paradigm, the Integrated Vascular Surgery Residency
- The only thing missing is an ABMS Board and all the benefits it provides

Maybe time it is time

October 2017 Vascular Specialist