Why Full Vascular Surgery Independence is Justified and Badly Needed: Why Hasn’t it Happened

David H. Deaton, MD FACS
Chief Medical Officer, Syntactx / New York, NY

Disclosure of Financial Interest

<table>
<thead>
<tr>
<th>Affiliation/Financial Relationship</th>
<th>Company</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant/Research Support</td>
<td>None</td>
</tr>
<tr>
<td>Consulting Fees/Honoraria</td>
<td>Medtronic, Intact Vascular, ROX Medical, LimFlow</td>
</tr>
<tr>
<td>Major Stock Shareholder/Equity</td>
<td>None</td>
</tr>
<tr>
<td>Royalty Income</td>
<td>None</td>
</tr>
<tr>
<td>Ownership/Founder</td>
<td>None</td>
</tr>
<tr>
<td>Intellectual Property Rights</td>
<td>None</td>
</tr>
<tr>
<td>Other Financial Benefit</td>
<td>None</td>
</tr>
<tr>
<td>Employment</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Syntactx (a Clinical Research Organization)</td>
</tr>
</tbody>
</table>

Surgical Specialization

- John Hunter
  - Scientific foundations of surgery
  - Origins of Physician / Surgeon “divide”
- US Early 20th Century
  - Post-graduate surgical schools
  - Residency for Surgery
  - Profusion of residencies for surgical specialties

Drivers of Specialization

- Development of new therapies for a given condition or body system
- Prevalence of condition to support full-time activity
- Demonstration of superior results based on specialized training

All of these are true for Vascular Surgery

ABMS requirements

1. Represent a distinct and well-defined field of medical practice;
2. Solely offer a single standard of preparation for and evaluation of expertise;
3. Offer distinct training to meet certification requirements;
4. Demonstrate that candidates for certification will acquire, and then maintain, knowledge and skills in that field;
5. Establish defined standards for training and a system for evaluation of educational program quality; and
6. Demonstrate support from the relevant field of medical practice and broad professional support.

Arguments

- But we’ve made so much progress
  We have….and that’s great, but that’s not an argument to not complete the process
- We don’t need another “war” / “schism”
  Agreed! We need to complete the functional relationship that will allow us to collaborate effectively with ABS and other boards
Political Minorities.. Or Why We Have a US Senate

- Minorities need specific identification and mechanism for effective representation
  - Rhode Island
  - Native American “nations”
- Ability to effectively collaborate
  - “Be at the table”
  - Effective coalitions
  - Maintain degree of leverage in critical issues

Challenges for VS

- Our field of practice (homeland) “invaded” by numerous other specialty groups with no primary vascular training...not against competent practice from other specialties but standards must be maintained
- In reimbursement, government and other contexts, vascular surgery is INVISIBLE

What a Independent VS Board will/might do

- Give us official designation as the specialty fully dedicated to the procedural treatment (open and endovascular) of vascular disease
- Allow us to train vascular surgeons
  - Respond to increasing subspecialization of vascular
  - Maintain standards of care
  - Respond to work force demands
  - Initiate programs based on vascular surgery needs, not other specialty needs
- Begin the process of creating an identity for Vascular Surgery beyond the medical community

What a Independent VS Board won’t do

- Make hospital administrations support us more
- Stop other specialists from engaging in the practice of vascular surgery/intervention
- Solve any of our local practice challenges
- Get us more reimbursement

Bottom Line

- Minorities need official recognition to avoid complete assimilation and loss of identity
- Independence for VS should be a “win/win” for ABS and other surgical boards
- Our patients care is dependent on our assertiveness in consolidating and advancing the evolution and identity of our specialty

Thank you