

Physician and Industry Responsibility In Overuse of Technology

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Disclosures

Speaker – Cook, Gore
Opinions expressed here are my own
THANK YOU TO ALL OUR INDUSTRY PARTNERS

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Appropriateness



Adheronin Has Toured

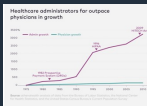
100,000 procedures

2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021


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Accountability


Hospitals
Administrators
Industry
Physicians
Healthcare System
Insurance



Healthcare administrators for outpace physicians in growth



Pay drops for Medtronic CEO and the median employee; bonus plan changes



HEALTH CARE INDUSTRY PAY RATES (2023 pay rates)

Company	CEO	Pay Rate
Medtronic	Keith Wandell	\$22.1 million
Johnson & Johnson	Joaquin Duato	\$21.1 million
Abbott	Richard H. Smith	\$20.9 million
United Therapeutics	David C. Glass	\$20.9 million
Novartis	Richard A. Hurd	\$20.8 million
Amgen	Robert M. Davis	\$20.8 million
Roche	Paul H. Geisler	\$20.8 million
Vertex	Robert A. Glaser	\$20.8 million
Moderna	Stephane Bancel	\$20.8 million
Novo Nordisk	Michael Jensen	\$20.8 million
Regeneron	Eric L. Lefkowitz	\$20.8 million
Horizon Therapeutics	John J. Frawley	\$20.8 million
Bluebird bio	John J. Frawley	\$20.8 million
Moderna	Stephane Bancel	\$20.8 million
Novo Nordisk	Michael Jensen	\$20.8 million
Regeneron	Eric L. Lefkowitz	\$20.8 million
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Appropriateness



Journal of the American Heart Association

Adverse Events After Atherectomy: Analyzing Long-Term Outcomes of Endovascular Lower-Extremity Revascularization Techniques

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Appropriateness

From the Society for Vascular Surgery

Overuse of early peripheral vascular interventions for Claudication

Table 10. Statistics of top 25 outlier physicians in the United States

Physician	Year since graduation	Location	Quantity	Rate per 1000	Rate per 1000	Rate per 1000
A	Male	20	Florida	10000	11	54.1
B	Male	10	New Jersey	Cardiology	11	54.1
C	Male	10	Florida	Vascular Surgery	10	54.1
D	Male	10	Florida	Cardiology	10	54.1
E	Male	10	Kansas	Cardiology	10	54.1
F	Male	10	Kentucky	Cardiology	10	54.1
G	Male	10	North Carolina	General Surgery	10	54.1
H	Male	10	Georgia	General Surgery	10	54.1
I	Male	10	California	Cardiology	10	54.1
J	Male	10	California	Vascular Surgery	10	54.1

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Appropriateness

A significant proportion of current endovascular aortic aneurysm repair practice fails to meet Society for Vascular Surgery clinical practice guideline recommended abdominal aortic aneurysm diameter treatment thresholds in the Vascular Quality Initiative

Fig 1. The difference between current and guideline practice varies by Society for Vascular Surgery Vascular Quality Initiative (VQI) surveillance position of elective endovascular aortic aneurysm repair (EVAR) and adherence to clinical practice guideline diameter treatment thresholds. A: There is significant divergence from guideline diameter treatment thresholds. B: Other appropriate practice patterns at the surgeon level, even greater variation is observed with frequency of non-adherence to current level I evidence and societal recommendations for offering elective EVAR at specific diameter thresholds.

Appropriateness

Predictors of Abdominal Aortic Aneurysm Size Enlargement After Endovascular Repair

Fig 1. The difference between current and guideline practice varies by Society for Vascular Surgery Vascular Quality Initiative (VQI) surveillance position of elective endovascular aortic aneurysm repair (EVAR) and adherence to clinical practice guideline diameter treatment thresholds. A: There is significant divergence from guideline diameter treatment thresholds. B: Other appropriate practice patterns at the surgeon level, even greater variation is observed with frequency of non-adherence to current level I evidence and societal recommendations for offering elective EVAR at specific diameter thresholds.

- Liberalized anatomic criteria for EVAR
- 42% met conservative IFU requirements
- 62% Liberal IFU guidelines
- 59% < 5.5cm
- Lack of surveillance
- 41% AAA enlargement

Appropriateness

Management of failed endovascular aortic aneurysm repair with explantation or fenestration: limited endovascular aortic aneurysm repair

Fig 1. Time line plot with number of procedures performed per year, EVAR EVAR Fenestrated banded endovascular aneurysm repair.

Advocacy

Vascular Specialist

From the editor: Sex, lies, and carotid stents

First, a disclaimer: This commentary is woefully short of our related content. Hit over the wholesome grade-based evidence (GEE) 10.0. It's far from through your medical school here, but let's go to the next level.

In 2020, Christopher White, MD, then chief of the Department of Cardiology at the Cleveland Clinic Foundation published an editorial accurately reporting on the use of carotid artery stents (CAS) in the most recent Society of Vascular Medicine (SVM) meeting, held in a virtual format. As a Interventional Radiologist, I was interested in the findings, and I was particularly interested in the use of CAS in the carotid artery. I was particularly interested in the use of CAS in the carotid artery. I was particularly interested in the use of CAS in the carotid artery.

Accountability

Florida Cardiologist and His Practice Pay Millions and Agree to Three Years of Exclusion to Resolve Alleged False Billings for Unnecessary Procedures and Illegal Kickbacks

Florida Cardiologist, Dr. Asad Gomer, and his partner, the Institute of Cardiovascular Medicine (ICM), will pay \$5 million plus interest and agree to a three-year exclusion from Medicaid for medically unnecessary procedures and kickbacks to patients by making Medicaid payments irrespective of financial liability, the Justice Department announced today. Dr. Gomer also agreed to a three-year period of exclusion from participating in any federal health care programs, including Medicare, as part of a settlement agreement with the Department of Health and Human Services Office of the Inspector General (OIG). The settlement relates to the civil investigation into which the Justice Department opened on Dec. 22, 2016.

Billing federal health programs for medically unnecessary procedures is unacceptable — not only to our nation's taxpayers, but also to our patients or their loved ones. Through the Department of Justice's Office of Inspector General, we have taken action to prevent such practices and to safeguard the well-being of federal health care program beneficiaries.

Accountability

Is the "Wild West" of Outpatient Vascular Care, Decision Call-High-Value Patients on Patients Risk, a Word to Live By?

Diagnosis Adherence Boost? Does Pay to Avoid Puntillone's Fake Part Inflated Prices?

A clinical and ethical review on late results and benefits after EVAR

Investigative Roundup

Accountability

Totals by payment type in 2022		Totals by payment type in 2022	
What are the different payment types?		What are the different payment types?	
General payments	\$306,225.30	General payments	\$309,902.93
Research payments	N/A	Research payments	N/A
Research research funding	\$46,467.53	Research research funding	\$4,220.00
Research and treatment travel	N/A	Research and treatment travel	\$740.00
Totals by payment type in 2022		Totals by payment type in 2022	
What are the different payment types?		What are the different payment types?	
General payments	\$158,805.18	General payments	\$8,805.14
Research payments	N/A	Research payments	\$1,790.00
Research research funding	\$2,400.00	Research research funding	\$54,115.80
Research and treatment travel	N/A	Research and treatment travel	N/A

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Accountability

- Protect our Patients
- Compensation Models
- Peer Review
- Quality Committees
- Professional Societies
- Industry Relationships

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