

# CRITICAL LIMB ISCHEMIA GLOBAL SOCIETY

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## 2017 EXECUTIVE SUMMARY

### CLI GLOBAL SOCIETY

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#### CRITICAL LIMB ISCHEMIA GLOBAL SOCIETY MISSION

The CLI Global Society's mission is to improve quality of life by preventing amputations and death due to critical limb ischemia.

#### BOARD MEMBERS



Barry T. Katzen, MD  
President



Michael R. Jaff, DO  
Vice President



Jihad A. Mustapha, MD  
Secretary/Treasurer



Vickie R. Driver, DPM



Robert A. Lookstein, MD



Richard F. Neville, MD



Dierk Scheinert, MD



Thomas Zeller, MD

# CLI Global Society Executive Summary

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We must address the unmet need of **critical limb ischemia**. In the United States lower extremity PAD manifests as CLI in nearly 1 million Medicare patients per year with an estimated annual cost of over 3 billion dollars.<sup>1</sup> One in 190 Americans (1.6 million) are living with loss of a limb. Unchecked, this number may more than double by 2050 to 3.6 million.<sup>2</sup>

Barry T. Katzen, MD  
President, CLI Global Society

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The Critical Limb Ischemia (CLI) Global Society was formed by passionate leaders to address the unmet need of CLI. It was incorporated on January 11, 2016 and received 501(c)(6) status on June 20, 2016.

The CLI Global Society is the only organization that is solely dedicated to patients and the public health aspect of CLI.

The intent of the Society is to work toward a coalition of multiple organizations that share an interest in CLI to facilitate implementation of goals that would lead to ideal management of this impactful problem. The best way to improve awareness and enhance the way CLI is treated is through a coalition of like-minded organizations that can address clinical, coding, and reimbursement points of view. The Society will also work with like-minded organizations around the world to globally improve treatment and outcomes in patients with CLI.

## WHY IS CLI A PROBLEM?

The CLI Global Society recognizes the following contributing factors to the challenge of CLI:

- Lack of consensus on the definition of CLI
- Lack of awareness within the healthcare community and general public
- CLI morbidity and mortality are akin to the most aggressive cancer diagnoses
- Limited evidence based research
- Lack of consensus on best methods to prevent, diagnosis, treat, and rehabilitate
- Limited number of dedicated CLI specialists
- No diagnosis code for CLI
- Costs for the treatment of CLI are among the greatest health care expenditure challenges today<sup>3</sup>
- Amputation often remains a first line treatment and results in major disability, loss of work productivity, and burdens to family and colleagues

## HOW CAN WE FIX THE PROBLEM?

The CLI Global Society recognizes and supports a concerted effort to create change by:

- **Creating** and facilitating a new definition of CLI
- **Amplifying** public and health professional awareness of CLI
- **Creating** a public and professional effort to prevent CLI
- **Increasing** clinical cooperation and information sharing in the management of CLI
- **Improving** the CLI standard of care for prevention, diagnosis, treatment and rehabilitation
- **Reducing** time from symptom onset to provision of definitive care for CLI
- **Reducing** variability in delivery of care that promotes preventable amputations
- **Identifying** strategies to correct disparities in access and treatment to quality CLI care
- **Advocating** for team-based programs that simultaneously address awareness, management, and treatment of CLI
- **Advocating** for coverage and reimbursement for CLI therapy
- **Partnering** with clinicians, hospitals, patients, and industry to have immediate impact
- **Preventing** amputations and death due to critical limb ischemia

## CURRENT SOCIETY ACTIVITIES

The Society has developed committees tasked with working on issues that include development of a unified definition of CLI; supporting the public health urgency of this disease by addressing CLI population health issues; analyzing technical alternatives to CLI revascularization procedures by supporting uniform quality metrics; and developing resource based algorithms based on proven clinical practice and education for patients, referring physicians, treating physicians, and third party payers.

As a first step, the Society has recognized a lack of data and uniform medical coding diagnoses for CLI. The Society has committed resources and licensed longitudinal CMS claims data with a data set of patients from 2011-2014. The Population Health Committee is working with aligned organizations and experienced dataset and claims-based analysts, while applying strong clinical oversight, to analyze this data to better understand the meaning of this diagnosis to our patients. The goal is to identify trends and issues to support the mission. This work will define rates and develop targets for public health initiatives around which we can rally support and measurable outcomes. Working with the European board members the Society has begun to examine data and outcomes in CLI with the idea of developing quality metrics that will help us establish public health goals for therapy. We are on the cusp of truly making a difference through the CLI Global Society's efforts in data collection, defining CLI as a disease state, and employing advanced techniques to reduce both amputation rates and mortality from this devastating problem.

An active advisory board has begun the process of creating alliances to achieve goals. The Society has been actively involved in supporting educational content focused on CLI in support of the mission. A priority is to create the data to support establishing public health goals that will fulfill the mission.

With the framework of the Society now strongly in place a focus on membership growth is in process. The growing membership of the Society will be enhanced by collaboration and support of the CLI components of educational meetings.

### Founding Board Members:

Alan T. Hirsch, MD

Michael R. Jaff, DO

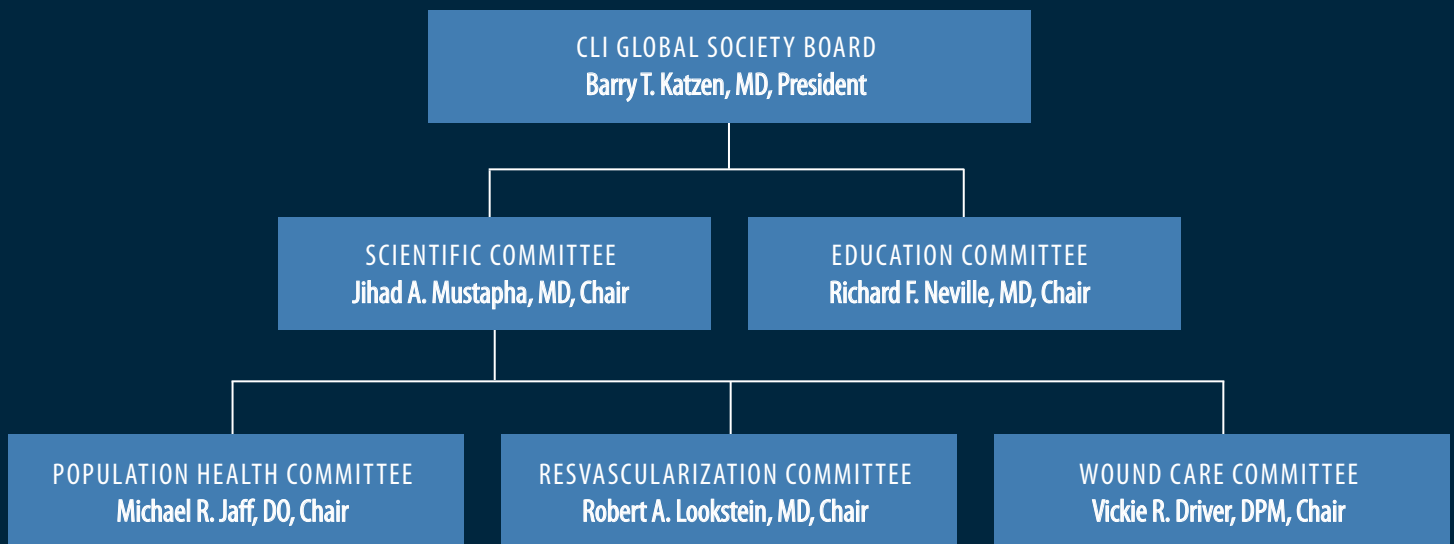
Barry T. Katzen, MD

Jihad A. Mustapha, MD

Dierk Scheinert, MD

Frank J. Veith, MD

## CLI GLOBAL SOCIETY COMMITTEE STRUCTURE



## REFERENCES

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