

# CRITICAL LIMB ISCHEMIA GLOBAL SOCIETY

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## 2018 EXECUTIVE SUMMARY

### CLI GLOBAL SOCIETY

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

*#CLIFighters*

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# 2018 CLI GLOBAL SOCIETY EXECUTIVE SUMMARY

## FINDINGS FROM RECENT STUDY:

- CLI is a serious problem that threatens both life and limb. Patients with CLI suffer poor long-term prognosis and generate high healthcare costs.
- Revascularization and attempts to salvage the limb are effective in saving both limbs and reducing mortality.
- Considerable efforts are needed to raise disease awareness and implement coding to better define and identify the disease.

Full article and editorial at [www.cliglobalsociety.org/study](http://www.cliglobalsociety.org/study)

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.

## SUMMARY OF CLAIMS DATA

The CLI Global Society-sponsored study "Determinants of Long-Term Outcomes and Costs in the Management of Critical Limb Ischemia: A Population-Based Cohort Study" was published this year in the Journal of the American Heart Association. Administrative claims were obtained on Medicare beneficiaries with initial critical limb ischemia diagnosis in 2011. Clinical outcomes and healthcare costs over 4 years were estimated among all patients and by first treatment (endovascular, revascularization, surgical revascularization, or major amputation) in unmatched and propensity-score-matched samples. Among 72,199 patients with initial primary CLI in 2011, survival was 46% and freedom from major amputation was 87%. Among 9,942 propensity-score-matched patients, survival was 38% with endovascular revascularization, 40% with surgical revascularization, and 23% with major amputation. Corresponding major amputation rates were 6.5%, 9.6%, and 10.6% respectively ( $p < 0.001$  for all pair-wise comparisons). The cost per patient year during follow-up was \$49,700, \$49,200, and \$44,700, respectively ( $p < 0.001$  for each revascularization procedure versus major amputation).<sup>1</sup>

Long-term survival and cost in CLI management is comparable between revascularization techniques, with lower major amputation rates following endovascular revascularization. Primary major amputation results in shorter survival, higher risk of subsequent major amputation, and higher healthcare costs versus revascularization<sup>1</sup>

Full article and editorial at [www.cliglobalsociety.org/study](http://www.cliglobalsociety.org/study).

## CMS STRATEGY

The CLI Global Society has done expansive work leading up to this publication and recognizes the many challenges that CLI places upon patients, healthcare providers, and payers. In an effort to address these challenges, the Society is working on strategies to engage the government payer system to enact reform to improve care of patients suffering from this devastating disease.

| Issue  | Strategy   |
|--|--|
| CLI is not sufficiently recognized as the growing public health concern that it is.  | Improve clinical outcomes and economic impact of CLI for Medicare beneficiaries via policy and payment strategies.   |
| No diagnosis codes exists for CLI  | Create a definitive set of diagnosis codes that define CLI in acceptable granularity (by stage, disease severity, etc.) already recognized in clinical practice.                   |
| Costs for the treatment of CLI are among the greatest health care expenditure challenges today.  | Develop consensus on critical costs for tracking and analysis purposes to inform potential care improvement/economic value propositions of new care models.                        |
| Amputation often remains a first line treatment and results in major disability, loss of work productivity and burdens to family and colleagues. | Develop cost models that include disability, loss of work productivity, caregiver costs, etc., to highlight the magnitude and impact of CLI as a vehicle for awareness and change. |

The Society is working to tactically implement strategies by seeking CMS' proactive engagement to define, identify CLI clinical consequences, patient outcomes and economic impact. The Society has intent to pursue ICD-10 codes within the prescribed CMS/NCHS process. Engagement with CMS will be sought to evaluate possible payment models to align payment with CLI care that follows best clinical practices. Leveraging existing research and publications and the engagement of health economists, data analytic experts, employer, and actuarial health data analytics experts is essential to model non-CMS-related costs of CLI.

## CURRENT SOCIETY ACTIVITIES

Membership has grown significantly with a firm benchmark in place to reach 500 members by the end of 2018. Global presence continues to excel with member representation in 21 countries:

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. The growing membership of the Society will be enhanced by collaboration and support of the CLI components of educational meetings.

Consensus activities with partnering organizations now include society educational sessions and/or member discounts at:

1<sup>st</sup> National Interdisciplinary Congress on Critical Limb Ischemia Treatment

American Professional Wound Care Association (APWCA) National Clinical Conference

## Amputation Prevention Symposium (AMP)

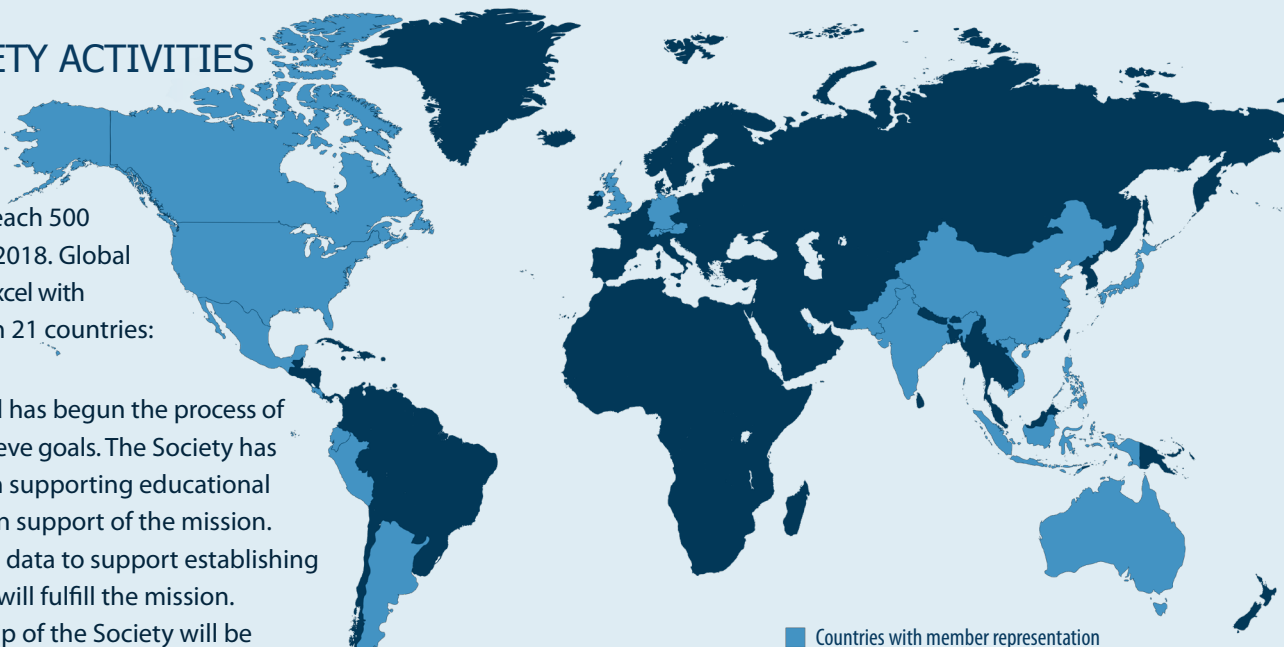
Cardiovascular and Interventional Radiological Society of Europe (CIRSE)

## International Symposium on Endovascular Therapy (ISET)

## New Cardiovascular Horizons (NCVH)

## Symposium on Advanced Wound Care (SAWC) Spring and Fall

## Visionary Endovascular & Vascular Education (VERVE)



### 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



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.

## REFERENCES

1. Jihad A. Mustapha MD, Barry T. Katzen MD, Richard F. Neville MD, Robert A. Lookstein MD, Thomas Zeller MD, Larry E. Miller PhD, Michael R. Jaff DO. Determinants of Long-Term Outcomes and Costs in the Management of Critical Limb Ischemia: A Population-Based Cohort Study. J Am Heart Assoc. 2018;7:e009724. DOI: 10.1161/JAHA.118.009724.
2. J Vasc Surg. 2013 June ; 57(6): 1471–1480.e3. doi:10.1016/j.jvs.2012.11.068. The incidence and health economic burden of critical limb ischemia and ischemic amputation in Minnesota: 2005–2007. Circulation. 2009; 120:S1148.
3. Ziegler-Graham K, MacKenzi EJ, Ephraim PL, Travison TG, Brookmeyer R. Estimating the Prevalence of Limb Loss in the United States: 2005 to 2015. Arch Phys Med Rehabil Vol 89, March 2008.

**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>2</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>3</sup>

Barry T. Katzen, MD  
President, CLI Global Society

## THANK YOU TO OUR CORPORATE SPONSORS



# CLI GLOBAL SOCIETY

For more information and access to CLI Global, the official publication of the CLI Global Society, visit [www.cliglobalsociety.org](http://www.cliglobalsociety.org).



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