

CRITICAL LIMB ISCHEMIA GLOBAL SOCIETY

2020 EXECUTIVE SUMMARY

CLI GLOBAL SOCIETY
#CLIFighters

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



Andrew Holden, MBChB



Robert A. Lookstein, MD



Richard F. Neville, MD



Jos C. van den Berg, MD



Thomas Zeller, MD

CDC RECOGNIZES AND CODIFIES CRITICAL LIMB ISCHEMIA IN ICD-10-CM

EFFECTIVE OCTOBER 1, 2020, A COALITION ORGANIZED BY THE CLI GLOBAL SOCIETY ANNOUNCED ITS PROPOSAL TO DISTINCTLY RECOGNIZE “CRITICAL LIMB ISCHEMIA” AND “CHRONIC LIMB THREATENING ISCHEMIA” IN THE INTERNATIONAL CLASSIFICATION OF DISEASES, TENTH REVISION, CLINICAL MODIFICATION (ICD-10-CM) WAS APPROVED BY THE CDC.

The ICD-10-CM is a worldwide standard reference set of disease codes used to report medical services provided to patients. The announcement marks a major step forward in tracking patient treatments and outcomes for CLI and CLTI, which affect millions of patients globally.

The CLI Global Society worked in close partnership with the vascular specialist community to develop the proposal.

The goal of this initiative is to support coding professionals, educators, compliance staff and physicians to identify and accurately report CLI and CLTI in clinical documentation, electronic medical records and medical billing in order to track and monitor patient treatments and outcomes in the future.

“This effort is a first step in building awareness of the complexity associated with caring for patients who suffer from CLI within public and commercial payers and the broader healthcare community,” said Dr. Barry Katzen, board chair of the CLI Global Society. “These dedicated codes, now newly identified for CLI, are critical in our goal to improve quality of life by preventing amputations and death due to CLI.”

Dr. Robert Lookstein, chair of the Vascular Societies Workgroup and CLI Global Society board member, acknowledged the collective effort of his colleagues, “who came together to prioritize the need for a well-defined and accessible method to identify, report and track CLI for the benefit of patients who suffer from this disease.”

“We also look forward to continued partnership as we launch initiatives to educate our membership, our hospitals and healthcare provider staff regarding these changes,” Lookstein explained. “They have the potential to positively impact the care we provide to these extremely vulnerable patients across the United States and around the world.”

“The statistics are grim,” said Dr. Jihad Mustapha, founding board member of the CLI Global Society. “We know 60% of patients who receive an amputation due to PAD or CLI die within two years – this is higher than the five-year mortality rate for patients with breast, colon and prostate cancer. In order to fight this deadly disease, we need to have accurate data. This seemingly small change to medical coding will allow us to save countless limbs – and lives.”

THE HARD WORK AND EFFORT OF THE MEMBERS OF THE MULTI-SOCIETY TASK FORCE IS GREATLY APPRECIATED.

CLI GLOBAL SOCIETY

**Barry Katzen, MD
Robert Lookstein, MD**



Mehdi Shishehbor, DO



Mitchell Weinberg, MD



Sean Roddy, MD



Bulent Arslan, MD

THE CLI GLOBAL SOCIETY ANNOUNCES THE JOURNAL OF CRITICAL LIMB ISCHEMIA, Q1 2021



JOURNAL OF
**Critical Limb
Ischemia**

THE FIRST PEER-REVIEWED JOURNAL DEDICATED TO CLI

The goal of the journal will be to provide an international forum for the presentation of original ideas and recent results related to all aspects of diagnostic, therapeutic, and pathophysiologic aspects of critical limb ischemia. These articles will influence the clinical practice of treating the co-morbidities present in patients presenting with advanced disease.

This journal is complimentary for our CLI Global Society Members. Call for manuscripts - www.clijournal.com.

TREATING CLI DURING COVID-19

As the world began to change in March 2020, the CLI Global Society decided to address the issue of "Treating CLI During COVID-19" in a live webinar on April 22, 2020. More than 500 practitioners joined the live webinar or watched the on-demand video. The Society remains steadfast in addressing current issues impacting patients who suffer from CLI and is pleased to offer a resource with algorithms and case studies to assist the CLI community in improving CLI patient outcomes during this pandemic.



HEALTHCARE DISPARITIES AND CLI TREATMENT

"WHILE SOME PORTION OF THESE DISPARITIES CAN BE EXPLAINED AS RACE BEING A SURROGATE FOR SOCIOECONOMIC STATUS OR ACCESS TO HEALTHCARE,³ AFTER LOGISTIC REGRESSION AND INDEPENDENT OF ALL OTHER VARIABLES, BEING BLACK, ALONE, INCREASED THE ODDS OF RECEIVING AN AMPUTATION BY 78%."⁴

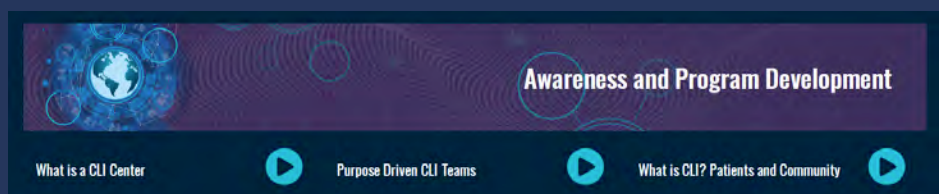
Healthcare disparities are the inequalities experienced by different groups as they interact with the healthcare system. These groups can be divided by race, sex, geographic location, education level, and a variety of other factors. As early as 1840, reports have demonstrated mortality differences between social classes.¹ In the United States, the US Department of Health and Human Services released "Health, United States, 1983," detailing an increased "burden of death and illness experienced by blacks and other minority Americans..."² It has been almost 40 years since that report was published and racial healthcare disparities remain a well-documented and troubling issue.

The CLI Global Society addressed this issue head-on in a live webinar on June 24, 2020 and followed up with an article in the October 2020 issue of CLI Global.

The webinar videos and articles are available for members online at www.cliglobalsociety.org.

NEW WEBSITE AND ON-DEMAND VIDEO LIBRARY

The CLI Global Society was proud to launch a new website in mid-2020 featuring an on-demand video library as a newly enhanced member benefit.



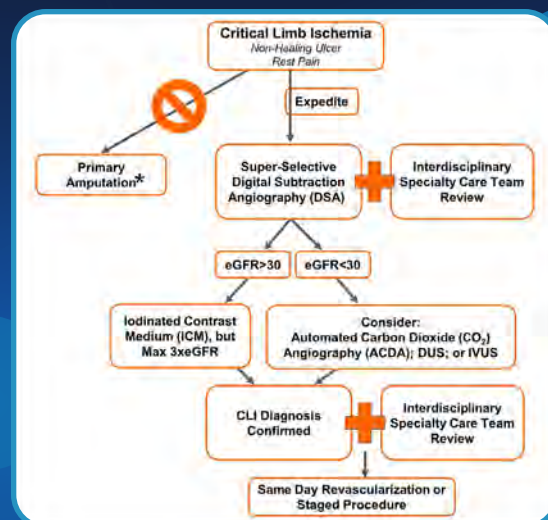
CLI GLOBAL RECOMMENDATION: AN AMPUTATION SHOULD NEVER OCCUR WITHOUT PROPER DSA

The CLI Global Society believes the following recommendations may help reduce the incidence of primary amputation in the CLI population, resulting in better outcomes and lower burden on society⁵:

1. Primary amputation should not be the first line of treatment for CLI unless there are mitigating circumstances.
2. An interdisciplinary specialty care team should determine if a CLI limb is salvageable.
3. A superselective DSA (including the ankle and foot) should be utilized to delineate a salvageable limb prior to amputation.

The Society's DSA algorithm in conjunction with an interdisciplinary specialty team evaluation can prevent unnecessary amputations or minimize the amputation level in CLI patients.⁵

This article was published in the Journal of Endovascular Therapy, May 2020. Visit www.jevt.org for full access.



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.⁶ 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.⁷

Barry T. Katzen, MD
President, CLI Global Society

REFERENCES

1. Macintyre S. The black report and beyond what are the issues? Soc Sci Med. 1997;44(6):723-745.
2. NCHS: Health, United States, 1983; and Prevention Profile. [PHS] 84-1232. Washington, DC: US Government Printing Office; 1983.
3. Mustapha JA, Fisher BT Sr, Rizzo JA, et al. Explaining racial disparities in amputation rates for the treatment of peripheral artery disease (PAD) using decomposition methods [published online ahead of print, 2017 Feb 15]. J Racial Ethn Health Disparities. 2017;4(5):784-795.
4. Durazzo TS, Frencher S, Gusberg R. Influence of race on the management of lower extremity ischemia: revascularization vs amputation. JAMA Surg. 2013;148(7):617-623.
5. Mustapha JA, Saab FA, Martinsen BJ, et al. Digital Subtraction Angiography Prior to an Amputation for Critical Limb Ischemia (CLI): An Expert Recommendation Statement from the CLI Global Society to Optimize Limb Salvage. Journal of Endovascular Therapy 2020; 1526602820928590. doi: 10.1177/1526602820928590.
6. Mustapha JA, Katzen BT, Neville RF, Lookstein RA, Zeller T, Miller LE, Jaff MR. 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.
7. 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.

THANK YOU TO OUR CORPORATE SPONSORS



CLI GLOBAL SOCIETY
#CLIFighters

For more information, contact us at 888-254-2541 or info@cliglobalsociety.org.



www.cliglobalsociety.org