CRITICAL LIMB ISCHEMIA GLOBAL SOCIETY 2021 EXECUTIVE SUMMARY

CLI GL BAL SOCIETY #CLI Fighters

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

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

ICD-10 Training and Resources for the CLI Community

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 CLI Global Society worked in close partnership with the vascular specialist community to develop the proposal and training resources. In Q4 2020 and Q1 2021, the CLI Global Society presented two accredited complimentary webinars for members of the CLI Global Society and the CLI community at-large. An ICD-10 coding guide and videos of the training webinars are available on our website at www.cliglobalsociety.org/education/

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."

icd-10.

"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 GL®BAL SOCIETY

Barry Katzen, MD Robert Lookstein, MD



Mehdi Shishehbor, DO



Mitchell Weinberg, MD

SVS Society for Vascular Surger

Sean Roddy, MD



Bulent Arslan, MD





The CLI Global Society Announces the Journal of Critical Limb Ischemia, Q1 2021 THE FIRST PEER-REVIEWED

JOURNAL DEDICATED TO CLI

Launched in March 2021, this journal will 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. This journal is complimentary for CLI Global Society Members.

Inaugural year original contributions included:

- Single-Center Experience With Optical Coherence Tomography-Guided Directional Atherectomy System for Below-the-Knee Critical Limb Ischemia
- Antegrade and Retrograde Crossing of Chronic Total Occlusions Using the Outback Re-entry Device
- Optimizing Laser Atherectomy for Different Lesion Morphologies
- Rationale and Design of the IN.PACT BTK Randomized Pilot Study: A
 Paclitaxel Drug-Coated Balloon vs Standard Percutaneous Transluminal
 Angioplasty for Infrapopliteal Chronic Total Occlusions
- Racial Disparities in Risk for Major Amputation or Death After Endovascular Interventions for Peripheral Artery Disease: A LIBERTY 360 Study
- Duplex-Ultrasound Assisted Mynx Closure of Superficial Femoral Artery Antegrade Access Following Lower-Extremity Endovascular Intervention
- Outcomes Among Patients With Chronic Critical Limb Ischemia With No Revascularization Option: Systematic Review and Meta-Analysis
- Chronic Total Occlusions: Association Between Characteristics and Mid-Term Outcomes in Critical Limb Ischemia
- Comparison Between Intra-Arterial Carbon Dioxide and Iodinated Contrast Agent Injections in Patients With Lower-Limb Peripheral Arterial Diseases

- and Mild-to-Moderate Renal Dysfunction: Randomized Controlled Trial
- Predictors of Long-Term Mortality in Patients Undergoing Major or Minor Lower-Extremity Amputations
- Orbital Atherectomy Treatment of Peripheral Artery Disease and Critical Limb Ischemia
- Cost-Effectiveness of Percutaneous Deep Vein Arterialization for Patients With No-Option Chronic Limb-Threatening Ischemia: An Exploratory Analysis Based on the PROMISE I Study
- Below-the-Ankle Interventions for Chronic Limb-Threatening Ischemia: Safety and Efficacy in an Office-Based Practice
- Impact of Pedal Arch Patency on Below-the-Ankle Revascularization Outcomes
- Three-Year Survival of Critical Limb-Threatening Ischemia Patients With FFRCT-Guided Coronary Revascularization Following Lower-Extremity Revascularization



Critical Limb Ischemia



The Amputation Epidemic: What Are We Going to Do About It?

IMPACT ON MINORITY AND UNDERSERVED U.S. POPULATIONS

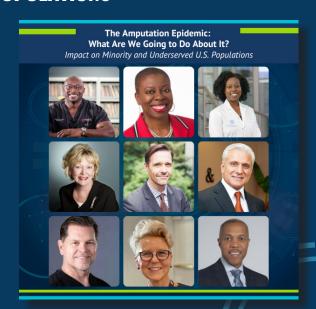
Presented September 9, 2021, this complimentary accredited webinar brought together multidisciplinary key opinion leaders to discuss and address ethnic, cultural, gender, and economic disparities in CLI treatment.

Learning objectives included:

- Identify healthcare challenges related to amputation prevention in minority and underserved communities.
- Discuss barriers to patient education.
- Review current known disparities.
- Examine opportunities for future improvement.

Expert speakers and panelists:

- Foluso Fakorede, MD
- Laiq Raja, MD
- Joel Rainwater, MD
- Yolanda Bryce, MD
- Michael Jaff, DO
- Lee Kirksey, MD
- Jihad Mustapha, MD
- Mary Yost, MBA
- Tracey Brown
- Jason McKitrick



Webinar videos are available for members online at **cliglobalsociety.org**.

MODERN MULTIDISCIPLINARY TEAM APPROACH Is Crucial In Treatment For Critical Limb Threatening Ischemia

With the increasing prevalence of atherosclerotic risk factors such as diabetes mellitus, obesity and advanced age the incidence of critical limb threatening ischemia (CLTI) will continue to rise. Amputation is the most devastating consequence of CLTI and the evolution in treatment of CLTI aims to prevent and resolve this complication.

Recent data from the global guidelines show that already 12-month outcomes of patients diagnosed with CLTI are poor with high mortality and amputation rates: amputation rates at 4 years for Rutherford Classification Category 4, 5 and 6 are 12.1%, 35.3% and 67.3%. When the first diagnosis of CLTI is made, the mortality risk is 24% at 1 year and 60% at 5 years. The mortality of CLTI is therefore higher than the average mortality of cancer, with only lung cancer leading to a higher death rate. The mortality of CLTI is also higher than that of (isolated) diabetic foot ulcers (DFU), because of concomitant chronic kidney disease (CKD) and other comorbidities. Of all non-traumatic lower limb amputations more than 60% occur in diabetics, and at least 80% of these amputations are preceded by an ulcer of the lower leg.

This article was published in the Journal of Cardiovascular Surgery in April 2021. Online version at: minervamedica.it

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. 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.

Barry T. Katzen, MDPresident, CLI Global Society

REFERENCES

- 1. 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.
- 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 ischemic amputation in Minnesota: 2005–2007. Circulation. 2009; 120:S1148.

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