

PRESIDENTIAL ADDRESS

From the American Venous Forum

In with the old, out with the new: The American Venous Forum leads the way

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American Venous Forum members, distinguished guests, and representatives from industry, welcome to the 25th Silver Anniversary Annual Meeting of the American Venous Forum (AVF) here in Phoenix, Arizona. What an honor it has been to serve as your President over the past year. I am extremely humbled by this opportunity and have often felt that the only reason for my own success is that I have truly stood on the shoulders of giants in the field of venous disease. So many, both here and away, past and present, have had a profound influence on me and have ever so shaped who I am. First and foremost, I could not have made it through this year were it not for all the sacrifices put forth by my lovely wife, Erica. This past year marks 20 years of marriage for us and it has been a wonderful journey. It takes an even more special person to let someone else's career be front and center, yet Erica's own success as Professor of Obstetrics and Gynecology, university division chair, residency program director, accomplished clinician, devoted mother, supportive wife, and dear friend, keeps me in awe each and every day. I would not be here if it were not for you. To our son Bryant, and our daughter Lesley, thanks for all your support and patience – although I think you enjoyed watching me fumble through preparing dinners while trying to coordinate the many AVF conference calls. Both of you mean the world to your mother and I.

A career in medicine, and particularly surgery, is privileged along every stage with the special opportunity of mentorship. It is part of our culture and we thrive on it. I have said to many that my abilities in academic surgery

were molded and summarily solidified by three very accomplished individuals: Doctors John Porter (an AVF Founding Member), Lloyd Taylor, and Greg Moneta (the 14th AVF president). And for all the vascular fellows that trained under these three, all know that their ability to instill an unwavering commitment to always perform at your very best on every level, permeated without exceptions, to the very core of their mentorship. Moreover, this level of intensity was particularly exhibited in the area of patient care, and special attention was always given to those stricken with venous and lymphatic disease. Their influence is carried with me and many other privileged individuals who trained under them, each and every working day.

The AVF is not like other physician societies that I have come to know. It is different. And that difference, though difficult to describe, gets to the heart of many special individuals who have taken me under their wing, given me guidance, motivated me to contribute, and shown me the astonishment found in the mission. Since my tenure as a young surgeon, those individuals have included Tom O'Donnell, David Sumner, Tony Comerota, Greg Moneta, Peter Gloviczki, Frank Padberg, Bo Ecklof, Tom Wakefield, Mike Dalsing, Mark Meissner, Joann Lohr, Joe Caprini, Peter Pappas, and Seshadri Raju. All have put their hand on my shoulder and shared their valuable experience with me. I cannot thank you enough.

This silver anniversary annual meeting could not have come at a more appropriate time for the AVF, for much work has occurred with numerous accomplishments that will, in my opinion, carry this organization through the next 25 years. Yet sometimes grand accomplishments come in the most humble and basic forms. They do not glitter, shine, and perhaps you cannot immediately touch them as a member, but, the accomplishments create the building blocks that will truly move the forum to creating more opportunity – if future members and leaders choose.

In February of last year, the AVF parted on good terms with its previous management company, Administrare, and hired one that was able to provide the next level of services required by our complex organization. Through the leadership of President Raju and many others, Executive Directors, Incorporated (EDI), from Milwaukee was chosen to join our team after an extensive national search and vetting. This joining of forces by a company with over 50 years of

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physician organization management experience, led to a complete, and I would like to emphasize the word “complete” invitational of the who, what, where, and how our organization functions. From top to bottom, the wheels were set in motion to keep the engine running... while at the same time, repairing it in certain places and tuning it up to make it more efficient and nimble. Not an easy task to say the least. For we are not just a simple annual meeting, we are a leader in venous care and management education, with the only professional annual meeting solely dedicated to all areas of venous disease and management. Additionally, the AVF provides three yearly courses; two for trainees and one for physicians in practice. We are committed to outcomes, having built the American Venous Registry, with over 8000 patients entered over three different specific venous care modules, and leveraged that accomplishment to join forces in the recent months with the Society for Vascular Surgery (SVS) Patient Safety Organization (PSO) and the creation of a new Venous Vascular Quality Initiative. We are about informing the lay public about the importance of understanding the risks of acute and chronic venous disease through our successful National Venous Screening Program, having screened and educated over 10,000 individuals with a validated process. We are about research, with our continued opportunities for young and seasoned investigators as well as the recent creation of the jointly sponsored *Journal of Vascular Surgery: Venous and Lymphatic Disorders* by the AVF and the SVS. We are about guidelines and lead the way in the dissemination of information on how to treat all types of venous disease with the use of sound evidence-based methodology. While you, the membership, make up the parts of the engine called the AVF, it was kept running this past year by a completely new management team in transition.

With any merger comes change, and with EDI joining the AVF, there has been no exception. It was obvious, early on, through many meetings, discussions, debates, and a fresh set of professional eyes, that our organization needed, well, some “organization.” Our bylaws for both the Forum and Foundation were outdated and conflicted despite regular updates and changes. Policies and procedures were entangled in our bylaws, and there was no reference to give guidance to our new administrators or the physician leadership on keeping the details straight and most importantly with continuity. Furthermore, committee structure and membership in the past was somewhat random and ascension at times haphazard. If we are to truly engage our younger members in the AVF, we must provide a robust committee structure that stays on point from year to year with the appropriate turnover. This year, in my opinion, has been one in which we have truly begun to capitalize on our council chair system and empower those individuals to help effectively lead the organization. Other past challenges have been assisting and keeping accountable all of our many members that represent the interests of the AVF. These include such important representatives as Dr Karen Oszvath for the Alliance of Wound Care

Stakeholders; Dr Cynthia Shortell for the American Board of Phlebology; Dr Michael Vasquez for the Health Policy Committee of the SVS; and Drs Mark Meissner and Lowell Kabnick for the Intersociety Accreditation Commission on the development of Vein Center Accreditation. And despite these organizational opportunities that I have outlined, the glue that has made the AVF so incredibly held together and successful has been the overwhelming commitment, passion, and tireless work of all you in the audience. Well, ladies and gentleman, members and guests, we should see, by the end of this 25th Silver Anniversary meeting, completely new bylaws for our Forum and Foundation that will enable us to more effectively manage the many moving parts of our mission. An extensive new policy and procedures manual has been created that lays the groundwork for operations at every level, be it AVF representatives to other organizations, council and committee structure, member benefits, financial management, and governance process. These building blocks are absolutely essential to our mission and will, in the end, aptly reward the very passion that has made this organization so great. It will create the opportunities that we have so imagined. It will truly allow us to create a strategic plan that will result in action that gives tangible lasting results. It will allow our younger members to expand the mission, which will ultimately improve even more lives stricken with all forms of venous disease. I would like to take this opportunity to publicly thank the members of our new administrative team: managing partner at EDI, Tara Withington; our executive director, Colleen Pederson, meeting and membership manager, Mia Beans; American Venous Registry manager, Uchenna Onyechom; and our administrative assistant, Kirsten Joranlien. Please stand and be recognized. We thank you.

It would be easy to recite the facts and figures of the burden of venous disease that so strikes at the very heart of health for literally millions of people around the world. But that exercise detaches us. And although the numbers and the statistics are important, they can potentially give us apathy. Rather, in this venue, stories are what matter when we want to find true inspiration. With their permission, I want to share two brief patient stories with you; similar to patients that all of you see each and every day.

In January of 2010, the routine ring of my pager directed me to the number of the emergency room. My eyes rolled a bit as I was not on call that day. The emergency medicine physician informed me that Mitch Rogers, a veteran nurse who was our Director of Operations at the hospital’s cardiovascular institute, was there and had suffered a massive saddle pulmonary embolism. Fortunately, when I arrived, he was hemodynamically stable with minimal right heart strain while being administered pain medication, 100% oxygen, and anticoagulation. When I looked at the computed tomography scan, there seemed to be only one reason in my mind that this man was still alive. Mitch was not only a well-respected leader within the hospital organization, he was a 42-year-old accomplished athlete whose main hobby was body-building.

From this, he seemed to have enough reserve to stay alive. I don't think I will ever forget the fear in his and his wife's eyes when I entered the room. It made me become more fearful. Here was this big, muscular, 42-year-old, 250-pound guy, respected and influential hospital administrator, father of four children, whom I had worked with for many years, laying there on the gurney. He knew exactly how serious this all was. We put the endovascular team on alert for possible catheter-directed therapy and immediately treated him with high-dose intravenous tissue plasminogen activator. Within hours, his condition markedly improved, and thankfully, he went on to make a full recovery with complete resolution of this massive pulmonary embolism. And why had he been stricken with this very life-threatening condition? It was about 3 weeks prior that he underwent a routine uncomplicated knee arthroscopy for which he received no DVT prophylaxis and not surprisingly, for 4 days, ignored the new constant dull ache in his left calf muscle and the feeling of being easily winded.

Everybody in and outside this room has a relative, or a friend, or a coworker, or a close acquaintance that has suffered a venous thromboembolism; a pulmonary embolism; a deep venous thrombosis; a blood clot that has formed in the leg and traveled through the heart to the lung. Though few know for example, that venous thromboembolism is more common than breast cancer and kills over five times as many people per year. And while Mitch survived his pulmonary embolism, I know you all know that many people suffer a much worse fate. We must spread the word.

In the April of 2011, I was asked to consult for the care of gentleman named Roy Treadway because he, his primary care physician, and his wound care specialist were at their wits' end in trying to treat and heal two very large painful venous stasis ulcers covering over 140 cm² of his right lower leg. In fact, the consultation was not for a new opinion for the treatment of his venous disease, it was for amputation. At that time, Mr Treadway was a 60-year-old gentleman who was on his feet much of the day in order to run a small business out of his home. Like many Americans with this problem, resources to treat it were extremely limited in managing these painful ulcers for over the past 3 years. After examination, we embarked on a plan of admission to the hospital and a subsequent care program that included 10 days of inpatient care with two trips to the operating room for wound debridement followed by split thickness skin grafting. I was then able to convince Mr Treadway to spend an additional 4 weeks in a transitional care unit with intense supportive nursing care and bed rest. The rationale was simple: 5 weeks total was a small price to pay compared with 3 years of a large open weeping painful ulcer that could not be jump-started to heal as an outpatient. Sadly, the task to justify that care paradigm was extremely complex and fraught with battling a health care system that wanted no part of that investment, despite the vast amounts of money and effort wasted from failed home management. Mr Treadway went on to heal his leg ulcer from that experience and, given the consequences of the ulcer and his personal investment in healing

it, he has remained extremely compliant with continued diligent compression. His ulcer has not recurred. This celebrated success, in my practice — and yours, is often the exception to the rule when it comes to the challenges of the worst manifestations of chronic venous disease — a disease that affects over 500,000 people in this country.

How can we help the many patients that we see each and every day like Mitch Rogers and Roy Treadway? The answer is easy in my mind — by investing in the AVF. In this organization with its mission of “promoting venous and lymphatic health through innovative research, education, and technology,” there are true benefits that are bestowed upon the lay public, patients, allied health care workers, hospital administrators, industry partners, and most importantly, the disseminators of this mission, all of you, the members.

Over the past year, the AVF has worked closely with the leadership of the SVS and its PSO to ultimately create an unprecedented opportunity to help patients like Mitch Rogers and Roy Treadway. While our successful American Venous Registry has had some means of making these strides, it still had the limitations of being a registry. These included such aspects as the inability to use patient identifiers with protection; the inherent challenges of assuring quality data entry with monitoring; and, a model of long-term funding that was not sustainable. Nevertheless, the creation of it and its success clearly demonstrated that the AVF was the leader with the appropriate resources to help guide the creation of a new Venous Vascular Quality Initiative within the SVS PSO. After a year of negotiations and planning, a memorandum of understanding was signed this past November by the two organizations. Members of the AVF again hit the ground running, and with the assistance of Dr Jack Crownenwett, Medical Director of the SVS PSO and M2S, the first module has already been created to follow patients receiving vena cava filters. Other modules to monitor key procedures for the quality of venous care will soon be completed within the next 3 to 6 months. The ability to then apply this new venous initiative to the existing construct of the arterial Vascular Quality Initiative within the PSO and its regional quality groups across the nation gives us great opportunity. Now, the challenge remains with all of you in the audience. Action is necessary, and what better time to harness this energy than at the 25th Anniversary Meeting of the American Venous Forum. I ask all attendees to get information about the new Venous Vascular Quality Initiative put forth by the AVF and the SVS PSO. The exhibit booth is located in the hallway outside the main exhibit hall. Additionally, myself, Dr Cronenwett, and Dr Brijesh Lal, the chair of the Venous Quality Committee of the PSO, invite all of you to meet with us tomorrow at 7 am in the Palo Verde room to discuss more about how you can become a part of this new quality-in-care initiative. Lastly, the synergistic relationships we had created with industry and the American Venous Registry have become the model for cultivating such a relationship within the PSO. I want to be clear to every constituent here. Whether you are interested in becoming an individual

data-entry site, or guiding your hospital system to be part of the Vascular Quality Initiative; or coordinating a Regional Quality Group, the opportunities to truly make a difference in the care of your patients and those around the nation, are there for the taking. As a valued member of the AVF, this should be part of your mission.

Any type of organization is as only good as the people that make up its members. While our membership has continued to steadily grow to over 650 strong, we must continue to expand our mission by growing our membership. Not only will we be able to reach more individuals with the benefits that the AVF has to offer, we will expand our brain equity; we will enlighten our organization; we will create more opportunities both vertically and horizontally; we will further raise the bar of venous care in this country. Currently, there are over 200 nonmembers who have come to contribute and be a vital part of this 25th Silver Anniversary meeting. I want to personally thank all of you for attending. At the end of this meeting, I would also ask you to seriously reflect on your personal commitments that drive you to deliver outstanding care. Then ask yourself this important question. What organization can I become a member of that has the same commitment to the quality of care for patients that I have? What organization can I invest in by becoming a member so as to create a greater good in promoting venous and lymphatic health? I believe you will choose the AVF. We look forward to your contributions, and we are fully committed to assuring that we give back to you tangible benefits that will improve your ability to deliver outstanding care.

And for those who are currently members of the AVF, who attend and support our meetings and initiatives, and perhaps also support our Foundation, I cannot thank you enough for all you have done for this organization. I ask you to share your commitment with others that share the same zeal for caring for patients with venous disease. Whether it be a junior partner, a peer in another specialty, a basic scientist, a resident physician, a nurse practitioner, a vascular technologist, or a patient advocate, there are individuals that are on our team that we should encourage to become members. This will only make our AVF team stronger and in the end, raise the bar of care. I ask that all AVF members recruit a new member and by doing so, further invest in an organization that I know will invest in you. Lastly, with regards to expanding our mission by increasing our membership, I can honestly say that all areas of our leadership yearn to be challenged. And who better to do that than new members with new ideas and new perspectives. This is at the center of the culture of the AVF.

There are 24 flags that hang in this prestigious hall today. Each represents a country from which all of our attendees have traveled to be at the 25th Silver Anniversary Meeting. When I see this, it makes me extremely proud that physicians from all over the globe have come to exchange valuable information and strengthen the camaraderie that so uniquely defines the AVF and the care for patients with venous disease. So many around the globe and close to home look to us to continue to lead the way

in putting forth a great annual meeting, and we cannot do that without you. We thank you for continued commitment and hope that you will continue to bring others here to learn and share information.

Many of you know that one of my passions is to increase awareness of vascular disease and particularly venous disease. The current disconnect represents a pinnacle of paradox. Considering the burden of venous disease and the resulting tragic stories, which most often can be completely prevented through simple focused interventions; there must be a way to create a movement that motivates a business, or health care system, or a governmental agency, or a physician practice, or... the individual to feel inspired to give to the cause that will fight venous disease at every level.

Perhaps we need a new perspective. Perhaps we need to think of this problem as more of a social issue than a health issue. And perhaps, when we give back, we need to give something more in addition to education — something that will inspire giving. Blake Mycoskie knew this formula. When he formed the for-profit company, TOMS Shoes, he promised that a pair of shoes would be given to a child of a third-world country for every pair he sold here in the United States. He has kept that promise, and his business has soared. Scott Harrison knew this formula. Knowing that 1 billion people on this earth do not have access to clean water, he decided to start Charity: Water when he was \$40,000 in debt. His model was simple: every dollar put in Charity: Water would go directly to providing clean water to those in need. And to assure his goal, he has provided 100% transparency to his donors. His charity has raised 22 million dollars with over 100,000 donors. Lauren Bush knew this formula. As a successful model who was an honorary spokesperson for the World Food Program, she felt helpless as she visited countries across the world with starving children. So, she began a for-profit company to sell designer bags that partnered with the FEED Project. Whenever a bag is purchased, this also guarantees that a child in need will receive one or more meals.

There are many common complaints from all of us in this room regarding the needs of our patients, needs that often are not met by the system we work in. One common complaint includes the inability of many of our patients to purchase compression hose. Think of the possibilities of a partnership whereby the AVF Foundation worked with a compression company, and for every pair of stockings purchased by a practice or a health care system, a pair would go to someone in need who did not have the means to pay for them. You know what? I think business would soar for that company when the buyers realize this social mission. These thoughts of social giving to improve the health of our patients can be linked with the very industries that seek to make profit in this same arena. I want all in this room to think out of the box and in the coming year, the AVF Foundation will be acutely poised to refocus its mission to create a funding stream that truly gives back. With deliberate organized focused steps, we must form partnerships that raise awareness of venous disease and

then... give back to the system that surrounds our patients and the teams of individuals that care for them.

This world of research, education, and caring for patients with venous disease is mighty complex. The literal grand expanse of different diseases, patients and specialties affected, and organizations dedicated to different facets can be mind-boggling. Given this reality, we, the AVF, will continue to look to new ways to collaborate and create win-win scenarios. And while agendas, and funding, and turf, and philosophies will continue to challenge all of us along the way, there are many more win-wins to be had if we put the best interests of the patient first.

In closing, I would like to bring you full circle to the title of my presentation today: "In with the Old, Out with the New, the American Venous Forum Leads the Way." While the title seems to reflect resistance to change, there is a much deeper meaning. "In with the Old" means we should never forget our roots and how so many dedicated individuals have come together in the past to create a passion that so uniquely makes up the AVF. We must continue to cultivate this special bond of interest, share it, and keep it central to how we should interact together as a forum with a unified mission. With our extensive reorganization

over the past year, our commitment to development and membership for all those interested in venous disease, and our tangible results in recent collaborations, we will move "Out with the New." And lest we not forget the words "Leads the Way." We will continue to lead the way.

There are so many to thank for the good work that has been done over the past year during my presidency. I want to give a special thanks to the executive council and a few other individuals who have weathered my mistakes well. These include Drs Seshadri Raju, Peter Henke, Fedor Lurie, John Blebea, Lowell Kabnick, Bill Marston, Brijesh Lal, and Marc Passman. Your dedication has been exemplary, and I have truly learned a great deal from each and every one of you. Before I soon move forward into becoming a past-president, I ask for three things from the members of the American Venous Forum. I ask for action, I ask for passion, and I ask for commitment. I know in my heart that this is the one organization that will easily fulfill those desires. Thank you for this honor and thank you for your attention.

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