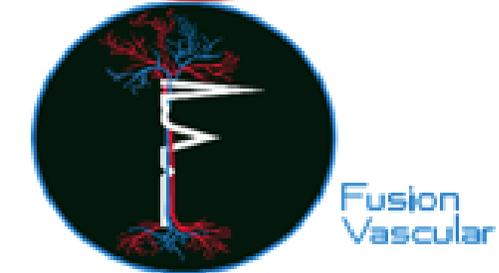
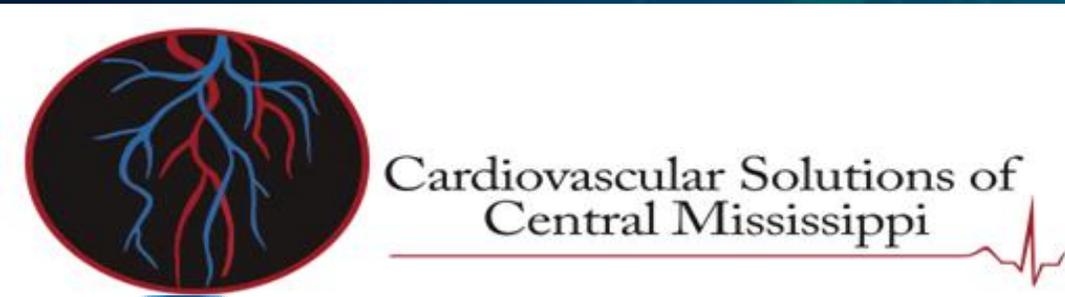


Management of PAD in the Underserved Community: A Mississippi Delta Experience

Paradigm for Parity

Foluso Fakorede, MD
Interventional Cardiologist
CEO



Follow us on Facebook at Cardiovascular Solutions of Central Mississippi
Follow us on Instagram @ padadvocate

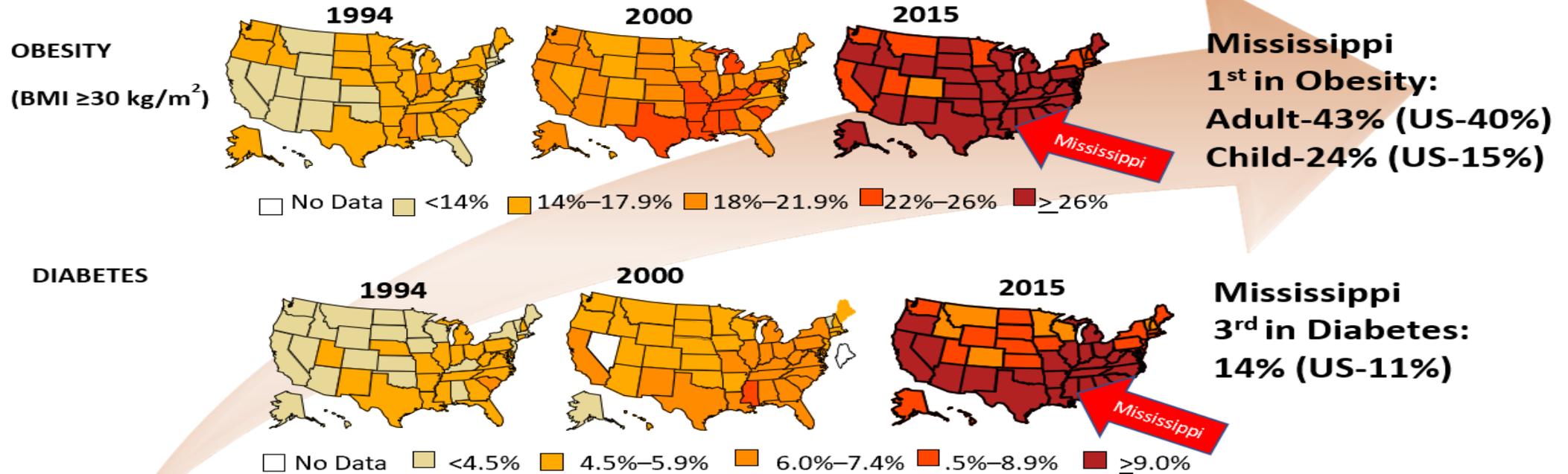
Disclosures

No relevant financial relationships with commercial interests to disclose.

**ALL PATIENTS SEEN IN THIS PRESENTATION
CONSENTED TO SHARE THEIR INFORMATION**

THE NATIONAL "DIABESITY" EPIDEMIC

OBESITY CAN LEAD TO DIABETES. MISSISSIPPI'S LEVELS ARE HIGHEST!



"DIABESITY" CAN LEAD TO SEVERE HEALTH RISKS LIKE HEART ATTACK/STROKE, BLINDNESS, KIDNEY FAILURE, PNEUMONIA¹, AND COVID-19.^{2,3}

\$4B ESTIMATED HEALTH CARE COSTS - \$1B IN MEDICAID

MISSISSIPPI IS THE ONLY STATE WITH EVERY COUNTY REPRESENTED IN THE 15-STATE DIABETES BELT.

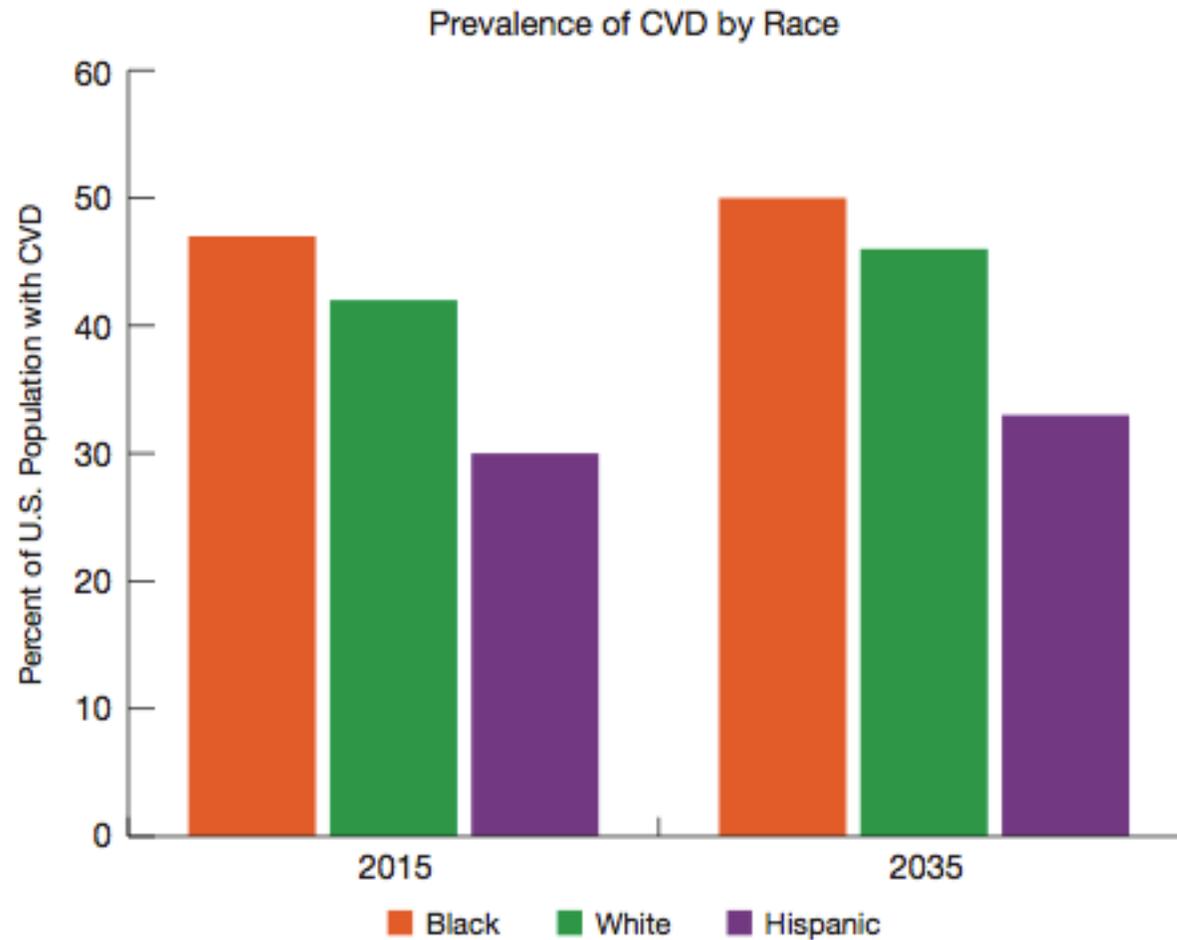


NDORI REPORT

OVERALL NATIONAL AND DIABETES BELT MEASURES AND METRICS SUMMARY

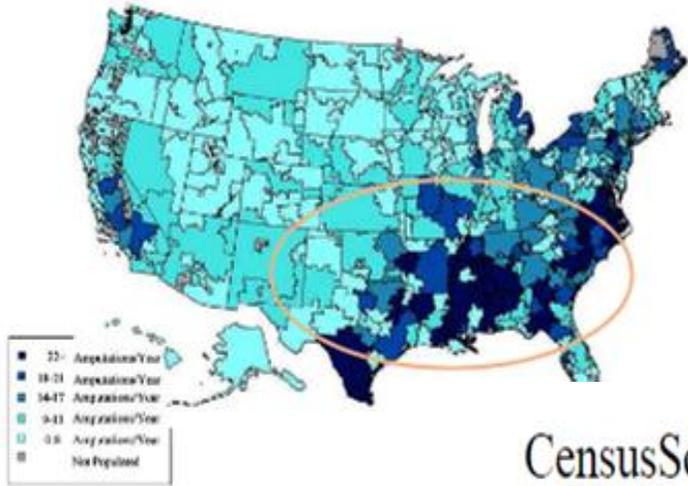
Measures, Metrics	OVERALL NATIONAL			DIABETES BELT			MISSISSIPPI		
	Numerator	Denominator	%	Numerator	Denominator	%	Numerator	Denominator	%
A1c>9%	97,077	1,613,727	6%	18,037	238,218	7.6%	4,188	45,654	9.2%

“In the next two decades, black Americans will have the highest rates of cardiovascular disease.”



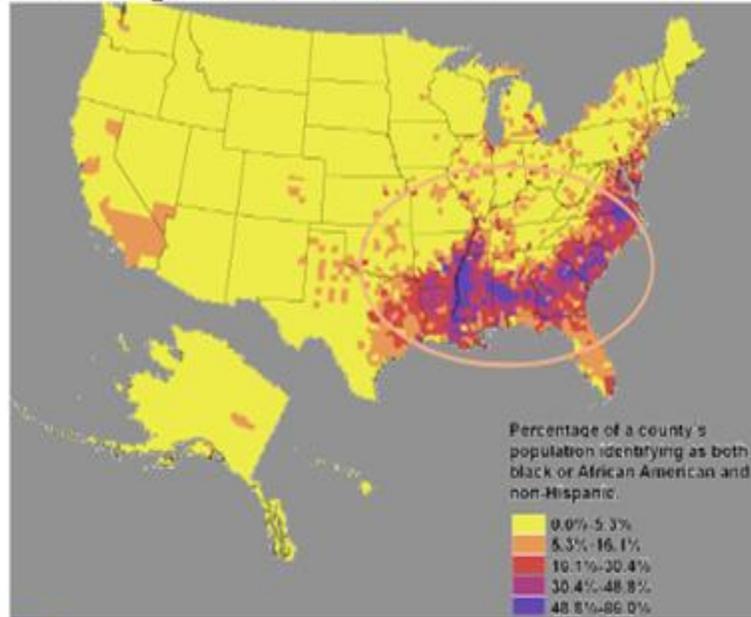
Projected Prevalence of CVD by Sex (2015-2035)

Amputation Rates per State in Medicare Patients

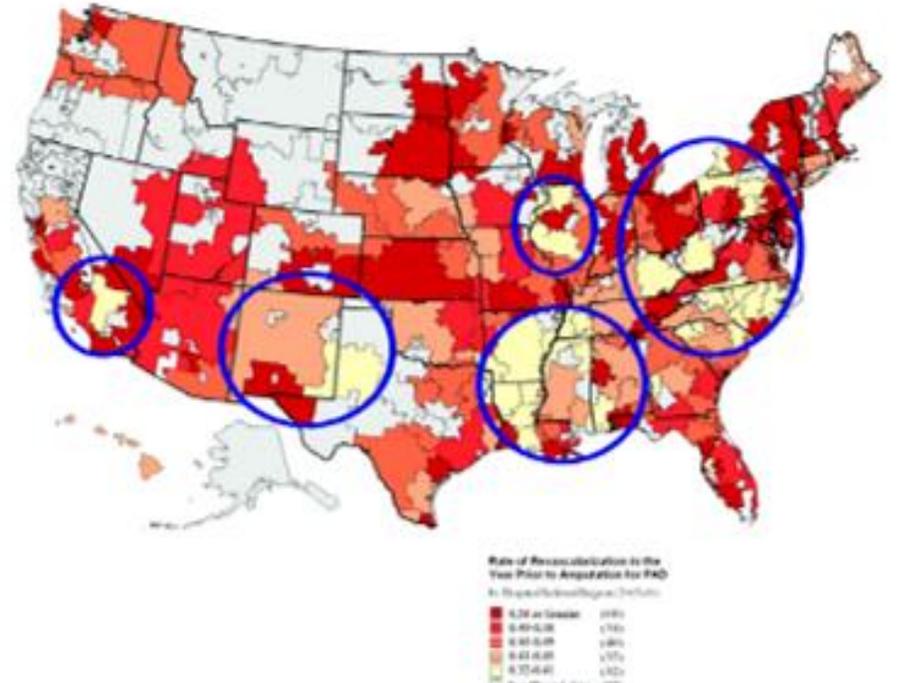


Amputation rates vary by region

CensusScope- Black America



Revascularization: Low in Specific US Regions



**REGIONAL
VARIABILITY IN
DELIVERY OF CARE**

Amputation vs Revascularization by Socioeconomic Status

- Probability of major amputation depends on:
 - Who you are and where you live
 - Race/Ethnicity/age/sex
 - SES, hospital vascular rx volume
- Hospital-related costs account for the majority of total costs
- Majority undergoing amputations are Medicaid/Medicare recipients

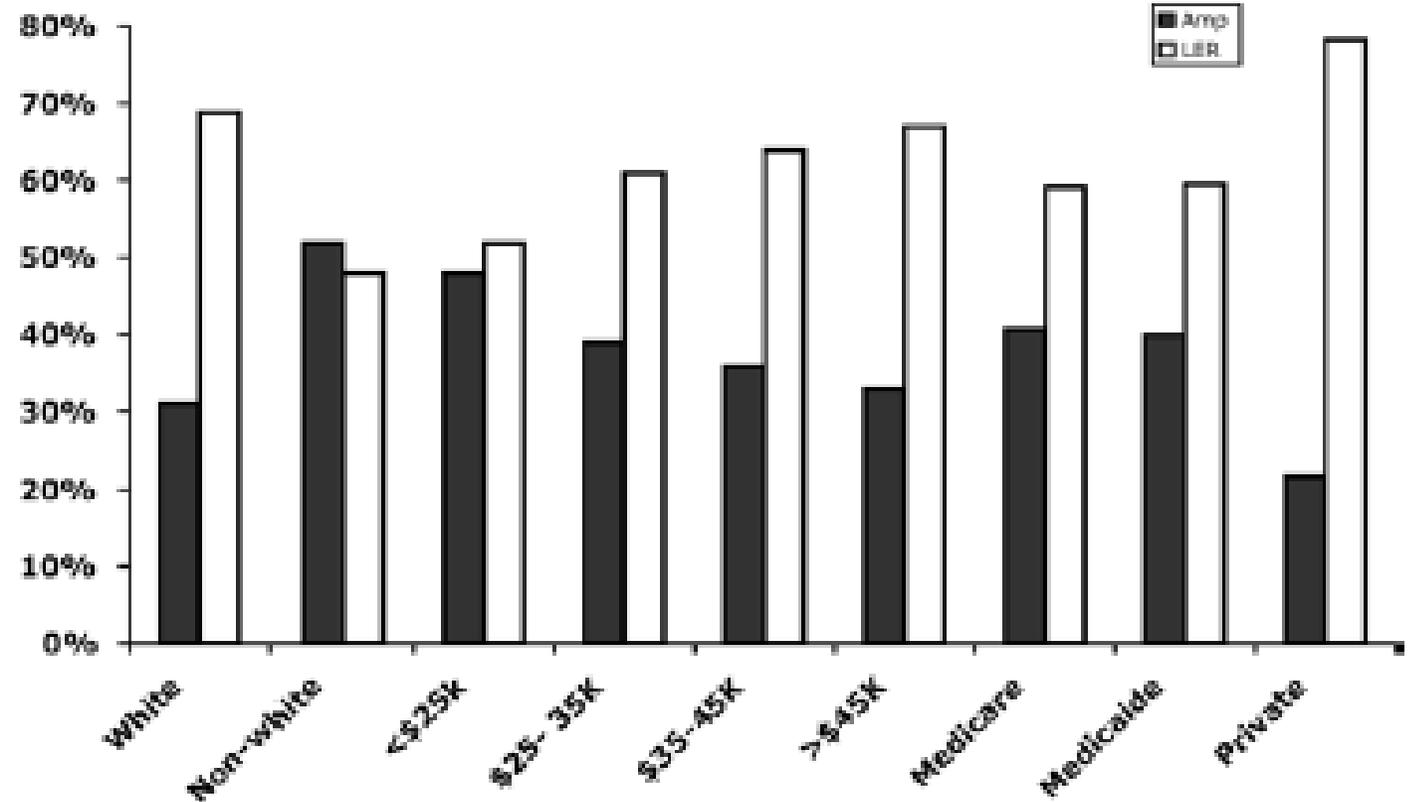
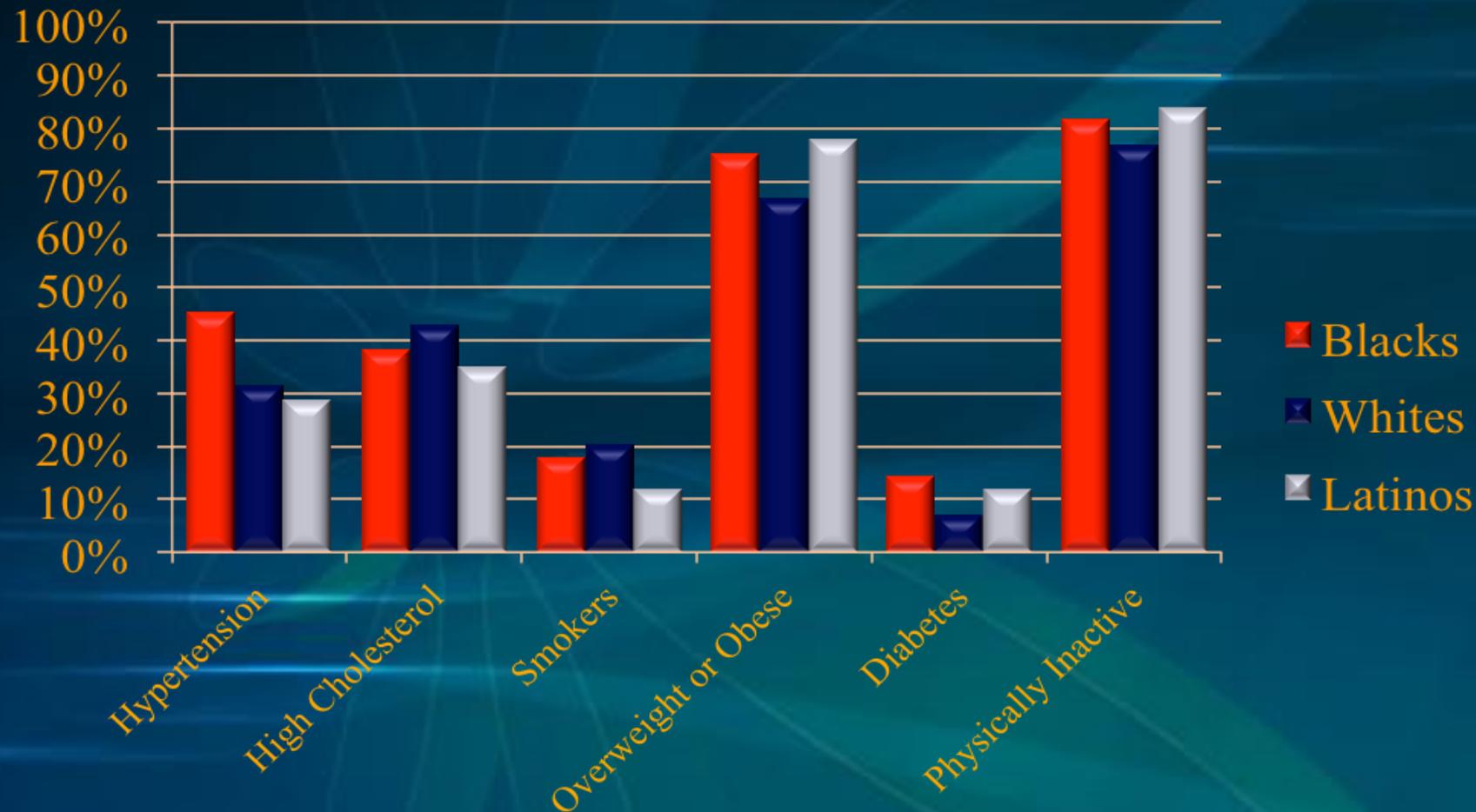


Fig 1. Rate of amputation (*AMP*) or lower extremity revascularization (*LER*) compared among different socioeconomic variables.

PAD Risk Factor Prevalence in Blacks, Whites and Latinos



- Overweight/obese, physical inactivity and diabetes are more common in Blacks and Latinos than Whites
- Smoking and high cholesterol are more common in Whites
- Blacks have the highest rate of hypertension

CLI & AFRICAN AMERICANS (AA)

- AA in Medicare - **Increased Risk for CLI – 2.3X** (adjusted for Age, Gender, and DM)
- AA present w/ more severe ischemia: Gangrene vs Ulcers and Rest Pain
- Different Comorbidities – DM and CKD more prevalent in AA than whites
- Sex- More AA females have CLI than white females (53% vs 43%)
- AA race independently predicts amputation- Adjusted **risk of MA 1X-4X** for blacks vs whites

- Source: Yost ML. CLI Global 2020, Mar. Available at:
https://www.cliglobalsociety.org/resources/compendium/2020/CLIG_0320.pdf

5 Year Morality Rates for PAD and CLI



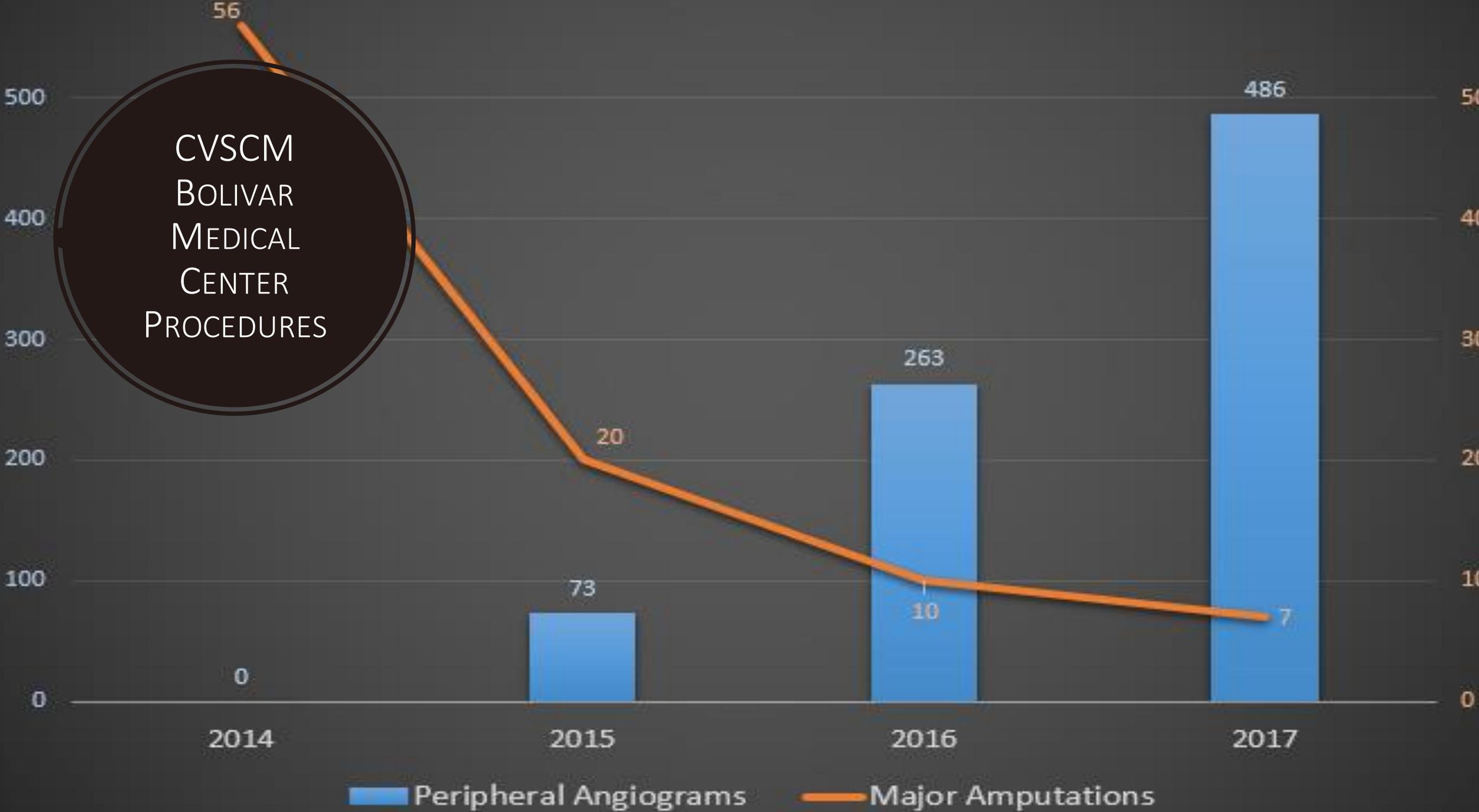
1. SEER Stat Fact Sheets: Prostate. National Cancer Institute Web site. <http://seer.cancer.gov/statfacts/html/prost>. Accessed April 24, 2013.
2. SEER Stat Fact Sheets: Breast. National Cancer Center Institute Web site. <http://seer.cancer.gov/statfacts/html/breast.html>. Accessed April 24, 2013.
3. Herlitz J, Hjalmarson A, Karlson BW, et al. 5-year mortality rate in patients with suspected acute myocardial infarction in relation to early diagnosis. *Cardiology*. 1988;75(4):250-9.
4. Weitz JJ, Byrne J, Clagett GP, et al. Diagnosis and Treatment of Chronic Arterial Insufficiency of the Lower Extremities: A Critical Review. *Circulation*. 1996;94:3026-3049.
5. SEER Stat Fact Sheets: Colon and Rectum. National Cancer Institute Web site. <http://seer.cancer.gov/statfacts/html/colorect.html>. Accessed April 24, 2013.
6. Hartmann A, Rundek T, Mast H, et al. Mortality and causes of death after first ischemic stroke: the Northern Manhattan Stroke Study. *Neurology*. 2001;57:2000-2005.
7. Ljungman C, et al. *Eur J Vasc Endovasc Surg*. 1996;11:176-182.

MISSISSIPPI DELTA MIRACLE

ANGIOGRAPHIC SCREENING YIELDS DRAMATIC REDUCTION IN AMPUTATIONS

- Foluso A. Fakorede, MD; Bynthia M. Anose, PhD; Mary L. Yost, Amy E. Harlow, RN, BSN, Brad J. Martinsen, PhD
- [CathLabDigest](#): Volume 26 – Issue 1 – January 2019
- Goal: avoid amputation as first-line treatment for CLI patients. To facilitate this goal, it is necessary to:
 - elucidate the predictors of amputation risk
 - take a holistic approach to identification of risk factors, both physiological and socioeconomic (address biases and misconceptions)
 - design an effective, alternative treatment algorithm
- Cardiovascular Solutions of Central Mississippi
 - comprehensive assessment yields 87.5% amputation reduction

CVSCM
BOLIVAR
MEDICAL
CENTER
PROCEDURES

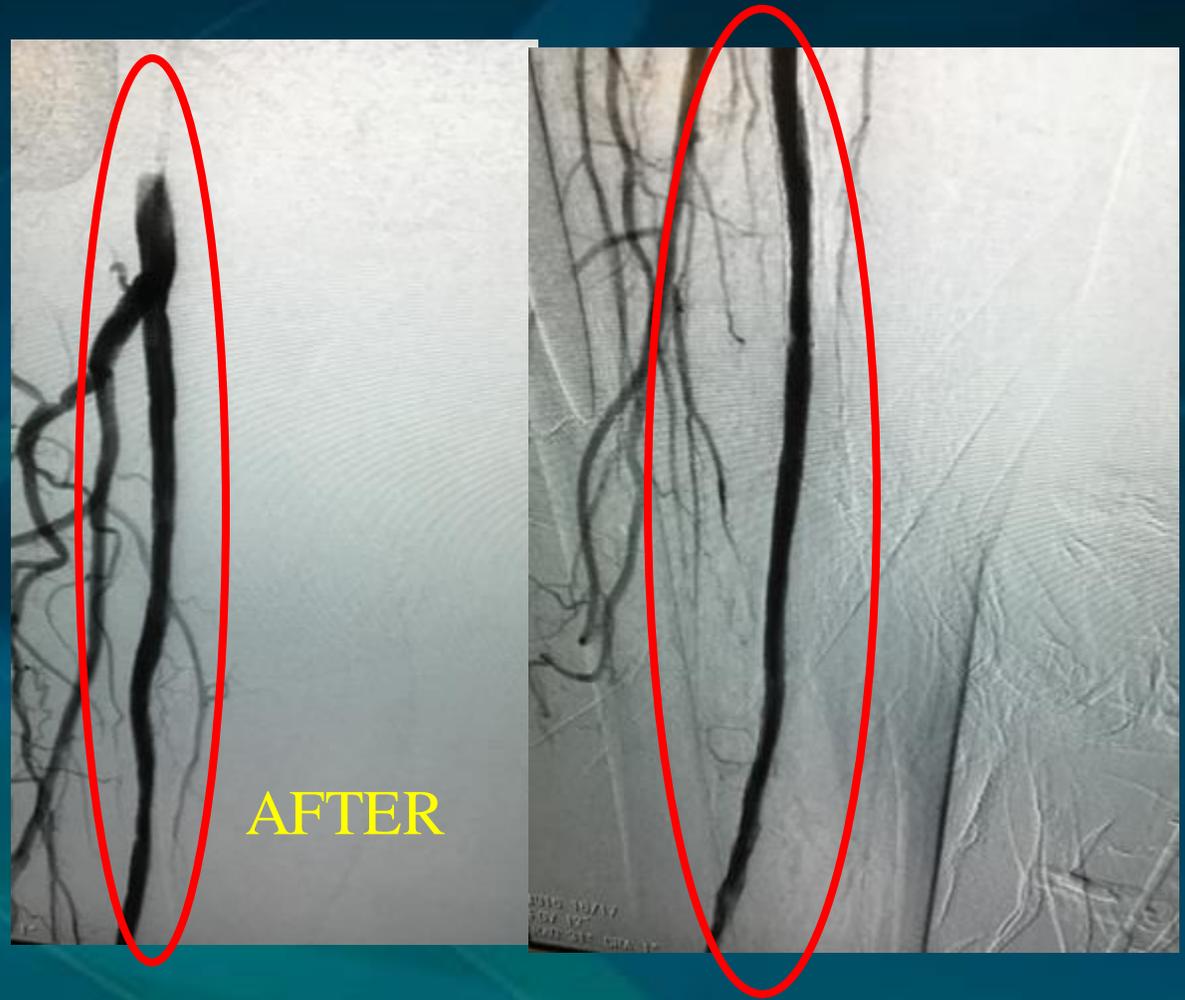
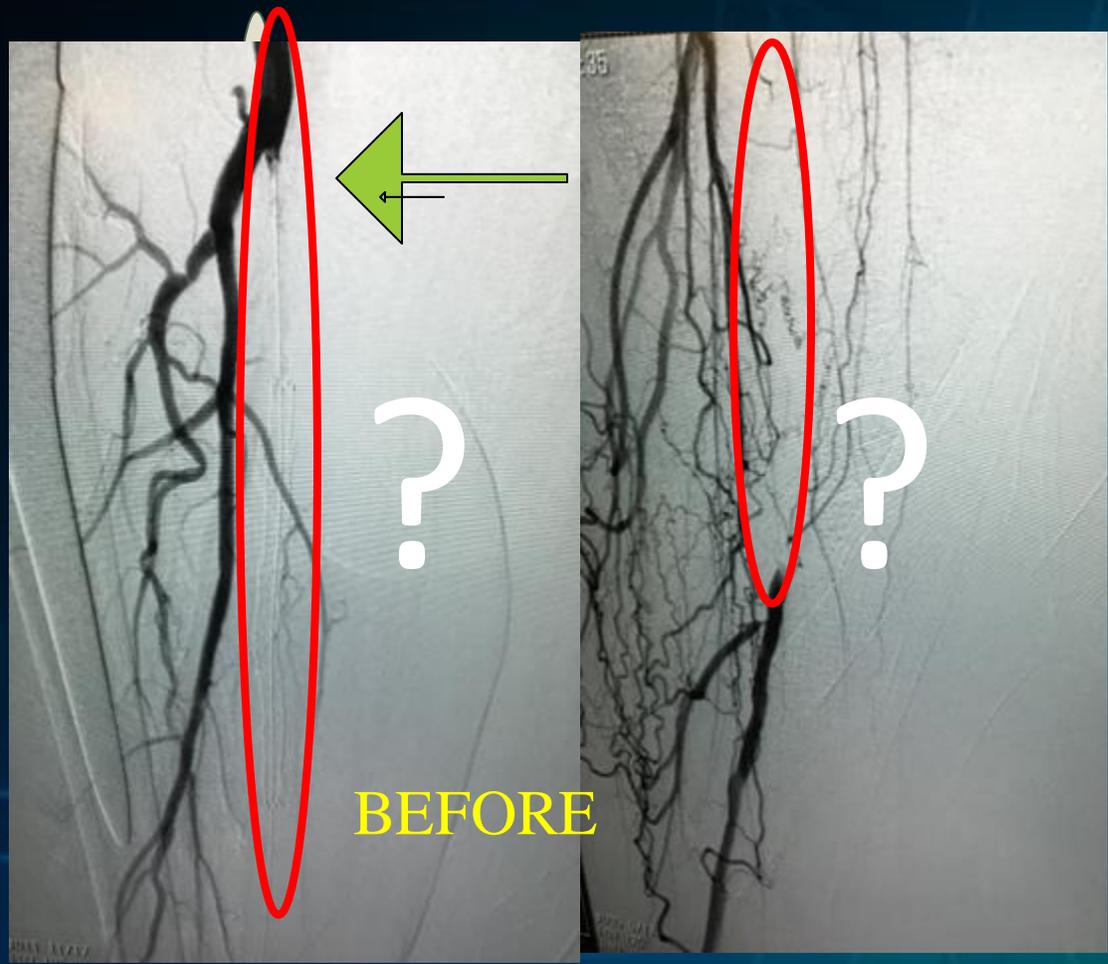


POPULATION SCREENING/EDUCATIONAL AWARENESS

- Mrs. GW
- Military wife for 40 years and worked as a technician for the pentagon. Husband retired from service to care for her.
- Diagnosed with CVA & diabetes, but wheelchair bound due to “stroke” – No leg pain but “gives out” all the time.
- Screened in August 2017 (despite USPSTF saying not to screen “asymptomatic” patients)



TIMELY SCREENING AND INTERVENTION IS KEY



2 WEEKS POST REVASCULARIZATION



US Preventative Service Task Force

- Founded in 1984 by Congress
- Extensive portfolio of services to improve the health of all Americans based on evidence-based recommendations about clinical preventive services provided by IM and Family practice providers
- Center for Medicare and Medicaid Services (CMS) provides full coverage for an 'A' or 'B' rating
- Debate: Mistarget the population, Mis-define the disease, Missing evidence of benefit
- Hepatitis C screening and alcohol misuse screening and counseling for all ages 18 and over –Both got 'B' recommendations without evidence of benefit!



USPSTF SCREENING AND RISK ASSESSMENT- NO TO ASYMPTOMATIC SCREENING!

Peripheral Artery Disease and Cardiovascular Disease Assessment With the Ankle-Brachial Index

Release Date: July 2018

Recommendation Summary

Population	Recommendation	Grade (What's This?)
Adults	<p>The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for peripheral artery disease (PAD) and cardiovascular disease (CVD) risk with the ankle-brachial index (ABI) in asymptomatic adults.</p> <p>See the Clinical Considerations section for suggestions for practice regarding the I statement.</p>	I

Comments also raised concern that an I statement could have a negative effect on health care disparities for PAD. These comments cited evidence that the prevalence of PAD is disproportionately higher among racial/ethnic minorities and low-socioeconomic populations, and noted that the I statement could discourage testing and perpetuate disparities in treatment and outcomes. The USPSTF recognizes these well-established disparities in care. However, the evidence on screening and treatment in these groups is currently lacking, and the USPSTF was unable to determine the overall balance of benefits and harms. Future research should include diverse populations and report on their outcomes. The USPSTF added language to the "Research Needs and Gaps" section to clarify this point.

[Return to Table of Contents](#)

Update of Previous USPSTF Recommendation

This recommendation replaces the 2013 USPSTF recommendation. Although the USPSTF expanded its evidence review to include a broader population and range of interventions, the USPSTF's recommendation remains an I statement.

[Return to Table of Contents](#)

Recommendations of Others

The American College of Cardiology and the American Heart Association released joint practice guidelines recommending screening with the ABI in patients at increased risk, including adults 65 years or older, adults 50 years or older with risk factors for atherosclerosis or a family history of PAD, and adults younger than 50 years with diabetes and 1 other risk factor for atherosclerosis.³¹ In 2015, the

RCTs of CVD therapies have traditionally excluded minorities even though they represent highest incidence of disease = INJUSTICE

Whence We Have Come: Continued Lack of Diversity in Clinical Trials

African-Americans: 12% of U.S. → 5% of clinical trials.¹

Hispanics: 16% of U.S. → 1% of clinical trials.²

Elderly (>75) yrs: 40% of MIs → 12% of MI clinical trials.³

Women: 51% of CV deaths → 33% of CV trials.⁴

Randomized clinical trials serve as the basis for all of our guidelines—they're the best evidence that we have—and so when we take the results of these trials, we want to make sure the results are generalizable to the practice of the patients that we see every single day in practice. **Why not include all????**

PAD CAUCUS



- Co-chairs
 - Rep. Payne (D-NJ), diabetic, almost lost his foot
 - Congressional Black Caucus
 - Rep Bilirakis (R-FL), recently diagnosed diabetic
 - Energy and Commerce, VA Committee
- PAD Caucus Website – <https://payne.house.gov/pad-caucus>
- PAD Caucus Members – In progress
- PAD Caucus Stakeholders – In progress



The Black American Amputation Epidemic

by Lizzie Presser

MEDPAGE TODAY

Op-Ed: Healthcare is Justice for Underserved Communities

by Folorunso Folorunso | May 3, 2018

AJMC Managed Markets Network

Increasing Awareness This National Diabetes Month Can Save Limbs and Lives

Folorunso A. Folorunso, MD | Nov 29, 2018

THE HILL

Congress: Adopt solutions to end minority health disparities

by Folorunso Folorunso | April 18, 2019

FierceHealthcare

Too many minorities are experiencing unnecessary leg amputations

by Folorunso Folorunso | Oct 31, 2019

Media Metrics

ProPublica and NBC News Online Media Metrics

- **16** online mentions and re-posts:
 - Specifically, in the following national publications: *Kaiser Health News*, *MedPage Today*, *Politico*, *HealthLeaders Media*, *Morning Consult* and *NBC News*
- **129,861,333** total potential audience reached
- **\$1,201,217** in total online advertising value equivalent

NBC Nightly News Broadcast Media Metrics

- **636** Total Airings of NBC Nightly News Interview
- **\$80,457,769** Total National TV Publicity
- **14,949,676** Total Local TV Audience
- **\$1,321,735** Total Local TV Publicity

The Black American Amputation Epidemic: ProPublica Report

CardioVascular COALITION

SCHMIDT PUBLIC AFFAIRS LLC

Social Media Promotion by ProPublica & NBC Nightly News

Tweets about the story by ProPublica, NBC Nightly News and Lizzie Presser:

- **13,123,531** reach
- **2,306** retweets
- **3,761** likes & replies

NBC NIGHTLY NEWS- Lester Holt

RUDDY ROYE FOR PROPUBLICA

BREAKING NEWS

COVID-19 WORSENING HEALTH CRISIS FOR PEOPLE OF COLOR

0:00 / 2:03

CC Settings Full Screen

Amputation Reduction Compassion Act

- **16TH CONGRESS 2D SESSION H. R. 11 To amend titles XVIII and XIX of the Social Security Act to provide for coverage of peripheral artery disease screening tests furnished to at-risk beneficiaries under the Medicare and Medicaid programs without the imposition of cost sharing requirements, to amend title XXVII of the Public Health Service Act to require group health plans and health insurance issuers offering group or individual health insurance coverage to provide coverage for such screening tests furnished to at-risk enrollees of group health plans and group or individual health insurance coverage without the imposition of cost sharing requirements, and for other purposes. IN THE HOUSE OF REPRESENTATIVES Mr. PAYNE introduced the following bill; A BILL To amend titles XVIII and XIX of the Social Security Act to provide for coverage of peripheral artery disease screening tests furnished to at-risk beneficiaries under the Medicare and Medicaid programs without the imposition of cost sharing requirements, to amend title XXVII of the Public Health Service Act to require group health plans and health insurance issuers offering group or individual health insurance coverage to provide coverage for such screening tests furnished to at-risk enrollees**

Inspire and awaken the hearts of others

Compassionate care starts here!

- Intersection of empathy and sympathy but relieving the patient's distress and suffering
- Effective communication within interactions, overtime, and across settings
- Respect for and facilitation of patients' and families' participation in decisions and care
- Contextualized knowledge of the patient as an individual within a network of relationships at home and in the community