

***Peripheral Arterial Disease (PAD)  
Coalition***

***Inaugural Meeting Summary***



**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
National Institutes of Health  
National Heart, Lung, and Blood Institute**

# Peripheral Arterial Disease (PAD) Coalition

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Natcher Conference Center  
National Institutes of Health  
Bethesda, Maryland  
June 17, 2004



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OF HEALTH AND  
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**WELCOME AND OPENING REMARKS (Ms. Marge Lovell, Dr. Alan T. Hirsch, and Dr. Barbara Alving)**

**The Inaugural Meeting and Increasing PAD Awareness**

Ms. Lovell welcomed participants to the inaugural meeting of the Peripheral Arterial Disease (PAD) Coalition, remarking that the public suffers the consequences of preventable cardiovascular disease (CVD) and that health improves and society benefits when individuals have access to health information, particularly when combined with healthcare provided by professionals.

The meeting goals were presented as follows:

- Provide an update on national PAD educational activities.
- Create a coalition structure and operational framework that will foster communication and create a network of national activities to improve public awareness of the impact of PAD.
- Review the plan to create a national PAD public education campaign.
- Create links between clinician education efforts and public education efforts to foster improved outcomes for individuals with PAD.

**Working Together To Build Momentum**

Dr. Hirsch welcomed participants and noted that the gathering was an historic occasion and an excellent opportunity for moving forward to increase PAD awareness. He discussed the momentum that led to this point and remarked that the creation of the PAD Coalition was not a random event; rather, it was the outcome of the contributions of all members of the group. He focused on the importance of group process in creating the horizon line for national vascular awareness, spanning from 1995 to the present and resulting in various efforts to improve how vascular disease is detected and treated. Such efforts have included the intersocietal efforts of the Vascular Disease Foundation (VDF); the national vascular disease screening program created by Legs For Life®; projects from the American Vascular Association (AVA) and the Society for Vascular Medicine and Biology; cardiovascular initiatives from the American Heart Association (AHA); discussions and projects from the National Heart, Lung, and Blood Institute (NHLBI); and various meetings and summits, including the VDF Public Education Strategy Meeting on PAD that was held in January 2003. See meeting summary at [http://www.nhlbi.nih.gov/health/prof/heart/other/pad\\_sum.htm](http://www.nhlbi.nih.gov/health/prof/heart/other/pad_sum.htm). Dr. Hirsch emphasized that

many steps have led to the development of this unique coalition to create a national PAD public awareness campaign.

Dr. Hirsch mentioned a recent article written by Dr. Jill J.F. Belch and colleagues titled “Critical Issues in Peripheral Arterial Disease Detection and Management: A Call to Action”<sup>1</sup> that proposed the following action items:

- Increase awareness of PAD and its consequences.
- Improve identification of patients with symptomatic PAD.
- Initiate a screening protocol for patients at high risk for PAD.
- Improve treatment rates among patients diagnosed with symptomatic PAD.
- Increase rates of early detection among the asymptomatic population.

A number of other valuable commentaries and articles recently have been written on critical issues in PAD detection and management, including a consensus statement from the American Diabetes Association’s (ADA’s) consensus conference published in *Diabetes Care*,<sup>2</sup> a conference proceedings document from AHA’s Atherosclerotic Vascular Disease Conference,<sup>3</sup> and a special communication, “Mandate for Creation of a National PAD Public Awareness Campaign,”<sup>4</sup> authored by Alan T. Hirsch and coauthored by the Board of the Vascular Disease Foundation.

### **The Challenge of Increasing PAD Awareness**

Dr. Alving remarked that new challenges are at hand—for example, developing successful strategies for increasing awareness, among patients and providers, on the ankle brachial index (ABI) test. She noted that the American College of Physicians (ACP) has a vigorous ongoing program in this area. Dr. Alving stated that it is important to work together smartly and efficiently to incorporate some of the PAD education efforts into ongoing NHLBI programs to extend the reach of awareness and education activities.

### **THE PAD COALITION (Dr. Hirsch, Ms. Lovell, and group)**

#### **Mission Statement**

Participants helped develop the PAD Coalition mission statement, working from sample text that Dr. Hirsch shared with the group. The group arrived at the following substantive statements (with the final, edited version to be developed after the meeting):

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<sup>1</sup> Belch JJF, Topol EJ, Agnelli G, et al. Critical issues in peripheral arterial disease detection and management: A call to action. *Arch Intern Med* 2003;163:884.

<sup>2</sup> American Diabetes Association. Peripheral arterial disease in people with diabetes. *Diabetes Care* 2003;26(12):3333–3341.

<sup>3</sup> American Heart Association. Atherosclerotic Vascular Disease Conference proceedings for healthcare professionals from a special writing group of the American Heart Association. *Circulation* 2004;109:2595–2604.

<sup>4</sup> Hirsch AT, Gloviczki P, Drooz A, et al. Mandate for creation of a national peripheral arterial disease public awareness program: an opportunity to improve cardiovascular health. *J Vasc Surg* 2004;39:474–481.

The Peripheral Arterial Disease Coalition is a public and interdisciplinary consortium dedicated to promoting public and clinician awareness of peripheral arterial disease.

Our efforts are intended to improve the quality of life, save limbs, and improve the survival of individuals with, or at risk for, peripheral arterial disease.

The Coalition is committed to the prevention, early detection, treatment, and rehabilitation of people with, or at risk for, peripheral arterial disease.

Participants discussed target audiences for the mission statement and suggested that short taglines be used to help deliver messages in an effective way. The overall goal of increasing PAD awareness, it was agreed, is to develop an action plan in the patient's mind and to increase physician awareness to ensure that individuals receive the care they need.

### **Role of the Coalition: PAD Coalition Educational Goals**

The following educational goals for clinicians were presented:

- Recognize PAD as an atherosclerotic disease.
- Recognize claudication and nonhealing wounds as important clinical symptoms.
- Recognize the cardiovascular ischemic risk associated with PAD.
- Recognize the risk of critical limb ischemia and amputation.
- Recognize the ease of PAD diagnosis by the ABI and other noninvasive tests.
- Provide information for primary care clinicians to facilitate provision of vascular care for all Americans.
- Translate these goals to measurable vascular care outcomes.

Comments regarding the educational goals included the following: It is important to educate health insurance companies and payers to increase reimbursement for testing, and it might be valuable to have discussions with Centers for Medicare & Medicaid Services (CMS) in this regard. Recognition needs to be increased regarding the treatments that are available for PAD. Education is needed regarding the ability of current treatments to modify the natural history of PAD, to diminish the adverse clinical outcomes of PAD, and to modify risk factors for those with PAD. This information needs to be targeted to the diversity of healthcare providers beyond primary care physicians, including nurse practitioners, physician's assistants, and other healthcare professionals and specialists who may be well positioned to first recognize PAD. Global rehabilitation, or rehabilitation related to the whole environment of the patient, should be one educational focus, and there should be separate educational goals for the different target audiences—those at risk, those with PAD, healthcare providers, and insurers. A goal should be added to the awareness campaign to emphasize the importance of long-term (life-long) vascular care. One worthwhile strategy would be to leverage the awareness of coronary heart disease—that is, posit PAD as another common atherosclerotic disease. Buying into or building onto existing messages would help increase the efficacy of the campaign.

## **Role of the Coalition: PAD Coalition Structural Goals**

The following structural goals for the Coalition were presented:

- Develop a sustainable organizational structure with a consensus-driven decision making process and business plan.
- Create a coalition that will encompass the diverse skills, interests, and resources of many professional societies and public and private organizations.
- Work collaboratively to raise national awareness of PAD as an important cardiovascular disease that can be prevented, diagnosed, and treated.
- Provide information through various media and community-based organizations that will enable messages to reach the target audiences.

Participants were asked to consider whether there are other structural goals to be added to this list.

## **Roles of Coalition Members and Identification and Recruitment of New Member Organizations**

Membership should be defined, and how an organization qualifies for membership should be explicitly spelled out, as should the relationship between the Coalition and its members.

After some discussion, participants agreed that because this effort is a public awareness campaign that will depend on the unity of its members and a shared vision, private companies should not be included as regular members and that efforts should instead be focused on enhancing the Coalition's relationships with its members. It was suggested that the American Academy of Family Physicians should be invited to join as a member. Similarly, other primary care provider associations and mid-level provider associations, such as nursing and physician's assistant groups, should be priorities for membership. It also was agreed that the inclusion of CMS might involve a conflict of interest (because of its position as a payer) but that the Veterans Affairs Medical Centers and the Centers for Disease Control and Prevention should be asked to join as members.

## **Relationship Between the PAD Coalition and Member Organizations**

Discussion involved ways to get those in the field excited about working toward a common goal by keeping the relevant societies and organizations informed and updated and by providing links and interaction among these groups so that they know when milestones are reached. Participants agreed that it is important to ensure that there are direct links back to the vascular professionals who will support this campaign; ensuring the links will depend on good communication between the Coalition and the various societies. Educational materials that are developed should list organization members, so that it is evident who has agreed to the content. This process helps facilitate cobranding and provides a demonstration of unity.

During discussion, comment was made that the Coalition should communicate with internists and other healthcare professionals to let them know about this effort. The ACP, for example, can use



a number of mechanisms, including its annual meeting, monthly magazine, and electronic newsletters, to inform its members about Coalition activities.

Participants noted the importance of reaching out to primary care and vascular specialty trainees and training program directors and of defining the responsibilities of Coalition partners regarding roles and funding. It also is important to be consistent and persistent with the message to create a culture of awareness.

### **Operational Issues**

It was agreed that initially the Coalition should meet at least annually, hold conference calls for each committee, establish liaison relationships with all stakeholders, and assign a full-time coordinator or executive director. Additional staff likely will be needed over time.

Participants also discussed the importance of defining the length of the public awareness campaign and whether the Coalition would be an ongoing one or one that would exist only long enough to implement a campaign. Some suggested that the media campaign should be 2 years long, but others remarked that to be effective, it should be longer. Participants agreed that while many organizations that participate in the Coalition will have ongoing activities in vascular education, the activities are operating at a low level and need to be amplified.

### **Organizational Structure, Existing Committees, and the Need for Other Committees**

Dr. Hirsch noted that the Coalition already has achieved not-for-profit status, with the VDF serving as the umbrella “parent” organization but with Coalition leadership and finances being independent of the VDF. The Coalition has an open steering committee that can provide its own leadership. To date, the steering committee, a Request for Proposal (RFP) committee, and a fundraising committee have been in operation. After this inaugural meeting, the Coalition will officially exist (with its organizational structure established) and initial funding can be established, as there will be interested sponsors. The RFP committee has been working on the RFP for the PAD public awareness campaign, and after this meeting, RFP funding sources will need to be rapidly identified. However, the goal of this meeting, noted Dr. Hirsch, was to create a sustainable structure for the mission of the organization that goes beyond the implementation of the first work product.

Participants reviewed an organizational chart that showed the structure as it had existed for the previous 8 months and discussed possible changes so that the Coalition would be structured to manage the following efforts:

- Conduct the public awareness campaign, which will involve consolidating the RFP and hiring a public relations firm to initiate it. Participants discussed the creation of a Science Committee that would be used to derive the common, evidence-based messages needed for the campaign.
- Conduct an assessment of the efficacy of the campaign’s educational outcomes (a fuller discussion of this subject occurred during lunch), which was described as a laudable goal, but it was noted that this is always an ambitious undertaking.

- Get media attention, another large task that involves bringing proposals to the various media outlets. It was agreed that the Coalition, with members working together, could get marketing people involved in a branding effort that will make a lasting impression.
- Work with others to share common Web sites or other communication vehicles.
- Focus at some point and to some degree on physician/clinician practice, with some exploration of how the Coalition's efforts would relate to the development of practice guidelines.
- Keep track of what other members are doing and their contributions to the Coalition.

Participants agreed that the involvement of a coordinating committee could help create (a) the synergy needed to disseminate a common message and (b) the focus to deliver that message at the appropriate "dose." It was emphasized that it would be part of the coordinating committee's job to ensure that all Coalition members echo the message and to keep track of members' efforts and contributions. Participants acknowledged that keeping track of member contributions and activities is a large task, and it was emphasized that each organization must make a contribution to gathering the information beyond the efforts of a coordinating committee.

It was agreed that the PAD Coalition needs to identify the things it can do as a coalition that cannot be done by individual members. In addition, some of the activities that societies conduct, such as screening, could be coordinated and cobranded with the PAD Coalition. Members of the PAD Coalition should include societies and associations that deal with vascular disease and other societies whose members may not be aware of PAD. The PAD Coalition would work with the former group to raise awareness within the latter group.

Consensus was reached that the current focus of the Coalition should not be on creating or endorsing practice guidelines, but rather on developing one or two simple, science-based messages to create a product for raising public awareness, such as ones related to a requesting ABI testing, reducing the ischemic risk associated with PAD, or saving a leg. It also was suggested that perhaps there should be a Coalition arm that addresses information for healthcare professionals, with one Coalition goal being agreement on a common message for physicians. Participants agreed that a public relations firm should focus on the development of the public awareness campaign and its messages.

In summarizing the morning session, Dr. Hirsch commented that the organizational chart that was cocreated during this meeting should not be considered final, but instead it should represent the beginning of a continuous thought process that the Coalition will continue to hone in the year ahead. Finally, the group achieved unity that the Coalition would need to devise simple science-based messages for the campaign and that the evaluation of educational and clinical outcomes is an important challenge facing the Coalition.

## **LUNCH: OUTCOME MEASURES TO CONSIDER FOR PUBLIC AWARENESS CAMPAIGNS (Dr. Rose Marie Robertson and Dr. Hirsch)**

Dr. Robertson presented information on how the Coalition might measure outcomes for a national PAD public awareness campaign. She suggested that there are two main issues involved: difficulties with each the dose-response curve to advertising and the secular trends in media attention. Regarding the dose-response curve, Dr. Robertson provided the example of AHA public awareness campaigns that have been measured primarily in terms of number of “impressions” (i.e., the number of times an individual sees a message). Such measurement has revealed the importance of achieving an effective dose response in any public education campaign. She noted that it usually takes at least three or more viewings (or doses) per individual to achieve a memorable impression and thereby to make a difference. With this information in mind, the Coalition needs to think seriously about what constitutes a meaningful and effective campaign.

Dr. Hirsch urged that the Coalition consider the benefits of using clinical outcome measures as a more relevant assessment of the impact of such a national campaign on public vascular health. These outcome measures could include the following: The number of ABIs performed in an at-risk cohort; the fraction of PAD awareness (i.e., the knowledge of “what PAD is”) in those at-risk; the fraction of PAD patients on risk-reduction treatment; the fraction of PAD patients who achieve target risk reduction goals; or finally, the mean length of time from the onset of critical limb ischemia to the initiation of vascular care. The achievement of these clinical goals would be dependent on the simultaneous achievement of the media outcome measures (e.g., media spots, Web page hits, and unsolicited media citations). Thus, measurement of both media and clinical outcomes should be considered to be mutually beneficial goals. It was agreed that the measurement of outcomes is an important goal and that participants should carefully consider outcome assessment methods that might be effectively included in the Coalition’s initial plans.

The target audience for the message can be defined as high-risk patients, instead of the general public, or it can be skewed to another at-risk population. Direct efforts might also be made to target the providers who have patients in a specific population or to request help from organizations, such as the American Association for Retired Persons, for such an effort that can be tailored by the public relations agency. Targeting schools and companies for a PAD day campaign or as part of a curriculum is possible, but this kind of effort is counted separately from advertising in media work.

## **THE COALITION’S FIRST MAJOR PROJECT: A PAD AWARENESS CAMPAIGN RFP Committee Report and Member Comments (Dr. Emile Mohler)**

Dr. Mohler explained that the RFP committee was asked to devise a written RFP to put forward to media companies, with the following goals:

- Increase national community-based knowledge of the prevalence, risks, and treatment of PAD as a common disorder that diminishes the quality of life and the longevity of affected individuals.
- Ensure that messages to encourage early detection, accurate diagnosis, and proper treatment of PAD are scientifically grounded.
- Create a program that will encompass the skills of professional societies and public health organizations that will increase public PAD awareness by providing simple, clear messages that will be supported by all PAD Coalition members.
- Create educational partnerships with national and regional community-based organizations to enable these messages to reach the target audiences.
- Provide this information through diverse media to reach all communities at risk to diminish PAD-related health disparities.
- Identify methods to measure the efficacy of this national campaign.

It was agreed that contractor selection should be done as quickly as possible during the RFP process and that the campaign, at least initially, should last 3 years.

A collaborative partnership between the Coalition and NHLBI could also be developed. The Coalition would take on the healthcare provider education component (including education directed to its own members) and provide professional volunteer and coordination services for the Coalition. NHLBI would focus on public outreach by funding and overseeing a public awareness campaign on PAD, as it does with *The Heart Truth* campaign (<http://www.nhlbi.nih.gov/health/hearttruth/index.htm>) that aims to raise awareness among women about heart disease. In this way, NHLBI would support a key component of the comprehensive effort. In the context of this collaboration, the Coalition would be able to leverage short-term seed funding from NHLBI into the creation of a larger and durable national vascular educational effort.

To initiate the collaborative effort, members agreed that the Coalition will draft a letter to the NHLBI requesting a national PAD public awareness campaign.

## **MEMBER ORGANIZATION ACTIVITY REPORTS**

Each representative was asked to briefly describe its organizational PAD activities, present possible ways it could contribute to the PAD awareness campaign, and identify complementary areas among organizations.

### **American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR),**

#### **Dr. Kerry Stewart**

With 3,000 members, the AACVPR represents health professionals who create and manage cardiac and pulmonary rehabilitation programs and treat CVD patients at the highest risk for PAD. The AACVPR has found that it is not uncommon for PAD to be diagnosed or identified when a person is enrolled in a cardiac rehabilitation program. Its major PAD activities involve

providing professional education, including three national meetings cosponsored by the American College of Cardiology (ACC). The AACVPR aims to make its members more aware of PAD and to provide strategies to help them make the patient more aware of PAD symptoms and of the need for appropriate exercise therapies and risk-factor modification.

#### **American College of Cardiology, Dr. Mark Creager**

The ACC is very active in providing new opportunities to improve clinical care, research, and education regarding vascular diseases, in general, and for PAD, specifically. Seven or 8 years ago, the ACC formed an interdisciplinary Peripheral Vascular Diseases committee that has been active in informing the membership about the importance of vascular disease. This committee has developed several important documents for use by its members and the public: first, a document for fellows on integrating training for vascular medicine within the overall cardiovascular curriculum; second, a document that provides standards for education, knowledge, and training for physicians willing to establish expertise in vascular medicine; and third, in cooperation with the AHA, documents that suggest guidelines for managing patients with PAD.

#### **American College of Physicians, Dr. Patrick Alguire**

The ACP has a number of activities related to PAD, including its annual scientific meeting, which has featured traditional lecture and hands-on, interactive workshops on performing ABIs, which were conducted jointly with the VDF. These workshops were well received, and in 2005, three workshops will be offered, with the ACP working with the VDF to identify opportunities to increase their impact. The ACP also has its medical knowledge self-assessment program (for continuing medical education), which is a 34-year-old program consisting of a collection of 10 or 11 different syllabuses, usually organized by content area, that include self-assessment questions. A substantial portion of the cardiovascular medicine syllabus is on PAD. The ACP in-training examinations also include questions about PAD.

#### **American Diabetes Association, Ms. Gwen Twillman**

The ADA held a consensus conference in May 2003 on PAD and diabetes, followed by a consensus statement that was published in *Diabetes Care* in December 2003. This statement also was issued in one of the ADA newsletters, with the goal of making it available to the primary care community. Finally, this statement was featured in the ADA consumer magazine and as a news release to community newspapers across the country. The statement emphasized the importance of recognizing PAD in persons with diabetes and encouraged patients with diabetes to be aware of PAD symptoms and risk factors. The ADA has created patient education tools and has featured PAD in many of its programs during the past year, including its national and regional meetings. The ADA can use its consumer magazine to advertise or include features about the Coalition and can highlight the Coalition at diabetes expositions, seminars, and screenings. The ADA also can use its electronic newsletters to reach patients with diabetes and the healthcare community.

### **American Heart Association, Dr. Rose Marie Robertson**

PAD is one of AHA's strategic issues and is a new focus on its Web site and of many other activities, including advocacy, Medicare reform, and practice guidelines. Most important, over the past several years, the AHA has formed an interdisciplinary working group (IWG) on atherosclerotic vascular disease. Mark A. Creager noted that one outcome of the AHA Atherosclerotic Vascular Disease Conference was a manuscript published in *Circulation*. Another goal of the conference included forming an interdisciplinary working group that would include representatives from all of the AHA councils that have an interest in vascular disease to help the AHA move forward in promoting vascular awareness, research, and training. The IWG will work to help create new patient education and information on the AHA Web page, in a booklet, at educational conferences, and in documents for physicians. The second atherosclerotic vascular disease conference will be held in 2005. The AHA is looking to promote advocacy for research initiatives in vascular disease, including PAD.

### **American Podiatric Medical Association (APMA), Dr. Joseph Caporusso**

APMA is involved with the development of a pamphlet on PAD and claudication—*A Guide for Pharmacists, Podiatrists, Optometrists, and Dental Professionals*—that provides information on the effects of diabetes and the interaction between vascular disease and diabetes. It is also involved in its second year of the Best Walking City Competition, which involves the promotion of walking as a way to prevent obesity, diabetes, and PAD. The association has distributed 30,000 interactive CD-ROMs of “Jordan’s Story,” an effort aimed at helping African American middle school children educate their grandparents about diabetes and PAD. This year the association is doing “Roberto’s Story,” which is aimed at Hispanic American youth. APMA’s annual meeting has tracks on peripheral vascular disease and PAD. The APMA Web site features quizzes about diabetes and PAD.

### **American Radiological Nurses Association (ARNA), Ms. Kathleen Gross**

ARNA represents 1,500 nurses nationwide. Its goals and mission are consistent with the goals of the PAD Coalition, and ARNA’s strategic plan includes a focus on addressing research and education for PAD and networking with other healthcare professionals. Members can learn about PAD through the annual educational meeting. ARNA has a liaison to the Society of Interventional Radiology (SIR)-sponsored Legs For Life® program, and many members have been active in that initiative. All activities are published quarterly in the ARNA newsletter. The *Journal of Radiology Nursing* is another publishing vehicle of ARNA. ARNA plans to remain an enthusiastic member of the Coalition.

### **Peripheral Vascular Surgery Society, Dr. David Deaton**

This society represents the young vascular surgeon community in the United States and Canada, with active membership limited to those no more than 10 to 12 years into their careers. This academic society holds two meetings each year. All of its members are fellowship-trained vascular surgeons who are committed to treating peripheral vascular disease over the course of their entire careers.

### **Society for Clinical Vascular Surgery, Dr. Anton Sidawy**

This 1,200-member society includes clinical and academic vascular surgeons in the United States, although the bylaws allow nonvascular surgeons to be invited as members. The society holds one national meeting each year, usually on the east or west coast. The meeting features didactic lectures and abstracts on all aspects of peripheral vascular disease. At this time, the society has no awareness-raising programs for PAD, other than for vascular surgeons, although such a role may be something to consider later as the society becomes more involved in this Coalition.

### **Society of Interventional Radiology (SIR), Dr. Timothy Murphy**

SIR has more than 4,000 members who are aware of the importance of PAD, because peripheral vascular disease is a primary focus of interventional radiology. The society distributes a number of publications related to PAD and holds regional meetings and an annual meeting. It also produces guidelines related to the management of vascular diseases and participates in educating the public through many initiatives, including the Legs For Life® program, which has screened hundreds of thousands of individuals for PAD. The society also has modules for carotid and abdominal aortic aneurism screening. At one point, the society looked at the possibility of mounting an awareness campaign and engaged an advertising agency to do some mockups. Eventually, however, the society decided that the effort would be out of its reach, although media kits are still available for purchase by members and nonmembers. Public education brochures for waiting rooms are also available.

### **Society for Vascular Medicine and Biology (SVMB), Dr. Emile Mohler**

SVMB is a professional organization composed of physicians and nonphysicians, whose mission includes improving the integration of vascular biological advances into medical practice, maintaining high standards of clinical vascular medicine, and educating vascular specialists and primary care physicians about vascular disease. Members include cardiologists and internal medicine-trained vascular specialists, as well as surgeons, radiologists, and nurses. The society has developed a PAD monograph and a venous disease monograph, cosponsors training documents and vascular training guidelines, holds educational conferences, and posts public awareness messages on its Web site.

### **Society for Vascular Nursing (SVN), Ms. Carolyn Robinson**

SVN is an international organization dedicated to promoting excellence in the comprehensive management of those with vascular disease and is committed to PAD public education. At its last annual meeting, the society launched a train-the-trainer program supported by the Bristol-Myers Squibb Company, the goal of which was to train nurses to train family practice physicians and others in the community to do ABI testing. The program was well received and will be repeated. The society also is converting its traditional printed patient education material to make it available on the Web. It has a professional practice committee and has published standards of practice for vascular nurses.

### **Society for Vascular Surgery (SVS), Dr. William Flinn**

SVS is the largest organization for vascular surgeons in the United States, and it has contributed significantly to the effort to increase public awareness of noncardiac vascular disease. This highly respected society uses the sweat equity of its members and long-term partners to participate in the organization's primary initiative, the AVA National Screening Program, which screens for abdominal aortic aneurism, PAD, and carotid artery disease. The society is excited about the PAD Coalition—and especially about the prospect of seeing real outcomes and accomplishments—as its members consistently see that most of those who have PAD remain undiagnosed, without ABI testing and without treatment. The Coalition represents a significant opportunity for improved outcomes and improved recognition of the importance of ABI and of the need for better management of those who are diagnosed with PAD. This effort provides an opportunity to create useful messages, and measurable outcomes should be expected within the next 5 years.

### **Society for Vascular Ultrasound (SVU), Ms. Judy Fried**

SVU includes 3,500 vascular physicians, nurses, technologists, and other allied health professionals. It is involved in a variety of activities, including its annual conferences, which are often held jointly with other societies, such as SVS and SVMB. The society provides educational and scientific activities and information to members, patients, and the public. Recently, it has provided professional guidelines for patient examinations. Patient education brochures developed by SVU can be found on the society's Web site. The society will jointly hold its second annual meeting—the Vascular Annual Meeting 2005—with SVS in June in Chicago.

### **WRAP-UP OF AFTERNOON DISCUSSION (Dr. Hirsch)**

Dr. Hirsch reviewed the PAD Coalition strategy and noted that members must still consider whether the efforts of each individual society and organization included redundant tasks and he asked whether additional accomplishments might be realized with greater unity and efficiency of purpose.

### **DISCUSSION OF ACTION ITEMS AND NEXT STEPS (Ms. Lovell, Dr. Hirsch, and group)**

#### **Action Items**

- Actions needed to accomplish the defined goals of the Coalition will occur through the PAD Coalition committees. All Coalition members will have the opportunity to participate on the steering committee.
- The committee dealing with bylaws will examine how other coalitions have proceeded, and then a series of conference calls will be held to obtain input from Coalition members on the process for developing a more formalized set of incorporation bylaws.
- A formal letter will be drafted to NHLBI to request a public awareness campaign on PAD.



- The fundraising committee should continue its work toward identifying financial support that might anticipate the publication of an RFP for the national PAD public awareness campaign. This goal will ensure that the Coalition has adequate funding to continue its work. Each organization that has committed to participate in the Coalition should be talking to its members about fundraising and what can be done now to initiate the effort.
- The Coalition will move forward on the development of a formal business plan.
- The RFP committee for the public awareness campaign should continue to review and improve the RFP, even though the plan for initiating the national PAD public awareness campaign has changed.

Dr. Hirsch commented that although the group has demonstrated an impressive degree of unanimity, it has not yet delivered an educational product to the public. He encouraged all members to participate actively in this effort, which is likely to last at least 3 to 4 years. He thanked participants for attending the meeting and noted that the organization's official name will be the "PAD Coalition."

The meeting was adjourned.

**ATTACHMENT A:  
AGENDA  
PERIPHERAL ARTERIAL DISEASE (PAD) COALITION**

**INAUGURAL MEETING**

**June 17, 2004**

10:00–10:15 a.m.	<b>Welcome and Opening Remarks</b>	Ms. Marge Lovell, Dr. Alan Hirsch, and Dr. Barbara Alving
10:15 a.m.–12:15 p.m.	<b>PAD Coalition</b> <ul style="list-style-type: none"><li>• Role of the Coalition (goals and objectives)</li><li>• Relationship between the Coalition and member organizations</li><li>• How the Coalition operates<ul style="list-style-type: none"><li>– Existing committees</li><li>– Brief reports from steering and fundraising committees</li><li>– The need for other committees</li><li>– Broadening the Coalition—identification and recruitment of new member organizations</li></ul></li><li>• Work processes—operations, communication, and meetings</li></ul>	Dr. Hirsch, Ms. Lovell, and group
12:15–1:15 p.m.	<b>Lunch (<i>sponsored by VDF</i>)</b>	
1:15–2:00 p.m.	<b>The Coalition’s First Major Project: A PAD Awareness Campaign</b> <ul style="list-style-type: none"><li>• RFP committee report</li><li>• Comments on the RFP from member organizations</li></ul>	Dr. Emile Mohler
2:00–3:15 p.m.	<b>Member Organization Activity Reports</b> <ul style="list-style-type: none"><li>• Brief presentation of organizational PAD activities</li><li>• Complementary areas among organizations</li><li>• How can organizations contribute to the PAD awareness campaign?</li></ul>	Organization Representatives
3:15–4:00 p.m.	<b>Discussion of Action Items, Next Steps, and Timeline</b>	Ms. Lovell, Dr. Hirsch, and group
4:00–4:15 p.m.	<b>Summary</b>	Dr. Hirsch and Ms. Lovell
4:15 p.m.	<b>Adjournment</b>	

**ATTACHMENT B:  
LIST OF ATTENDEES**

**PERIPHERAL ARTERIAL DISEASE (PAD) COALITION**

**INAUGURAL MEETING**

**June 17, 2004**

**Coalition Member Organizations**

**Coalition Cochair**

Alan T. Hirsch, M.D.  
Minneapolis Heart Institute  
Division of Epidemiology, University of Minnesota School of Public Health

**Coalition Cochair**

Marge Lovell, RN, CCRC, CVN  
London Health Science Center

**American Association of Cardiovascular and Pulmonary Rehabilitation**

Kerry J. Stewart, Ed.D.

**American College of Cardiology**

Greg O. von Mering, M.D.

**American College of Physicians**

Patrick Alguire, M.D.

**American Diabetes Association**

Gwen Twillman

**American Heart Association**

Rose Marie Robertson, M.D., FAHA, FACC, FESC

**American Podiatric Medical Association**

Pamela Colman, D.P.M.

**American Radiological Nurses Association**

Kathleen Gross, M.S.N., RN, BC, CRN

**Peripheral Vascular Surgery Society**

David H. Deaton, M.D.

**Society for Clinical Vascular Surgery**

Anton N. Sidawy, M.D.

**Society for Vascular Medicine and Biology**

Emile R. Mohler III, M.D.

**Society for Vascular Nursing**

Carolyn Robinson, M.S.N., NP

**Society for Vascular Surgery**

William R. Flinn, M.D.

**Society for Vascular Ultrasound**

Judith Ann Fried, RN, RVT, CVN

**Society of Interventional Radiology**

Timothy Murphy, M.D.

**Vascular Disease Foundation**

Peter Gloviczki, M.D.

**Attendees**

**Sheryl Benjamin, M.A.**

Vascular Disease Foundation

**Claire v.S. Brockbank, M.P.H.**

Segue Consulting

**Joseph Caporusso, D.P.M.**

American Podiatric Medical Association

**Mark A. Creager, M.D.**

American Heart Association

**Alain T. Drooz, M.D.**

Vascular Disease Foundation

**David P. Faxon, M.D.**

University of Chicago

**Michele Lentz, M.A.S.**  
American Vascular Association

**Pam McKinnie**  
Vascular Disease Foundation

**Dennis Newman**  
Vascular Disease Foundation

**Linda Regensburger**  
Vascular Disease Foundation

**Judith Regensteiner, Ph.D.**  
University of Colorado Health Sciences Center

**Peter Sheehan, M.D.**  
American Diabetes Association

**NHLBI Staff**

Barbara Alving, M.D.  
Stephen C. Mockrin, Ph.D.  
Gregory J. Morosco, Ph.D., M.P.H.  
Susan T. Shero, R.N., M.S.  
Sonia I. Skarlatos, Ph.D.  
Ellen K. Sommer, M.B.A.



*U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
National Institutes of Health  
National Heart, Lung, and Blood Institute  
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