

CREDENTIALING POLICY

Peripheral Endovascular Intervention

Privileging in peripheral endovascular procedures will be offered to vascular surgeons, interventional cardiologists, and interventional radiologists who fulfill the criteria of training and experience as detailed in this policy. Specific credentialing criteria have been defined for each of the following peripheral vascular territories:

- I. Aortoiliac and lower extremity arteries
- II. Brachiocephalic and upper extremity arteries
- III. Renal and visceral arteries
- IV. Venous interventions including hemodialysis access and vena cava filters
- V. Endovascular aortic repair (EVAR)
- VI. Carotid artery stenting with embolic protection and vertebral artery interventions
- VII. Thoracic endovascular aortic repair (TEVAR)
- VIII. Investigational devices/IRB studies
- IX. TAVR

It is understood that specialists trained in the areas of vascular surgery, interventional cardiology, and interventional radiology may have an interest in performing the same endovascular procedures. Each specialty incorporates a unique array of skills and experience into its training programs so that specialists from each of those programs will need to augment their skills in different ways to document the competence and judgment required to perform endovascular procedures at Union Memorial Hospital.

Procedural and clinical competence may be obtained through formal training in a recent (since 2000) ACGME fellowship or from documented didactic and procedural experience as documented in this policy. Fellowships should consist of the following:

- | | |
|-------------------|---|
| Radiology: | 12 month fellowship in interventional radiology that includes 100 diagnostic peripheral angiogram (at least 50 as primary operator) and 50 peripheral interventions (at least 25 as primary operator) with even distribution amongst the various territories. |
| Cardiology: | 12 month fellowship in peripheral intervention that includes 100 diagnostic peripheral angiogram (at least 50 as primary operator) and 50 peripheral interventions (at least 25 as primary operator) with even distribution amongst various territories. |
| Vascular Surgery: | 12-24 month fellowship (24 months if training completed after 2007) that includes 100 diagnostic peripheral angiogram (at least 50 as primary operator) and 50 peripheral interventions (at least 25 as primary operator) with even distribution amongst the various territories. |

The Primary Operator referred to above is the physician who evaluates the patient, makes decisions, performs the significant parts of the procedure, and provides the post-procedure care to the patient. Only one physician may claim credit as the primary operator in a given case.

Territories I, II, III, IV, and V

All physicians with formal ACGME training as summarized above will be eligible for endovascular privileges in these territories.

In addition Interventional Cardiologists, interventional radiologists, and vascular surgeons who wish to apply for privileges in one or more of these territories may do so as follow:

1. Territory I

- a. Didactic training to include subject matter in appendix A
- b. 30 diagnostic and 15 interventional procedures in Territory I as primary operator within a 24 month period

2. Territory II:

- a. Fulfill criteria for Territory I
- b. 30 diagnostic and 15 interventional procedures in Territory II as primary operator within a 24 month period

3. Territory III:

- a. Fulfill criteria for Territories I and II
- b. 20 diagnostic and 10 interventional procedures in Territory III as primary operator within a 24 month period

4. Territory IV:

- a. Fulfill criteria for Territories I and II

- b. Diagnostic and interventional procedures in Territory IV as primary operator including 5 IVC filter deployments within a 24 month period

5. **Territory V: (EVAR)**

Only vascular surgeons may be privileged to perform EVAR at Union Memorial Hospital. Interventional radiologists and Interventional Cardiologists will be credentialed to perform EVAR only with the assistance of a vascular surgeon, but not necessarily one privileged in endovascular surgery.

- a. fulfill criteria for territories I, II and III
- b. ten cases with 5 as primary operator
- c. Completion of device manufacturer's required certification process

6. **Territory VI: (Carotid and Vertebral Arteries)**

Physicians who wish to apply for privileges in this territory must meet or exceed the minimum qualifications deemed necessary to offer safe and effective therapy. Credentials and skills in diagnostic procedures alone, cerebrovascular or otherwise, are not sufficient preparation. Vascular surgeons, interventional cardiologists, and interventional radiologists who apply for privileges in this territory must

- a. Demonstrate didactic background in the cognitive, technical, and clinical skills specific to this vascular territory.
- b. Demonstrate ability to interpret the non-invasive vascular studies and the angiographic images specific to this territory
- c. Fulfill criteria for territories I, II, and III
- d. A minimum of 30 diagnostic and 25 interventions in this territory, with 15 diagnostics and 15 interventions as the primary operator, all with appropriate follow up and documentation.
- e. Successful completion of an industry sponsored certification course

7. **Territory VII: (TEVAR)**

TEVAR is a minimally invasive alternative to open surgical reconstruction of the thoracic aorta that is being incorporated into vascular surgery, cardiothoracic surgery, interventional radiology, and interventional cardiology practices. However, because of the relatively large size of the thoracic aorta and hence the large size of the devices currently available, TEVAR cannot be performed without adjunctive surgical participation and surgical access to the Vascular system. Therefore, interventional radiologists and interventional cardiologists will be credentialed to perform TEVAR only with the assistance of a vascular surgeon, but not necessarily one privileged in endovascular surgery.

TEVAR requires the full endovascular skill set needed to catheterize and treat any of the vessels in the endograft delivery pathway, including those the device must be advanced through or past, as well as those the deployed device may encroach upon i.e., primarily the brachiocephalic and mesenteric vessels.

Vascular surgeons, cardiothoracic surgeons, interventional radiologists, and interventional cardiologists who apply for privileges in this territory must

- a. Possess the highest level of certification or eligibility available in their specialty
- b. Demonstrate didactic background in the cognitive, technical, and clinical skills specific to this territory
- c. Fulfill criteria for territories I, II, and III,
- d. Possess the capability to obtain and access to the brachial, common femoral, or common iliac arteries and to perform brachiocephalic transposition or extra anatomic revascularization.
- e. A minimum of 25 EVAR or 10 TEVAR as the primary operator in the previous 2 years
- f. Successful completion of an industry sponsored certification course

8. **Territory VIII: (Non Approved Investigational Vascular Devices)**

- a. Fulfill criteria for territory/territories specific to the device
- b. Seek and obtain IRB approval of the investigational protocol and related consent forms

9. **Territory IX: (TAVR) (added 3/12/12)**

Transcatheter aortic valve replacement is a minimally invasive alternative to open aortic valve replacement performed from the transfemoral approach. This procedure is performed by a multispecialty team approach which includes interventional cardiologists, cardiac surgeons, and vascular surgeons. Physicians applying for these privileges must fulfill the following requirements:

- a. Possess the highest level of certification or eligibility available in their specialty
- b. Demonstrate didactic background in the cognitive, technical, and clinical skills specific to the TAVR device/procedure
- c. Successful completion of an industry sponsored training/certification course specific to the valve being implanted
- d. Specific to interventional cardiologists: Performed a minimum of 5 valvuloplasty procedures (can include aortic, mitral, or pulmonic valvuloplasty) as either primary or secondary operator.
- e. Of note, if a cut down approach is required for the transfemoral approach this must be performed by a vascular surgeon or cardiac surgeon and NOT by the interventional cardiologist.

Grandfather Clause:

Practitioners who currently hold privileges in a given vascular territory may continue to perform those procedures

Proctor Privileges:

Any physician who wishes to proctor another physician in any endovascular procedure at Union Memorial Hospital must be fully privileged in that/those territories.

Recredentialing Criteria:

Interventional Radiology: Practice confined predominantly to interventional radiology and 20 hours of interventional CME within a 2 year reappointment year.

Interventional Cardiology: 50 peripheral interventional procedures and 20 hours of peripheral vascular CME within a 2 year reappointment period

Vascular Surgery: 50 peripheral interventional procedures and 20 hours of peripheral vascular CME within a 2 year reappointment period

It is understood that the experiential numbers mentioned in this policy are MINIMUM numbers and that further experience may be required based on the assessment of the proctors and supervisors of the physician applying for privileges.

References:

- a. ACC/ACP/SCAI/SVMB/SVS Clinical Competence Statement on Vascular Medicine and Catheter Based Peripheral Vascular Interventions JACC 2004; 44:4 pp 941-957
- b. Clinical Competence Statement on Carotid Stenting: Training and Credentialing for Carotid Stenting – Multispecialty Consensus Recommendations. J Vasc SURG 2005; 41; 160 – 8
- c. Clinical Competence Statement on Thoracic Endovascular Aortic Repair (TEVAR) – Multispecialty Consensus Recommendations. J Vasc Surg 2006; 43; 858 – 62
- d. Guidelines for Hospital Privileges in Vascular and Endovascular Surgery; Recommendations of the Society for Vascular Surgery. J Vasc Surg 2008; 47; 1 - 5

Draft 2/20/08

Approved PPQOC 4/17/08

Draft revisions (3/12/12)

Approved QSPAC 4/19/12

MEDSTAR UNION MEMORIAL HOSPITAL
 DELINEATION OF PRIVILEGES
 ENDOVASCULAR SURGERY

Name (print or type): _____
Last
First
M.I.

CORE PRIVILEGES:	REQUESTED	RECOMMENDED	COMMENTS
Territory I Aortoiliac and lower extremity arteries a. Didactic training to include subject matter in appendix A b. 30 diagnostic and 15 interventional procedures in Territory I as primary operator within a 24 month period			
Territory II Brachiocephalic and upper extremity arteries a. Fulfill criteria for Territory I b. 30 diagnostic and 15 interventional procedures in Territory II as primary operator within a 24 month period			
Territory III Renal and visceral arteries a. Fulfill criteria for Territories I and II b. 20 diagnostic and 10 interventional procedures in Territory III as primary operator within a 24 month period			
Territory IV Venous interventions including hemodialysis access and vena cava filters a. Fulfill criteria for Territories I and II b. 30 diagnostic and 15 interventional procedures in Territory IV as primary operator including 5 IVC filter deployments within a 24 month period			
Territory V: (EVAR) a. Fulfill criteria for territories I, II and III b. Ten cases with 5 as primary operator c. <u>Completion of device manufacturer's required certification process</u>			
Territory VI: (Carotid and Vertebral Arteries) a. Demonstrate didactic background in the cognitive, technical, and clinical skills specific to this vascular territory b. Demonstrate ability to interpret the non-invasive vascular studies and the angiographic images specific to this territory c. Fulfill criteria for territories I, II, and III d. A minimum of 30 diagnostic and 25 interventions in this territory, with 15 diagnostics and 15 interventions as the primary operator, all with appropriate follow up and documentation e. Successful completion of an industry sponsored certification course			
Territory VII: (TEVAR) Possess the highest level of certification or eligibility available in their specialty a. Demonstrate didactic background in the cognitive, technical, and clinical skills specific to this territory b. Fulfill criteria for territories, I, II, and III c. Possess the capability to obtain and access to the brachial, common femoral, or common iliac arteries and to perform brachiocephalic transposition or extra anatomic revascularization d. A minimum of 25 EVAR or 10 TEVAR as the primary operator in the previous 2 years e. Successful completion of an industry sponsored certification course			

Territory VIII: *(Non Approved Investigational Vascular Devices) a. Fulfill criteria for territory/territories specific to the device b. Seek and obtain IRB approval of the investigational protocol and related consent forms			
Territory IX: (TAVR) Transcatheter aortic valve replacement is a minimally invasive alternative to open aortic valve replacement performed from the transfemoral approach. This procedure is performed by a multispecialty team approach which includes interventional cardiologists, cardiac surgeons, and vascular surgeons. Physicians applying for these privileges must fulfill the following requirements: a. Possess the highest level of certification or eligibility available in their specialty b. Demonstrate didactic background in the cognitive, technical, and clinical skills specific to the TAVR device/procedure c. Successful completion of an industry sponsored training/certification course specific to the valve being implanted d. Specific to interventional cardiologists: Performed a minimum of 5 valvuloplasty procedures (can include aortic, mitral, or pulmonic valvuloplasty) as either primary or secondary operator Of note, if a cut down approach is required for the transfemoral approach this must be performed by a vascular surgeon or cardiac surgeon and NOT by the interventional cardiologist.			
NON CORE PRIVILEGES:			
OTHER:			

BOARD CERTIFICATION: All surgeons must be board certified and obtain within 5 years of graduating residency.

(Electronic) By typing my name below, I certify the above statements to be true and correct to the best of my knowledge, and that this information can be used for the purpose of processing my MedStar Union Memorial Hospital Delineation of Privilege Form. (Non-Electronic) If filling out the delineation by hand, please provide your original signature and date.

Applicant's Signature _____ Date _____

Reviewer's Comments:

I certify that I have reviewed the applicant's application for initial appointment or reappointment and request for delineation of privileges, and that I recommend the approval of the delineations of privileges as specified above.

Signature – Division Chief _____ Date _____

Signature – Department Chief _____ Date _____