Committee Membership Information Packet

Join Us on this Journey!
Contents

- History of the PAD Collaborative
- PAD Collaborative Member Organizations
- Structure of the PAD Collaborative:
  - Mission and National Acton Plan Goals
- Goal Committee Member Responsibilities
- Nomination Form
- Application Timeline & Process
- Resources
  - PAD NAP Executive Summary
  - LINK to National Action Plan
History of The PAD Collaborative: The PAD National Action Plan (NAP)

The PAD National Action Plan (NAP) represents a collaborative effort of 26 organizations and more than 50 participants.

Work on the NAP began in 2018 at a PAD Roundtable hosted at the NIH National Heart, Lung and Blood Institute. Roundtable participants included health care professionals, governmental and nonprofit organizations, patient advocacy groups and PAD patients.

The attendee’s developed strategic goals, actions and tactics that were refined into the PAD National Action Plan at a PAD Summit conveyed by the American Heart Association in 2021.

The Plan was finalized in May of 2022. The National Action Plan serves as the framework for the PAD Collaborative.

The PAD Collaborative, established in August 2022, unites organizations and experts committed to advancing the PAD NAP to increase public awareness and understanding of PAD, prevent complications, address health barriers and improve quality of life for people living with the disease. The Collaborative is guided by a Steering Group with implementation activities led by 6 Goal Committees.
PAD Collaborative Committed Organizations

- American Assoc. of Cardiovascular & Pulmonary Rehab.
- American College of Cardiology
- American Diabetes Association
- American Heart Association**
- American Podiatric Medical Association
- Association of Black Cardiologists*
- Association for the Advancement of Wound Care*
- Centers for Disease Control and Prevention
- National Heart Lung & Blood Institute, NIH
- Society for Interventional Radiology*
- Society for Cardiovascular Angiography & Interventions
- Society for Vascular Medicine*
- Society for Vascular Nursing
- Society for Vascular Surgery*
- Vascular Cures*
- VIVA
- Women Heart

*Steering Group Members
** Collaborative Convener
Mission: The PAD Collaborative unites organizations and experts committed to advancing the PAD National Action Plan to increase public awareness and understanding of PAD, prevent complications, address health barriers and improve quality of life for people living with the disease.

THE SIX GOALS of the National Action Plan

1. Reach people with PAD and those at risk for PAD by improving public awareness of PAD symptoms and diagnosis.

2. Enhance professional education for multidisciplinary health care professionals who care for people with PAD.

3. Activate health care systems to provide enhanced programs for the detection and treatment of PAD patients, with a focus on understanding and addressing patient-centered outcomes.

4. Reduce the rates of nontraumatic lower extremity amputations related to PAD through public outcome reporting and public health interventions.

5. Increase and sustain research to better understand prevention, diagnosis and treatment of PAD.

6. Coordinate PAD advocacy efforts to shape national policy and improve health outcomes.
Summary of Goals and Actions

1. **PUBLIC AWARENESS**
   Reach people with PAD and those at risk for PAD by **improving public awareness** of PAD symptoms and diagnosis.

   1.1 Establish a diverse national patient advisory group to identify what information needs to be communicated to address public awareness gaps and how best to communicate it.
   1.2 Develop messaging to increase awareness of PAD for diverse priority audiences within the general population.
   1.3 Prioritize the approach to reach at-risk groups for messaging.
   1.4 Identify partners to amplify consumer awareness initiatives.
   1.5 Secure funding to launch and sustain PAD consumer awareness initiatives.

2. **PROFESSIONAL EDUCATION**
   **Enhance professional education** for multidisciplinary health care professionals who care for people with PAD.

   2.1 Teach professionals how to empower patients with PAD to make and sustain self-care strategies.
   2.2 Develop and disseminate educational curriculum to multidisciplinary health care professionals.
   2.3 Promote and disseminate PAD guidelines to multidisciplinary health care professionals.
   2.4 Increase awareness, detection and screening of patients at risk for PAD through provider engagement.
   2.5 Provide practice support and improve patient access to guideline-directed medical care.

* See National Action Plan for all 101 Tactics
Summary of Goals and Actions

3. DETECTION & TREATMENT
Activate health care systems to provide enhanced programs for the detection and treatment of PAD patients, with a focus on understanding and addressing patient-centered outcomes.

3.1 Improve PAD detection, treatment and timely referral for revascularization through health system activation.
3.2 Develop approaches for patient-centered PAD care.
3.3 Establish standards and accreditation for supervised exercise therapy programs.

4. PUBLIC HEALTH
Reduce the rates of nontraumatic lower extremity amputations related to PAD through public outcome reporting and public health interventions.

4.1 Establish system for public reporting of amputations at the hospital level.
4.2 Develop and implement public policy for payment and service delivery model to improve PAD care.
4.3 Establish policy priorities for PAD detection in people at high risk for amputation.
4.4 Urge expert organizations, government agencies, public organizations and the media to highlight amputation.

* See National Action Plan for all 101 Tactics
Summary of Goals and Actions

5
RESEARCH
Increase and sustain research to better understand prevention, diagnosis and treatment of PAD.

5.1 Grow basic and translational research in PAD.
5.2 Grow clinical research in PAD.
5.3 Grow research training and career development in PAD.
5.4 Increase comparative effectiveness research in PAD.
5.5 Advance research in CLTI.
5.6 Leverage data science to expand PAD knowledge and generate research hypotheses.

6
ADVOCACY
Coordinate PAD advocacy efforts to shape national policy and improve health outcomes.

6.1 Develop resources to train PAD volunteers as advocates.
6.2 Create a PAD advocacy toolkit.
6.3 Identify and align with collaborating organizations’ advocacy campaigns to further the PAD advocacy agenda.
6.4 Mobilize PAD advocates to influence policymakers in support of a PAD advocacy agenda.

* See National Action Plan for all 101 Tactics
Goal Committee Member Charge

• **Goal Committee Members.** Goal Committee members will work together to execute and advance prioritized plan tactics specific to each goal, as outlined in the PAD NAP. This group will be comprised of volunteers and organization representatives active in the creation of the NAP as well as other individuals interested in implementation of the specific NAP goals. Goal Committee members play an instrumental role in determining and activating pathways for goal implementation. Goal Committee meeting cadence is at the discretion of each Goal Committee Chair and can vary from monthly to bimonthly.

• **Goal Committee Vice Chair.** The Vice Chair works with the Committee Chair to facilitate, coordinate and communicate with committee members—ensuring that the volunteers are actively engaged in advancing the prioritized goals/tactics identified in the PAD National Action Plan. The Vice-Chair should also seek to develop an understanding of the overall goals of the Committee and build connections to prepare him/herself to serve in the Goal Committee Chair role.

• **Goal Committee Chair.** The Chair will lead strategy for each goal area implementation. They will bring Goal Committee members together to advance prioritized plan tactics. The Chair will be an individual volunteer leader or organizational representative active in PAD NAP creation or are interested in supporting plan implementation. The Goal Committee Chair is expected to be an active participant in the Collaborative providing progress updates and recommendations at each of the quarterly Collaborative meeting as well as some Steering Group Meetings. Chairs are expected to coordinate calls of their teams at least monthly. The appointment will last for 2 years with a transition period in July. The first transition will be in July 2023 where one of two current Goal Group Leaders will transition out of their role and a new Vice Chair will join.

Note: Steering Group elects chair and vice chair: Committee chair and vice chair elect committee members
Goal Committee Chairs

- Public Awareness Committee (Goal 1). Natalie Evans, MD; Sanjay Misra, MD;
- Professional Education Committee (Goal 2). Lee Kirksey MD, MBA; Debra Kohlman-Trigoboff, ACNP-BC, CVN
- Detection and Treatment Committee (Goal 3). Kim Smolderen, PhD; Carlos Mena MD
- Public Health Committee (Goal 4). J. Antonio Gutierrez, MD, MHS; Kunihiro Matsushita, MD, PhD
- Research Committee (Goal 5). Peter Henke, MD; Diane Reid, MD; Mary M. McDermott, MD
- Advocacy Committee (Goal 6). Aaron W. Aday, MD, MSc; Marc P. Bonaca, MD, MPH

Send questions to:
- Collaborative Chair. [Amy Pollak](mailto:amy.pollak@wasatch.medicinenet.com), MD
- Collaborative Director. [Marla Hollander](mailto:marla.hollander@wasatch.medicinenet.com), MPH

- Past Collaborative Chairs. Aruna Pradhan, MD and Naomi Hamborg MD
Committee Interest Timeline & Process

Application Cycle
March 15 – April 14  Call for committee interest for vice chairs and committee members.
May                  Review of committee interest forms
June 15 – June 30   Committee rosters updated / new vice chair identified
July 1               New vice chair term begins *
July 1 – July 31    New member onboarding meetings

Application Process
Complete and Submit https://forms.microsoft.com/r/wz4r9TdWET
By April 14, 2023. https://forms.microsoft.com/r/wz4r9TdWET

* Note: people can join committees throughout the year by reaching out to committee chair/vice chair.
Committee Makeup

In order to ensure the Committees will provide diverse perspective and resources needed to advance the PAD National Action Plan goals, member forms will be reviewed and assessed using these categories:

- Diversity of Expertise
- Leadership in Peripheral Artery Disease focused activities
- Geographic Diversity

Steering Group members are responsible for electing Committee chair and vice chairs from nominated candidates. Committee chair and vice chair are responsible for electing committee members.
Resource Documents

- The PAD National Action Plan
- Exec Summary
PAD Collaborative Core Values as Outlined in Charter

- **We are inclusive.** We actively welcome and value partners with different experiences, backgrounds, attributes, abilities, and perspectives. We strive to provide seats at the leadership table that bring diversity to our collaborative effort.

- **We are committed to advancing racial and health equity.** We understand that systemic issues have a historical context that is racially rooted and can only be mitigated by interventions that take an intersectional lens. We are dedicated to working together to implement goals and tactics outlined in the PAD NAP that center racial equity in their implementation to improve the awareness, diagnosis and treatment of PAD.

- **We are accountable.** We acknowledge and assume responsibility for our actions. We seek to be held accountable by our partners and the communities they serve, and we value and encourage open and honest feedback. We will continually examine our processes through regular evaluations, and we are committed to learning, reflection, and change.

- **We are respectful.** We communicate and foster relationships in a generous, considerate, and compassionate way. We are not patronizing or harmful in our interactions with our partners. We are mindful of power dynamics and aspire to not be paternalistic.

- **We are collaborative.** We work together for the common good and shared success. We are committed to being active partners by sharing resources, training, and technical assistance. We strive to build long-term relationships and collaborations with partners that support their growth and success.

- **We are transparent.** We are transparent in our operational practices and how we make decisions.

- **We believe in science.** Our work will be guided by science and research.