July 15, 2008

Katherine K. Wallman, Chief Statistician
Office of Management and Budget
10201 New Executive Office Building
Washington, DC 20503

Re: SVU/SVS Comments on the 2010 Standard Occupational Classification (SOC) Revision

Dear Ms. Wallman:

In response to the Office of Management and Budget's ("OMB") request for comments on the proposed Standard Occupational Classification ("SOC") revisions for 2010, *73 Fed. Reg. 29930 (May 22, 2008)*, the Society for Vascular Ultrasound and the Society for Vascular Surgery submit the following comments regarding the classification and placement of the occupation of vascular technologist within the 2010 SOC.

The Society for Vascular Ultrasound ("SVU"), founded in 1977, is the only national professional organization dedicated exclusively to the advancement of non-invasive vascular technology used for diagnostic purposes. Of SVU's 4,400 members, the majority are vascular technologists. The Society for Vascular Surgery ("SVS") is the oldest and largest national association of vascular surgeons in the United States. SVS members pioneered the application of noninvasive Doppler ultrasound techniques to the diagnosis of vascular disease in the 1960s and have since spearheaded the development and refinement of modern protocols and procedures for accurate Doppler vascular ultrasound testing.

SVU and SVS respectfully request that OMB remove the occupation of vascular technologist from its current SOC placement within the detailed occupational classification of cardiovascular technologists and technicians (SOC 29-2031), and assign vascular technologists to a new detailed occupational classification of their own. A new detailed occupation for vascular technologists is warranted because of the nature of their work, including their responsibilities, decision-making, training and qualifications, credentialing, and other factors that clearly distinguish vascular technologists from cardiovascular technologists. Vascular technologists, unlike the other specialists within the classification of cardiovascular technologists and technicians, provide a primary and direct role in obtaining images and other data used in diagnosing vascular disease and potentially threatening conditions, a role that requires specialized skill sets and educational training in the use of both ultrasound and physiologic methods. Significantly, through training and expertise, vascular technologists, unlike

cardiovascular technologists, must use their judgment in adapting the application of the testing modality in order to ensure accurate results. Decisions made by vascular technologists during their conduct of the diagnostic procedures they perform directly affect the accuracy of the images and other data obtained. In addition, unlike cardiovascular technologists, vascular technologists frequently report critically important data that they have collected directly to treating physicians for their use in the care and treatment of patients. Below we provide an overview of the occupation of vascular technologist, and explain the distinctions between this occupation and that of the other cardiovascular technologist specialties.

The profession of vascular technology was established in 1977. However, since its establishment, vascular technologists have been erroneously grouped within the occupational classification of cardiovascular technologists and technicians (SOC 29-2031), a classification also comprised of specialists in the areas of invasive cardiology and echocardiography. The likely reason for grouping these distinct professions together was the similarity of the terminology used to describe the professions, and the consequent manifestly incorrect assumption that there was no difference in the types of work and the sophistication of the work performed by each profession.

The U.S. Department of Labor provides the following description of the work performed by vascular technologists:

> Vascular technologists complete patients' medical history, evaluate pulses and assess blood flow in arteries and veins by listening to the vascular flow sounds for abnormalities, and assure the appropriate vascular test has been ordered. Then they perform a noninvasive procedure using ultrasound instruments to record vascular information such as vascular blood flow, blood pressure, oxygen saturation, cerebral circulation, peripheral circulation, and abdominal circulation. Many of these tests are performed during or immediately after surgery. Vascular technologists then provide a summary of findings to the physician to aid in patient diagnosis and management.[1]

Unlike cardiovascular technologists who provide support to cardiologists performing invasive cardiology procedures, which procedures are undertaken by the cardiologists themselves, vascular technologists exercise significant discretion and autonomy in their work. Further, vascular technologists' work involves the direct application of sophisticated ultrasound technology and significantly impacts the physician's treatment plan and clinical decisions. Specifically, the vascular technologist completes a patient history, performs a limited physical examination on the patient to assure that the most appropriate Doppler ultrasound vascular testing has been ordered, and performs the ultrasound procedure. The performance of the ultrasound procedure itself is entirely dependent on the knowledge, skill, and analytic capabilities of the vascular technologist,

[1] Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Outlook Handbook, 2008-09 Edition*, Cardiovascular Technologists and Technicians, on the Internet at http://www.bls.gov/oco/ocos100.htm (visited Jul. 4, 2008).

and proper technique — *i.e.*, the manner in which the technologist applies the ultrasound probe and reacts to the incoming images — substantially determines the accuracy and completeness of the images and other data obtained regarding the patient's vasculature. Improper performance can give the impression that healthy vasculature is occluded, and *vice versa*, resulting in patients not receiving necessary surgical interventions or being subjected to unnecessary surgical interventions, both posing severe risks to morbidity and mortality of vulnerable patients.

The ultrasound procedure is typically performed under the "general" supervision of a physician, which, in practical terms, means that the physician need not be present in the building at the time of performance. Further, once the ultrasound has been performed, the vascular technologist reviews and analyzes the Doppler ultrasound data, ultimately providing a summary of findings to the treating physician (a "preliminary report") to directly aid in patient diagnosis and management. Indeed, physicians depend on vascular technologists' examinations to make diagnoses and implement appropriate treatment plans, and very often, the results of an examination will determine whether major surgery or medical treatment is recommended. For instance, extracranial cerebrovascular duplex ultrasound testing is often the only diagnostic study performed prior to a carotid endarterectomy. A carotid endarterectomy is a surgical procedure performed to correct narrowing of the carotid artery, a condition that may cause strokes. Thus, the provision of high quality peripheral vascular studies is essential to the practice of vascular surgery and other medical specialties.

No other specialty within the cardiovascular technician and technologist classification (SOC 29-2031) integrates the patient history, vascular assessment and Doppler ultrasound findings in this manner, or requires the autonomous performance of tasks that play a direct, primary, often determinative role in guiding the physician's treatment of the patient.

Electrocardiograph ("EKG") technicians, for instance, although involved with EKG procedures that monitor the functioning of a patient's heart, play a role largely limited to setting up the technology (*i.e.*, the placement of leads on the patient) and printing the output. The EKG technician does not take a patient history or perform a physical exam, and does not make preliminary reports on the EKG results. Further, the EKG technician's performance of his or her work is unlikely to have a material impact on the treating physician's clinical decision-making. Placement of EKG leads need not be too precise, and incorrect placement likely will be easily identified by an interpreting physician and likely will not result in a gross misinterpretation of findings which would directly impact patient management. This is not the case with vascular technology, where performance of ultrasound procedures is dependent on the technologist's knowledge of the cerebrovascular and peripheral vascular anatomy and his or her precise positioning of a highly technical instrument along that vasculature, and where improper placement of a Doppler sample volume or imaging probe can result in complete misinterpretation of findings.

As with EKG technicians, invasive cardiology technologists do not act autonomously in a manner that could materially influence the treating physician's clinical decision-making. Such technologists do not actually perform invasive procedures such as a cardiac catheterization, but rather, prepare patients for the procedures (*e.g.*, by positioning them on a table and shaving, cleaning, and administering topical anesthesia to the site of catheterization). Cardiology technologists may also monitor patients' blood pressure and heart rate with EKG equipment during the procedure or perform other tasks while in the presence, and under the direct supervision, of the physician performing the procedure, but the cardiologist performing an invasive procedure has direct access to this information at the same time as the technologist.

The vascular technologist, therefore, unlike EKG technicians and cardiac technologists, is an integral member of the vascular disease management team, and is uniquely prepared to utilize independent judgment and systematic problem solving methods to acquire and report data for patient management. Accordingly, the profession of vascular technologist requires a unique educational background and set of qualifications and skills. In fact, there are now at least 41 Commission on Accreditation of Allied Health Education Programs ("CAAHEP") accredited associate and baccalaureate level educational programs with a concentration in vascular technology (*see* Attachment 1), and the specialty has a distinct and dedicated credentialing process through the American Registry for Diagnostic Medical Sonography ("ARDMS"), an ANSI-accredited organization. To date, more than 16,000 individuals have acquired the Registered Vascular Technologist ("RVT") credential from ARDMS, over 20% of whom are physicians — a strong indication of the unique, professional stature of the diagnostic vascular professional.

Employers prefer RVT credentialing as evidence of the vascular technologist's qualifications and competence.[2] Moreover, credentialing and/or laboratory accreditation is a requirement for receiving Medicare reimbursement of non-invasive vascular studies in many jurisdictions.[3] These employment and reimbursement requirements provide strong supporting evidence of the unique clinical responsibilities of the vascular technologist. Significantly, the health care market and employers appreciate the difference between vascular technologists and cardiovascular technologists, as there is a substantial difference in compensation between the two occupations.

Thus, in conclusion, the current cardiovascular technologist classification (29-2031) does not accurately reflect the autonomous nature of the daily work and the clinical importance of that daily work, the available educational pathways, or the qualifications and professional responsibilities of the vascular technologist, all of which clearly distinguish vascular technologists from cardiology technologists and EKG technicians. Accordingly, SVU and SVS request that the occupation of vascular technologist be

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[2] *Id.*

[3] Prior to Medicare's adoption of a Medicare Administrator Contractor ("MAC") model for claims adjudication and payment, Medicare "carriers" in at least forty states either required or recommended directives that incorporated this credentialing and/or accreditation standard for Medicare reimbursement of non-invasive vascular studies.

removed from the SOC of Cardiovascular Technologists and Technicians and placed within a new detailed occupational classification of its own. For the OMB's convenience, we have drafted proposed language describing the vascular technologist occupation for inclusion in the 2010 SOC, a copy of which is provided as Attachment 2 to these comments.

We welcome the opportunity to further discuss our request with OMB. We thank you for your consideration of this request, and we look forward to working with OMB on this necessary revision to the 2010 SOC Manual.

Sincerely,

David Parlato, BA, RVT
Chair, SVU Advocacy Committee

Robert M. Zwolak, PhD, MD, RVT
Chair, SVS Government Relations Committee

Attachment 1

CAAHEP-Accredited Educational Programs With a Concentration in Vascular Technology (Arranged By State):

University of Arkansas for Medical Sciences – Little Rock (Little Rock, AR)
Loma Linda University (Loma Linda, CA)
George Washington University Medical Center (Washington, DC)
Delaware Technical and Community College – Wilmington (Wilmington, DE)
Florida Hospital College of Health Sciences (Orlando, FL)
Nova Southeastern University (Ft. Lauderdale, FL)
St. Vincent's Medical Center (Jacksonville, FL)
Coosa Valley Technical College (Rome, GA)
University of Iowa Hospitals and Clinics (Iowa City, IA)
College of DuPage (Glen Ellyn, IL)
Rush University (Chicago, IL)
University of Kansas Medical Center (Kansas City, KS)
Washburn University (Topeka, KS)
St. Catharine College (St. Catharine, KY)
Montgomery County Community College – Takoma Park (Takoma Park, MD)
University of Maryland Baltimore County (Baltimore, MD)
Grand Valley State University (Grand Rapids, MI)
Jackson Community College (Jackson, MI)
Providence Hospital and Medical Center (Southfield, MI)
Mayo Clinic, Mayo School of Health Sciences (Rochester, MN)
Cox Health Systems (Springfield, MO)
St. Louis Community College – St. Louis (St. Louis, MO)
University of Missouri – Columbia (Columbia, MO)
Asheville-Buncombe Technical Community College (Asheville, NC)
Johnston Community College (Smithfield, NC)
Nebraska Methodist College (Omaha, NE)
Long Island University (Brooklyn, NY)
Western Suffolk BOCES (Northport, NY)
Central Ohio Technical College – Newark (Newark, OH)
Cincinnati State Technical and Community College (Cincinnati, OH)
Collins Career Center – Chesapeake (Chesapeake, OH)
Cuyahoga Community College (Parma, OH)
Kettering College of Medical Arts (Kettering, OH)
Lackawanna College (Scranton, PA)
Thomas Jefferson University (Philadelphia, PA)
Community College of Rhode Island (Lincoln, RI)
Baptist Memorial College of Health Science (Memphis, TN)
Alvin Community College (Alvin, TX)
Seattle University (Seattle, WA)
Aurora St. Luke's Medical Center (Milwaukee, WI)
Columbia St. Mary's (Milwaukee, WI)

Attachment 2

Proposed Description of the Vascular Technologist Occupation:

Conducts tests, using judgments formed from a review of the images and data obtained through the testing modalities, to maximize the utility of the diagnostic tests. The testing consists of noninvasive ultrasound procedures, performed to provide diagnostic information regarding the physiology and functioning of the patient's veins and arteries for diagnostic purposes. Also completes patients' medical histories, performs a limited physical examination, and provides a summary of findings to aid the physician in diagnosis and treatment.