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00:00:10.400 --> 00:00:26.730

OEIS: As we go through this just both about the meeting and kind of sequence of events. So we've had some schedule changes. And you know, Jerry's gonna talk about the meeting. So I'm going to defer to him on that. But we would ask that everybody here make sure that they make the

2

00:00:26.970 --> 00:00:46.910

OEIS: technology forum and the embolization hands on workshop. And then there's a dinner symposium. If you don't already have plans with Bd, because we do have a somewhat diminished attendance this year on site, and so we do want to make sure that our partners were supporting this season butts and seeds. I will reiterate. That is extremely important for every single one of us

3

00:00:47.200 --> 00:01:01.019

OEIS: to be at the Tech Forum and to be at the analyzation workshop, even if you're not doing. The vendors have paid for this, and our registration will will go through. It is down

4

00:01:01.030 --> 00:01:03.549

OEIS: from last year substantially.

5

00:01:04.700 --> 00:01:21.820

OEIS: So we've got to have a good showing. So in order to accommodate that, we did make some scheduling changes. And I personally apologize to you guys for the scramble ups with that. So how we're gonna run this is, we're going to do our board meeting now, immediately following this for everybody on site. Unfortunately.

6

00:01:21.820 --> 00:01:35.509

OEIS: some people can't do that because they're coming in by zoom we'll have the President's reception to have some drinks, and then we'll have transportation to the boardthere. So that's gonna play out. The the reception issue will be far lower. Even last year we don't have Dr. Watts.

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00:01:35.510 --> 00:01:47.950

OEIS: So we we had to do some things a little bit differently. But once again, I'm hoping

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00:01:47.950 --> 00:02:08.179

OEIS: Dr. Ryan will continue this tradition, because I think it's a nice thing to do and then again, just to stress that dinner symposium with Bd. They set this up in a way that may not necessarily be. How can I put this

the most smartest or cost effective way. They're serving a plate of dinner, and it sounds to me like they have far over

9

00:02:08.489 --> 00:02:27.919

OEIS: like to make sure everybody, unless you have plans. Please attend that because we would like to put a good show on them, since they have supported pretty vigorously. That's tomorrow. Tonight we have the board there. Okay, okay, and then we'll have. Lauren is going to come in a little bit later in the registry update. We have some guests here, so welcome everybody again.

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00:02:28.242 --> 00:02:38.230

OEIS: Kind of brief comments overall. And clearly, I'm gonna talk a little bit about this during, you know my talk during the advocacy session. You're gonna hear somebody from the pack

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00:02:38.679 --> 00:03:02.099

OEIS: today. And you know, we, we definitely are a bit here, and we need to make sure we're still getting forward progress. So we are in the midst of somewhat challenging state of affairs, to say the least. And so I think it's going to be very important. Everybody stays involved and wired and contributing the maximum of your ability both time and in some cases resources.

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00:03:02.230 --> 00:03:05.309

OEIS: Fred, you wanna do the nominations.

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00:03:05.890 --> 00:03:06.840

OEIS: What happened?

14

00:03:07.810 --> 00:03:09.050

OEIS: Thank you.

15

00:03:11.000 --> 00:03:25.899

OEIS: Excellent finish eating. Dr. Whitman, of course. Usually the immediate past President chairs, Nominations Committee, and comes up with slate. So we are pleased to report slate to get elected via our

16

00:03:25.900 --> 00:03:37.870

OEIS: electronic collection system for people who voted. We appreciate that so incoming folks to be Dr. Niswicky is going to continue as treasurer, obviously being a director representing interventional radiology.

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00:03:37.870 --> 00:04:01.279

OEIS: Dr. Saab will become our President-elect will be representing conventional cardiology. Dr. Dippell is moving to a 1 year term to help accommodate the shifting and keeping our specialty distribution equivalent. So we thank Eric for all the work he's doing. Dr. Nair comes on his 3 year term, and he's been quite active with both the program committee and now working with us on cardiac and embolization. So we thank him.

18

00:04:01.400 --> 00:04:18.889

OEIS: Dr. White, we're putting for another one year term. But definitely, we didn't have a 3 year surgical term that was really available. Dr. White is accepted graciously. Co-chairing pack to me and really working on this fundraising, which again, at the crossroads we are at, is going to be absolutely critical, and we appreciate that

19

00:04:18.890 --> 00:04:43.879

OEIS: Dr. Who I always butchered his name. Unfortunately, is down there at the end. He's going to be on a 3 year term for interventional radiology. Dr. I'm also butchering his name, and I apologize. They have it down as Dr. Cobb and Dr. Alex. But it's just not appropriate. Well, that's different.

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00:04:43.880 --> 00:05:08.169

OEIS: Dr. Sam on is going to rotate off. I don't think he's made it in yet, but he's rotating off. And obviously Sam has played a key role in this entire organization from its founding. He, you know, helped us out when we were working through the whole succession chain, and he served as an at large member of the BC. And extremely valuable. So we thank him for that.

21

00:05:08.170 --> 00:05:27.349

OEIS: Dr. Kennedy is going to be coming off from interventional radiology. And then we're going to figure out how best to sabotage Dr. Whitman and keep him involved here at this level. So that's the Nominations Committee. It's more of a report requiring any action, but any questions from the board on that.

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00:05:27.490 --> 00:05:37.749

OEIS: absolutely. Why don't we start right on the end?

23

00:05:39.050 --> 00:05:42.420

OEIS: Alex. Dombredsky, emotional radiologist in Oregon.

24

00:05:56.490 --> 00:06:00.759

OEIS: Pradeep Nair Interventional Cardiologist Cardiovascular Institute of the South

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00:06:01.120 --> 00:06:08.100

OEIS: Ryan White. Vascular surgery. Let's continue

26

00:06:08.690 --> 00:06:14.269

OEIS: here in the Georgie general pain in the ass. Yeah.

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00:06:14.580 --> 00:06:19.140

OEIS: Bob Terra, rural, vascular surge in the midst of Nowhere, Pennsylvania.

28

00:06:19.550 --> 00:06:30.040

OEIS: Fred Wickman, Interventional Radiologist in Gainesville, Florida, or Michael Radiology.

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00:06:30.220 --> 00:06:33.050

OEIS: Patrick Ryan, Vascular Surgery in Nashville.

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00:06:33.270 --> 00:06:37.259

OEIS: of Course Quality Vascular Surgery, up in Boston Doing

31

00:06:37.660 --> 00:06:43.499

OEIS: Eric Dibble. Interventional cardiology in Iowa, Jason Curtis, Celia, Steph.

32

00:06:43.690 --> 00:06:52.590

OEIS: and Julie's not here, but I think everybody knows Julie, who's the glue that keeps everything running together for us, so she'll be flitting in and.

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00:06:59.150 --> 00:07:04.709

Curtis Anderson: Yeah. Curtis Anderson intervention radiology down in South Florida, still in South Florida. I'll be driving up tonight.

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00:07:06.890 --> 00:07:12.070

OEIS: It's the new hair man, I just, you know. But between the blue scrubs and the hair.

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00:07:12.310 --> 00:07:14.389

Curtis Anderson: I just need a haircut, that's all it is.

36

00:07:16.360 --> 00:07:40.220

OEIS: Okay? So everybody's had their introductions. Oh, and Dan Gore, who's our guest? Who's been co-chairing the pack? So we have a bylaws committee a report that needs to be reported out. I'm not aware of one. Okay, in terms of an executive committee report. I don't think we have a formal.

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00:07:40.220 --> 00:07:46.889

OEIS: No, I can get a quick report, at least. Alright. So you know right now it's our annual meeting.

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00:07:47.260 --> 00:07:50.440

OEIS: I'm pretty sure all of you can access the app now. So go ahead and check it out.

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00:07:51.242 --> 00:07:53.959

OEIS: Quick. Membership update. In the past.

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00:07:56.390 --> 00:08:05.429

OEIS: we got 29 new members, and since January first, st up to 2, 69 around this time last year. That's just active members around this time last year we're at 2, 33

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00:08:05.640 --> 00:08:07.380

OEIS: for the membership as well.

42

00:08:07.890 --> 00:08:27.009

OEIS: What's the training number? The training number is at 197. So, kudos, that's pretty remarkable. That's good growth. Are we still primarily Ir, in that. Yeah, we are. I can get a breakdown, is going to work hard to see if we can't get some vascular surgery training and cardiology, cardiology.

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00:08:27.359 --> 00:08:51.310

OEIS: I mean, that's pretty much. You guys can pull up the app now, it's not fully updated to go live. You guys can go in and look at it. You can see the floor plan. You see the agenda that's getting updated still. If you go to the agenda and you go to session to click on it. It'll take you to where they're on the floor. If you go to the exhibitor, click on it, they'll take you where it'll show you on the map where they are. So it's easy to find

44

00:08:51.410 --> 00:08:55.700

OEIS: there's a chat feature. So you guys can reach out to each other and chat. If you have questions

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00:08:56.230 --> 00:08:59.989

OEIS: on the side panel you'll see that there's a pack link. So you click on that. You can

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00:09:00.590 --> 00:09:01.960

OEIS: where we're in the pack.

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00:09:02.200 --> 00:09:16.590

OEIS: There's also the Job board link, and the job board is also going live tonight, and it has a section for like companies. In fact, the Ryan asked for. So you click on there, and I have a description. So if you could reach out, I know Dr. Jerry also wanted a section where

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00:09:17.130 --> 00:09:21.930

OEIS: you don't, you know? Not only do you look for Job? You can also kind of put yourself out there. That also have it. So

49

00:09:22.100 --> 00:09:29.149

OEIS: website, yeah, it'll be live on OS website. Once it goes, live

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00:09:29.990 --> 00:09:39.967

OEIS: fantastic. The only other real, I mean informational items for the Board in terms of most of what the Executive Committee has been engaged in the last several months is the continued

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00:09:41.060 --> 00:10:06.580

OEIS: scuttling about as different articles and different prices pop up. We seem to spend an exorbitant amount of time fighting fires on that. We'll talk a little bit more about that. You've got a skeleton on the back of the tree. From fall. Really informational. Again, if anybody has any questions on those activities or the membership numbers or anything, please.

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00:10:08.360 --> 00:10:14.599

OEIS: what? How many? How far down in terms of attendees to the Conference this year.

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00:10:15.771 --> 00:10:33.464

OEIS: Any questions on on membership or functionality that is thus far went on, mentioned this before.

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00:10:34.890 --> 00:10:40.180

OEIS: certainly during my term that an ongoing membership report is key.

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00:10:40.320 --> 00:10:46.280

OEIS: So at every meeting like this, at every Executive Committee Board meeting

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00:10:46.620 --> 00:10:50.909

OEIS: we need to have, and I'd like to see where we are with

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00:10:51.200 --> 00:10:56.950

OEIS: the numbers, you know. There's a huge huge drop off in membership.

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00:10:57.220 --> 00:11:06.360

OEIS: and it may have been from how we accounted for it with previous management company, but at Weaver's highest

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00:11:06.740 --> 00:11:09.530

OEIS: 400 something at at some point.

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00:11:09.990 --> 00:11:14.099

OEIS: And so we need to be tracking that because we-we- we gotta have

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00:11:14.330 --> 00:11:27.239

OEIS: not just butts in the seat of the meeting, but butts in society. So so the 2 69 you quoted is that physician members? Yeah, that is active physician members, the associates at 17,

62

00:11:27.640 --> 00:11:31.100

OEIS: about the Stat, a hundred 32

63

00:11:31.220 --> 00:11:37.760

OEIS: 7 corporate, and then 197 trainees. What is the breakdown. I see

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00:11:38.450 --> 00:11:41.420

OEIS: I could get that pretty quick in a second.

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00:11:42.450 --> 00:11:44.499

OEIS: In in general, it's been

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00:11:45.010 --> 00:11:54.662

OEIS: predominantly. I are by 30 plus percent. But maybe the trainees are markedly higher. Mark the hierarchy.

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00:11:56.070 --> 00:12:03.400

OEIS: But next cardiology has been downwards so well

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00:12:03.540 --> 00:12:11.688

OEIS: while you're looking that up, I mean, I think we can, just if we want to talk about right now, you know, from an interventional cardiology standpoint.

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00:12:12.090 --> 00:12:14.241

OEIS: you know, one issue obviously is.

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00:12:14.720 --> 00:12:24.019

OEIS: you know, right? This there's there's a competing meeting going on right now. So that that's 1 aspect of it. So Sky is having their annual meeting. So

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00:12:24.850 --> 00:12:47.730

OEIS: I don't know how many of those members would have actually considered attending. The other aspect of it is gaining traction within the Cardiology community from an early stage. So I'm part of the Vascular Disease Committee of American College of Cardiology right now with Osama Ibrahim, which some of you may know. Osama, he basically

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00:12:47.730 --> 00:13:08.890

OEIS: starting an initiative within the Acc on outpatient care ambulatory surgery centers, and so forth. So there may be an avenue where we can then, you know, have a a meeting with Osama because he, we have access to all of the bells and training. We have access to all of the cardiology groups within the American College of cardiology.

73

00:13:09.140 --> 00:13:14.967

OEIS: where there may be an opportunity where we can collaborate pradeep if you can try and

74

00:13:16.020 --> 00:13:23.639

OEIS: push that a little bit and then get Chris involved in this. Well, we already started. Julie was part of that. We were. Gonna get a meeting. I don't think it happened yet.

75

00:13:24.275 --> 00:13:36.169

OEIS: I forgot who was gonna be joining that meeting. I think we can join that meeting. Yeah. So we were, gonna get some of the the groups and then have a discussion about avenues for collaboration avenues to get

76

00:13:36.180 --> 00:13:56.640

OEIS: some fellow involvement, some interventional you know, practicing interventionalist involvement within the so right now is a good time, because, you know, I'm also serving a 3 year term with Acc, so that that may be that. Well, I mean to Brett's point. This is important because society was founded with the idea, we would, we would, you know.

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00:13:56.700 --> 00:14:24.690

OEIS: be very deliberately representational. 3 core specialties. And we really do need some additional IC, input, you know, both at the leadership level, but also, for you know, different membership. Because if those activities have window and if we want to do a cardiac session and continue to support this the way we should be supporting it. We have to have people to consume that. Right? So yeah, let's let's try to take that for action and make sure that happens. Jason, do you have a breakdown of the

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00:14:27.216 --> 00:14:32.900

OEIS: think? Everything you just said.

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00:14:33.150 --> 00:14:36.960

OEIS: But we need to do that because we.

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00:14:37.780 --> 00:14:41.531

OEIS: Jeff and Chris, that you were talking about it last night. You know

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00:14:42.030 --> 00:14:46.010

OEIS: it. I don't know why, but interventional cardiology is always

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00:14:46.040 --> 00:14:53.139

OEIS: sort of lag in their participation at a leadership level and their participation in a membership level.

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00:14:53.140 --> 00:15:09.579

OEIS: And I don't. I just don't. It's foreign to change. So we need somebody to really kind of help, you know, in training right now. I mean, Eric, you can attest to this, too. I mean the training right now, interventional. Cardiologists aren't getting robust

84

00:15:09.580 --> 00:15:25.299

OEIS: vascular training, right? So they're going after their fellowship interventional training to get this kind of trip to get further education. You know they're doing pulmonary and- and those kind of that type of work right now.

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00:15:25.300 --> 00:15:33.199

OEIS: But to do critical clt work, you know, we need to. If there's a large group

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00:15:33.210 --> 00:15:56.229

OEIS: within the cardiology like myself. For example, when I was training that want to get into the endovascular space, they just need avenues. I mean, we have several meetings that they go to right now in sky. The you know, the the Our interventional cardiology meeting. If they have attractive structural r ep and interventional cardiology which is going on the same timeframe as this there would

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00:15:56.230 --> 00:16:09.079

OEIS: very likely be a lot of, or I don't know how many there would be a group of interventional cardiologists attending that meeting who would consider coming to the up to this meeting

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00:16:09.506 --> 00:16:23.569

OEIS: for all of you on the table. We looked at all kinds of dates, and we checked conflicting meetings. And it's always difficult, because we have to check conflicting meetings for 3 specialties.

89

00:16:23.970 --> 00:16:51.679

OEIS: And we picked this date, and it did not conflict with sky. So, and then, after we booked the hotel sky, rescheduled conspiracy theorist. But this is like the 3rd time that I've seen that after doing this, that sky has done this. Well, 2 years ago we it was. We didn't check them, but this year we we checked.

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00:16:51.800 --> 00:16:54.309

OEIS: and it got moving. So

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00:16:56.033 --> 00:17:04.990

OEIS: think, Jeff actually helps. Tell them. Wait, wait, now, move it right here. Having said that while we're in the midst of this.

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00:17:05.329 --> 00:17:14.099

OEIS: Robert Kennedy, junior, has managed to join us back here so. But don't introduce himself to everybody because we got some new faces.

93

00:17:14.589 --> 00:17:18.419

OEIS: Robert Kennedy. I'm an interventional radiologist in Melbourne, Florida

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00:17:24.333 --> 00:17:34.490

OEIS: society leadership last week at the Hrs meeting

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00:17:34.970 --> 00:17:38.579

OEIS: for the 1st time. There really is some interesting.

96

00:17:42.490 --> 00:18:04.120

OEIS: We're still a bit behind the power curve, because so we just published last week our task force on same day discharge, which is sort of a credit to that. And we've also just published

97

00:18:04.330 --> 00:18:12.570

OEIS: 70 something 1,000 series on say that they discharge after complete collection registry.

98

00:18:14.020 --> 00:18:15.799

OEIS: So I think, then.

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00:18:15.960 --> 00:18:26.800

OEIS: what Cms told us year over year is we don't have enough large scale data to make a place for that. And we're starting to generate that. So it's a matter of 24 comes through.

100

00:18:30.115 --> 00:18:53.160

OEIS: So I mean, can you help facilitate that with the leadership? And then probably the thing to do here? You know, this is multi front, obviously having our ally at the advocacy table is is gonna be key for us. And and this also opens up some avenues to exposure for your guys, who I'm sure there will be plenty of them once this opens up that are gonna want to explore

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00:18:53.170 --> 00:19:03.869

OEIS: doing these things in the outpatient environment. And then maybe, you know, you can rope in Patrick, and that and anybody else that wants to be involved kind of a high level

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00:19:05.080 --> 00:19:10.340

OEIS: situation and see if we can build some freedoms here.

103

00:19:11.440 --> 00:19:12.860

OEIS: I don't hear anything

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00:19:13.030 --> 00:19:33.410

OEIS: really appreciate exactly what you said. I think it's going to happen. It would really open up the interest in moving a lot more. But I think very briefly, there's been so much consolidation in the cardiac

space. As you know, 80% of cardiologists employed. So the young cardiologists come out of training kind of with that in mind, the majority of them.

105

00:19:33.420 --> 00:20:02.659

OEIS: So there! There are very few. My experience cardiologists that have throughout the country that are ones. They're there, but they're usually aligned with some management, company or private equity. And so I think this deserves maybe a breakout, you know, small meeting or something with you, meeting it potentially. If you want just to figure out really, what's the strategy instead of yeah, we need to do more. I've been saying that for 10 years

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00:20:02.660 --> 00:20:11.400

OEIS: we need to do more. We need to do things. But let's come up with in the context of the headwinds of getting cardiologists into the society.

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00:20:11.750 --> 00:20:34.960

OEIS: What are the challenges? Let's not waste time. It's not, you know, go after something that will never happen, you know. Let's really go after the sweet spot and get some wins. I think, right after like. When this meeting concludes, I think that discussion should we should start, because I think, next year looking ahead to next year, I mean, you know, on on the last day, the cardiology agenda. Maybe we can.

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00:20:35.180 --> 00:21:03.679

OEIS: I can. We can refine it a little bit right to include Ep right to include Ep, because they're going to be a big part of the Asc's moving forward. And yeah, so I think we can do that. And you know the coronary intervention list as well in the Asc. They're doing more coronary intervention. So we've got to refine that a little bit. I think we can have a session and and do that. So we can. We can just start that

109

00:21:03.680 --> 00:21:16.480

OEIS: like- like a strategic leaders. So to that point

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00:21:16.610 --> 00:21:23.220

OEIS: in the the thing that we just published in 2,016, less than 1% of all telephone relations.

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00:21:23.600 --> 00:21:30.960

OEIS: We're setting business chart procedures like 2,023, more than 60%.

112

00:21:33.670 --> 00:21:37.810

OEIS: We put on top of that right now, we're all

113

00:21:38.410 --> 00:21:51.699

OEIS: faster, lower risk simply to do. The likelihood is that the is going to go to close to a hundred percent.

114

00:21:53.440 --> 00:22:15.719

OEIS: So if we're gonna we're gonna do this strategically as an action item. So obviously on this side of the table should all be involved in this. Okay, especially since it's your idea. Thank you for volunteering. 1, 2, 3, Eric, is that something that you want to be involved in.

115

00:22:16.140 --> 00:22:35.140

OEIS: Okay? So that's 4 people from cardiology, a lot of overlap. As we think about the trainees, the trainees get this, the program reference may not get it the trainees get. They are irrespective of their background.

116

00:22:36.910 --> 00:22:47.239

OEIS: If we have options, because the same headwinds that cardiology is facing. It's a little bit different, because most States have a specific law or requirement that

117

00:22:47.420 --> 00:22:54.500

OEIS: prohibits or impedes cardiology intervention less so for some of the lower level ep procedures.

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00:22:54.970 --> 00:23:10.659

OEIS: But we're seeing the same headwinds across the country talking about this from a finance standpoint. If we had the ability to convert to Asc's today. From a reimbursement standpoint, it would dramatically change

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00:23:10.910 --> 00:23:14.860

OEIS: the landscape. So the smart interventions period

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00:23:15.020 --> 00:23:23.190

OEIS: should be paying attention to this. So we can also use this. I mean the the current trainees coming out want to know what their options are.

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00:23:23.850 --> 00:23:52.289

OEIS: and they want to get exposure and experience. So I think we could from a time. Perspective. So you're talking about next couple of weeks, then to do this. So case action item. So for cardiologist will also volunteer. Yeah, so these 4 guys. And Dr. Pollard.

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00:23:53.040 --> 00:24:01.899

OEIS: Patrick, probably good place for you to be his incoming president. You'll be taking that show over. It seems like Chris. It seems like

123

00:24:02.270 --> 00:24:07.099

OEIS: we really need to be hitting the trainees hard. And there's ways to do that.

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00:24:07.480 --> 00:24:11.329

OEIS: you know. Did anybody take us up on our scholarship opportunity

125

00:24:11.540 --> 00:24:13.609

OEIS: return needs to come in here tonight

126

00:24:13.900 --> 00:24:16.600

OEIS: for the annual meeting. Yeah, is that right?

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00:24:16.640 --> 00:24:45.260

OEIS: So we have. How many, how many? We had 7 grand donated, and I actually freed up another 20 or a total of 20 from budget within the annual meeting. But I don't think we gave up completely. We try to supplement some of that. We have the abstract submission. So we have decreased volumes from last year, but we try to supplement that and just kind of, you know, if you're available. If you're in the area, you know, travel, scholarship.

128

00:24:45.390 --> 00:25:00.590

OEIS: all the you know the recent sessions and supplement some of that. Not exactly sure on the number. What that's targeting. I will tell you that many of the people who take up self on scholarships are medical students right?

129

00:25:01.392 --> 00:25:09.489

OEIS: I don't think we have enough penetration into the Residency and Fellowship area

130

00:25:09.670 --> 00:25:17.880

OEIS: to make them aware, and then I also don't know how much support from a vascular surgery standpoint

131

00:25:18.070 --> 00:25:22.209

OEIS: program directors have to get somebody to oeis

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00:25:22.941 --> 00:25:41.050

OEIS: and I can even probably say the same thing for ir that you know, I I don't think program directors necessarily. Embrace the idea that you know this is, you know, worthwhile time to give you off from your your training

133

00:25:41.250 --> 00:25:44.800

OEIS: well, operating director, and so

134

00:25:45.210 --> 00:25:53.309

OEIS: let me let me talk from my my angle like from vascular surgery, and I have both integrated residency under

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00:25:53.530 --> 00:25:57.239

OEIS: under my my directorship. So

136

00:25:57.550 --> 00:26:07.260

OEIS: number one, we have been struggling. The companies are pulling back with the amount of money they're donating or gifting us

137

00:26:07.610 --> 00:26:15.399

OEIS: for the for the Fellowship and the Residency. So for those that don't know the business, and this academic and environment is that

138

00:26:15.540 --> 00:26:42.199

OEIS: per year, which means that I don't have money even to buy a book, or like a lead or a glass. No, it's like, basically, it's just a scrap that they they give it to us. So who finances the programs? It's usually the industry that finance the programs or a philanthropist that that's a possibility, too.

139

00:26:42.350 --> 00:27:10.969

OEIS: So what we have is like, you know, and you know, I I wish the world didn't have like conflicts. But that's kind of right. I mean, that doesn't exist. So basically, the ones that actually support us are the ones that we utilize in the day to day basis. Right? I mean, for instance, if I go and ask for money to come to, where I asked to pay for the expenses for the resident, for the residence or the year.

140

00:27:11.630 --> 00:27:17.339

OEIS: If I go and ask to a company that I never use, I mean, namely,

141

00:27:17.920 --> 00:27:20.889

OEIS: Then they're probably not gonna give the money. So

142

00:27:21.040 --> 00:27:29.800

OEIS: we our budget my budget used to be. I I got to a point that I was like 50 to \$70,000 in the reserves.

143

00:27:30.010 --> 00:27:52.680

OEIS: and of course there was like it was very happy time. You know what I mean, because I could send people to the Western vascular surgeries meeting, which was in Kawaii, in Hawaii for per resident. I think I spend. I spent probably \$4,500 me to present an abstract there. So that's a lot of money.

144

00:27:52.740 --> 00:28:00.330

OEIS: and but we had the one. But then, when the company start, you know same, a lot of names, but

145

00:28:00.410 --> 00:28:08.089

OEIS: usually the ones that actually finance a lot is the Arctic business. For some reason they have a lot of money there.

146

00:28:08.360 --> 00:28:28.159

OEIS: but they start saying, like, you know, instead of like giving you a unrestricted grant for \$20,000, \$20,000, or there's a deep, deep pocket, one that gave us \$35,000 lump sum. They start saying, like, you know, tell me what you want to do with this money, or I'm gonna send a residential way. Yes.

147

00:28:28.300 --> 00:28:51.320

OEIS: and how much does it cost like I don't know. \$1,200 to send the res into Rose and Shingles Creek resort, whatever it is. And then they're gonna say, Okay, I'll give you \$1,200. But I'm not gonna give you \$35,000 for that. So in a sense that my budget actually dropped from 50,000 to probably like 4,000

148

00:28:51.530 --> 00:29:03.589

OEIS: at some point because the demand was huge and I I expanded my program so to answer the question just wanted to give a background, because I feel like there are a lot of people here that know

149

00:29:04.183 --> 00:29:23.536

OEIS: the struggles, the program directors go through. But but those are the ones. So I think if we do have a scholarship actually, mechanism to do that. It would be like, you know, fundamentally necessary to bring people here. Second, is like, you know, the branding

150

00:29:23.940 --> 00:29:42.350

OEIS: And I think, you know, going back to what Brad said about like the the membership and everything else for residents and fellows. Basically, what happens is that you know they have a certain number of days that they can get detached from the program and go do things. And those days are probably like

151

00:29:42.570 --> 00:29:46.700

OEIS: to the extent of like a week or 2 or one week.

152

00:29:47.060 --> 00:29:58.240

OEIS: but we have several other commitments like, for example, for vascular surgery, there is an annual Wesley war course in Beverly Hills that is heavily financed by water.

153

00:29:58.760 --> 00:30:27.759

OEIS: which is in Beverly Hilton, and it's a nice place and a lot of like things, and so we send it right there. So they eat up like 3 days. So anyways, I think what we ought to do is like. For example, my fellows, I try to tell them like, what do you want to do for your life? Oh, I want to be an Academician. I hate nobody else like, Okay, so we don't belong. And the way I asked me so I'm not going to send you there because it's going to be wasting your time and waste of my time in our money.

154

00:30:28.220 --> 00:30:41.020

OEIS: So I think we have to brand it actually better. And I I echo the sentiment that's actually Patrick and Chris have in terms of like this. Svs

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00:30:41.480 --> 00:30:49.097

OEIS: full disclosure. I see on the Svs coding committee, for you know, a step a few steps back there, rock and

156

00:30:49.980 --> 00:30:54.470

OEIS: and sometimes you. You hear things. Not in that. But we've got other things.

157

00:30:54.970 --> 00:31:01.470

OEIS: and there's still I feel there's some animosity like, you know, or like towards us.

158

00:31:02.076 --> 00:31:07.949

OEIS: I don't know, Chris, what you think. I mean. You're pretty neutral. We're pretty actually politically correct when it comes to this.

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00:31:08.070 --> 00:31:17.290

OEIS: And but I feel like, you know, those that actually stand up and actually, and they are part of where I ask. For some reason we get labeled

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00:31:17.520 --> 00:31:40.630

OEIS: or targeted and we have a target in our backs. Have you noticed that I started feeling more? This because I was a very neutral person never seen that. So so I think I think it has to be a branding thing we have to. I tried to apdbs last one in Chicago. I I kind of talked to a few players.

161

00:31:40.700 --> 00:31:56.029

OEIS: and I'm not saying directors in vascular surgery. I kind of mentioned that, and even like a booth, or like some type of collaboration, to have somebody from Oi S.

162

00:31:56.320 --> 00:32:09.320

OEIS: And they discussed in in the amount of like, you know, backlash that I got like in a very polite way with the 3rd World. We're not in the 3rd World, right with the 1st world. So people are very nice.

163

00:32:09.470 --> 00:32:16.309

OEIS: But they basically shut me down and said, like, Yeah, there's no place for OS in the educational part.

164

00:32:16.600 --> 00:32:23.463

OEIS: So I'm just. I'm just pausing this year. So you kind of understand that I've been working behind the scenes. But,

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00:32:24.050 --> 00:32:30.259

OEIS: I have endured a lot of pushback and hostility. I should say

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00:32:30.400 --> 00:32:37.050

OEIS: from some of my peers that I thought they would be supported. It's like, why we can't get access to the phones.

167

00:32:38.080 --> 00:33:02.729

OEIS: It's pretty hard, because there is a Sds connect Raphael. Are you saying that the fast blood surgeons are hostile towards other people I'm just trying to talk about. I'm just trying to find out what you're trying to reference, because I've never experienced any of that. So I'm trying to find, that's all.

168

00:33:02.730 --> 00:33:09.149

OEIS: I I don't think it's personal. I don't think I think it's mostly like. You know

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00:33:09.230 --> 00:33:18.019

OEIS: the the way we are, the way we are pursued. Sometimes I think they some people don't understand why we who we who we are

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00:33:18.230 --> 00:33:35.529

OEIS: well, I mean I'm not. I'm not. I'm not bringing this up just to be funny about it. But this is exactly what Pradeep was. Referencing is cardiology. Fellows are not even allowed to be trained or exposed to peripheral intervention anymore in their fellowship programs. Because of exactly the hospitality that you're talking about.

171

00:33:35.660 --> 00:33:48.599

OEIS: All those patients are directed to the vascular surgery departments in the academic institutions, and so cardiology fellows are not allowed to even be trained on how to put in the peripheral stent. And so that's why they're all going to structural heart.

172

00:33:48.830 --> 00:34:03.269

OEIS: They're all going to structural hearts. You're going to be 10 million cardiologists trying to put an aortic valve done in for the 500 patients that need one. Yeah, they're having trouble getting jobs. That's exactly the problem. That's exactly the problem. All the cardiology fellows

173

00:34:03.270 --> 00:34:25.769

OEIS: are going into structural heart. There's not enough structural heart disease to accommodate that. And they're not allowed to learn peripheral intervention in academic institutions. They come out. And that's exactly what Pradesh was referencing. Make a suggestion. Why are we focusing on just the fellows? Why not early stage? This is exactly what I was just going to say. We're targeting the wrong people.

174

00:34:25.949 --> 00:34:50.470

OEIS: you know, right on fellowship. Anyway, you got to be careful about them starting their own lab. That's exactly what I was going to say is, we're targeting mentorship. So, having a few years under your belt, let's call it an early stage I agree with that is a free agent. It is well, residents, fellows, students, and early career section. We talk a lot about scholarships.

175

00:34:50.469 --> 00:34:56.920

OEIS: and it's, you know there's so many hurdles on that side of it with an unknown. You already have somebody out.

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00:34:56.920 --> 00:35:10.379

OEIS: and those are the people. So I think it's about identifying who those people are that I mean, I think you hit the nail right on the head which what we struggle with. Why isn't our membership? Every person that that works in an Ob

177

00:35:10.840 --> 00:35:18.979

OEIS: because we can't identify. That's right. We? Why don't we have career people here? Because we can't identify?

178

00:35:19.130 --> 00:35:22.586

OEIS: So we have a lack of information

179

00:35:23.430 --> 00:35:40.349

OEIS: that so that we can't do the outreach appropriately. I don't know how to solve. You know who does. It's industry we've been. We've been talking. We've been talking about this particular problem about identifying people for years.

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00:35:40.460 --> 00:35:43.499

OEIS: We know, if we look at this.

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00:35:43.650 --> 00:36:09.220

OEIS: that the hostility or the difficulties with accessing trainees on the vascular surgery side isn't vascular surgeons in general. It's it's unfortunately the hierarchy that that trains them. That's a whole different problem. We know that within the specialty of vascular surgery, however, it's been recognized that these people require exposure to the outpatient space, and Chris is doing this right. Now. We also know that

182

00:36:09.220 --> 00:36:35.940

OEIS: Svs is an entity. This is an organizational issue in many ways, because they keep trying to do this community practice outpatient thing which flops every time they try to do it. So it really never gets anywhere. So barking up that tree again and again and again, is likely not going to be productive to Eric's point, and I tend to agree with that. So again, we we have fantied about this repetitively for the entire time

183

00:36:36.140 --> 00:36:48.309

OEIS: that most of us sat at this table, and the foremost of us is at this table, and we keep banting that about. So I think what I'm going to do is, I'm going to make this a project of the immediate past. President.

184

00:36:48.310 --> 00:36:49.639

Stephen F. Daugherty's iPhone: Recording and talk.

185

00:36:50.280 --> 00:37:11.089

OEIS: 35 seconds after I get done actively. Being President Patrick takes over, I think I will take this project on, because this is language in this far enough. So I'm going to own that one. And we're gonna get this solved in the next 6 months learning who these people are. Okay. So that commitment I'll give to the board today that I will spearhead that.

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00:37:11.360 --> 00:37:25.549

OEIS: As to what we discussed here previously, though, Jason, let's get a meeting set up for within a couple of weeks. Let's get some availability for the cardiologist so identified

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00:37:26.700 --> 00:37:34.079

OEIS: until he gets here. When he does get here, so it'll be that'll be fine. And to add Dr. Ryan to that list

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00:37:34.160 --> 00:37:53.409

OEIS: so that we can start getting a strategy on how to approach Hrs and Acc, and then hopefully, we can start to work on the training side of this. But I think it's really critical that we not sit around and bark up if we know what the problem is with organized vascular surgery and academic vascular surgery. And we're probably not going to crack that nut.

189

00:37:53.410 --> 00:38:04.649

OEIS: This Rafi is already demonstrated because he's tried. So the inroads that we're gonna make there are not going to be direct ois inroads. And I don't think it's realistic to think that because for all the time Patrick and I've spent behind the scenes

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00:38:04.740 --> 00:38:27.039

OEIS: overtly and covertly bludgeoning the advocacy and the hierarchy. Svs. We make some changes, and it goes right back on. Course, we make some changes goes right back on course. So the answer here is, we can't depend or beat our heads against that wall. Let's target early career physicians. Let's work and link up with the organizations that we're going to be able to register. And let's not spend a whole lot of time worrying about what we can't change.

191

00:38:27.040 --> 00:38:39.020

OEIS: Right? We can't control that. And until we can get some influence within that organization, that's a really a different animal entirely right? So as guys who are program directors or maybe other prominent ex.

192

00:38:39.050 --> 00:39:00.370

OEIS: You know Massachusetts, general vascular surgeons currently working in New England, maybe they can find their way to put their name in leadership in Svs. Because we're going to get far further internally than we are going to get from how we've been attempting to do this, and it has not been for a lack of effort. I mean, Patrick and myself have been spending a lot of effort in the last several years, trying to.

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00:39:00.730 --> 00:39:02.330

OEIS: It's been sadly followed.

194

00:39:03.491 --> 00:39:06.330

OEIS: Think we have a we have both

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00:39:09.100 --> 00:39:16.609

OEIS: new new run for the Svs. For President and secretary. The best combination for us is the issue.

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00:39:16.730 --> 00:39:21.189

OEIS: and it's a community like, you know, from from White

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00:39:21.500 --> 00:39:47.399

OEIS: in June. This meeting he's registered this time, so he's running against right? So so it's kind of like either we, you know, make or break it. So so the answer is the action item, though, for surgery, though, again, that's gotta that's gonna have to. That's gonna require internal change

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00:39:47.400 --> 00:39:54.180

OEIS: with us getting people who are more friendly to this cost that we are not going to accomplish it the way we've been going about it.

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00:39:54.180 --> 00:40:05.720

OEIS: and we spend a lot of time bitching about Svs as an organization, how they sabotage it, the goals that we're trying to lay out. So the only real and meaningful way we're going to change that is going to be more internal change.

200

00:40:05.730 --> 00:40:24.650

OEIS: Okay? And again, part of the problem, enough guys. I'm looking at you 2 who have those academic roots. Because Patrick and I, and to some extent Dan can park all we want at the moon, because we've all done it, and you know that the ship just keeps going right back. Of course, on the autopilot. Right? So that's that's where that's gotta come from.

201

00:40:24.690 --> 00:40:29.239

OEIS: Alright. Anything else on that topic. Since we need that a little bit.

202

00:40:31.470 --> 00:40:42.169

OEIS: Did you have a breakdown. Yeah. So 45% is Ir, 40% is vascular surgery. And then 15% is, I see.

203

00:40:42.220 --> 00:41:06.750

OEIS: So that's a, that's a, that's a change from 3 and 5 years ago, because, you know, those were previously 32, 35, 30, right? But I think we have to. We do a break that we should do a breakdown on that just to confirm it. But my sense is probably Ncp, you know, we got Ncp. Did that way back, and now we we got several, you know, a couple of 100 cardiologists in

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00:41:06.750 --> 00:41:17.038

OEIS: paying dues, nominal through an organizational top down approach, you know, instead of picking off them all at a time, and they got purchased by a Ca.

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00:41:17.420 --> 00:41:41.889

OEIS: so the answer is, we got to change that approach right? And I think again, we're pretty brought up. This is a great right time he's engaged with. Acc, let's let's try to do this. We've got a whole new country of folks that are, gonna have the ability to participate.

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00:41:41.890 --> 00:41:47.669

OEIS: That being the electrophysiologist. Now is the time to build those collaborative bridges

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00:41:47.670 --> 00:41:56.289

OEIS: that brings brings up a point that was already mentioned. I mean, there's so many I I mean, we know so many groups, cardiology groups that have Ascs or Obls.

208

00:41:56.410 --> 00:42:20.169

OEIS: How do we know? Like if we can identify who's not part of oeis, I mean, it'd be nice to engage them and say, Why, right? Right? We tried to task the research fellow with doing some of that, if you recall. So it's going to require a higher level intervention. I mean, just off the top of my head. I can come up with a bunch of names of practices that have Ascs or Obls in it.

209

00:42:20.170 --> 00:42:44.259

OEIS: I can find out if they're members or not, and then, you know if they're not well, Dan was in charge of membership. We tried this ambassador program. We've tried some various ways to do this, but at the end of the day. We need a better accounting for who's currently out there? I will take that on here in the next couple of months, and we will get that done by the time fall rolls around. So we can do something with this information.

210

00:42:44.260 --> 00:42:47.340

OEIS: What's gonna even to the point where people drop off

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00:42:47.340 --> 00:42:57.450

OEIS: not to put you on the spot. But how many interventional cardiologists are in your group?

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00:42:57.720 --> 00:43:05.509

OEIS: Yeah, 6 people. And how many of them live here in? Well, no, we have 2, 2 sides

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00:43:06.500 --> 00:43:09.669

OEIS: 20. How many of them are oas members

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00:43:10.959 --> 00:43:20.231

OEIS: think all of our practice really are members.

215

00:43:24.251 --> 00:43:50.829

OEIS: We know people like who are in New York all all over like? Why, why.

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00:43:50.930 --> 00:43:57.530

OEIS: what? What would make Oeis, you know, so something that

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00:43:57.560 --> 00:44:21.009

OEIS: would appeal to them. Why or why are they not part of it. So so do me a favor with what you just said. Now pull out your phone and you jot down those groups. You dictate it because we're going to need this here in a few weeks when we take this project down. And then we can start running with this. We're gonna need it. I mean, there's gonna be a bunch of them in a couple of weeks at Ncdh, right? So we're gonna

218

00:44:21.402 --> 00:44:41.410

OEIS: let's get some contact information and get that phone back to me so that we can start moving on this. I'm gonna be out of the country for. So I mean, I won't be able to just jump down and do that to further that. Apologize for taking a tangent.

219

00:44:41.862 --> 00:45:09.009

OEIS: Greg, we used to have oeis at Mcph, and I. I don't think this was volitional. I just think it fell off the radar. I think we should try to reinvigorate that, if possible, where Oeis does some lectures, or has. My neighbor is going to be here on Friday. That's the guy. You can engage him on that on Friday, and we can have that discussion then, so he'll be here. He's our CEO.

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00:45:09.070 --> 00:45:25.120

OEIS: I talked to hmp about that couple of months ago in January, I think, and they were all about. I mean. They all have their meetings, you know. Oas app oas, you know, at you know they they're they're very open to that.

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00:45:25.260 --> 00:45:34.589

OEIS: They said this year was completely packed. But it's something to put on. The table done by next year is is very open to-to staff. Whatever you want to put.

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00:45:35.190 --> 00:45:39.219

OEIS: if I might. One thing that just might, especially in the cardiology world

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00:45:39.260 --> 00:46:07.189

OEIS: that I think might help. I get the sense that a lot of folks drop off just the renewal that comes through their old credit card, you know, got caught in a scandal, and it doesn't work anymore. And they just stop being members. And one of the things we did with the committee was to develop group membership things so that, you know, you can apply as an entire group only one person which is ideally an administrator in the practice, and not a doctor who's responsible.

224

00:46:07.190 --> 00:46:19.589

OEIS: or just get a pretty substantial discount if you get more people in. Unfortunately, it's not running as quickly as it should, because we I know we're a group member, but we still chase down.

225

00:46:19.590 --> 00:46:48.989

OEIS: Oh, yeah, to renew. We just get things that we've left so. But I think that's a really strong tool, particularly for bigger cardiology groups to say, Hey, sign everybody up. Keep giving us a list of all of your active people that you have, and we'll just send you one bill and one reference in your you continue to be members. So I think pushing. That would be helpful as well. I think the advocacy side is key for what I'm looking at. I mean, if I'm paying a membership fee. And I'm not necessarily going there for the

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00:46:48.990 --> 00:46:54.070

OEIS: education. I can get the education, anyway. Right? I mean, that's that's really the bottom line. I I wanna know, are they?

227

00:46:54.210 --> 00:47:16.050

OEIS: Are they being good advocates for what we do in the outpatient setting? That that's that's going to be the number one factor for me proposition of any member. Why should you renew? You know. And I think that goes for everyone. So we don't lose current members. We definitely want to lose. Right? So you guys harp on the successes. So there needs to be that end.

228

00:47:16.050 --> 00:47:26.449

OEIS: You know to what Leah does on a whatever basis, or, you know, twice a year. Whatever. This is what you're trying to do for you to to connect the dot right? Otherwise you're like.

229

00:47:26.460 --> 00:47:32.580

OEIS: it's 1 more, you know, dog away. I don't know where it goes, so to that end I mean.

230

00:47:33.010 --> 00:47:36.109

OEIS: So, Julie, we eventually put it together.

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00:47:36.290 --> 00:47:43.980

OEIS: Pretty good piece, but I agree with you, I think, and it could be tailored for people predominantly. Asc. Versus an obl

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00:47:44.220 --> 00:47:58.449

OEIS: young versus established practices. But I think the advocacy piece affects everybody, whether it's going and meeting with Cms. Whether it and I think maybe even taping our session, coming up and providing

233

00:47:58.740 --> 00:48:10.190

OEIS: maybe a brief summary of that might be something that we should do from a society standpoint, anyway, because people who are here see it, get it, experience it. But if you're not here at the meeting, for whatever reason

234

00:48:10.470 --> 00:48:18.429

OEIS: I don't think everybody realizes. I think some of the students were. We may be involved with it on a regular basis. Not everybody realizes how much

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00:48:18.710 --> 00:48:25.709

OEIS: goes into that at a societal level, whether it's fbs acc. HA. Oei S.

236

00:48:26.690 --> 00:48:31.620

OEIS: Punches well above its weight, as we said before, for

237

00:48:31.940 --> 00:48:38.119

OEIS: the size of the organization, what we're trying to help accomplish. And if we can do that in conjunction with other groups.

238

00:48:38.630 --> 00:48:55.180

OEIS: So so what would be? Let's take this conversation in one step further, and let's come up with an action item. We're airing it. So what would be the deliverable? Here? We'll be talking about? What format do you want to see this?

239

00:48:55.850 --> 00:49:01.853

OEIS: What we're doing? Advocacy? What would resonate for you? Pretty with what you just said? I mean, I think

240

00:49:02.670 --> 00:49:05.099

OEIS: you know, as far as

241

00:49:05.250 --> 00:49:17.170

OEIS: looking at the big picture and as a member, let's just talk about a non member. I have an a but I'm not a member or an Asc. I'm not a member of Ois.

242

00:49:18.119 --> 00:49:36.579

OEIS: Want to know? Like, what are you doing for me like what like is laid out format would you want in like a rack card, a poster, a link. Here we action on this. So we don't just talk through it, you know.

243

00:49:37.060 --> 00:49:42.230

OEIS: I mean you could I? I don't know. There's so many different formats, people you you have to

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00:49:42.430 --> 00:49:48.440

OEIS: engage them in some form or fashion, and I think maybe if you do a

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00:49:48.730 --> 00:49:58.730

OEIS: a webinar or something where we just just zoom like a zoom where you invite people, whether asc's ovls.

246

00:49:58.850 --> 00:50:12.030

OEIS: This is what we've done for you. This is Zoom, you know. That may be a good good avenue, and then you can tie in, you know. Please be a member because of this is important to be a member, because we are doing XY, and Z for you.

247

00:50:12.440 --> 00:50:21.530

OEIS: and that that may be an action. So so to do. That requires some people who are willing to be on that zoom

248

00:50:21.700 --> 00:50:40.300

OEIS: and do that. So if we're gonna make that go as a deliverable, and we're gonna try and schedule. What would you? How would you foresee doing it? Should we do this quarterly and target something? Should we target something monthly? How would you envision. I think you have to identify. You have to identify who who your target is gonna be

249

00:50:40.812 --> 00:51:08.329

OEIS: we have to figure out. How can we get in touch. How can we get in touch with this target? And then and then you kind of go from there. Once we figure out how you're gonna get to them. Then we can figure out getting this heat map that we've never gotten done done. We're gonna figure that out. But in terms of enduring materials or something. Chris, I I guess I need to understand. We we need to create an action item here for a delivery.

250

00:51:08.510 --> 00:51:13.493

OEIS: Yes, there we go. Yeah, exactly.

251

00:51:14.830 --> 00:51:22.639

OEIS: The reason is, I think, again, depending on where you are, as you're saying, something, digital.

252

00:51:22.840 --> 00:51:36.111

OEIS: a available accessible. And you can watch it, whether it's a short, podcast or a webinar, or whatever that people can tap into bread, had mentioned this before. So I know he's done this on, you know, sort of the the back table.

253

00:51:36.887 --> 00:52:04.190

OEIS: how many of those? Yeah. And and actually full disclosure. I'm actually talking to Ali right now about putting a regular advocacy session into the rotation on back table, right? Specifically involving

some of us at this table so that we can actually talk through that. And that's that's a conversation we're actually having this week. As we speak

254

00:52:04.570 --> 00:52:13.300

OEIS: as an action item for advocacy to reach out to cardiology or vascular or ir whomever

255

00:52:13.530 --> 00:52:18.380

OEIS: and what's an effective medium? I've mentioned through the back table podcast and

256

00:52:18.540 --> 00:52:38.330

OEIS: specifically this and take it from just the generic quarterly advocacy session on back table to doing an oeis.

257

00:52:38.330 --> 00:52:50.400

OEIS: What's Oei has done? An advocacy type? Fact tables. Then we can link to. We can have that as deliverable and get a couple of us on. That's good. So all of the social media platforms are are good sources.

258

00:52:50.400 --> 00:52:55.840

OEIS: But we were just talking about oeis and oeis at at wherever we.

259

00:52:55.840 --> 00:53:17.469

OEIS: if they give you a platform where you can speak to the attendees and specifically about the advocacy side, and and why it's important to be part of it if they are receptive to us, speaking to their attendees, that would be another avenue of so I think of all the things that banter around the table. That is the most actionable item and will stay fresh

260

00:53:17.480 --> 00:53:23.720

OEIS: if we do that table that gets dated, you know the information stated. And quite frankly.

261

00:53:24.203 --> 00:53:42.076

OEIS: like, I'm gonna talk about advocacy at at the media and all the things that we've done. We've done a shit ton of stuff over the years, and we keep doing a shit ton of stuff. But when you ask somebody to open their wallet, what have you done for me? Late? Well, that was yesterday. What did you do today? Right? Right?

262

00:53:42.360 --> 00:54:04.620

OEIS: but that I think if but we will need a group of people to be speakers right if if we have. Because we're not gonna just have 2 people going to all the meetings. Right? You may want to target am first, st

because that's August, right? Is kind of done, I mean, that's like that's in a couple of weeks.

263

00:54:05.320 --> 00:54:10.620

OEIS: So what's the next one after that? Oh, you got the New York Endovascular symposium

264

00:54:11.562 --> 00:54:27.890

OEIS: said in January. All right. So- so let's put as an action item, Jason, we we are going to actively reach out

265

00:54:28.630 --> 00:54:35.980

OEIS: to all these things. We'll talk body by Amp. Pradeep is going to okay, arrange

266

00:54:36.010 --> 00:55:04.269

OEIS: by grabbing Ryan by the ear if necessary. Friday and myself, or Jerry or Patrick will have a conversation with him regarding that, and we'll see if we can't get that resurrected as a regular basis. Who's who knows Barry well enough to have that conversation? Talk to Barry. That gives us 3 decent sized meetings that have good visibility, and the plan is going to be those sessions will center on the advocacy function.

267

00:55:04.270 --> 00:55:15.540

OEIS: So we need to be very, very clear about what our goal is in engaging those meetings. It's to display what Ois does for advocacy, and in doing so expose those people attending those meetings

268

00:55:15.610 --> 00:55:20.010

OEIS: and try and get them to join the spike with. So I think we're gonna need to

269

00:55:20.540 --> 00:55:32.240

OEIS: pouch it slightly differently to make it palatable or more palatable to the to the meetings. Pitch the idea right? Because if we're going in there going, we want to go out there and just tell everybody what a great

270

00:55:32.340 --> 00:55:39.440

OEIS: well, what does that add to their educational program? But maybe we would talk about the threats.

271

00:55:39.560 --> 00:55:42.500

OEIS: the the recurring threats

272

00:55:43.065 --> 00:56:00.840

OEIS: that challenge the outpatient arena and and the responses to them. You know what I mean something like that where we're educating them about how we're being attacked. But you know what are, what are the facts, and how are we gonna refute those? Because that adds educational content for them?

273

00:56:00.970 --> 00:56:27.179

OEIS: I I think you are right. But I think for these 3 meetings we have enough personal relationships, and everybody is enough. State that I think they'll recognize but yeah, let's handle it that way. So that's an action item to be done. And let's have a rollback period on that. It's April 21 to 2030. So let's have a rollback period here. March 20, or I'm sorry. May 20.

274

00:56:27.605 --> 00:56:31.300

OEIS: For everybody to report back and have some progress on that

275

00:56:32.395 --> 00:56:40.279

OEIS: Ashton, former ally, and probably still with us.

276

00:56:41.540 --> 00:56:53.820

OEIS: Okay, so and add Sam to that list. Same thing, though, let's get. Let's get follow up reporting back on both the status of where this is going. And let's make this happen. Not just talk about that.

277

00:56:54.140 --> 00:57:06.820

OEIS: Anything else on this discussion, guys. So, Sam, Sam, you mentioned in legal right? He does this type of things like, you know. Have you seen those webinars

278

00:57:07.481 --> 00:57:28.350

OEIS: think we can actually have, you know? Oh, yeah, and get together actually talk, I mean, you know, would be great if we could have like, you know, radiology, patient radiology, some from people from the board talking about it.

279

00:57:28.710 --> 00:57:34.839

OEIS: and about the landscape, and what we asked about. If you know him very well.

280

00:57:35.030 --> 00:57:39.699

OEIS: you know that would be great. I mean, if you can reach out to him. I haven't talked to him

281

00:57:39.980 --> 00:57:57.359

OEIS: one of our founding my person.

282

00:57:57.820 --> 00:58:00.770

OEIS: It's in the same camp. And

283

00:58:01.460 --> 00:58:10.429

OEIS: yeah, I mean, I will say they're open to it. Last last meeting we actually had a whole separate session on

284

00:58:10.430 --> 00:58:34.650

OEIS: outpatient intervention, and it was a little side room 20 of us there. We all agreed. We all agreed to stay, for each other's talks were over there, the Moderator.

285

00:58:41.200 --> 00:58:57.509

OEIS: I mean, for sure. So let's talk to these guys. But we're making in the right direction

286

00:58:57.970 --> 00:59:12.979

OEIS: while you're back there. Can you please get either a hairbrush or body has arrived, and we need to make sure.

287

00:59:13.738 --> 00:59:29.439

OEIS: Well, we've already volunteered you for several things. That's okay. Alright. So I think we have a plan. Right? Let's let's get this executed. Let's take this to bite size pieces. But let's have a a rollback or a circle back on this. May 20th

288

00:59:29.440 --> 00:59:46.050

OEIS: is the deadline for us to get back to what's going on, so that we can start actually on this and making some plans. Of course, that also means like Jerry said, we're going to need people to present, and especially as when it comes to advocacy. We're going to want folks

289

00:59:46.310 --> 00:59:49.930

OEIS: who can present well, right? Because this is a sales pitch.

290

00:59:50.330 --> 00:59:56.130

OEIS: Alright. So just keep that in mind, and and hopefully be willing to volunteer your time.

291

00:59:56.710 --> 01:00:02.390

OEIS: hey? You're going to be. You're going to wherever I'm going here.

292

01:00:02.630 --> 01:00:07.084

OEIS: I'm pretty sure they don't want me to feast.

293

01:00:10.029 --> 01:00:31.619

OEIS: So demonstrates exactly what's been done for the past.

294

01:00:31.928 --> 01:00:39.030

OEIS: Okay, so that's that's going back to enduring material like I'm talking about and having something ready and off the rack. So Jason.

295

01:00:39.030 --> 01:00:44.165

OEIS: action item number 2 on this same thing is, we're gonna get Alex

296

01:00:44.610 --> 01:00:53.750

OEIS: to design at least conceptually, what he wants to see there and then. I'd like you to get Alex together with Jason Mckittrick.

297

01:00:53.870 --> 01:01:11.299

OEIS: because they'll have the big list of the advocacy things, and then we'll roll the Executive Committee into this, and then we'll get this done. Okay, so let's have that. Let's have make sure that is scheduled and moving no later than May 14th or business day closest to that.

298

01:01:12.090 --> 01:01:19.370

OEIS: So this actually works. Okay, any other things on this topic before we move on to financial reports.

299

01:01:20.890 --> 01:01:23.070

OEIS: Okay, great, great discussion.

300

01:01:23.540 --> 01:01:25.970

OEIS: You have a slide.

301

01:01:26.320 --> 01:01:30.693

OEIS: You have the financials in your packets here.

302

01:01:31.780 --> 01:01:41.180

OEIS: right now, if we're doing pretty well, our assets are, you know, 1.8 millions.

303

01:01:42.350 --> 01:01:43.170

OEIS: Our.

304

01:01:43.380 --> 01:01:47.030

OEIS: Oh, our revenues! We have a there we go!

305

01:01:49.470 --> 01:01:51.140

OEIS: Our revenues

306

01:01:51.440 --> 01:02:16.370

OEIS: coming in from membership registry fees that work very hard outstanding registry fees. And keeping that up to date. The numbers that we've gotten in from the annual meeting currently about close to \$400,000 collected thus far. The partnership. We have. We have another slide. Yes.

307

01:02:17.180 --> 01:02:26.149

OEIS: so we have 3 platinum partners. Luckily, at this point philips, Boston Scientific and

308

01:02:27.378 --> 01:02:53.720

OEIS: Boston. Scientific and platinum partnership expired last year, and they renewed, and we gave them significant discounts to renew at a platinum level because they were going to drop down. And they renewed, but they only renewed for one year. I am hearing from the grapevine that Boston Scientific is pulling back

309

01:02:53.930 --> 01:02:56.060

OEIS: peripheral vascular space.

310

01:02:56.250 --> 01:03:12.161

OEIS: I don't know what that's going to mean to this organization and Boston scientific support in the future. Brett, may you have any insight? Yeah, I actually spoke with John Baker yesterday. You know they've gone through a series of

311

01:03:15.370 --> 01:03:21.779

OEIS: realignment, whatever you want to call it corporate level to the extent that a lot of their

312

01:03:22.280 --> 01:03:25.500

OEIS: what they call outside the hospital

313

01:03:25.980 --> 01:03:31.180

OEIS: team has been dissolved. Some people have been let go.

314

01:03:31.800 --> 01:03:38.229

OEIS: Some people moved on to the silk road acquisition, all all kinds of stuff that they kind of

315

01:03:38.500 --> 01:03:48.365

OEIS: left 2 guys holding the bag. Jeff Willis and John Baker. Both of them will be here this week. For a couple of days.

316

01:03:49.610 --> 01:03:52.799

OEIS: just to refresh everybody's memory on that funding.

317

01:03:53.110 --> 01:04:03.372

OEIS: The platinum partnership that they jumped into was with the support of their Pci.

318

01:04:04.300 --> 01:04:12.750

OEIS: Crm, and peripheral divisions, so that they could each contribute 100. The total of 150,000 in total.

319

01:04:13.070 --> 01:04:19.869

OEIS: when 2 of those when when the numbers came out that did not show substantial movement of Pci or

320

01:04:20.300 --> 01:04:27.480

OEIS: Crm type stuff in the non hospital set of service that left the Pi group holding

321

01:04:27.680 --> 01:04:33.530

OEIS: a hundred 50 grand tab, and they could not stomach that.

322

01:04:34.340 --> 01:04:42.890

OEIS: So that's the reason that they give for not being able to take the whole 150 and renew their partnership.

323

01:04:44.180 --> 01:04:49.520

OEIS: I have heard when just like that, they're decide in and

324

01:04:49.660 --> 01:05:01.110

OEIS: what we gonna do with with this space. And that's what John said yesterday, too. So we're not. Honestly, we're not sure we kind of have been stripped down to a bare bones skeleton crew to handle this.

325

01:05:01.974 --> 01:05:07.000

OEIS: I think they're interested in repairing what I told them was a little bit of a

326

01:05:07.750 --> 01:05:10.959

OEIS: yeah, I mean, I think they kind of screwed us a little bit with.

327

01:05:11.330 --> 01:05:27.320

OEIS: Hey, we're gonna give you some money, and oh, can we get platinum? And then they come back and say, Well, here's what we'll give you until it was a little bit of a bait switch, and so I don't think that they there was a malignant intent there. I think that they, the Pi Division, still wants to help, but they're not able to

328

01:05:28.590 --> 01:05:30.800

OEIS: take the whole 150 grand.

329

01:05:31.130 --> 01:05:34.479

OEIS: So we're gonna meet sometime. It'd be good to have maybe

330

01:05:34.820 --> 01:05:39.420

OEIS: one or 2 other guys to do the carrot and stick routine good cop, bad cop thing

331

01:05:39.530 --> 01:05:45.179

OEIS: with John and Jeff when they're here. I think they both get in Thursday sometime. But

332

01:05:46.060 --> 01:05:54.725

OEIS: so you know what's a little frustrating, Brett? Is that Boston scientific decline to participate in

333

01:05:55.850 --> 01:05:57.870

OEIS: the platinum partner, dinner

334

01:05:58.020 --> 01:06:25.469

OEIS: and so you know, we have a platinum partner dinner for Phillips. We have a platinum partner, dinner for Pd. And we had we wanted a platinum partner, so this would have been that would have been an opportune time to break bread and talk with them about this, and sort of hash all this out. Well, I I agree, and I I think, not trying to defend them at all. But I think that they didn't even know who to send.

335

01:06:25.650 --> 01:06:26.490

OEIS: Yeah.

336

01:06:26.640 --> 01:06:39.529

OEIS: The guy that took over for Craig was master. He's now moved on to something else. And now it's and so they've been this kind of like, well, who's covering this? Who's covering that? But your point is well understood that

337

01:06:41.110 --> 01:06:47.339

OEIS: you pay. You're paying for this. We're offering this to you. But you don't take it. Okay, just think they're like.

338

01:06:47.650 --> 01:07:11.709

OEIS: so is that meeting set up with them. Do we have a date? They were. They were thinking sometime they wanted to dinner tomorrow. So that's too many conflicts for that. But Friday, you know a breakfast, or at least a you know, a coffee or something like that, but of course, you know, content ramps up Friday, too. We're all pulled up a bunch of different ways. So

339

01:07:11.900 --> 01:07:18.120

OEIS: short answer is, no, no specific time. Where is John based on wow?

340

01:07:20.497 --> 01:07:44.470

OEIS: Find that out. And then, because, you know again. There's I don't think there's any time scheduled for a significant chunk of leadership to be able to meet them, or it's just not gonna happen. However, this is a reasonably high priority item for obvious reasons. So I think my take on this would be, we schedule a meeting with them in person, with at least 2 of us.

341

01:07:44.820 --> 01:07:49.340

OEIS: We'll get to where we gotta get to to do this, and then let's get

342

01:07:54.826 --> 01:07:59.063

OEIS: is really important to us. And

343

01:07:59.890 --> 01:08:04.209

OEIS: it it seems, reading the 2 region. I think all of us can have your comments on this

344

01:08:04.400 --> 01:08:06.670

OEIS: the last few years.

345

01:08:07.080 --> 01:08:14.469

OEIS: Boston is not coming out. They're not doing R&D anymore, since they've got understand that

346

01:08:18.540 --> 01:08:34.490

OEIS: the quality of the reps is not what they used to. They used to be thought they were the gold standard when I 1st came out last week, and the rep haven't looked at the angiogram.

347

01:08:34.609 --> 01:08:41.547

OEIS: Yeah, same thing.

348

01:08:44.060 --> 01:08:55.040

OEIS: And so I pulled it up. So if my point is with this losing Boston may be a reality that we can't change.

349

01:08:55.390 --> 01:09:04.370

OEIS: I think that's a distinct reality. And I don't think they are necessarily alone in that. I think it's going to be a harder case to make before.

350

01:09:04.920 --> 01:09:10.215

OEIS: Oh, continue to sponsor

351

01:09:11.270 --> 01:09:21.569

OEIS: whether it's in a partnership track with an annual meeting I heard last week at sharing across, somebody made the comment that Ois for the return on investment is one of the more expensive meetings.

352

01:09:21.880 --> 01:09:29.199

OEIS: I mean, really not absolute expense. Return on investment very expensive

353

01:09:29.649 --> 01:09:37.020

OEIS: enough. We saw the email that came through about the price tag on the list of attendees

354

01:09:38.229 --> 01:09:45.479

OEIS: talk with some people at hmp, they said, Yeah, I think I'd be offended to be charged if a if a meeting charge to get the attendee list.

355

01:09:47.291 --> 01:09:57.509

OEIS: so I'm not sure where that why, that came up. But it's a little bit of a nickel and dime thing. Well, I'll just say, you know, Julie and I had discussed all of that.

356

01:09:58.525 --> 01:10:06.719

OEIS: We're trying to increase revenue right? The lifeblood of this organization. The money comes from 2 pots generally.

357

01:10:07.090 --> 01:10:10.420

OEIS: One pot is our platform partners.

358

01:10:10.540 --> 01:10:12.779

OEIS: and the other part is the annual meeting

359

01:10:13.550 --> 01:10:15.745

OEIS: the rest of the monies that we get

360

01:10:16.510 --> 01:10:20.499

OEIS: it. It's great to get it, but they're not really substant

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01:10:21.323 --> 01:10:50.139

OEIS: and so we have been trying to figure out ways to squeeze more money out of the annual meeting. Right? We have increased some fees, you know. Started charging for things that before we used to give away I'm completely open to whatever anybody wants to say that, hey? We shouldn't charge for this. We shouldn't charge for that, and you know, so maybe we can revisit all of it. But this year, when you talk about the annual meeting. We'll get to it, you know

362

01:10:50.240 --> 01:11:00.640

OEIS: our registration, our our attendance is down. Our revenues surprisingly, or

363

01:11:00.910 --> 01:11:05.660

OEIS: kudos to Julie, are almost where they were last year.

364

01:11:05.800 --> 01:11:35.380

OEIS: and we've cut costs. So this is going to be a very profitable meeting. But we need the bodies, is what we've been saying over and over again membership bodies which drives that those back, you know. Room from the C-suite going, hey? We can't justify these spends, you know, whatever Boston's always been one of our most difficult. I will say that from the beginning they're the last to come on board, and now, if they answer it, they're going to be the 1st to leave right in terms of the committed high level.

365

01:11:35.390 --> 01:11:57.429

OEIS: You know. 3 year we're in with you together here, but I don't. I don't think we should give up on them, and you know what what Paul was saying. It could just radically change soon, and we start seeing a lot more volume over. And they're in that market. So and I know they're disappointed about the cardiac. And it speaks right to that. I think.

366

01:11:58.050 --> 01:12:05.510

OEIS: Yeah, these are business decisions. So I think that they're cautiously interested, because again.

367

01:12:05.690 --> 01:12:13.520

OEIS: they're trying to figure out now with a team that went from 10 to 2 effectively in the in the mid level management side.

368

01:12:13.650 --> 01:12:20.429

OEIS: some less support. Yeah, how much? How much do you think that this is related to

369

01:12:21.362 --> 01:12:26.970

OEIS: lack of interest in outpatient space on their part.

370

01:12:27.690 --> 01:12:39.460

OEIS: meaning like they feel like this. Space is not gonna be viable. Margins are on that ripped me.

371

01:12:39.670 --> 01:12:47.789

OEIS: which they're not a huge player in obl and atherectomy. But that's where their margins were, and that's what's been cut the most recently.

372

01:12:47.910 --> 01:12:58.250

OEIS: So they're feeling the same pressure that everybody that's in the practice is feeling that the margins are getting smaller, smaller and smaller. And before we know, before you know, you're gonna be cutting both.

373

01:12:58.550 --> 01:13:13.960

OEIS: there's no need left and so I think that they are feeling the pressure on how do we continue to participate in this space? But it's up until about a year ago. According to them, it was roughly 20% of their revenue.

374

01:13:14.370 --> 01:13:15.609

OEIS: which is not a.

375

01:13:16.020 --> 01:13:20.870

OEIS: It's not a small amount for a big company like that. So I think that again they

376

01:13:22.360 --> 01:13:23.749

OEIS: I don't think anybody's

377

01:13:25.080 --> 01:13:38.180

OEIS: I I think that they want to keep it going, but they're like just that they're kind of on a life support thing, right? So we need to meet with them. So let's let's figure that out. Let's talk to John.

378

01:13:38.310 --> 01:13:49.819

OEIS: One of us. You talk to John, and let's get this coordinated. It won't be on site. We just don't have time but this is important, because it's a high, level thing, the second part of that going back to what you're sharing across.

379

01:13:50.184 --> 01:14:15.689

OEIS: That's a conversation pretty granularly so. We understand exactly what we said, and what I do. Because here's the problem with Spillover. Right? This is what I like to call the intersection of shit right shit that matters can control right? This matters dramatically. Some of this we can't control perception, we can. We've actually always had the opposite perception. And we asked, meeting. The meeting was valuable to exhibitors

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01:14:15.690 --> 01:14:30.789

OEIS: because they got to talk to decision makers. They didn't have to go to the hospitals, etc, etc. And that's what I personally use talking to these people about sponsorship and about vendors. So that perception, anyway, is changing or eroding.

381

01:14:30.790 --> 01:14:54.898

OEIS: That is our actually our primary value, that we provide exhibitors, the direct contact decision makers and operators. So we have to nip that to me, that is the fundamentally the thing that we have to gain control of. And that's really important, because it definitely matters so. And I will echo exactly what you said. At least everything that I have always heard was that this was a high return on investment meeting for

382

01:14:55.350 --> 01:15:09.450

OEIS: or industry, because you're specifically talking decision makers. But if that, if that's changing, then we need to get around that. Yeah, I will say that kind of if you look at from a 40,000 foot view of

383

01:15:09.610 --> 01:15:15.340

OEIS: Obl and the market, because obviously

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01:15:15.450 --> 01:15:19.260

OEIS: because of Medicare physician fee schedule, we keep seeing decreases.

385

01:15:19.450 --> 01:15:30.659

OEIS: So the Obls are tightening their belts even more. And so I think that that industry is feeling that this is all the more reason why we got this obf

386

01:15:31.213 --> 01:15:48.570

OEIS: because we get this obf legislation through that links us to the Asc's. That increases our reimbursement. It frees up dollars. It makes all it. It will solve a lot of issues. And we need to have a presence

387

01:15:49.000 --> 01:15:57.070

OEIS: in the Asc. Space. Right. I am now just starting to learn about Asc reimbursement and advocacy and so forth.

388

01:15:57.700 --> 01:16:12.690

OEIS: Believe me, it's pain in my ass. Okay, everybody wants to learn about it can do this. I'm happy to give something, but we we have to have a position in that space and be seen as

389

01:16:12.690 --> 01:16:33.000

OEIS: the advocates of Asc. Because we want people who are working in Asc to be members of oeis. We're only perceived as the oblis, and that's a that's a problem with Boston's business model as well. About 2 years ago they saw these decreasing margins, and we just

390

01:16:33.020 --> 01:17:02.540

OEIS: we just got a blurb on our internal chain about talking about Bcb. We don't use Dcbs all the time, but there's a lot cases we'll use them in the outpatient setting. It's the right thing, and there's a lot. We balance it. But guess who's drug? Coated balloons are the highest price point compared to everybody else. So they've already decided they're not going to compete in this obl market, maybe in the Asc. Maybe on the inpatient.

391

01:17:02.820 --> 01:17:06.850

OEIS: But they just bought Silk Road. You said they made a big investment there.

392

01:17:06.930 --> 01:17:13.019

OEIS: They're promoting their drug coated balloon through extent technology in the inpatient setting.

393

01:17:13.030 --> 01:17:42.919

OEIS: So maybe working with them on the advocacy front. Because, you know, they're a pretty big voice as well. That might be another way to get them reengaged if we're allied that way to Cherry's Point, though, is, we think, maybe a little bit of a reflecting and rebranding ourselves as that. And and when somebody says, Oh, that's the obl. And Asc. We have to work against that, because, of course, we started with the obl. But we strategically chose as a board.

394

01:17:43.200 --> 01:18:00.420

OEIS: you know, to incorporate Asc membership and advocacy for task force. You know that's nominating new coach for the country. But so there is some of that. But there's nothing formal. So some of this could

395

01:18:00.750 --> 01:18:07.209

OEIS: solve itself, I'm hesitant to say next year, with the new code set.

396

01:18:07.380 --> 01:18:12.499

OEIS: you know, for those of you who don't know 2026. And I can't talk about.

397

01:18:12.660 --> 01:18:31.230

OEIS: You know the the total details, because they're still kind of at Cms and haven't been blessed. And so what happened at Ruck is confidential. But what happened at Cpt was brand new codes that essentially take the old code set and double it.

398

01:18:31.370 --> 01:18:39.600

OEIS: Okay? So you're gonna have straightforward and complex lesion, straightforward stenosis complex, any occlusion.

399

01:18:39.800 --> 01:18:44.079

OEIS: 2 occlusion or 200 occlusion.

400

01:18:44.460 --> 01:19:13.269

OEIS: That's that's a complex we have worked. Rob was very instrumental also. Curtis did Curtis. I don't know if you still on the call did a

phenomenal job we presented at the rock, and we have captured capture every single input, including drug coated balloons, drug eluding stents, plain old plastic balloons, distal protection, devices, reentry, device, so on and so forth.

401

01:19:13.870 --> 01:19:24.520

OEIS: Everything that is needed to do the procedure safely in an ovm right and and at and at current standard of care.

402

01:19:24.640 --> 01:19:29.350

OEIS: And I think that we're gonna actually see some increase in our membership.

403

01:19:29.550 --> 01:19:39.730

OEIS: Okay, now that all has to go through black box right where they do all this budget, neutralization, and so forth, and so that those numbers are gonna tumble.

404

01:19:39.830 --> 01:19:43.989

OEIS: But I'm hopeful, Rob, you think the same kind of thing.

405

01:19:44.180 --> 01:19:58.470

OEIS: Alright, I think there are other companies, maybe that substantially will benefit from this, that maybe they could step up. If Boston is point that maybe Medtronic may substantially benefit from these new changes.

406

01:19:58.740 --> 01:20:02.350

OEIS: Yeah. So I don't know what level of sponsorship they have.

407

01:20:02.740 --> 01:20:12.219

OEIS: Medtronic does not do any sponsorship with this company. Yeah, they had, and they've done. But it's been so.

408

01:20:12.220 --> 01:20:33.979

OEIS: And I will say that, you know, years gone by, we've had one or 2 platinum partners, so not having a 3rd right is not anything that's foreign to us. But it's nice to have right. The other thing is perception, because if if

409

01:20:33.980 --> 01:20:36.110

OEIS: other industry. Players feel

410

01:20:36.220 --> 01:21:02.819

OEIS: that people are leaving the ship. They don't feel the same pressure to be involved, which we, you know, use successfully to help keep people engaged. Right? So this is important. So let's let's let's get this set up. We'll get a meeting set up. We'll talk to the boss. You and Jerry, have a conversation, and then make sure we understand exactly what's being said. Can we go to the next slide on the annual meeting?

411

01:21:13.260 --> 01:21:21.600

OEIS: So I don't know how much, how well you guys can see this. But if you look at 2025 on the left and 2024 on the right.

412

01:21:22.160 --> 01:21:27.810

OEIS: registration 2 95 this year. Last year, 4, 74

413

01:21:28.990 --> 01:21:54.500

OEIS: big drop big drop we have our hands on site is that includes on site. Well, last, that's it's not apples to apple. This is not the total count right, but unless we see a hundred people the exhibit booths were actually up from 47 to 48. We have more symposiums, 6 instead of 5.

414

01:21:54.945 --> 01:22:04.959

OEIS: We have more participants in the technology forum, 9 companies instead of 7. We have the Embo workshop with 5 companies participating in the Embo workshop.

415

01:22:05.050 --> 01:22:13.440

OEIS: and we have more companies participating in marketing surprisingly. But when you look at the very end, the revenue

416

01:22:13.660 --> 01:22:23.080

OEIS: this year we're expecting oh, just over \$700,000 in revenue. Last year we were 7, 10,

417

01:22:23.520 --> 01:22:42.039

OEIS: and we've dramatically cut expenses, so we will be more profitable this year than we were last year. But the big problem is the the registration. And if you go to the next slide, Richard, before you go on. Just go back one, please, Jason.

418

01:22:42.200 --> 01:22:46.269

OEIS: the marketing is over. Double the effort. Is there a particular reason why

419

01:22:47.360 --> 01:22:53.200

OEIS: Julie has been making telephone calls to companies pushing them to.

420

01:22:53.610 --> 01:22:55.789

OEIS: So marketing is

421

01:22:55.960 --> 01:23:11.790

OEIS: the streamline Md. Banks, you know. That's what they're they're talking about marketing, I see. Okay, that's revenue for us. Where the market, where there we're spending right? The company is spending money outside of yeah, all those other little drops.

422

01:23:12.020 --> 01:23:41.270

OEIS: So if you go to the next, any other questions. If you go to the next slide. And again I apologize. If this is so small. But again, 2024 versus 2025 position members this year. 67 last year, 94 position, non-members 23. This year, 62. Last year you have a lot of non-members last year. Associate staff is even down from 134 to 92

423

01:23:41.847 --> 01:23:42.842

OEIS: and then

424

01:23:43.580 --> 01:23:58.709

OEIS: full registration. This hurt us a lot. Full registration is where industry shows up and buys registration badges for all of the people that are in their booster. They can attend the meeting, you know. Go to the sessions that dropped from 84 to 18

425

01:23:59.335 --> 01:24:05.414

OEIS: and that's a big hit in revenue. That's a \$60,000 hit in revenue

426

01:24:06.300 --> 01:24:19.870

OEIS: and then faculty is about the same. We have about 66 faculty year over year. Rsf went from 34 down to 16. So 298

427

01:24:20.060 --> 01:24:41.640

OEIS: is the couch this year versus 474 last year. So we that's why you all, and anybody you can tell. Please go to these other and stop in. See? All of the vendors walk around so that they feel like there's traffic and go to the technology forum and the embos

428

01:24:41.750 --> 01:25:05.280

OEIS: workshop, because we have to show them that this is they've got return on investment well, and then and honestly, that Bd dinner as well, because they're platinum, they have oversubscribed it already, so no matter how you slice, it wasn't going to look good. But if 20 people show up, that will be a disaster and likely cost us significantly next year.

Can you? Can we tell, like, how many cardiologists are from the physicians?

429

01:25:05.710 --> 01:25:09.170

OEIS: They list their specialty so I can pull that.

430

01:25:09.450 --> 01:25:17.070

OEIS: The reason I say that because obviously, sky is happening at the same time, and and I think the physicians that will be interested in IS.

431

01:25:17.390 --> 01:25:24.400

OEIS: Wouldn't be. The physicians ask Kai, because it's a special special cardiologist. Yeah, that is, that's a little bit of a

432

01:25:24.400 --> 01:25:49.370

OEIS: what kind of volumes. That's a point. That's a good point, especially

433

01:25:49.370 --> 01:26:01.530

OEIS: with the non physician industry people. Oh, let's bring our team. We're going to Vegas every day.

434

01:26:01.530 --> 01:26:24.160

OEIS: And so last year of Vegas. Right? That was great. I think we should have, we should have a discussion about it. But here's here's what we we face. The meeting has gotten large enough

435

01:26:24.160 --> 01:26:25.490

OEIS: that there's not

436

01:26:25.610 --> 01:26:39.490

OEIS: a tremendous amount of hotels in every city that can support the size of the meeting. Right? We've gotten just to size where the the meeting space is difficult to find right. So, for instance, we wanted to go back to Tampa

437

01:26:39.610 --> 01:26:41.830

OEIS: hard to find a hotel that can accommodate.

438

01:26:45.904 --> 01:27:00.120

OEIS: We are exploring other

439

01:27:00.230 --> 01:27:11.790

OEIS: other places. The other problem is what the costs are, and how much it is for us to get meeting space and book that meeting space and keep it within a budget so that we're making money

440

01:27:11.900 --> 01:27:19.078

OEIS: for the organization. Right? So. But but I don't disagree with you that Vegas is always more of a cell. And

441

01:27:19.570 --> 01:27:21.219

OEIS: now, you know, when they say.

442

01:27:21.440 --> 01:27:38.869

OEIS: weren't we just in Orlando a couple of years ago? Well, when we were in Vegas, we were in Vegas a couple of years before that. Right so. And there's plenty of meetings, and Cbh. Is always in New Orleans. These is always in New York City. Right? Is it is always in Miami right? I mean, you know.

443

01:27:39.160 --> 01:27:46.380

OEIS: I I don't know. Necessarily if the location sells or the meeting sells, or it's a little bit of a combination of both.

444

01:27:46.580 --> 01:28:00.920

OEIS: But we struggle with figuring out because we want some place we can fly into easily. Get to. You know. The concept with Orlando was, you know, bring your family along so that you can make a vacation out of it, and your family, whatever. Go to the

445

01:28:01.150 --> 01:28:12.999

OEIS: meet the parks and stuff like that. So anyway, I'm more than open to exploring other areas.

446

01:28:13.180 --> 01:28:21.069

OEIS: Huge, huge airport, I mean, we don't. We have the mountains, you know. It's not.

447

01:28:21.310 --> 01:28:44.389

OEIS: I don't think it's a terrible place, but next year we have it here. March 19th through the 21st So it's gonna be earlier. It's gonna be at Caesars in Las Vegas.

448

01:28:45.130 --> 01:29:08.970

OEIS: So we'll see. You know, we discussed having. And we litigated this several times. But we've discussed having basically a couple of core sites that everybody's familiar with, and then rotating it every 3rd

years, you know someplace else, and we've been looking at Nashville. But you know we'll we'll continue to try to do the best we can. What meetings are in March

449

01:29:10.928 --> 01:29:34.430

OEIS: travel on, I mean, it's drinking holiday, but it's not a so

450

01:29:34.430 --> 01:29:45.529

OEIS: that's actually may prove to be a very, very good week, because it's not spring break. It's not. There's a lot of things that aren't happening there. So maybe that's

451

01:29:45.640 --> 01:29:48.169

OEIS: it's the second 3rd week in March

452

01:29:48.810 --> 01:29:55.179

OEIS: second, 3rd week of March next slides you can.

453

01:29:55.380 --> 01:30:06.990

OEIS: So this just goes down the technology form. Here are the people, the companies that are supporting it. Abbott engine dynamics, Asahi cook, Medtronic, Philip Shockwaves, and sormodics.

454

01:30:07.642 --> 01:30:13.500

OEIS: The Embo workshop is Asahi cook merit microbot medical and Tarumo

455

01:30:13.920 --> 01:30:31.489

OEIS: it's amazing to me that Boston Scientific is in neither of these 2 things. Embolization. They're huge in the embolization. I've talked to them until it was blue in the face, and I can't convince them they're pulling off from everything. They're not. I mean, they're pulling off from a lot of meetings. It's not. I don't think it's just organized.

456

01:30:31.640 --> 01:30:49.550

OEIS: Everybody's been talking about them being in other meetings. Also they're not. They're not showing that much commitment. So I think there's I think it's internal for them. It's not. It's not even us. There's the marketing opportunities that people companies may avail themselves to.

457

01:30:49.670 --> 01:31:03.619

OEIS: So that's kind of the breakdown in the annual meeting. I think the not. The the revenue is very compelling. I'm very troubled by how many attendees. I gotta. We gotta figure it out

458

01:31:03.710 --> 01:31:19.790

OEIS: how to make it. And how do we get physician? Non members? Why, we're physician non members so prevalent in Vegas. And you know, that's the problem they're going to Washington.

459

01:31:20.000 --> 01:31:30.209

OEIS: Alright. Well, thanks, Jerry, for I mean the amount of effort that both Brett did for years before Jerry took it over. And now Jerry's doing. It's it's a pretty mammoth undertaking. I

460

01:31:30.420 --> 01:31:43.900

OEIS: I I know everybody knows it. But until you actually watch it unfold, if you're not on the program committee. These guys do a ton of work. And, Jerry, thanks, because you're continuing to shoulder that, Jerry, is the reason we're so solid.

461

01:31:43.960 --> 01:32:10.039

OEIS: Thank you. So move on Lauren. Why don't you give these guys brief overview of where we sit with the registry? I'll lead into that. We spent now a pretty significant amount of time over last year on getting this symbolization thing moving, which, if you guys will recall, John Whittman actually kick started last year about this time by funding for you, and we were able to raise money and extend it.

462

01:32:10.110 --> 01:32:21.679

OEIS: We've now got substantially most of the upfront work of fields and variables and the values down. We've got one outstanding modalities. We've got

463

01:32:21.770 --> 01:32:38.199

OEIS: hemorrhoids, prostates is still a work in progress, Euphys, a bunch of liver work and genicular. So that's all moving and grinding forward. And then we're going to start working with some tactics to try to do coding

464

01:32:38.544 --> 01:32:57.859

OEIS: the cardiac module continues to grind in its Beta. Just if you want to say anything at all about that, just to explain to the Board about why it's slow coming on board lately we were at the Beta stage we had an original panel, mostly sky leadership on the advisory panel. A lot of fields.

465

01:32:58.420 --> 01:33:21.829

OEIS: Our goal, of course, with the any registry is to have it meaningful but simple, straightforward, you know, economical in terms of cost and diamond type of entry. But we had it based on the lesion model lesion

based model for the entry, and after our Beta testing, our independent reviewers, suggested to a vessel based platform

466

01:33:21.920 --> 01:33:26.730

OEIS: which, as we considered it with other advice. We felt that that was good.

467

01:33:26.790 --> 01:33:40.330

OEIS: The best way to go to really simplify. Otherwise you're you might have 5 lesions that you're treating in a corner in each segment, just like we're doing now on the peripheral. We learned lessons on the peripheral that it it opens up a can of worms. Having said that

468

01:33:40.370 --> 01:33:52.660

OEIS: we can't get Tlr rates when you're doing a desk vessel, so we'll get target vessel revascularization rates which, as a cardiologist here, you know, we we kind of accept that as a surrogate.

469

01:33:52.660 --> 01:34:11.439

OEIS: and we'll just have to see show that that's a weakness or a challenge for the registry. With that, though revamping all of you know the fields in the context of that, and those unintended consequences of going in vessel base, and especially the least, you know, when you're descriptive of the leisure is very challenging

470

01:34:11.440 --> 01:34:23.580

OEIS: and having to, you know, work through those. So we're near the last stages of the revamping, and then we'll put it to some tactics and go out with one more data test.

471

01:34:23.660 --> 01:34:52.070

OEIS: and then for the revisions will be launching. We're hoping that we're going to get a little bit of hope from Dr. Nayer's folks to to help us get that with some fresh eyes on this, too, as well. So John Lichman just called me a few minutes ago, and Sio society of interventional oncology. They just had their their meeting, their board meeting, executive committee, or whatever it was yesterday, and they have agreed that they would like to help

472

01:34:52.890 --> 01:35:07.620

OEIS: the embolization. Registry for us. Identify data fields that we may be missing currently and how it should be displayed and so forth. They're developing a task force.

473

01:35:08.080 --> 01:35:12.740

OEIS: Then they're going to give us the contact

474

01:35:12.780 --> 01:35:36.119

OEIS: to run with it, and I told John, Look, you know, we got to get this done. So next week. We have to have some names. We have to have some people on board so that we can. You're not delaying this development. But and then I think, Sio, if they have, input would actually put kind of a seal of approval on it which would be great because there are many academicians. They might wind up now, using the registry and academic center, which is great, you know.

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01:35:36.120 --> 01:35:44.780

OEIS: Yeah. So it's like a collaboration or space doing the same thing on the cardiac. Whether or not they're

476

01:35:45.330 --> 01:36:07.569

OEIS: endorsing. I think timeliness is an issue. Because I know, sir, is about to launch their registry for embolization. Yeah, that'll be its own animal. Yeah, we to to Bob's point. Yes, we we clearly and again I I take this as like actually my greatest fair. How we ran this

477

01:36:07.875 --> 01:36:27.399

OEIS: but we very clearly dropped the ball on getting the cardiac module over the lines. We're not going to make the same mistake with Embo. We've been pushing this, pushing, this pushing, this. We're not letting any long times go ahead. I mean, people have been involved in the development. We have a group primarily interventional radiologists and a couple of the surgeons involved.

478

01:36:27.400 --> 01:36:40.500

OEIS: And I've really been hammering this to the point that we've been getting together, live every 6 to 8 weeks, and sitting in that room and pounding through these fields to get these done. That's a very different approach when we took with cardiac

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01:36:40.852 --> 01:36:49.659

OEIS: and I think that's paying off because we're we're substantially ahead in the development pathway. So, but to that end, yeah, we're gonna keep

480

01:36:49.790 --> 01:37:14.589

OEIS: pushing this. I because I understand. Well, we also also recall we talked to serve leadership about this. We had a very detailed conversation, a deep dive and registry structure. I looked at their stuff with more, and they looked at all

481

01:37:14.590 --> 01:37:30.659

OEIS: ours. We. We went through this on a front end back end sailing expedition here to try and see if there was a way to collaborate on this, and ultimately they chose not to, I can tell you, based on what I've seen in the product. It's pretty rudimentary compared to what our capabilities are. The reporting is

482

01:37:30.660 --> 01:37:32.200

OEIS: kingly, rudimentary.

483

01:37:32.200 --> 01:38:00.880

OEIS: and really it was designed to scrape on a dictated radiology department reports that that's their claim of fame on this but having said that that doesn't obviate the urgency of getting this done and getting 1st to market because we knew that cardiac. So we're not going to repeat that error this time. So one of the things that you mentioned you know about, sir declining. I know Brett has had some conversations with leadership at Sir, and I had a conversation with

484

01:38:01.040 --> 01:38:02.349

OEIS: Ron looks, Dean.

485

01:38:02.520 --> 01:38:28.150

OEIS: and then also with the new executive director there. And I, I laid it online. I didn't hold any punches, which is unusual. But I basically said that you know the perception of many of the leadership at Oeis. That, sir, is becoming Sds. You know. You're the be all and end all. Don't mess, you know we we don't need you guys pat you on the head. And they they have

486

01:38:28.790 --> 01:38:46.140

OEIS: said that they? That is not where they want to be. They are having some internal struggles, currently, you know, you know, you're probably well aware. But they want to embrace and figure out a way to work with oas.

487

01:38:46.730 --> 01:38:48.430

OEIS: you know. And again I told him.

488

01:38:48.800 --> 01:38:57.119

OEIS: talk is cheap. Let's see the action, you know. So we'll see. We'll see where it all goes. But what do you think, Rob?

489

01:38:58.710 --> 01:39:06.829

OEIS: Anything? I I don't have a real good sense of what new leadership at, sir is is all about yet.

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01:39:08.890 --> 01:39:10.030

OEIS: Right? And you can.

491

01:39:10.530 --> 01:39:15.080

OEIS: Yeah, I've I think we're in a better state, with

492

01:39:15.635 --> 01:39:22.860

OEIS: at least this year, with Rob at the helm, and then next year, who's not necessarily a

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01:39:23.020 --> 01:39:27.233

OEIS: ob champion, but he certainly is aware of

494

01:39:31.120 --> 01:39:34.182

OEIS: our our space and what we do.

495

01:39:35.247 --> 01:39:43.339

OEIS: wouldn't say, Rob's necessarily the champion, either, but he's known for a long time. He- he gets that. There's a growing

496

01:39:43.520 --> 01:39:50.390

OEIS: number of irs that are moving into an outside the hospital practice.

497

01:39:50.560 --> 01:39:54.550

OEIS: It's also well aware that numbers within ovis, or

498

01:39:54.880 --> 01:39:58.310

OEIS: predominantly Ir. And so I do think that

499

01:39:59.680 --> 01:40:21.199

OEIS: it's not the 1st thing on this list right now, because there's financial issues that they're dealing with. Well, I think they're concerned that. And I I also play this out. I said that there are people their membership is dropping at, sir, and they're looking at Oeis being a potential new home for that membership, and that threatens. Sir.

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01:40:21.380 --> 01:40:37.610

OEIS: I had told them. You know, Mary Cosentino had suggested. You know, a discounted membership rate. If you were a member of both societies. I said. You know that was flown by where the flag was raised.

501

01:40:37.850 --> 01:40:45.900

OEIS: We were all in favor of it. And, sir, you know, basically didn't do anything right. They raise the rates right? Exactly

502

01:40:46.980 --> 01:41:11.170

OEIS: so. We'll see where that all plays out. But Sio, being involved, is, I think, a good thing for our registry. You know they they were Spinoff society. That left, sir, because of lack of representation. I think it's a general. It's a general statement. We'll do better working with some of these smaller societies that are more natural, like we are compared to the bigger Sir Svs, because the same

503

01:41:11.390 --> 01:41:18.490

OEIS: academic community schism tends to exist with those organizations. So

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01:41:19.590 --> 01:41:27.150

OEIS: little thing. So I I do remember those conversations when they were talking about vertex, and they I don't think that they

505

01:41:27.480 --> 01:41:57.419

OEIS: knew what they were doing, but I didn't realize there was not up and running yet. Still and we spent a lot of we spent a lot of time under the hood, looking at that product, and how that was done. And you know, we we are light years ahead of them, structurally move some structural problems we have with our databases. But again, the the end result is, we're not going to get lapped out at this time, so that that becomes irrelevant. You want to go through the what we have here on the production side, though.

506

01:41:58.070 --> 01:41:59.000

OEIS: one

507

01:41:59.400 --> 01:42:20.900

OEIS: so just an update in terms of enrollment and participating positions, we have currently 116 enrolled sites, 345 participating physicians, 29,260 patients, and just over almost 47,000 procedures. Now, it's just a still of our current dashboard.

508

01:42:21.080 --> 01:42:26.670

OEIS: But we can take a look at the lives if you wish. In just a little while this is updated as of yesterday.

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01:42:27.650 --> 01:42:37.930

OEIS: So physician specialty breakdown, we're still pretty heavily leading to interventional cardiology. It's both positions at this point and

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01:42:38.260 --> 01:42:41.580

OEIS: case volume was down a bit in 2024 as well.

511

01:42:43.430 --> 01:42:44.460

OEIS: So

512

01:42:44.660 --> 01:42:58.349

OEIS: for Qcdr status we were accepted in Qcdr. 2025, successfully. All 3 of our Qcr. Measures were rejected. Unfortunately due to low adoption, we appealed. Cms.

513

01:42:58.620 --> 01:43:09.070

OEIS: Did not accept them, so we were left with 5 measures. The minimum, in order to maintain our status was 6. So we selected one. That was

514

01:43:10.070 --> 01:43:18.258

OEIS: something you could implement with the current data fields of, as they were adding very, very few, and the measure that we added was,

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01:43:18.740 --> 01:43:21.870

OEIS: a measure 488 for kidney health evaluation.

516

01:43:22.910 --> 01:43:30.729

OEIS: So upcoming, there have been some issues with communication with Cms. I guess.

517

01:43:32.170 --> 01:43:53.110

OEIS: Kind of ubiquitous across the board right now, but for the 1st time they're canceling some of the mandatory monthly meetings, the Qcdr Kickoff, where they announced. All the policy changes for the upcoming year was canceled. It has not been rescheduled yet, and that was to be this month. So we're waiting instructions there, not sure what the next year is going to look like, but changes may be coming.

518

01:43:53.853 --> 01:44:14.229

OEIS: There have been no further calls scheduled, but we do still have some deadlines for the 2024 payment year our submissions were sent in successfully ahead of the deadline. The audit functions have been fulfilled. The only thing left to do is compile a data validation execution report, which is due June first, st

519

01:44:14.770 --> 01:44:22.140

OEIS: then the 2026. Self nomination begins July 1st 2025, and

520

01:44:22.390 --> 01:44:31.239

OEIS: we had discussed previously in the registry meetings about the possibility of not continuing to maintain the status so

521

01:44:32.389 --> 01:44:59.329

OEIS: wanted to, you know, confirm that at the discussion to have. But what if you guys recall at the fall strategic retreat? We decided, made the decision that we were going to phase out supporting the MIPS submissions because of that. And then we would see depending on what the issue was about Tcdr itself. That was a decision that came out of the fall strategic retreat. So the new dashboards with the 2025

522

01:44:59.670 --> 01:45:22.520

OEIS: clinical measures that we're offering are now up and live. So we're going to be sending out a mailer just to inform everyone of those changes are more limited for this year, and we'll send out a mailer to inform everyone that we will be for 2020, sure, since policy changes might be forthcoming. That might be a discussion. But if we're with that, then.

523

01:45:23.530 --> 01:45:36.710

OEIS: So there's been a lot of action with this and tactics Namsa team. We've been in pretty frequent communication with them. So we're, of course, requiring additional support. With, 1st of all, research

524

01:45:36.870 --> 01:45:42.010

OEIS: data, mining, manuscript construction.

525

01:45:43.396 --> 01:45:55.990

OEIS: we have a few different bids from organizations to assist one of which, being Namsa, since Namsa needs to drive this modification of the ped data structure.

526

01:45:56.190 --> 01:46:19.869

OEIS: We thought it was a good idea to give them an opportunity to rebuild the apparat data set that Dr. Blavia has been working on with our research fellow to see if we can replicate or see if their team can replicate it, and also allow them an opportunity to personally identify some of the issues that we've been having with modeling this data to answer the questions that the research committee is asking.

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01:46:20.220 --> 01:46:33.959

OEIS: So this is in process. Now they are actively sending us draft. We have a draft review right now to compare with the recent output from the recent bell. It's going to be presented. So I are going to look over that

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01:46:35.330 --> 01:46:38.360

OEIS: in the next couple of days here and send some feedback.

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01:46:41.510 --> 01:46:53.570

OEIS: did you? Did 5 get a copy of this already as well. Did 5 get a copy of that already? I'm not sure. Yeah, we should all review that together.

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01:46:54.150 --> 01:47:21.189

OEIS: So NASA is also working on creating updated synchrony training documents. Oh, and I wanted to mention one thing about this, and this might be something to consider. So we had tasked them with pulling the exact same data, the exact same way that we had to provide to the statistician and on a call with them last week. They told me that they were working from their basically beta model of the updated pad data structure.

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01:47:21.420 --> 01:47:32.100

OEIS: So I expressed some concern about that. Since we're asking them to directly replicate what we had produced. Since this new data structure has not been vetted yet, so there could be issues there.

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01:47:32.280 --> 01:47:39.529

OEIS: It might be more accurate than what we're working with from the raw data. But still it was not. It was not as we asked.

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01:47:39.700 --> 01:47:41.599

OEIS: so I think that's worth mentioning.

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01:47:44.820 --> 01:48:05.049

OEIS: the Nancy is also working to create some updated synchrony training documents. So initially, they produced the video, it's quite outdated. This is part of our contract with them. But they're working on updating this and also providing, at our request, a written document like an actual training manual that will be really useful for our site to be able to reference visually versus just a

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01:48:06.091 --> 01:48:33.920

OEIS: you know, 30 min video. So that's that's a positive as well. There's some movement happening there. There seems to be more communication and accountability from their team. Now that Umsa has become involved, just and just for the record. One of the reasons for that is Heather, who is now only in Amsa's Big League, is married to an

interventional cardiologist. Probably many of you guys know, Raj, I've known these guys for a long, long time, and I had a very frank.

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01:48:34.170 --> 01:48:53.310

OEIS: very, bob. Yes, conversation involving one of my favorite words, multiplicative times with her for about 30 min message was sent and received. They're basically on their last legs. So we're we're getting much more responsivity than we have ever seen before. Quite frankly. So

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01:48:54.390 --> 01:48:59.110

OEIS: how much, how much? We're paying them yearly?

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01:48:59.430 --> 01:49:23.249

OEIS: That's about 90,000 or so right now in the ballpark. So the subscription again. I don't want to get too much of a of a detailed tangent, but remember that when we built this and sold it originally, when Jeff rolled it out, and we got a lot of people sign up, including Ncp. We sold it to them on a per site subscription. So that's what all of our stuff was based on the problem is doesn't scale

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01:49:23.250 --> 01:49:34.279

OEIS: right? So we still, that's why we've been working so diligently to try to get the back clean. Because what we want is the per physician click. Because that's how we're we're we're going to be charged.

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01:49:34.600 --> 01:49:37.080

OEIS: So at the current constituted

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01:49:37.800 --> 01:50:05.049

OEIS: level. It's about 90 grand a year for the actual back end functions, housing the databases doing, you know, hosting the actual product? If you will. And then there's some obligations for them to provide updates and training things and things like that to fold into that. But that will scale to get more physicians. Well, what cost us will also go up. Everybody needs to understand that. That's why that's why we're trying to scale it out this way. Do we have a sense of the what's the additional cost?

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01:50:05.866 --> 01:50:35.349

OEIS: If we want their support for statistical? Not yet, because the at the end of the day we've got those other proposals, and you know I gave them a deadline to get us the data. They got it, and then we had to correct that. So I sent it back. They got back to us. Actually pretty ready, turnaround. I just haven't had time on the last 2 weeks to sit down and review it with her and you so that we can make some decision about moving, because I know you are eager, as I think many of us are to make some decisions here and get moving and get some output on this.

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01:50:36.810 --> 01:50:51.019

OEIS: Yeah. So so what do you think is like, what's what's our deadline for them? 3 of us look at this data, and we'll have that conversation. I want to get involved in that conversation. It's not. I'm not. Gonna make that unilateral recommendation or decision.

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01:50:51.290 --> 01:50:53.690

OEIS: That's something that you find time to do.

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01:50:53.910 --> 01:51:03.729

OEIS: And yeah, so yes. As mentioned, the Katie database migration to new simplified form structure, they

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01:51:04.110 --> 01:51:22.890

OEIS: currently have a beta model that they're working from to pull data require some user testing to ensure that the workflow works properly and the new forms are error free. Their success changes to how things are being structured.

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01:51:23.080 --> 01:51:30.140

OEIS: And we're also going to require just updated analytics, dashboards to be built out once that's completed. So

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01:51:30.530 --> 01:51:52.469

OEIS: just to something to expect there with the cardiac module the top Pci. 1st round of testing was completed, comments were sent back, changes were made, implemented in a sandbox environment. So Dr. Carr and I have been actively working to meet and review this in detail. Some of the major changes, as you mentioned, were moving from a

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01:51:53.050 --> 01:52:10.170

OEIS: per lesion to per vessel subform, paradigm, and also eliminating repeating intervention subform, rather just collecting each of the interventions that were performed on that vessel. So it simplifies the data collection considerably and hopefully, we'll have better

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01:52:10.340 --> 01:52:19.350

OEIS: feedback from the user testing the second round. So we're about, I would say, what do you think? 90% complete with

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01:52:20.030 --> 01:52:33.669

OEIS: the the Beta testing round. Then we'll have to just format everything to submit to the team. They'll submit it in Beta, and then

we'll start another round hopefully with additional users to participate in the testing.

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01:52:34.820 --> 01:52:58.210

OEIS: So CID and Ep. Some some modules, both are pending around the 1st round testing, and for both some modalities we are still pending, getting an outline of what we want included in the dashboard as well. So that's also potentially going to inform some changes to the forms and form structure. Once we have a really clear idea of what output we're looking for there.

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01:52:59.310 --> 01:53:01.630

OEIS: This is all in process as well.

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01:53:01.770 --> 01:53:11.760

OEIS: And since, of course, we're not going to be including metric anymore, still, if there are any kind of key metrics that we would like to include those need to be defined as well at this point.

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01:53:12.340 --> 01:53:28.240

OEIS: and once this is completed, we currently have a waiver waiver for the module. However, there have been some significant changes, but we're collecting it so that it's probably a good idea to resubmit to for approval to ensure.

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01:53:28.990 --> 01:53:34.869

OEIS: Everything's still good. So yeah, we've made a lot of progress as well on the bilization module. So in 5 parts.

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01:53:35.180 --> 01:53:50.569

OEIS: we, as Bob was mentioning, kind of built it backward, considering what output we were going to look for initially and then building the sub forms from there. We ended up with a much simpler data collection paradigms for each of these.

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01:53:50.800 --> 01:54:02.299

OEIS: So just a little bit of update on where we are with each of the sub modalities. So for uterine embolization, we completed an initial draft and we've begun

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01:54:02.610 --> 01:54:10.870

OEIS: designing some dashboarding templates there. That's not complete, but it's in progress, and Dr. Lipman has been actively working on that

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01:54:11.120 --> 01:54:22.039

OEIS: for the Hemorrha implementation. The initial draft and the workflow is completed pending vision. And we're just finalizing outline of the dashboard content. And

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01:54:22.220 --> 01:54:33.669

OEIS: yesterday and today we're able to very nearly complete the the module initial draft making a few changes to how it all works are.

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01:54:33.790 --> 01:54:50.919

OEIS: It's gonna be collected which is gonna significantly simplify analytics and also allow us to much more easily identify missing. Follow ups, provide those lists to the center so hopefully, that'll really improve our follow up action, too. So positive sort of there. And we're going to implement that across all the stuff.

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01:54:52.760 --> 01:54:57.470

OEIS: So liberty, normalization for finished

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01:54:57.910 --> 01:55:06.439

OEIS: basically finished with the the draft as well. And the dashboard content is all listed out that one's ready to go. Then cross data utilization.

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01:55:06.590 --> 01:55:10.410

OEIS: We're still looking into outline. Bobby is the

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01:55:10.910 --> 01:55:29.079

OEIS: worked on this actively. So yeah, great progress has been made. And we're very, very close to once we make, I think, another pass and clarify just the specifics of those dashboard content. We're gonna be able to submit this to the team to build out and implement into the sandbox environment.

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01:55:31.190 --> 01:55:41.929

OEIS: And so last, just an update the registry coalition. So we signed off to a letter asking Seamless to send certain MIPS policies and wave

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01:55:41.970 --> 01:56:01.899

OEIS: the data request fees which we're increasing. We signed on to that one. There's also a new request for feedback from the Justice Department on the competitive Regulation task force. So I don't think that this letter has been reviewed by the committee yet, but they're

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01:56:01.950 --> 01:56:09.780

OEIS: see it as an opportunity to raise concerns about roadblocks that we're encountering, getting access to the elements. In our so.

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01:56:09.920 --> 01:56:12.219

OEIS: in my opinion, this is something that we should

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01:56:12.500 --> 01:56:21.540

OEIS: possibly either comment on or sign off on, as is, they have it linked here. If anyone would like to take a look at where you can send it out as well.

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01:56:23.360 --> 01:56:35.960

OEIS: Yeah, that's pretty much where we are at this point. Is there anything that you'd like to see in further detail. So we have 29,000 patients with about 49,000 procedures.

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01:56:36.290 --> 01:56:47.770

OEIS: Oh, which I think it would be very reasonable to have 2 teams every 6 months.

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01:56:48.100 --> 01:56:54.150

OEIS: Each team is responsible for a paper to be developed and ready in 6 months.

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01:56:54.460 --> 01:56:58.949

OEIS: I think we should. We should offer it to all the board members.

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01:56:59.140 --> 01:57:05.410

OEIS: I think it will be okay to include any residents, fellows, colleagues, hospital and hospital employees.

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01:57:05.850 --> 01:57:06.720

OEIS: But

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01:57:08.040 --> 01:57:20.980

OEIS: I feel like this is something very important for our society. And now, because we are heavily criticized for not providing any peer review publications talking about what we're doing in this space.

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01:57:21.370 --> 01:57:27.639

OEIS: I think it's this is just as important as other aspects, and I'm I'm sure everybody agrees with it. But I just wanna

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01:57:28.320 --> 01:57:40.230

OEIS: emphasize this. And hopefully, I know that is working with. That's what we want to see, because that means we want at least their ability to support 2 to 4 papers a year.

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01:57:40.930 --> 01:57:44.000

OEIS: which I don't know how much additional cost that would be.

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01:57:44.280 --> 01:57:52.670

OEIS: But you know, that's that's our biggest concern, because that's gonna be the bottom. The other 2 quotes we got range from 100 and

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01:57:53.360 --> 01:57:58.335

OEIS: \$135,000 from from Yale after

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01:57:59.765 --> 01:58:09.200

OEIS: lab. She's the editor in chief of Journal of Sky, and they're very

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01:58:09.500 --> 01:58:24.640

OEIS: they. They seem to be the the most professional, robust group of people. And I. We felt very comfortable with them, but the \$135,000 also startup cost to understand what's going on. So it's not gonna be.

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01:58:25.130 --> 01:58:40.259

OEIS: you know, a recurrent theme and then correct. Correct. So and then the other team was was. He was the most responsive, but I felt like we felt he's not the most

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01:58:40.920 --> 01:58:43.650

OEIS: probably not the most equipped to deal with the

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01:58:43.770 --> 01:58:51.590

OEIS: complexities we call them complexities. But it's gonna be a lot more than that. When it comes to it. I mean, ideally, we want an answer to deal with this

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01:58:51.730 --> 01:59:17.579

OEIS: because they know the intricacies issues. We want them to be responsive. So but so so the board. So just, you guys understand? That's the scope and scale of what we're talking about to try and research support and we have to see that Nansa is not yet scope that up because they've not yet shown me they can do it, even employing data set, and that that for me will be the differentiator. And again. I'm going to review this with Fadi and Lauren, so we can try and sort this out

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01:59:17.580 --> 01:59:40.360

OEIS: body to your proposal, though why don't you reduce that to some writing or something, so we can actually push that out to the board. It doesn't require a formal board, or we can do that, you see. But so the board members are understanding what exactly you're talking about in terms of these teams and how you want to do this. Let's get this out to let's get some input back to body. On this, we get this formalized and finished. Okay?

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01:59:41.020 --> 01:59:41.910

OEIS: And just

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01:59:42.950 --> 01:59:54.750

OEIS: if I can chime in just a minute. So body is going to be in charge of the research Committee as of the annual. So I would. I mean, I really do think that

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01:59:55.100 --> 02:00:00.919

OEIS: with what we have here almost 47,000 procedures.

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02:00:02.620 --> 02:00:10.289

OEIS: if the financial health of the society is good, this is money well spent because it's going to provide

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02:00:11.170 --> 02:00:15.229

OEIS: more visibility for the society as a legitimate

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02:00:15.480 --> 02:00:22.696

OEIS: group of people that are trying to do quality, work, document it and publish it. And so I really think that

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02:00:23.870 --> 02:00:30.329

OEIS: whatever money we spend here, it's very important, and we need to be ready to

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02:00:30.670 --> 02:00:42.609

OEIS: just write the check once. All this betting is done, and we say, Okay, these are the guys. You know it's not. It's not Gail. It's, you know, whoever. But I really think that the

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02:00:42.710 --> 02:00:50.059

OEIS: do we do to support that to Brett's Point recall, we came to a decision at the fall strategic meeting that we were going to do this.

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02:00:50.100 --> 02:01:11.340

OEIS: You're going to get rid of the research fellow position. We're going to redirect those funds back into this endeavor and supplement that as needed, that's a decision the Board has already agreed upon. And now we're trying to execute that in the midst of everything else we're doing. So stay tuned. But I will get you. It's kind of his concept and his outline. Please give us feedback on this.

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02:01:11.340 --> 02:01:29.860

OEIS: because again, at the end of the day we've always seen, you know, one guy carrying all this load at some point that gets overwhelming. So we need all the help we can get question about that. So of course, the involvement of the clinical research on migrating a database into something that we can

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02:01:29.930 --> 02:01:43.919

OEIS: really pull data from. So one of the major issues with research program has, of course, been dealing with the data set. As in choosing to ask questions that really can't be answered with data set. Simpler projects, of course, would have been

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02:01:44.130 --> 02:01:52.519

OEIS: probably much more feasible. So is this something that you would reconsider later on? Once we have

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02:01:52.730 --> 02:01:59.630

OEIS: a data set that someone could work with? Or is it something you want to put on, pause and fill them. Or is it you want to terminate completely?

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02:02:00.250 --> 02:02:09.629

OEIS: Let's physically asking about the research fellow. No, we we already made the decision that we were going to terminate doing that, and that we're going to redirect those funds to professional research support

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02:02:10.496 --> 02:02:17.799

OEIS: can help you with that, too, because we've been writing things, I mean all along.

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02:02:18.200 --> 02:02:21.544

OEIS: Everybody's gonna queue but

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02:02:22.810 --> 02:02:41.100

OEIS: from an operational standpoint. I just probably I I can't understand very well. You know, I understand the ask, like, you know, 2

papers and all sorts of other things. I know John Blake is probably stepping down and leaving the Research Committee altogether.

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02:02:41.511 --> 02:03:08.049

OEIS: You know. I I mean, I care about people, but I don't care if people love or hate me. I just care about like you know the business or things are actually delivered right? So in in that sense, I'm not saying that I am in favor or against John, or whatever it is, but I think he put in motion something, and we have a presentation about, you know we all chime in and ask questions about platform, my survival curves and all sorts of other things.

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02:03:08.810 --> 02:03:24.200

OEIS: I just don't know if how how efficient it's gonna be like, I I hear \$130,000 kind of like, get a bunch of like anxiety in my heart because it's a lot of money. But I just don't know how much that is gonna be translating into

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02:03:24.200 --> 02:03:45.380

OEIS: the actual you know, output or the paper. You know, I I've never contract with anybody. I've always worked in that. That's why I dragged actually, Paul into this conversation because we always been actually talking and and working with research fellows. You know what I mean. I have a budget. I have a donor that actually donated me like hundreds of thousands of dollars to hire them.

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02:03:45.440 --> 02:03:49.911

OEIS: And without the research fellow actually help

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02:03:50.870 --> 02:04:11.779

OEIS: I I don't know how we are going to write that, you know just a quick example. I am going through the the final pains to get this upper extremity debate from both guidelines published through Avf. And and I was the Guidelines Committee there for the American for 2 years.

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02:04:12.040 --> 02:04:29.150

OEIS: The issue is that you know. You know, like we see in our committee. In any committee, no one has time to kind of sit down and actually mine data, or like, sometimes you write papers, you know. You can say like your Academician, I mean, that's your life.

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02:04:29.240 --> 02:04:49.290

OEIS: Of course it's not my life, because I'm looking at elections in the obl to keep my obl academic obl actually upload. But the thing is that I how do you see this happening? You know what I mean, like, you know who is writing the papers? Who is putting the data together? Who is getting these stats? I mean, you know.

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02:04:49.290 --> 02:05:00.700

OEIS: this is all foreign to me, even though I mean I can. So I think I think that's a great question. I'm glad I'm glad you asked it. So with me here Dr. Diplo and Dr. Muir.

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02:05:01.287 --> 02:05:21.569

OEIS: We're. We're part of the publications Committee the Cli Global Society that I also chair. So I'm I'm kind of leaning a little bit on my experience on that so part of the discussion with any of those groups is they will provide statistical support, and they will provide the output of the statistical support in a paper format.

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02:05:21.740 --> 02:05:27.070

OEIS: So we're gonna talk about methods and the results. I mean, I we wouldn't. I? I asked about even those specific.

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02:05:27.210 --> 02:05:41.189

OEIS: And then what I our experience. Because a lot of the positions that are on this on this writing committee we have. We're all like busy, you know, like practitioners, you know. Not. Not a lot of people have time. We have people from

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02:05:41.320 --> 02:05:44.590

OEIS: Europe, but Brett is on on the committee. We have people from

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02:05:44.940 --> 02:05:54.510

OEIS: Canada where people went everywhere. So I found, and I could be wrong. But I found, like the average timeframe is 6 to 7 months to get one paper in.

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02:05:55.060 --> 02:05:59.290

OEIS: and usually have 3 people that are working hard on that paperwork.

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02:05:59.770 --> 02:06:17.229

OEIS: So I'm optimistic that I can replicate the same model with with us here. The other challenges is is. And again, you know, like I tip my hat, Patrick, with you, because you really work hard on on doing this, but our fellow was clearly working hard. But

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02:06:17.780 --> 02:06:28.100

OEIS: he's we we, the the people that were able to attract at least for the last 2 years have not been able to

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02:06:28.230 --> 02:06:34.929

OEIS: provide meaningful output in terms of writing publications, or even writing a skeleton of a paper.

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02:06:35.432 --> 02:06:41.700

OEIS: We've all we've all saw the paper. And and you know some of us like start pulling their hair because we were concerned.

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02:06:41.840 --> 02:06:44.750

OEIS: And obviously, obviously, you know, we're trying. So.

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02:06:45.020 --> 02:06:50.489

OEIS: you know. Looking, then, my my assessment. Looking at what? What are the

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02:06:51.050 --> 02:07:05.529

OEIS: what are our resources? Limited resources that are available, I thought. That's the most reasonable cost action. Now, ideally, I'm with you. I wish we have like a couple of research people like just putting out papers, and maybe maybe that will happen down the line. But

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02:07:05.660 --> 02:07:07.009

OEIS: right now we don't.

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02:07:07.640 --> 02:07:17.060

OEIS: Okay. And so again, and this is a decision that we've we've made. So go ahead, Paul, I just didn't support it on the model that I'm most familiar with

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02:07:19.404 --> 02:07:34.669

OEIS: taken, which is to fund the analytics Center. And there's a committee that serves as an adjudication

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02:07:36.480 --> 02:07:52.119

OEIS: for reviewing proposals that come in at large, and deciding how to apply whatever resources that exist for that year to specific investigators with timelines and deliverables. And then, if that isn't happening, then that project gets moved to somebody else.

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02:07:53.570 --> 02:08:05.990

OEIS: So this- this, as you know, I advocated for this at the very beginning. We chose to go with this route.

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02:08:06.130 --> 02:08:07.840

OEIS: The bottom line is, it hasn't worked.

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02:08:08.050 --> 02:08:16.570

OEIS: and we're several years into, you know, 2017. We launched the registry. We don't have papers to produce. We need professional

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02:08:16.670 --> 02:08:24.300

OEIS: help with time. Wise, very clear mandates of what we want to get done.

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02:08:24.610 --> 02:08:33.080

OEIS: You know I totally support false, you know idea here with what the Registry Committee should be. They're not the paper writing committee

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02:08:33.190 --> 02:09:00.859

OEIS: there to shepherd the process to make sure it's held to accountable to that. But there's not much money that we're going to spend out of a society that is better spent than developing data produced from this huge effort that we've done and invested resources, and we're sitting on a gold mine and haven't yet harvested it. So so it's time to do it. And I and I know from experience. We all have done this where we have professional statisticians in an army of people, that's all they do.

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02:09:00.860 --> 02:09:15.759

OEIS: They know the weaknesses they know the holes. They know the problems, but also they know how it's going to get published. It's also it's not just writing the paper. It's getting into a reputable journalism. So, Jeff, having said all that with this, this is the decision we made.

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02:09:15.880 --> 02:09:23.409

OEIS: we, we have to write the other direction. We are committed to this pathway body is going to lead this effort, and we are going to see where this takes us.

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02:09:23.590 --> 02:09:39.379

OEIS: Okay, we've made that decision, but I would implore the board, and I'm not a board member here. I'm not going to mitigate it. Now we are going to support this, and we're going to move forward to support it on a forward basis, that this should be really a budgetary item going forward.

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02:09:39.390 --> 02:10:05.970

OEIS: Oh, just to be clear! Are you saying that we are going to get a proposal we are going to. We are going to get some analytics support Slash Center as described. The Research committee will, as Paul very

aptly said, adjudicate those requests. They will assign those publications, get the stuff written, if it doesn't occur

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02:10:05.970 --> 02:10:15.330

OEIS: to whoever volunteers to do it, or is expressed interest to do it and participate in positions. Yes.

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02:10:16.360 --> 02:10:46.220

OEIS: yes, going on again. This this board made this decision. We are in the midst of implementing this decision with body coming on board. We are going to implement this decision. Once the board makes a decision to otherwise

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02:10:46.280 --> 02:11:11.800

OEIS: okay. And at this point we are exactly 4 min over the schedule PP, break. So take a bio, break for 12 min or 1310 min, and be back here at 3 o'clock. Please share.

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02:11:26.675 --> 02:11:38.000

OEIS: Yeah, early December.

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02:11:44.030 --> 02:12:09.239

OEIS: Okay, so let's pick back up where we left them. Next, up on the agenda is doctors born and white are going to give a little bit of an update here on what they've been doing is they've been moving this Pac committee because, recall, this is a brand new endeavor for us as of last year. So this is virgin territory. They are both plowing. So, guys.

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02:12:09.620 --> 02:12:26.480

OEIS: that's great. Now, Brian's going to give the talk at the meeting. So I'm gonna just give a quick overview of kind of what we've done in trying to get this off the ground here. Let's see, how do I forward the here we go. So you know, as just to conceptualize the committee and discussion with Brian, with Bob and Jerry

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02:12:26.520 --> 02:12:56.460

OEIS: about what the goal of this committee was. And it's really to promote the Pat drive membership contributions and really compressive outreach to members and new perspective members highlighting the support of the org. Why, it's worthwhile supporting both oeis as well as the pat because of our advocacy efforts that we've talked about before, which is one of the real highlights of the organization. So the strategy to do this is to create a very large committee, ideally like, have the membership. Anybody that we can get on there

651

02:12:56.610 --> 02:13:02.159

OEIS: for the most part other than Brian I. The ask of the committee members is simply to spend an hour a month

652

02:13:02.280 --> 02:13:26.479

OEIS: with direct outreach to members asking them to contribute. And we feel like that's going to be the best way to get the highest percentage of contributions that we can. What we want to provide folks with is a list of members, particularly a list of members who have not contributed, including their contact information, so that it's easy to reach out to them. We also are working on getting a list of lapsed members so that we can directly reach out to them as well, and say, Hey.

653

02:13:26.620 --> 02:13:55.480

OEIS: we're doing all this great outreach stuff. Can you join again? And, please, that will let you also contribute to the pack? We are really going to do some good in this critical time. Where there's we feel like we're getting the attention in in DC, we've also put our our just finalizing a list of talking points that people will have about. Hey? This is what we've done since our inception, and it's pretty impressive when you look at it as it described this, this organization punches way over its weight, and it punches very focused on what we're interested in.

654

02:13:55.741 --> 02:14:20.559

OEIS: So that. And also Alyssa, what are we going to do in the near future? What are the things that are on the table right now that your dollars are going to go and help and support and then, lastly, you know, we're just in spitballing kind of a perspective donation. We don't want to set the bar so high that people go. No, no, no, but we want it meaningful, and at least a minimum to say if you either fork up a thousand dollars, or even easier. A 100 bucks a month

655

02:14:20.870 --> 02:14:45.619

OEIS: if you want to, Max out. That's \$5,000 a year. And once again that sounds a little bit high. \$416 a month. You, Max, out right? I mean, you just your credit card number and do that. It's really easy. And we have a steady stream coming in this is so far the members. But I want this to continue to grow, but these are the people that have signed on so far. We want again, broad spectrum

656

02:14:45.620 --> 02:15:10.539

OEIS: from across both specialties and geography, so that ideally, people can reach out to someone that they've met before rather than cold calling is going to be the best thing, and multiple touches are good. We can call the same person 8 times. It's fine, you know until they donate activity. So far. Very briefly, we put together. We put out an e-blast that went after all of the membership looking for members, and got a couple of responses there. We put a post on.

657

02:15:10.540 --> 02:15:35.520

OEIS: connect that look for volunteers. It was, similarly, we did some direct emails to the current board. So you guys probably all got one and hopefully all volunteered or will. And we also put it out to the foundational members with a similar thing we set up, and we've got to get that running a chat board on open connect so that we can communicate among the members of the committee and get push emails to say.

658

02:15:35.520 --> 02:16:04.999

OEIS: Hey, these are the people I reached out to last month. And as we get this going, we'd like to just get a cadence of monthly getting people to just say in and say what they've done, so that we kind of get that going. We have a link to the pack that people can text do their call. They can follow with an email or a text that has a just click on the button. And you can go ahead and and donate, and the other thing that we that would change on the Oei aspect. You go now to donate to the pack. You can also put in who referred you

659

02:16:05.140 --> 02:16:29.500

OEIS: so that hopefully we can track those and and offer some recognition to folks, and maybe some incentive with some swag or some things like that that we can do as far as the stuff we're doing for the annual meeting here. You know, we have displays and rack cards that you're going to see around here with QR codes so that people can simply go pop right on, and they'll take you right to the website

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02:16:29.500 --> 02:16:44.700

OEIS: to be able to donate. We have stickers. I just got one so that when you donate it can go right on your badge. That said I donated to the pack, so that when you donate we'll hopefully be able to sign people up and get that. So we see people walking around with that on their

661

02:16:44.770 --> 02:17:08.809

OEIS: on their badges. Peer pressure is a great thing. In addition, there's going to be a police that we have available to anybody who's maxing out, and it's either donated 5,000, and I haven't seen it yet. Jerry tells me it's a really nice it's a nice place to have. We set an ambitious goal. We want to have a thousand \$100,000 committed to the pack through both

662

02:17:09.000 --> 02:17:20.779

OEIS: prior to and at the meeting which is, you know, getting to a little less than double what we did last year. Everybody is telling me it feels reachable so. And you know, there's a lot

663

02:17:20.830 --> 02:17:40.929

OEIS: of things happening in Washington right now, which are, I think, more hopeful than we've seen in a long time, both in Congress,

legislatively and also through Medpac and through Cms, so I think there's a real possibility gets a meaningful change because we heard from Washington that they really get that they've gotten to a point where this is potentially, gonna really torpedo

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02:17:41.000 --> 02:17:47.390

OEIS: private practice and interventional which is going to cost them a bundle of money. And it's going to affect access. So

665

02:17:47.389 --> 02:18:12.380

OEIS: that's kind of the quick overview as far as next steps. We're finalizing our talking points to get those out. We got a list of the current pack. The one thing that we don't have that we want to understand is the people who've already donated to the pack. There's no way for you to go on and look and say, Okay, I've given 200 bucks, but what more can I give this year before I hit my Max? So we want to get a list of those folks so that we can reach out

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02:18:12.379 --> 02:18:18.900

OEIS: people who have given some and say, Hey, can you pony up a little more that would be helpful. We want to recognize

667

02:18:19.010 --> 02:18:43.350

OEIS: recognition for members who have recruited people, either through the annual meeting or online, and so on. And maybe some Oei swag, as I mentioned as well, and we want outreach for new members when we do outreach. Also as part of recruiting new members. As we've said, I think that the advocacy piece is just one of the highlights of belonging and supporting this organization, and apropos

668

02:18:43.350 --> 02:19:08.010

OEIS: of what was discussed about the things that we can do to highlight. I think if we can get a cadence of maybe a quarterly post, either an email blast or on oeis connect that says this is the activities that have happened over the last quarter that we've done, because I think that you know, when you get away from, you know, communicating with people in this room, and so on. I think most of our members are pretty blind to what's actually happening and the amount of work that's going.

669

02:19:08.010 --> 02:19:30.099

OEIS: And you know, Brian and I, if we just get like in any version of these are the meetings and stuff that we've had, then we can collate it, put it together, and something that goes out and get into accordingly. Cadence of that stuff coming out. Can you give me, you know, since on you in in many respects. Can you give me a little bit of the inner workings of where these like with this fund that you have with these funds?

670

02:19:30.100 --> 02:19:37.199

OEIS: What what do we do with these folks? Where? Where are they going? What- what do we? You know what's going on within the pac, within the pack.

671

02:19:37.330 --> 02:19:43.457

OEIS: Okay, can you guys speak to what what the pack dollars are being used for? So

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02:19:44.080 --> 02:19:51.060

OEIS: half dollars are used primarily to fund events with legislators

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02:19:51.230 --> 02:19:59.969

OEIS: recall that as distasteful as it may be, and this is a primary reason why physicians are often not at the table, but being served for lunch

674

02:20:00.060 --> 02:20:01.970

OEIS: is that we don't

675

02:20:01.990 --> 02:20:29.710

OEIS: want to, nor have we traditionally been very good at engaging legislators, and to get access to them cost money. There's no but having said that you know a Congressional event is going to cost anywhere from the low end of \$15,000 to 30 to \$40,000. That's not County leadership would wanted to go get the Speaker of the House. It's a much more expensive endeavor.

676

02:20:30.082 --> 02:20:56.140

OEIS: Senate. Events are roughly doubled 2.5 times that we've combined with both individual donors and other patents. So, for instance, we did an event for Senator Tillis last February in DC. We actually conspired with scs, because that's the other thing, despite some of the animosity that's in some of the academics. Some of them get it. Megan Tracy is dynamite, she gets it right.

677

02:20:56.150 --> 02:21:09.189

OEIS: So we were able to get who runs the ses pack and Megan to give \$5,000 towards that event. So we from oeis put in money. They put in money, and then we had individual people.

678

02:21:09.240 --> 02:21:34.270

OEIS: So the purpose of the past is to raise money, so we can engage these legislators, because at the end of the day we've been going to Cms for years saying, Please fix this problem. And Cms has consistently said,

it's going to require a legislative fix. So we have to engage legislators, because you all know, we are a full board member, and our.

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02:21:34.270 --> 02:21:45.229

OEIS: and we do not pay respect for that board seat because everybody knows everybody else is a paying member. But because we're nonprofit, we give position, time, and expertise is the

680

02:21:45.330 --> 02:22:15.239

OEIS: reason we get a pass on membership. We said that it's very high level. If you go to Jason Mckittrick's talk, he's here. He always gives an update of what's happening. With the efforts of the cardiac coalition. We are leading the way in many regards, sort of the Obf. And some other initiatives, both in Cms and on the hill. And when you spend. And so there are analytics that happen that get paid for from the coalition, you know, to create nice charts and data. That's

681

02:22:15.270 --> 02:22:39.859

OEIS: the decision makers. But there's also strategic. Congressman and Senator visit meetings. But these are very strategic. A lot of the times you'll be. Oh, just get to know your Congress well, it doesn't even matter if your Congress is not on the influential. The House and Waste Committee, or really the influential members. It doesn't matter. You're wasting your time together. Okay? Because it's so, that's what's so.

682

02:22:40.080 --> 02:22:56.250

OEIS: We leverage our money so much because it goes directly to the bears of Network Center as part of the overall strategy. The part the big part of the pack is in the past. We've primarily funded these endeavors by scraping the same

683

02:22:56.340 --> 02:23:19.950

OEIS: 15 people for contributions. We actually have a group of Oas members in mid Atlantic chapters call it, that have been extremely active donating money. Some of the North Carolina guys have been extremely active about donating money, and, in fact, if you look at the people who maxed out from those donations last year 4 and 5 along through mid Atlantic Group.

684

02:23:20.010 --> 02:23:31.659

OEIS: Right? So I'm included. But we have to, for lack of better terms, broaden that tax base, because we can only give so much as an individual, and all of us are under siege. Financially. The problem is

685

02:23:31.660 --> 02:23:56.090

OEIS: again, physicians tend to be notoriously cheap about this or not want to be engaged, and at the end of the day, and Brian and I have been

talking about this mid-atlantic thing now for several years, and you may have heard me say this before, but I've encouraged people for a long time to create a personal and procedure budget grocery seats, one high level code for most of us. That's 8, \$1012,000, right? And now you got money. You've already allocated. So that's

686

02:23:56.240 --> 02:24:17.930

OEIS: \$500,000 a month depending where you fall on that then you should be working to protect your livelihood. Because trial lawyers don't have this problem. Everybody sits there and anties up, and that's why they've got like a really big pack. All of our medical packs are in the hundreds of thousands of dollars. I think Brian has some numbers on this and we need to do a lot better than that, right? So

687

02:24:17.930 --> 02:24:35.499

OEIS: what these guys are trying to do is get that money. So we can do these strategic events. That's the primary reason we need to fundraise for this stuff. And even with that we're still probably have to tax some people for individual donations, despite costs money, and we don't have access as tasteful as that may be to some folks it's just reality.

688

02:24:35.740 --> 02:24:57.460

OEIS: We have current talking points that when we're talking to our colleagues like this, yeah, we're just finishing up. We'll get them out as part of that to everybody. Yes, yep, absolutely. But you know it's like the CEO of our. Our group came out of Washington and out of politics. And you know, he said. You know, guys, if you had had \$500,000 over the last few years in the pack

689

02:24:57.460 --> 02:25:21.249

OEIS: coming in, we would not be where we are right now. It doesn't cost millions and millions, because we're a fairly focused thing that we can do. But it costs something, and we do have an opportunity now. And so this is the year that we have to make things happen. So this is the year everybody should be maxing out if they can. I heard everybody go to Jerry's talk and Jason's talk.

690

02:25:21.330 --> 02:25:32.020

OEIS: This shows you all the wins we've had, and what's right, it's it's on the desk. We can pass them all around. There's the flyers are right here.

691

02:25:32.020 --> 02:25:52.689

OEIS: Don't give it to. We'll pass them out to everybody right now. Yeah. Yeah. And the last in terms of the needs we do, in addition to please donate and get your if you haven't donated to the pack yet, please do it. Get your sticker. We need help with the meeting kind of working the room. But the idea that in between breaks when you find people like

692

02:25:52.690 --> 02:26:17.500

OEIS: grab these things and just ask people to donate. There will be banners on up as well that have the QR code on them. So it's going to be really easy for people to do it. So you know, I think, trying to work the room and encourage people to do that is going to be a big help. We're going to be highlighting it throughout the talks. The whole time I've included in my talk. Brian's giving a talk about it. So we're going to kind of keep harping this

693

02:26:17.500 --> 02:26:40.789

OEIS: through the whole meeting, and it was very successful last year, as I understand. So we're going to try to do that and the other pieces. We need committee members. So please, you know it's an hour a month. So if anybody in this room wants to join, please do and please suggest, get your partners, your friends, anybody that you know. Please join the committee and help us reach out over the next few months, because this is really the critical kind of quarter.

694

02:26:40.790 --> 02:26:53.409

OEIS: and making this stuff all happen. So that's my my quick bet here, and would be identified with 5 people from this room right now. Who's willing to really help us for the room in the next 4 or 5 days?

695

02:26:54.220 --> 02:26:59.560

OEIS: Really get out there and just champion this piece of volunteers.

696

02:27:01.760 --> 02:27:10.250

OEIS: Remember your pack donation, too. So somebody better raise their hand here because we need to do this guys but having said that,

697

02:27:11.386 --> 02:27:30.230

OEIS: so I'm doing this right now. It's called. I'm punching a Max donation right now. We in this room can get this kick started and can help these guys. So you're gonna do a telethon type thing, or you're gonna see progress or your meeting. What you guys plan for this in this meeting.

698

02:27:30.600 --> 02:27:36.320

OEIS: That's plan as far as you can get someone trying to scan it right now because mine was blocked.

699

02:27:36.550 --> 02:27:46.079

OEIS: You have to sign in because you have to be a member

700

02:27:47.030 --> 02:27:50.580
OEIS: when we helped riz last year.

701
02:27:51.757 --> 02:28:03.679
OEIS: not saying this to be in any shape, form, or fashion, denigratory, derogatory.

702
02:28:03.920 --> 02:28:25.859
OEIS: 5 of us each contribute \$5,000. So \$60,000 raised with the annual meeting last year, 5 of us contributed nearly half. We can all do better than that guys. Right? So I'm punching it right now. And hopefully, this would be like, you know, we should all be able to set. And then are we? Gonna do you have a gauge set up for something again this year. Jason. Okay.

703
02:28:25.860 --> 02:28:39.800
OEIS: so can we, can we any donations that come out of this room? Can we have that show up when the gauge opens. So we start from 0 and bang! It goes up to. That's what the leadership donation

704
02:28:39.990 --> 02:28:41.030
OEIS: tune in.

705
02:28:42.637 --> 02:28:59.109
OEIS: Well, as of right now we got 5,001. So

706
02:28:59.370 --> 02:29:03.770
OEIS: well, Bob, I contributed. The 1st time

707
02:29:08.530 --> 02:29:13.639
OEIS: I waited because I wanted to make sure it showed up on

708
02:29:13.900 --> 02:29:38.399
OEIS: it says that the content for the Oes membership levels is higher than you currently possess. I just scan this QR code. I scan this QR code.

709
02:29:38.470 --> 02:30:06.500
OEIS: Basically, I'm a peons. Now, you're asking me a lot of stuff here. I'm trying. But I don't even know my username and password.

710
02:30:06.500 --> 02:30:30.679
OEIS: So, guys, we still need 3 or 4 people who are going to raise their hand and get out there and beat the bushes in the audience. So let's have

some volunteers, please. We need some people to do this, especially those of you that are gifted with the gift of gab like Alex

711

02:30:32.484 --> 02:30:43.730

OEIS: and Jeff. It's 2, and once that's 3

712

02:30:50.925 --> 02:31:07.380

OEIS: in the room.

713

02:31:07.960 --> 02:31:33.150

OEIS: Okay, other questions or or comments on advocacy and or path in all seriousness. Because this is really guys as mission critical. We were just talking about publication. To get data to defend what we're doing. This is every bit is mission critical. If we don't have a seat at the table, we are going to continue to get eaten for lunch. So we have to do this. This is a

714

02:31:33.550 --> 02:31:56.040

OEIS: existential activity right now for us to survive, particularly in the current market. Like, Dan said, we have small window of opportunity right now. We've been working very diligently the last 2 years to to get this opening right? And we really, really gotta run with this and see if we can make something happen here. Sam.

715

02:31:56.440 --> 02:31:59.350

OEIS: well, is this different? Intercepted from?

716

02:32:03.890 --> 02:32:28.599

OEIS: Yeah. Yeah. So that's great. So it's a great question, guys. So you can donate as a Us. Person \$5,000 maximum per election cycle. Essentially. So you can do 5,000. Your spouse can donate that. In fact, a few years ago my ex-wife and I were the 2 big donors. Cbc, so I did the same thing. I punched the maximum contribution in both our names.

717

02:32:28.600 --> 02:32:46.479

OEIS: but having said that, you can also do individual donations or limits per cycle that are pretty clearly spelled out in Federal election law. Here's what my recommendation is. You should have your personal advocacy budget like, I said, potentially. 10 grand a year that you're going to

718

02:32:46.480 --> 02:33:02.309

OEIS: put into this endeavor my request or my ask, is we, Max? The Oas pack first, st then give something to your specialty. Pack whether you choose the Max or not, but you should probably still engage with them and

hold out a couple of 1,000 bucks, because, especially if you're a constituent.

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02:33:02.340 --> 02:33:31.910

OEIS: and we need to tap you because we're going to have an event. All of a sudden the Congress trigger becomes important district, and we need to get an event going there, and we want to be able to show that many of you were invited to the breakfast fundraiser for the conference people that are talking at the meeting again. They're going to expect you to punch a donation to that. Now that's smaller donation. That's separate, and it doesn't count towards your limit. Your Max limits \$5,000. So again, my ask, set a budget

720

02:33:32.090 --> 02:33:56.969

OEIS: if you can, Max, out the Oei's pack. So we have fighting dollars, and then we'll probably have to tap here for a little more on the way for individual contributions. But I also think you should support discussion. Pack as well. Because we can do that. And I've already had this discussion with, you know, organizations like Sds. Then it becomes bidirectional because we can show we're actually keeping people supporting the path. A lot of us private practice surgeons pull their money away from those guys.

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02:33:57.311 --> 02:34:24.010

OEIS: Then we'll be able to get coalesce on them, because we actually need them to help us, because there's limits to how much we can contribute for a particular event. Again, per candidate per election cycle. So again, if we can get all the bugs to rise. Kind of thing. But we need to lead the way. That's probably the single best way to do this? Are we overwhelming the site? Because it says, My, my thing cannot be processed at this time.

722

02:34:24.260 --> 02:34:29.010

OEIS: Thank you for

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02:34:29.920 --> 02:34:45.719

OEIS: \$1,000 pack contributor. You can go now. We invited everybody who was a thousand dollar pack contributor, with the idea that those people have already shown and willing to to step up. And you don't have to give the same donation when I forget. What's the number we're looking for for that fundraiser.

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02:34:46.160 --> 02:34:47.759

OEIS: It was 15,000.

725

02:34:47.970 --> 02:35:13.070

OEIS: Yeah, 50,000. So it's 15,000. So what's gonna happen is this, we're gonna ask individual attendees to stroke a small check, and then, whatever we don't get from that, we'll make it up from the pack right? So that's the whole point of doing it that way. We don't want to just come up short, because soon as word gets out that while they set the event up, and they came up short again.

726

02:35:13.070 --> 02:35:33.119

OEIS: Donate, before there was a link that was sent to you, and again, it should be. It should probably do like 500 to that.

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02:35:33.120 --> 02:35:44.669

OEIS: It's like a circle. Are you not registered? Yes, this guy.

728

02:35:44.980 --> 02:36:09.869

OEIS: Okay. Other questions on this advocacy thing is, people are eagerly punching right now. If you did get if you did get an invitation that Thursday, please make sure you punch that because that they're going to track that money, and then they're going to tell us that morning his fundraiser again. The only other thing I'll say, and we've had to do this in the past. And it's really important. We've had this

729

02:36:09.870 --> 02:36:31.010

OEIS: conversation a lot in mid-atlantic. We are targeting key people. It doesn't matter. Okay, I've given money to people in the office party. Dan's giving money to people in the opposite party. It's gonna it's gonna happen we have to keep our eye on the ball. Why, we're targeting these folks. Okay? All right. Any other questions about this?

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02:36:32.660 --> 02:36:54.070

OEIS: Okay, Bobby, why don't you say a few words here. It's actually listed under Brett. But why don't you? Why don't you talk to the board a little bit about this? Because this follows very logically from what we were just talking about. Sure. We had a phone call for the annual committee, just, I think, a week or 2 ago, going through some final motions for our meeting this year.

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02:36:54.110 --> 02:37:21.399

OEIS: and what came up was a discussion regarding the new Jbi April edition. I'm not sure if everyone in the room is aware that there was an article published regarding outpatient pertaining to Cms. Medicare data. And it's pretty much the same story that everybody here is, you know, sadly used to thinking to. Some of the other articles have been published demonstrating increased utilization.

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02:37:21.750 --> 02:37:46.230

OEIS: That's all true. But what was very troublesome here was the actual conclusion which basically had some pretty derogatory words about what we all do in this room. The term was mercenary inclinations of oblique physicians on LinkedIn people keep passing around.

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02:37:47.741 --> 02:38:01.340

OEIS: actually written by a Ben UCLA international radiology fellow

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02:38:01.420 --> 02:38:08.149

OEIS: who's now in private practice in a hospital in upstate New York, and he was working alongside a medical student.

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02:38:08.290 --> 02:38:14.729

OEIS: and they've been working on this probably for a year or so. They pushed it out, got accepted, was published in April.

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02:38:14.850 --> 02:38:16.269

OEIS: and it's a little

737

02:38:16.380 --> 02:38:41.179

OEIS: troubling and interesting, because I'm kind of wondering what the political angle is here, because makes me think there was probably some academic ghostwriter or someone involved with an agenda. But, needless to say, it's you know we can talk about why. But the fact is, it happened. And it's it's a huge problem that's definitely created ripples in the IR community I know in vascular together is a multidisciplinary society. We've been dealing with this for a while.

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02:38:41.350 --> 02:38:48.879

OEIS: and you know what came up on the call was, what do we do about it? Well, frankly, that's gonna happen except to chime in, you know.

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02:38:49.480 --> 02:38:57.550

OEIS: like it or not, whether what, whether the tool is is valuable or not. Angio dynamics is gonna be coming out with a

740

02:38:57.770 --> 02:39:13.459

OEIS: important study called the Ambition Trial, which is, gonna be a randomized. I'm sorry it's going to be a yeah randomized control trial looking at Angioplasty versus laser plus, you know, Angioplasty. So

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02:39:13.710 --> 02:39:25.016

OEIS: I'm hoping that they enroll the. You know, they have the right sites involved in that trial, because if they screw that that up that's gonna set a lot of people back, you know. But

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02:39:25.340 --> 02:39:46.379

OEIS: I mean, I think all of us who do all these procedures, fair clip, know the value of athletic, know the roles, plaque, modification, and how we can improve it. But that trial is going to be important, I mean, do you agree? Finally, I mean, I think that's going to be a very important one, I mean, that's a great point. But this brings us back to the point that I was making earlier.

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02:39:46.560 --> 02:39:48.909

OEIS: We're we're pigeonholed.

744

02:39:50.100 --> 02:40:16.800

OEIS: as far as I can remember, into always being in a defensive mode. You've been doing this for a long time. You've supported all of us. We have great data. We have the registry. We have all the tools that we need to demonstrate that what we do matters. But I think it's beyond that. I you know, we're always reacting to what other people are throwing at us.

745

02:40:16.930 --> 02:40:25.410

OEIS: And I think what we're missing here is the collective strategy to demonstrate why we do what we do not just atherectomy, critical and ischemia.

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02:40:25.540 --> 02:40:29.079

OEIS: But I'm talking about really the goals of the independent position.

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02:40:29.280 --> 02:40:42.019

OEIS: and we are a dying breed. And granted, not everyone here is, quote, unquote, independent. We are unified in our mission for outpatient endovascular care, but by supporting the independent physician that helps all physicians.

748

02:40:42.170 --> 02:41:02.460

OEIS: and what's not told in the story, too, is how that affects patients. Right? So I think a lot of what we're talking about at this board meeting. We're talking about perceptions how people view us. Right. There's this perception among the main societies that perhaps we're on the fringes of medicine. Perhaps we're just folks operating in closets.

749

02:41:02.530 --> 02:41:13.789

OEIS: You know there's this perception that we're greedy, even though we know that's not true. There's a lot of cards, you know, stacked against us. The deck is stacked against us. There's consolidation going on. It's a lot of headwinds.

750

02:41:13.880 --> 02:41:21.300

OEIS: but we do what we do because patience and we know that we do a great job with patients. And we know that patients prefer us.

751

02:41:21.640 --> 02:41:27.570

OEIS: I am basically saying that I think we need to get our heads together and think about a public relations strategy

752

02:41:27.870 --> 02:41:51.620

OEIS: for what we do. And I think this actually will solve a lot of problems. Think about recruitment. Alex and I will talk about the student, the resident, the fellow section. But you know we have a lot of folks signed up, but that hasn't translated into attendance for the meeting that hasn't translated into meaningful action and activity in society. If you think about what we could do, we need to actually get this message out.

753

02:41:51.740 --> 02:42:11.529

OEIS: and I think we unify our own goal of why independent? Why, being an independent physician matters how? That's important, how that impacts patients. And we need to basically share stories, we need to have data. There's no question about it. We are really smart people doing really smart things. We're going to produce that.

754

02:42:11.790 --> 02:42:19.930

OEIS: But that takes time. And I think what maybe modern society has taught us is sometimes the facts aren't necessarily as important as the perception.

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02:42:20.710 --> 02:42:24.109

OEIS: So I think it's time that we think pretty hard about it.

756

02:42:24.340 --> 02:42:37.939

OEIS: I think one thing that I propose that we do is, I think we need to be more active on social media with our oes accounts. I think we've done a nice job. But I think what we need to do is we need to share stories.

757

02:42:38.330 --> 02:42:52.869

OEIS: I think one thing that we've all realized is, people have pretty short attention, spans. No one likes to sit and read journal articles, or even jump on Zoom Meetings, or do anything that takes more than a minute or 2 of their time

758

02:42:53.030 --> 02:42:58.909

OEIS: that people are looking at reels. They're looking at short little content clips.

759

02:42:58.950 --> 02:43:13.033

OEIS: Could you imagine how powerful it may be if each of us maybe spend 30 seconds recording a little something about what we do, maybe interview the patient. I love what you're saying. I'm sorry I don't interrupt you. I mean, I love enthusiasm about it.

760

02:43:13.340 --> 02:43:38.229

OEIS: this is, I want to point out. This is the second year someone makes the point about having a Pr firm or someone that's professional handling this unless you're Dr. Dippel on social media. You know, Eric, we laugh, but honestly like I mean you do it beautifully. But like I'm I'm a wimp on social media. Anyone is not the

761

02:43:38.230 --> 02:44:02.420

OEIS: right word, but unfortunately, that's it. We're pigeon like every time you show something good or you make a teaching, you cannot even make a teaching point on social media anymore. So and and what happens is professional people, or if you hold yourself in a good regard, you're not going to be dragged into a yelling competition with someone you know, sitting in academics. I just don't think it's

762

02:44:03.020 --> 02:44:07.320

OEIS: unless you're Dr. Dipple. You know how to handle them. I don't think it's fair to a lot of.

763

02:44:07.570 --> 02:44:27.860

OEIS: So. Yeah, I I hate to use the example that some of the let's just say unfriendly countries around the world. They have their own, you know, lobbying firms and pr machines in the United States, and I feel like we need at least to explore. But what you just said explore the idea of like, okay, hey.

764

02:44:28.050 --> 02:44:47.062

OEIS: this is what's going on. Can you consult with us? Can you advise us what we need to do because we need to move from defense reactive all the time to because I don't know like if Dr. Conti or I mean not not a single amount. And if you know you know the names. It says,

765

02:44:47.590 --> 02:44:51.929

OEIS: Why did you do this tibial vessel, or you just harmed the patient?

766

02:44:51.970 --> 02:45:21.079

OEIS: You know you're not going to find someone saying, why would you say that you know? What about the 10 years of data behind it, unless you're back to to your point? I mean, this is this is a real example that happened. I mean, you can get on social media and read about this. But you know everybody knows the CEO of United Healthcare gets killed, and there's a huge public outlash about, you know, you know, whether it was right, wrong, and justified, or whatever. What did united healthcare do?

767

02:45:21.150 --> 02:45:34.240

OEIS: They hired a legal firm for for the Pr. And got out and said, Hey, we're the greatest company in the world, because we're taking all your money and raping you all. That's exactly what they did. I mean, they're they're getting a huge amount of backlash

768

02:45:34.240 --> 02:45:56.539

OEIS: because everybody's ganging up on them, and they just turn around hired a Pr from this. And hey, no way, we're stealing your money. It's okay. We're doing it for the right reasons. So this guy can make a lot of money, but it's okay. If you don't get healthcare. That's exactly what they did. That's exactly what you're saying. We should do. I don't disagree at all. I agree with you guys, you're right, but I I think the strategy isn't so much

769

02:45:57.120 --> 02:46:12.519

OEIS: trying to be aggressive with other doctors. The truth of the matter is that doesn't really matter or get us anywhere. It does get us attention, which is good. I think that's the reason why there's a lot of students and people joining us. But I think what really matters is what patients think.

770

02:46:12.640 --> 02:46:30.550

OEIS: And I think we really need to shift the strategy to be more patient, focused share patient stories. I mean, you all. Each do magical things, you know, on patients every single day. There's probably thousands of 5 star reviews in this room alone. Otherwise you guys wouldn't have businesses.

771

02:46:30.930 --> 02:46:37.460

OEIS: I don't disagree with your sentiment. All I'm saying is, let me see that this is actually a situation where the problem is not us.

772

02:46:37.560 --> 02:47:05.050

OEIS: The problem is that he's I mean I I point to him because he is like very eloquent. He responds very nicely like he kills them with. No, no, you kill them with kindness, but you still get that jab back. So so one thing I want to kind of follow up about that, specifically, is in 2017, I think. I started on Twitter and built pretty good presence, and I had a small group of 30 irs on Twitter that we had our own little chat group.

773

02:47:05.050 --> 02:47:11.830

OEIS: Then I had a group of 12 interdisciplinary, just vascular guys, cardiologists, vascular surgeons as of today. 0

774

02:47:11.840 --> 02:47:16.320

OEIS: of them are on social media at all. That's that's 42 people

775

02:47:16.320 --> 02:47:41.310

OEIS: who were big time producers, content producers interacted. They are off 100%, because twitter sucks it turns into like, oh, I got a porn ad now, and I can't search for whatever I see. I see a response from something, and I can't figure out where the where the antecedent post is. That's like this is a whole complete mess

776

02:47:41.875 --> 02:48:02.810

OEIS: Twitter thing that we're entered the same whatever, like Lorenzo just posted this very nice case. And all these people started piling on the poor guy for having a good results. That so. But to that point.

777

02:48:04.210 --> 02:48:29.850

OEIS: Social media, though, is going to continue to have a presence and part of the strategy, can't be. Part of the strategy has to be organic. Part of it has to be. Not everybody can be Eric. Personality wise for me, personality, wise, right? So you're not always going to just basically. And I try to be nice, because I'm the President right? When I'm not the President anymore, I'm going to revert back to my former persona. I'm going to be pretty fucking pointed with some of these motherfuckers. But be that as a man.

778

02:48:29.850 --> 02:48:58.490

OEIS: the the point I'm making to you is, I think it is incumbent on us to what you guys just said to quit playing defense. We have to have kind of a ready response setup. Right? People have to amplify the good content, and we have to defend this in a professional, reasonable fashion. A couple of us we can be trolls, and we can be ogres with the 2 by 4 with the nail through it. But by and large, what we need is we need a bunch of people to pile on and be able to quote data to do that, we kind of have to have

779

02:48:58.540 --> 02:49:02.969

OEIS: essentially a war chest of common content

780

02:49:03.090 --> 02:49:29.150

OEIS: and talking points data. And it can't be one or 2 things. It's got to be 40 or 50 things, but repetition is what drives perception.

Perception is reality, because, regardless where you sit on political spectrum, regardless where you do anything. There's a whole lot of shit that's going on that people aren't. They don't get because they think one way, even if something different is happening. Right? So we need to combat that I totally agree with you. We talked about hiring a Pr firm.

781

02:49:29.250 --> 02:49:38.210

OEIS: Okay, I think that's going to be very resource, intensive. To be honest with you because we're not united. We did look at this, and we got some quotes, remember 100 and

782

02:49:38.480 --> 02:50:03.000

OEIS: 50 to \$200,000 or something like that. To put on a campaign. We talked about that in the context. Remember that whole propublica thing. And all the time that we all spent I spent answering any wallman and going through all these mechanics about all this right. And if you guys recall my comment at the time was we got to put my defense on this. So this is timely, and it's a recurrent thing. So I guess from an action item perspective.

783

02:50:03.000 --> 02:50:28.059

OEIS: We need a plan how this can be engaged on social media. We need a plan of getting this content for patients so that we can put it out on social media, but also doing press releases. We talked about getting stories out on the wire with the Pr people that Cbc uses. I had a couple of phone conversations with those guys, and that was about a 10 or \$15,000 cost, as I remember. But Cdc.

784

02:50:28.170 --> 02:50:47.835

OEIS: That time from time to time does ask and look for content stories, so in their their scour, and all their members so be ready to go, is kind of I think that you sound like you're speaking to.

785

02:50:49.510 --> 02:51:13.260

OEIS: I'm speaking to a room of physicians multi-pronged approach. You need to be able to combat naysayers. Those will be physicians oftentimes, but, as probably said, I agree with them wholeheartedly. We need to be speaking directly to patients, and by proxy. The people that really make a difference in this which is ultimately the legislators, their legislative staff.

786

02:51:13.660 --> 02:51:29.640

OEIS: and the payers. Because that's what we're. That's what the net effect of Jv articles we can all defend that. We can laugh at them, because, you know, it's a 1 year die out in the Med student. But what's the real impact of that article. It's another nail on the bed of nails laid by Caitlin Hicks

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02:51:29.640 --> 02:51:48.490

OEIS: on another piece of data. If we say the same thing over and over again. Atherectomy is bad. Anyone who uses it has mercenary inclinations. Not that it's a better treatment by plaque, preventful metal jackets. Yada, Yada Yada. And we all know what that data shows. Can I ask the group of physicians here? And that's considered a question.

788

02:51:48.730 --> 02:52:06.459

OEIS: how comfortable are we with using same strategy that they're using? Let me give you an example. And and I'm asking this sincerely, how comfortable are we talking about? Are you only saying that? And I'm not, you know we're not going to use that terminology. But you're only saying that because

789

02:52:06.740 --> 02:52:21.700

OEIS: you work for a hospital, or you're only saying that because, you know, the hospital is very interested in keeping the procedures in them, because they can make much more money than if we do them, and they'll be out, or if you look at. You know how comfortable are we with

790

02:52:21.980 --> 02:52:39.579

OEIS: talking like this? That's been our problem all along. I don't have a problem that's fine, but that strategy doesn't work, though. That's the thing it worked for them. It worked well. It works for them because they're they got the wins behind them.

791

02:52:39.590 --> 02:52:52.139

OEIS: Systems are consolidating. They're incentivized to be aligned with hospitals. They're paid by the hospitals. It's an academic, industrial complex. You can't fight that. The one thing that we have in our corner are patients.

792

02:52:52.140 --> 02:53:13.300

OEIS: That's it, I agree. Reactionary is probably, you know, we have to kind of come up with a solution for that. But for this specific instance, right?

793

02:53:13.300 --> 02:53:33.169

OEIS: I still think that you have to have an actionable item on that which is a lever to the editor. To your point, I'm thinking, like I I get on Linkedin. That's the only one I get on. I don't get on anything else. I don't get on

794

02:53:33.230 --> 02:53:35.979

OEIS: Facebook, Twitter. Whatever those other ones are.

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02:53:36.560 --> 02:53:42.169

OEIS: I would conservatively say, 90 plus percent of people that follow me are healthcare professionals.

796

02:53:42.180 --> 02:53:55.930

OEIS: I mean, I've got a lot of patients that follow what I say so. How do I even reach my patient? I don't. In my office I don't put up a Linkedin. Say, Hey, follow me on, Linkedin right? And so how if I'm posting stuff on Linkedin? How am I even touching those people?

797

02:53:55.930 --> 02:54:14.720

OEIS: That's that's that's the question. I have really Instagram for anyone over the age of 40 Tiktok, for anyone over the age of 30. See? I don't do any of that stuff. You gotta get a medical assistant, someone to help you out, but going back to your content again. We've had this conversation a lot over the years and had it with Mike, and you know it's generating that content, though.

798

02:54:14.720 --> 02:54:19.890

OEIS: So what you just said, I think, is powerful actionable item. And we should actually take this.

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02:54:19.940 --> 02:54:28.540

OEIS: And we should adopt this as board. And then the goal should be that every person on this board gets 2 patient videos recorded

800

02:54:28.790 --> 02:54:30.870

OEIS: and patient of theirs

801

02:54:30.880 --> 02:55:00.639

OEIS: that they did some meaningful therapy for. And it really doesn't matter what the disease state is. Obviously, since it's lower term of the arterial and positive you're on Twitter. These people have no morals. They will criticize you for doing that. They will jump. I know you're on Twitter. I mean, you have very mild opinions. I saw that, but but I wish I have your courage.

802

02:55:00.640 --> 02:55:11.069

OEIS: but but these people like would dare cross that line when you're showing like a picture next to a patient where you sold the look, or they say something nice, and they will dare criticize them.

803

02:55:11.470 --> 02:55:23.430

OEIS: So so I I say that yet I mean, and and this is this group of positions here we're empowered. We know the data. We know that. You know Dr. Smith or Dr. John. That's that's reading all this and scared

804

02:55:23.510 --> 02:55:44.659

OEIS: that he's being viewed that way might not be again. I'm not just. I'm not against what you're saying. I'm fully with it. I'm just saying, how how can we protect our independent position from that mindset that I'm always defending myself. I'm always defending myself. So this is the good news is the platforms that are required to actually reach. Patients are not the platforms, for all these academic folks are being hostile.

805

02:55:44.680 --> 02:56:02.539

OEIS: That's the thing. They're not sharing patient centered stories on Facebook or Instagram or Tiktok. They're congregated on Linkedin. Eric's got his fear out stabbing people left and right. It's great. I love it. By the way, you know I'm on Twitter. I got blog posts. Bob is, you know, spitting logic every 10 min, which is wonderful.

806

02:56:02.540 --> 02:56:15.750

OEIS: But the truth of the matter is, the patients aren't necessarily there. Some of them are there, but most of them are not. So. I'm really talking about shifting our energy to be focused on positive, patient stories, things that actually matter. But you got to do it on the right platform.

807

02:56:15.970 --> 02:56:38.850

OEIS: That's what I what platform would that be? I think it's Instagram and Facebook. It's going to be Facebook for older folks. It's going to be Instagram for younger folks, and we're going to have to get involved in Tiktok, if anything, because that's what all the young folks we're going to recruit to our society

808

02:56:40.851 --> 02:56:50.860

OEIS: know for my teenager kids

809

02:56:50.860 --> 02:57:10.100

OEIS: if they did it for 48 h. And then it came back. So to do this, it remains incumbent that we have content. So again, my my proposal slash. Ask here, or agrees with this we should commit and actually do it again

810

02:57:10.350 --> 02:57:18.520

OEIS: to getting 2 positive, patient videos per physician sitting in this room. We can bank them.

811

02:57:18.700 --> 02:57:33.320

OEIS: Okay? Well, to get permission, obviously for the patients to to use them just like you would get a signed release. And you know, if you do live cases or something like that, then we can bank and pull them, and then we need to have strategy for how that's

812

02:57:33.320 --> 02:57:58.879

OEIS: going to happen. So I mean, Mike, you're the solo guy. I've never been on Facebook. I've never been on Instagram. Hey, Bob, can I make a quick suggestion? And then I think that probably I know that our practice has a lot of patient testimonial stuff. There we have articles that you know, that have come are coming out

813

02:57:59.040 --> 02:58:25.930

OEIS: about specific patients and mobile press, and all of that stuff. I would not be surprised across this organization if there's a welcome material out there all, and you know and what it is is, we're posting it on our own thing, and if we could then get it reposted on the oeis stuff we already have. This is exactly where I'm going now, getting this stuff banked and having a strategy. But to do this we need to do this, and we need to be very

814

02:58:25.930 --> 02:58:30.220

OEIS: body, was saying, I don't know that it behooves society

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02:58:30.220 --> 02:58:35.610

OEIS: to come out swinging. We'll leave that to a few of us to do, and then

816

02:58:35.690 --> 02:59:05.069

OEIS: these positive patients. But we are going to need people who are going to take the lead and actually do the posting, and at risk of sounding terrible about this. That means it's probably going to be one of you people with a lot less gray hair than someone who's at the table, who understand how to do this shit. So you know who I actually would be happy to help out, and I know he's not at this meeting, but who's actually really good at this? Indeed, he's done everything on the Social Media Committee over the past couple of years.

817

02:59:05.070 --> 02:59:07.760

OEIS: He's done everything.

818

02:59:07.780 --> 02:59:12.899

OEIS: I'm looking at the OS. Society Twitter Page just to back you up

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02:59:13.000 --> 02:59:30.599

OEIS: 2,023. We have multiple posts that have 5,000 views, 4.5,000 views, 6,000 views. Since the beginning 2024. We don't have anything that's more than 450 views. And it's not because of us. It's not because of our content. It's because the the platform has died. Not for us.

820

02:59:30.830 --> 02:59:43.349

OEIS: Body real quick, you know, somebody that can make really impactful videos. Just big nets is is wolf, you know. Is Chris right? Chris Bully, I mean, I don't know if we could

821

02:59:44.250 --> 03:00:06.050

OEIS: work with somebody like Chris Willey, who does all of our live cases in Phoenix. You. That's gonna cost you a lot of money. Well, well, but I I want to share you were involved in this. But he was involved in this. I don't know if everybody knows about this. So we actually started the documentary amputation, some of you know, but knows about it. It's called Amputation Nation.

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03:00:06.712 --> 03:00:34.099

OEIS: And we we did some grassroots like funding for it. And it's exactly what you said cause I I completely agree with what you're saying. If we make it patient focused, at least people will have some decency not to attack it. But you know it's gonna cost about \$250,000. We we we dried out at 75,000, actually meeting with them at Cbh, hopefully, that some people going to donate

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03:00:35.700 --> 03:00:39.950

OEIS: But I'm I'm I'll I'll tell you. I'm concerned, like we have snippets.

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03:00:40.010 --> 03:00:43.220

OEIS: I'm concerned about putting them up on social media, because

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03:00:43.250 --> 03:00:55.800

OEIS: even though the family agrees and and everything because it's just gonna be misconstrued that you're taking advantage of a family, or you know, someone will have something snarky to say and and it's just it's just

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03:00:55.800 --> 03:01:24.589

OEIS: concerned. But you know what, though, I get your concern 100%, they're going to look like jerks. Those are easy to tee up on. You can bash their heads easily. So there's websites that you can hire freelancers. And I'm just looking right now. There's basically like social media managers and stuff.

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03:01:24.590 --> 03:01:31.880

OEIS: and they freelance. And it's like, you know, the highest. The premium service is like 250 bucks a month.

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03:01:31.880 --> 03:02:00.239

OEIS: you know, so we can at least trial that, and see if we can submit. You know some patient, you know, videos. And then I would say, even before we spend it, Nicole's really low tech, and some of us already have content. Some of us already have a little reviews and testimonials. But let's let's take up what Alex just brought up here.

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03:02:00.350 --> 03:02:09.360

OEIS: Okay, so yes, there's content out there. We need to coalesce it. So let's please do this. If you have content. Jason.

830

03:02:09.690 --> 03:02:26.900

OEIS: yeah, you drop. Okay, so this is being recorded. So we'll pull this off on the on the action. And I'm gonna have Jason set up a shared folder or some way that we can upload this content. Having said that, please, please, we're gonna pursue this society to make sure you have a release

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03:02:27.000 --> 03:02:36.769

OEIS: that you can also transmit it with this going and well taken. But it may be very worthwhile to spend a couple of 100 bucks.

832

03:02:37.060 --> 03:03:04.220

OEIS: See what happens a month or so. Okay? I because at the end of the day let's be again very Machiavellian. About this. We've been on the X with this for a while. We keep getting shot at getting shot, fucking hurts. And it's 1 thing after another. And so this might be a really really good way to improve our position, you know, because we will start playing a little bit of office. Now, if we see something negative coming out, I will hardly agree with you. We'll just cut it off

833

03:03:04.560 --> 03:03:08.389

OEIS: alright. So I mean, does that sound like a reasonable proposal? Guys?

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03:03:09.060 --> 03:03:31.690

OEIS: Yeah. So one other quick question is, we have a lot of bigger groups that are represented here that I would think either have outsourced or has somebody doing social media right? So you have a media team. We have a what I'm saying is, if we just take the existing media teams, we'll link them to oeis and say every single thing we post

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03:03:31.720 --> 03:03:48.160

OEIS: we want to amplify through AI, look what another member of ours is doing! Look! What's great? That's gonna Flood you with content now, and to the end of what these 2 gentlemen here are talking about. I think, when we they're sitting here talking about social media.

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03:03:48.580 --> 03:03:51.350

OEIS: the majority of us are instantly thinking

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03:03:51.640 --> 03:04:16.569

OEIS: Twitter for the general public, and Linkedin for the more professional content. What I heard these guys say is, there's significant age differentials. And how these platforms are posted. Are you guys doing Instagram? Yeah, are you doing Instagram, Facebook, Instagram Twitter? I only do, Linkedin. I can't handle all the other crap. So so I think, Dan, what we need to do is we need to pull this. We need to have strategy. But that means we need to have some

838

03:04:16.570 --> 03:04:29.799

OEIS: somebody who's coordinating that strategy. And it's not going to be 15 people sitting at a U-shaped table, half of whom are over the age of 50. Right? So we need to have some of this. The Young Turks get this coordinated. But let me

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03:04:29.990 --> 03:04:33.650

OEIS: say this again as a proposal. Is there any objection

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03:04:33.780 --> 03:04:44.749

OEIS: to giving Alex license to go find to somebody for 2 or 250 bucks a month. And let's do 3 months with this strategy. We're gonna bank the content. We have

841

03:04:45.340 --> 03:04:59.249

OEIS: all of the groups who have media players, vascular care group, current investments to the south. Who who else has a big group that has a media force? Do you guys have a media force, you have one.

842

03:04:59.290 --> 03:05:27.349

OEIS: So we have players at a table that have some corporate assets. And let's do exactly that. So, Alex, alright. So 1st of all, is there any objection to doing that? 3 month trial, 200 250 bucks a month? We're gonna allocate. Let's be generous 1,000 bucks this endeavor on a trial basis. Is there any objection, seeing none that carries unanimously next part of this thing? Alex, can you please as an action item. Get the names.

843

03:05:27.350 --> 03:05:30.159

OEIS: the social media coordinator to the media people.

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03:05:30.240 --> 03:05:38.609

OEIS: psi cis, and from the vascular Care group. And let's let's start to do this. Anybody else that does post

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03:05:38.720 --> 03:05:48.890

OEIS: get your handles on whatever platforms they are to Alex. Let Alex start to coordinate this with the social media coordinator, and let's see how it goes. That's unreasonable, guys.

846

03:05:49.630 --> 03:06:07.984

OEIS: Okay, we have a plan. Thank you. Copy for bringing this up. Is there more that you wish to discuss on this, or is there anything else? I think that's where we start patient focus. I mean, the great thing is, you took a couple of my slides right? Literally, right? We haven't talked about this. That's pretty good. Okay,

847

03:06:08.770 --> 03:06:13.270

OEIS: So is there any old business that needs to be raised at this meeting?

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03:06:14.898 --> 03:06:22.690

OEIS: Okay, we have initiating a new practice survey about that.

849

03:06:23.430 --> 03:06:31.679

OEIS: And Jason wants us to do another practice survey. John John did one. A few years ago. He sent me the day. That was it.

850

03:06:32.900 --> 03:06:35.440

OEIS: I don't even know where to begin with that, and that

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03:06:36.040 --> 03:06:38.580

OEIS: maybe that's what we can talk to Tracy about. But

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03:06:38.760 --> 03:06:54.249

OEIS: so, John John, we did a multi societal survey. We sent questionnaires out to people involved in oeis Svs. Sir sky avf avs, I believe, is what what the composition of that was. Am I correct?

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03:06:54.800 --> 03:07:01.899

OEIS: And we asked them, I think, only 3 or 4 questions about what their plans were, for, whether or not, they would

854

03:07:01.900 --> 03:07:26.649

OEIS: retiring. So it was a very simple survey to do. Did you get a manuscript? Did you see the manuscript? Okay. So the question starts to become how to go about that? I think that they used to survey monkey or something, didn't they? Expensive or expensive? And John did it actually, very, very quickly again. I'm not sure he's going to be.

855

03:07:26.650 --> 03:07:44.439

OEIS: I would comment on that. There is benefit if it used on the Advocacy side. The Cdc. Used that many times. You can get a drill down a little bit more on that. I think that's worth a discussion

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03:07:44.440 --> 03:07:50.710

OEIS: of what is really needed, and maybe morph it a little bit. My impression is that was also peri covid.

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03:07:51.115 --> 03:07:58.049

OEIS: So I think that takes away a little bit from what that is, and whether or not it's useful at this stage.

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03:07:58.160 --> 03:08:25.349

OEIS: So I I do remember the process, though we we actually engaged the various societies and got buy in from all various societies to send it out right. That's how that's how that went. So so the the link got sent on email from the Respective society. So I think the likely best course is to try and replicate that instead of trying to get all that emails yourself. So that would mean we would have to get get a little round table together or start

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03:08:25.450 --> 03:08:40.259

OEIS: going to all the major societies. So my recommendation how to handle this is, let's get contacts. Who we should have or somebody should have them. Let's email some people. And it's probably gonna be some calls back. Let's let's do that.

860

03:08:41.090 --> 03:08:42.830

OEIS: Okay, I'll talk to Julie about it.

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03:08:43.040 --> 03:08:45.309

OEIS: and then we'll still have contact with.

862

03:08:46.170 --> 03:08:58.839

OEIS: Okay, so really, I think we'll let's just get moving on that unless there's objection, does anybody have objection to us proceeding with that?

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03:08:59.198 --> 03:09:15.409

OEIS: We. I think we had a nominal cost for the doing it with the survey monkey, and it was it mounted to the hundreds of dollars. It was not a it was not a big deal cost. Is there any objection to us going ahead and expending that. Okay, seeing none. Then we'll we'll proceed down that way as soon as we can figure out how to go.

864

03:09:15.862 --> 03:09:33.250

OEIS: Copy. And Alex, student resident section, please. Yeah. I mean, I don't have any slides to present, but just a brief update, you know. I think we had some really good response. From last year in terms of those that wanted to join the apartment. We eventually had about 10 to 12

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03:09:33.839 --> 03:09:53.150

OEIS: residents and students interested in being part of the inaugural inaugural, you know, like section and past them, you may have seen some emails about getting mentor involvement, and then also some research projects. So those are, I think the 2 things to highlight is.

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03:09:53.620 --> 03:10:02.287

OEIS: you know, the ideal goal is to get a group of upcoming trainees and early career folks who are interested in

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03:10:02.970 --> 03:10:07.979

OEIS: you know, an outpatient space. And and in turn they can help out with

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03:10:08.444 --> 03:10:31.189

OEIS: you know, research, for example, right? 1st drafts, like I was telling about this. But you know, once we have the data for the registry, they could be, you know, some of the 1st ones to set up a 1st a draft and send that out, and then with heavy hand holding obviously craft articles that can be submitted and hopefully increase the turnaround time with that and then

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03:10:31.390 --> 03:10:40.170

OEIS: also just benefit from the mentorship. And hopefully, again, have this pipeline of those who are ultimately working out region space.

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03:10:41.250 --> 03:10:53.049

OEIS: those are the 2 main focuses. I think, this year, which is funny. We have a decrease in the attendees and registrants this year. Compared to last.

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03:10:53.270 --> 03:11:19.300

OEIS: I think mainly we had issues with getting solid funding for the scholarship that we offered for abstract. So even though we started very early on from last year's meeting we were actually soliciting funding. We barely got any responses, and we had no industry support until we stepped up and supported these. These, so it was hard to

872

03:11:19.670 --> 03:11:49.479

OEIS: convince those to submit an abstracts. We didn't have a big dollar amount like finance, or even know if we had financing for them until later on that detracted from those that would actually be submitting. You know, abstracts and stuff that being said, it's not like 7 to 10 that were submitted this year and are going to be presented at the section meeting, and then we'll have a breakfast this meeting, and so anyone that can attend if you're interested in coming and talking to somebody.

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03:11:49.630 --> 03:11:53.089

OEIS: we're gonna have just a short breakfast Tuesday meet and greet

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03:11:53.240 --> 03:12:01.799

OEIS: and a mentorship session, and then have a dedicated session again on Saturday afternoon. Just about, you know, more training focused really career focused stuff.

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03:12:02.610 --> 03:12:06.560

OEIS: Can I just add to what you just said? Because

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03:12:09.306 --> 03:12:13.120

OEIS: have some possible candidate, presidents and students who

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03:12:13.390 --> 03:12:28.610

OEIS: could have. But they held off because they weren't sure about the funding. So I propose that at today's board meeting that we both to have a a guaranteed funding of some sort.

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03:12:28.940 --> 03:12:33.329

OEIS: and that some amount can vary over years, but at least half have it

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03:12:33.840 --> 03:12:57.359

OEIS: in in place, so that every year the residents and fellows, or whoever can bank on that, so they can plan in advance, because because after I after I approached, and I said, I don't know. We have funding yet. They held off, and after I came back to them later, it's okay. I've got funding plans. I've got this, I got that. I got that.

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03:12:58.040 --> 03:13:21.970

OEIS: So it was too late, I mean Ralph already included. You know, time is an issue, and then also financing right? Right? So they have to depend. And if you want to submit an abstract, you really need to plan way in advance. In order to do that, you got to guarantee that what was the amount of funding that we had last year for those scholarships? I think it was 25,000 total. We were able to

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03:13:22.360 --> 03:13:48.359

OEIS: 35 abstract submissions. We accepted 15 to 20, I believe, and so we doled out about 1220 travel scholarships this year. It's, you know significant. Like, I said, it's only about 7 or 7 to 10,

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03:13:48.360 --> 03:13:52.710

OEIS: and maybe this is another thing that becomes hard to handle me. But

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03:13:53.280 --> 03:13:58.839

OEIS: and we have a line item for that, and if we get industry support to offset it great.

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03:13:59.050 --> 03:14:17.339

OEIS: But in the interest of supporting the future not related to the meeting. I'm sorry. I think it was related to the overall budget related to

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03:14:17.580 --> 03:14:20.199

OEIS: proposal about. I think that's what it was.

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03:14:20.410 --> 03:14:38.460

OEIS: There was something else. So Sam's proposal is, we have an allocated amount of money which is not going to be then inherently dependent year to year on fundraising per se. We're simply going to accept that there is cost to doing this.

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03:14:38.590 --> 03:14:50.499

OEIS: And if we do, that seems like \$25,000 work. Yeah, pretty well. Okay. So is there any discussion about Sam's proposal

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03:14:52.020 --> 03:15:03.439

OEIS: or Oregon? Is there anybody concerned about that proposal to allocate \$25,000 to this endeavor? So we have predictability. It's no different again.

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03:15:04.004 --> 03:15:10.929

OEIS: So is there any? Is there any any person who feels strongly or wants to speak against that?

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03:15:11.410 --> 03:15:25.210

OEIS: So just just to be clear like we're gonna offer it to be supported by industry or not necessarily spent 6 months reaching out to the usual suspects.

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03:15:25.210 --> 03:15:44.860

OEIS: Boston didn't want to jump in separately. Phillips didn't want to jump in separately. Abbott and Medtronic didn't Bar didn't. And Jerry ended up pulling it out of the meeting budget. So it's there's no free lunch. If we do it, we're just saying whatever number comes in for the meeting budget.

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03:15:44.910 --> 03:15:56.340

OEIS: We're gonna pull it from that. I think he resets at least 10 different industry partners, I mean multiple times. And this year, just for whatever reason

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03:15:57.595 --> 03:15:58.190

OEIS: support

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03:15:58.280 --> 03:16:27.810

OEIS: I mean, this is money. Well, this is money well spent. I was just curious, because you would think that industry would be eager to. Well, we're also getting them to pay for the booth, and then we're getting them to pay for the embolization session, and we're getting them to pay for the peripheral intervention. Session was the timing, too. We didn't have a we weren't great on how much we needed. And and when we actually asked industry, I think that was a little bit.

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03:16:27.980 --> 03:16:37.319

OEIS: maybe some disorganization on our end. We were the best this year. Yeah. And it felt black. Okay? So we so so we have a proposal then

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03:16:37.630 --> 03:16:45.490

OEIS: to allocate \$25,000 per year specifically for student resident

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03:16:45.660 --> 03:16:53.159

OEIS: scholarships to attend the annual meeting. The proposals that we will do that regardless

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03:16:53.280 --> 03:16:55.450

OEIS: whether or not industry supports it.

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03:16:55.510 --> 03:17:23.970

OEIS: That accurate. Yeah. Yeah. So with the idea that if industry is specifically interested, that they would offset that amount with the idea that if industry is specifically interested to offset the amount, and we would give them credit for supporting that portion of the program. Is there anyone who objects to us doing this? Is there a maximum for each scholarship. Yeah, I think we need to be careful. And the absolute number. Maybe it's not 25

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03:17:23.970 --> 03:17:33.059

OEIS: as long as we get Jerry Son from the annual meeting from budget standpoint as well as his other hat of treasure.

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03:17:33.240 --> 03:17:49.300

OEIS: Maybe the better amount is something less than that I don't know, but the concept is good. I would say we have the final vote until the treasurer is back in the room. I would. I would say that we can have a vote about the concept.

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03:17:49.300 --> 03:18:09.110

OEIS: because the treasurer is busy picking up some of the orders from the reception. With that particular crazy redhead. But the the. I do think, though, there is no objection, that we should pass this, and let's just leave them off contingent, however, as the board. But we do a lot of things as we see. But full boards talking about this

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03:18:09.110 --> 03:18:13.829

OEIS: is, is there an upward amount that we want to place on so limit for the organization.

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03:18:14.100 --> 03:18:33.990

OEIS: That would be my only concern here. Yeah, I think 25 is plenty, and that if it's if we were good to only have 1,200 each. That's enough, I mean, that's a lot of folks. I don't think it should be any more than 25 like if we have 25 grand. We only get 7 people.

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03:18:34.050 --> 03:18:45.890

OEIS: Let's not spend the whole 2,500. So so let's so let's let me rephrase what I'm hearing now, and make sure that this is a reasonable accommodation.

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03:18:46.230 --> 03:19:12.030

OEIS: Sense of this board is going to be that we are going to create this line item regardless of industry funding. We'll try to switch to industry funding to offset it. We'll give them credit if they offset it. We will

have an upward allocation of \$25,000, but not be bound to spend that that will be at the discretion. The annual meeting chair slash treasurer. Does that sound accurate to everyone? Is there any objection to that? They don't

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03:19:13.684 --> 03:19:27.150

OEIS: just to cover essentially airfare. And then how is it promoted?

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03:19:27.420 --> 03:19:34.659

OEIS: Is there any objection to us formulating this policy on the board.

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03:19:34.890 --> 03:19:51.650

OEIS: seeing none that passes unanimously. We'll do that. We'll talk to Jerry about how to implement that. You guys can take care of the technical details, how you're going to allocate that on the process. Do you guys have other things to tell us from the residents?

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03:19:51.650 --> 03:20:18.960

OEIS: Maybe we should encourage, you know to see them. Just, you know, chat with them. They enjoy the real world experience. Yeah, I think the other thing, too, is, I think, Alex, today. Yes, when you think about what students specifically. And I I know we want to encourage residents, fellows, and early career as well. But students are going to be the future, and we really need to cultivate the growth.

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03:20:19.000 --> 03:20:43.680

OEIS: What a lot of them are looking for is something similar to what? Maybe Svs sky and Sr. Offer, which is an infrastructure where they can actually have leadership. And they can have research opportunities people are using to leverage these societies to gain experience and actually be able to get to their next destination. And I think we need to effectively offer a similar structure in order to help our rents.

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03:20:43.680 --> 03:21:08.840

OEIS: and that's in progress. And the goal. I think you know, we I mean, I'm gonna take personal responsibility for this. I think we we were a little bit more lax if you had a little bit more structure this year. But I think you know, we're gonna have a little bit heavier oversight this next year and make sure that you know we're having regular check ins and I think with opportunities that, for example, the registry provides or other, you know, just mentor opportunities.

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03:21:09.300 --> 03:21:25.630

OEIS: even. Possibly, you know, they'd be great for and not software putting in those references for the paper. That's what I've done with my students on the paper. They learn about it.

914

03:21:25.970 --> 03:21:39.069

OEIS: I mean these technical things. They're probably very easy for them. They are extremely responsive and extremely motivated. So we can find, you know, small tasks that can be done for them, and I think that they would be happy to contribute.

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03:21:39.490 --> 03:22:01.919

OEIS: So anything that comes up like that, too. Feel free to, you know. Think about that. You're envisioning a situation where this can all be done remotely wherever they are. Right. Yeah, yeah, it is already. And then also, I want it to be self sustaining, independent. You know, we wanted to have, you know, basically have its own leadership structure. And then we can be kind of more the Advisor Side Advisory.

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03:22:02.330 --> 03:22:10.160

OEIS: I I just give a plug to Sam. He's you've done this from the beginning of your your private practice career, where you've taken on

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03:22:11.030 --> 03:22:27.250

OEIS: countless Lawrence Lawrence, a product of your mentorship and- and giving supervised projects to all the careers, give you a lot of credit. So

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03:22:27.430 --> 03:22:31.329

OEIS: insights from Sam would be really helpful, I think, to have to share.

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03:22:31.820 --> 03:22:35.630

OEIS: Yeah, happy to help out, anyway.

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03:22:36.830 --> 03:22:38.720

OEIS: All right. Anything else, John.

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03:22:40.610 --> 03:22:44.540

OEIS: Okay, does anybody else have anything else that they need to raise at the board?

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03:22:45.340 --> 03:22:47.060

OEIS: Where are you gonna take us for dinner?

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03:22:47.330 --> 03:22:59.870

OEIS: So Julie has made those arrangements supposed to be pretty good. The board dinner generally is pretty good. So again, just go through a couple of logistics here. Remember that with decreased

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03:23:00.580 --> 03:23:02.310

OEIS: meeting registration.

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03:23:02.410 --> 03:23:09.139

OEIS: We have to have a show for these purchased symposiums. So we got couple of breakfast symposiums.

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03:23:09.300 --> 03:23:13.040

OEIS: a dinner symposium, a couple of lunch symposiums

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03:23:13.600 --> 03:23:17.860

OEIS: very, very important if you have somewhere else to be of other plans. Understand? If you don't.

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03:23:18.040 --> 03:23:36.450

OEIS: please attend these. Okay, so that we can keep these going. So again, there is not here. That's the other thing for all of us who are moderating sessions at the beginning of the session. I mean, we're gonna have a Q&A opportunity, but it would be at the intermission between encouraging people

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03:23:36.570 --> 03:23:49.029

OEIS: is that our industry partners thank them, interact with them and then attending the lunch sessions, the evening sessions. Can you do me a favor? Can you get Julie to print out that

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03:23:49.410 --> 03:24:09.749

OEIS: housekeeping detail? We can have that up at the dais or the podium. I understand that. But let's get this imprint on the table people so much as they look at their phone during these sessions, even when they're up there on the podium. Let's get. Let's get that put down. So please attend those things if at all possible.

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03:24:09.800 --> 03:24:30.080

OEIS: Okay, really strongly recommended. Same thing goes through for that tech forum and for the embolization workshop. There's a lot of work and heavy lifting that went into these things. This is a fundamental contribution to the annual meeting, and if they don't see value, especially whether he heard Sharing Cross, if the Roi is too low, and there's not enough bodies

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03:24:30.080 --> 03:24:46.920

OEIS: that we're gonna have a shortfall next year, even if our registration double right? So we really, as a leadership, we need to

carry that through. Just be present. Be present. Show up. Have a steak, you know, etc. My suite number is 1, 1, 2, 1, 7.

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03:24:47.690 --> 03:25:11.879

OEIS: The door will be open at 5 o'clock officially, but it's 1620 now, and the minute that I have corkscrew I will start pouring wine. This is not the quality of wine that Rossi Watts, or even myself, typically engage in, because we had to do some fast forward. So I apologize. We're going to have some bubbles, white, red. We're gonna have a couple of warm hors d'oeuvres, and we are going to have some old hors d'oeuvres.

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03:25:11.950 --> 03:25:26.029

OEIS: so especially for those of you who aren't attending the board meeting that are on board or guest. Please feel free to come up and have a bite to eat with us and share a glass of wine company. That's okay. Last thing, that's 1, 1,

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03:25:26.230 --> 03:25:28.440

OEIS: 2, 1, 7, 2, 1, 7,

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03:25:28.710 --> 03:25:53.670

OEIS: oh, 1, 1, 2, 1, 9, whichever it says the brand, it's double. Thanks. Thank you all again for taking the time to be here. I I greatly appreciate it, and since this will be my last board meeting meeting you because I'm turning over the reins to Patrick at the end of this annual meeting. Thank you very much for making this a productive couple of years.

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03:25:57.330 --> 03:26:10.160

OEIS: It's worth calling out, Bob, and I'm sure it will happen during the meeting. But having worked known you for 13 so 14 years now, and countless hours

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03:26:10.370 --> 03:26:36.989

OEIS: behind the scenes in front of the scenes, but mostly behind the scenes and dedication and encouragement. You've given the Board the society, and you know all the arrows you sustain as well for you.

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03:26:40.030 --> 03:27:00.109

OEIS: I will say there's a lot of people in this room that sat in the seat for me, and there are people sitting in this room that will sit in the seat after me, including Patrick. Here pretty quickly. Guy. Here, Guy, here, you. Everybody puts in that blood sweat and tears. And that's what makes this organization. But we gotta broaden that right. We need more people who are willing to do that from the front. Right?

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03:27:00.110 --> 03:27:09.400

OEIS: All right, guys. 10 glass of wine and carry on.