

# New York Times takes aim at treatment for peripheral artery disease

Kate Randall  
12 February 2015

A prominently placed article in the January 29 edition of the *New York Times* criticizes the rising cost of Medicare reimbursements for the treatment of peripheral artery disease, or PAD. Authors Julie Creswell and Reed Abelson begin: “At a time of increasing scrutiny of procedures to open blocked heart arteries, cardiologists are turning to—and reaping huge payments from—controversial techniques that relieve blockages in the arms and legs.”

The article, presented as something of an exposé, is consistent with a decade-long campaign by the *Times* against “unnecessary” and “wasteful” medical screenings and procedures for ordinary Americans, particularly those enrolled in Medicare, the government insurance program for the elderly and disabled.

In hundreds of articles, op-ed pieces and guest columns, the *Times* has railed against the “lavish” utilization of mammograms, Pap smear screenings, prostate tests, heart stents, pacemakers and other lifesaving and preventative treatments and tests.

The newspaper’s latest installment targets treatments for a serious condition affecting up to 20 percent of Americans age 65 and older. According to the British medical journal the *Lancet*, about 9 million people in the US are afflicted with PAD. Those most at risk include smokers and people with diabetes, high cholesterol levels, high blood pressure or blockages in the heart.

PAD refers to peripheral blockages, or those occurring outside the heart and brain. As arteries become blocked, patients exhibit a symptom called “claudication,” which presents itself as discomfort, fatigue, cramping or pain in the leg muscles. Untreated, the disease can lead to sores that do not heal, gangrene, amputation and even death. More than 150,000 amputations annually can be attributed to PAD, the *Lancet* reports.

The *Times* article, however, does not concern itself with the scope and severity of the disease or the development of techniques to treat it. The authors are focused instead on the “huge payments” Medicare is making to doctors performing “controversial” techniques to treat PAD. These include stents, balloons and other procedures to treat peripheral blockages as opposed to surgical treatments, such as bypass operations using a vein removed from elsewhere in the body, usually the thigh.

Citing an ongoing lawsuit against a Florida cardiologist who is the biggest recipient of Medicare funds to treat PAD, the authors of the article assert that unnamed “medical experts” are questioning the necessity for many PAD treatments, and that Medicare funds are being squandered in the process.

Through an analysis of data recently made available by Medicare on payments to doctors, the *Times* zeros in on Dr. Asad Qamar of Ocala, Florida, the top-billing cardiologist in the country. Qamar was paid \$18 million by Medicare in 2012 and was the leader in billing for procedures to treat peripheral blockages. The US Department of Justice (DOJ) announced in January that it was joining two whistleblower lawsuits against Qamar and his Institute of Cardiovascular Excellence (ICE).

The *Times* singles out Dr. Qamar for scrutiny on the basis of

information released by the government on Medicare payments that has been analyzed by the Advisory Board Company. A look into the source of this data and the entity doing the analysis reveals that neither approaches the subject impartially, but as part of a corporate-government alliance aimed at slashing health care costs, particularly for Medicare.

On April 9, 2014, the Obama administration released data on Medicare payments made to individual physicians. Commonly referred to as the Medicare “data dump,” it covers \$77 billion in billings involving 880,000 practitioners in 2012.

The main flaw of the dump figures is that they show the overall dollar amount received by doctors in payments, but not the actual profit made by the doctors after paying for equipment, support personnel, drugs, malpractice insurance and other costs.

The American Medical Association (AMA) has charged that the dump of raw data is missing some billing codes entirely and identifies doctors as billing for procedures they have not performed. In addition, the dump often identifies the payments to numerous physicians as those going to a single doctor.

A *Washington Post* examination of the data found that Minh Nguyen, a hematologist-oncologist at Orange Coast Oncology in Newport Beach, California, received more than \$9 million in Medicare reimbursements in 2012. Nguyen told the *Post* that this high total included all of the expensive chemotherapy drugs for his five-physician practice. “It looks like I’m getting paid \$9 million...but it’s a pass through,” he said. “The majority of the billing goes to pay the drug companies.”

The lawsuits against Dr. Qamar were filed by Holly Taylor, the former director of a medical management company that oversaw the management and billing of Qamar’s ICE during parts of 2010 and 2011, as well as an unnamed former ICE employee. The suits claim that Qamar performed thousands of unnecessary medical procedures and paid patients kickbacks by waiving their Medicare copayments to encourage them to undergo more treatment.

The *Times* presents the \$18 million figure received by Qamar as evidence that he bilked Medicare without any calculation of his overhead costs—including for drugs, medical devices, personnel and other costs of running a medical practice. Qamar also maintains that other doctors’ procedures were billed under his name.

In a video statement released January 8, Qamar denounced the charges as “fiction,” saying that ICE had treated more than 24,000 patients in northern central Florida, and that it had one of the lowest amputation rates for PAD in the entire country. He also said his practice was the only cardiovascular practice that provided “absolutely free care” to indigent, uninsured and poorly insured patients.

The source of the *Times* report on the surge in procedures for blood vessels outside the heart—and the increase in payments to doctors such as Qamar who perform them—is the Advisory Board Company, a think tank specializing in health care and education. The Nasdaq-traded consulting firm had \$520.6 million in revenues in 2014. Its chairman and CEO,

Robert Musslewhite, received \$3.8 million in executive compensation in 2013.

The Advisory Board Company, which boasts among its clients more than 90 percent of *US News & World Report's* 100 best hospitals for 2013, advises the health care industry on cutting costs. One posting on its web site enthusiastically advises hospitals on strategies to take advantage of attrition to slash costs: "And the time is right: with nearly one million nurses reaching retirement age in the next 10-15 years, nurse leaders have a unique change to carry out these changes." The firm urges hospitals to break with their "overreliance on bedside RNs."

It is fitting that the *Times*, a consistent supporter of the Obama administration's Affordable Care Act, relies on the Advisory Board Company's analysis of the Medicare data to make its case for slashing Medicare funding. The think tank has close connections to the Obama White House and its health care overhaul.

Jeffrey Zients, Obama's economic adviser and the current director of the National Economic Council (NEC), served as the director of the Office of Management and Budget from January 2012 to April 2013. Zients formerly served at the Advisory Board Company as chief operating officer (1996-98), CEO (1998-2000) and chairman (2000-2004). Before assuming the role of director at NEC, he was tapped by Obama to fix problems plaguing the rollout of his health care overhaul's web site, HealthCare.gov. Financial disclosure reports place Zients' net worth as high as \$210 million.

In addition to its reliance on the Advisory Board Company's analysis of the Medicare "data dump," the *Times* article contains numerous inconsistencies and outright distortions. A chart accompanying the article purportedly boosting its claims of an explosion of PAD treatments over a ten-year period in fact reveals that much of this increase is due to an increase in endovenous laser therapy procedures, or EVLT. These procedures occlude, or close off, varicose veins, not arteries. The patient population for this therapy is completely different from that for PAD.

The *Times* authors are well aware of the difference between stent and angioplasty therapy for PAD and EVLT treatment for varicose veins—having ambiguously headlined their article "Medicare Payments Surge for Stents to Unblock Blood Vessels [not arteries] in Limbs." While they apparently hoped that no one would recognize this discrepancy, a prominent cardiologist did take note.

In a critical response to the *Times* article, Charles Chambers, MD, president of the Society for Cardiovascular Angiography and Interventions (SCAI), specifically questioned "the journalists' conclusions about the use of peripheral arterial procedures when it appears that the vast majority of the increase in procedures has occurred with venous procedures."

SCAI has communicated its concerns to the *Times* and the Advisory Board Company. Chambers writes: "If our concerns are justified, then the conclusions drawn about stenting do a disservice to the field of Interventional Cardiology."

The central complaint of the *Times* authors is the increase in procedures on vessels outside the heart, which have risen by almost 70 percent, to 853,000, from 2005 to 2013. They write: "These types of lucrative procedures—in 2012, Medicare paid nearly \$12,000 for one type of these operations—have been the focus of a turf battle among specialists."

Another critic of the *Times* analysis, John P. Reilly, MD, vice chairman of the department of cardiology at Ochsner Health System, Jefferson Parish, Louisiana, argues that Medicare payments should not be singled out as the reason for the increase in the procedures. Rather, major advances in technology and technique have facilitated a shift from surgical treatments, which are more risky, to endovascular procedures.

Dr. Reilly writes: "[T]here are several other explanations for why there is an increase in peripheral endovascular procedures over the past 10 years that do not deal with dollars and cents (or stents). Endovascular

technology has greatly improved during the last decade...

"A decade ago, many patients would have had to undergo surgical treatment. Ten years ago, fewer vascular surgeons were performing endovascular procedures than today. So many of the patients treated by surgeons with open procedures 10 years ago are now treated endovascularly."

Dr. Keith Atassi, an interventional cardiologist with Indiana's Porter Memorial Hospital, told the *Times of Northwest Indiana* about one of these new techniques to treat PAD: "A new procedure inserts a drug-coated balloon that will probably cut down the risk and make it less likely to need new procedures in the future."

But advancing medical technology and the potential for improving the health and well being of the US population do not interest the editors of the *Times*. Rather, they are focused on slashing government health care spending and rationing care, particularly for America's seniors. They bemoan the fact that the Medicare program—the largest single buyer of health services in the US, providing health coverage for more than 50 million elderly and disabled Americans—carries an estimated price tag of \$600 billion a year.

The *Times* singles out Dr. Qamar for attack as if he and other physicians were responsible for the crisis in the US health care system. While the WSWS is not in a position to judge Dr. Qamar's guilt or innocence, what we can say is that the *Times* is exploiting the details of the lawsuit against him for the express purpose of legitimizing cuts in Medicare spending. They use the data analyzed by the Advisory Board Company to generalize about the supposedly dubious practices of cardiologists, vascular surgeons and radiologists who perform procedures to treat PAD.

The central aim of the *Times* is to disorient public opinion and create conditions for policies that would ultimately lead to a sharp decline in life expectancy. The newspaper has provided a platform for Ezekiel Emanuel, former adviser to the White House on health care reform, to promote his right-wing views on euthanasia and self-rationing of medical care. Emanuel argues that older Americans are unnecessarily sapping precious Medicare dollars and living too long into old age.

In an effort to promote drastic cuts in health care for the elderly, the *Times* has targeted numerous treatments for reduction or outright elimination, of which PAD is just one. Cutbacks in treatments for this condition would result in needless suffering, including amputations, and preventable deaths. In its attack on these and other lifesaving medical procedures, the *Times* slanders many of the doctors who perform them and advances a thoroughly retrograde and antiscientific approach to medicine.

In the wake of the release of the Medicare "dump" data, the newspaper posted an interactive form on its web site headlined "How Much Medicare Pays for Your Doctor's Care," in which readers can enter a physician's name, specialty and ZIP Code to see how much the doctor received in Medicare payments in 2012. This is an effort to whip up a witch-hunt atmosphere against doctors providing services to Medicare patients.

The latest attack on PAD treatments by the *Times* is of a piece with its support for Obamacare. As the chief cheerleader of the Affordable Care Act, the *Times* has consistently promoted a reactionary piece of legislation that has nothing in common with a true reform of the health care system in the interest of providing universal, quality care.

The aim is to create an even more heavily class-based health care system in America, where working-class families and retirees see their health services slashed to the bone. The privilege of a long, healthy life, on the other hand, is to be preserved for the wealthy, who will continue to receive the treatments the *Times* denounces as "wasteful" and "unnecessary" for the vast majority of the population.

In opposition to this reactionary view, the *World Socialist Web Site* says the solution to the health care crisis lies in taking the profit out of medicine. This means putting an end to privately owned health care corporations, insurance companies and pharmaceutical firms and

guaranteeing free, high-quality health care for all through the establishment of a democratically run and publicly owned socialized health care system.



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