

Cardiologists and Endovenous Ablation Procedures

How a cardiology practice turned a small investment in a new procedural offering into a lucrative and satisfying outpatient business model.

BY ARIEL D. SOFFER, MD, FACC

In Hollywood, Florida, there is a unique cardiology practice called HealthwoRx. It is more than a decade old and is one of the largest practices in the area. As the CEO and cofounder, I was recently faced with a dilemma. Because the practice had expanded greatly in the past few years and captured most of the necessary and available diagnostic testing, the question of how to continue to increase revenue in 2006 arose.

My partner, Yale Cohen, MD, Chief of Cardiology at Memorial Regional Hospital, informed me of a new trend in the region. He had observed that many of the group's patients were undergoing successful outpatient varicose vein endovenous ablations in a variety of specialists' offices. Because varicose vein endovenous ablation is a catheter-based vascular procedure, similar to other procedures performed by cardiovascular specialists in his group, Dr. Cohen decided to investigate. After researching, it was clear that cardiologists already possessed the necessary skills for this 30-minute procedure. The skills included microcatheter manipulation, ultrasound catheter guidance, and most importantly, vascular anatomy familiarity. Most of the equipment and personnel were already in the cardiology practice, such as an echocardiography machine with a vascular probe, a competent ultrasound technician, and medical assistants. Additionally, our current malpractice insurance carriers covered the procedure under our existing policy.

TRAINING AND IMPLEMENTATION

Training for endovenous ablation has few mandated, specific requirements, likely because it is only a 4-year-old procedure. In the future, we might expect agencies and societies to provide guidelines for physicians to follow,

but currently, the appropriate measures are left to the discretion of the performing physician. Most of the companies that sell endovenous ablation devices offer short training courses and have an experienced local representative to answer questions during the first few cases. Because this is considered a low-risk, straightforward procedure, proficiency has come easily to many cardiologists.

HealthwoRx cardiovascular patients were eager to have their symptomatic varicosities treated by their cardiologists. A simple screening questionnaire was placed in the practice and given to the patients prior to their office visit. It consisted of simple questions such as: Do you have leg pain? Do you think you might have varicose veins? Do you have leg swelling? These are relevant questions to ask cardiology patients for cardiac reasons, but more often yield vascular answers. Patients responded frequently to these questions and were happy that their doctor was concerned about their entire cardiovascular system. After a typical cardiac examination, the physician might casually say, "I see that you have some leg discomfort. Have you ever been known to suffer from bulging or uncomfortable veins as well?" Patients with appropriate anatomy and documented saphenous vein reflux were then told that they are candidates for endovenous ablation and shown videos of what to expect during the procedure.

Additionally, new patients came into our office from patient referrals, physician referrals, or from advertisement. Before any procedure, a preoperative clearance is necessary, and more often than not, other cardiac issues required further evaluation. These patients now become patients of the practice and often refer other family

(Continued on page 36)

(Continued from page 30)

members and friends. This increased patient volume and revenue and has had a significant impact on our practice.

Our initial procedures were performed without incident, with great support from the endovenous device manufacturer. Our patients return to work on the day of the procedure. Aware that the alternative was surgical vein stripping, which includes significant inpatient hospital stay, risk of infection, and higher recurrence rate, the local cardiologists, obstetricians, podiatrists, and internists began sending their patients to our practice. We were able to assess their cardiac status and treat their varicosities in the same office visit. This led to tremendous patient and referring doctor satisfaction.

REVENUE POTENTIAL

The revenue for outpatient surgical procedures greatly exceeds any inpatient revenue, including cardiac catheterization in most situations. Additionally, the periprocedure professional and diagnostic revenue was significant. In fact, new patients began coming to our group from a variety of sources. Word of mouth is the strongest referral source, which HealthwoRx augmented with newspaper and television advertisements. Seminars involving local specialties, such as OB/gyn, podiatry, and family practice, served us well.

CONCLUSION

In the face of declining professional and diagnostic reimbursement, this model of adding a fairly paid vascular procedure that patients want and is controlled in an office setting continues to make the cardiologist's office a place for health care and not just heart attack prevention.

HealthwoRx has not only created a model for vascular health in the community, effectively bringing awareness to its entire vascular department, but it has also become a training center for cardiologists nationwide. HealthwoRx offers a 1-day course designed to familiarize other physicians in the application, marketing, and billing of this endovenous ablation procedure. We get satisfaction in teaching this procedure because we know we are not only indirectly helping patients nationwide to get access to relief, but we are simultaneously rejuvenating our colleagues by adding an important additional revenue stream. ■

Ariel D. Soffer, MD, FACC, is CEO of HealthwoRx in Hollywood, Florida. He has disclosed that he has received research and educational funding from Vascular Solutions. Dr. Soffer may be reached at (954) 967-6550; asoffer@mitral.com.