

# Innovative Patient Care and Adopting New Technology at a Venous Center of Excellence

Team-based care, evaluating emerging technologies, and coordinating complex venous care across institutions.

With Kush R. Desai, MD, FSIR



## What defines a true venous center of excellence in 2026? What are the essentials of a dedicated, venous-centric care model?

Interest in venous disease care has exploded over the last 2 decades; outpatient vein clinics abound, and there has been rapid development in deep venous technologies. However, “silos” have developed, where providers who specialize in one area, superficial venous disease for example, frequently do not specialize in complex deep venous intervention. The end result? Patients do not receive holistic care. That’s not to suggest that every provider needs to be involved in everything, but an awareness of treatment options is critical. For example, in my practice, I need to be aware when a deep vein intervention is not going to completely resolve a clinical issue or even be helpful. Those patients need to be referred to someone I trust who can provide the patient with the care that they need.

## Who comprises your team? Collaborating as you do with centers around the world of various compositions, how do teams at venous centers of excellence change from one to the next? What are the essential team capabilities, in your opinion?

My team is comprised of providers who can care for the whole spectrum of venolymphatic disease. I specialize in complex deep venous problems, and when superficial venous care is needed, I refer to my colleagues at Northwestern, and vice versa. This approach works for us, but it might not work for all centers/

institutions. At some locations, one provider provides all care. At other locations, expertise in a specific area, such as deep vein intervention, is not available and those patients are referred out. What is essential is that providers are aware of their abilities and limitations and function accordingly to avail patients of the best possible outcome.

## Can you talk about the key roles played by the nonphysician members of the care team?

Every team member plays a critical role, and all roles are important in caring for the patient. Patients are getting more complex, and nursing and imaging providers are vital for care coordination, open communication with patients, and reliable, high-quality imaging.

Adopting next-generation technologies can help centers stay at the cutting edge of innovative care. However, the burden of proof must also be met to ensure that devices are truly an improvement over past standards beyond established safety and efficacy.

## How does your team at Northwestern determine whether a new device option is worth trialing? And, how do you select which trials in which to participate and/or lead?

One of the great things about being a venous provider is that we are still early in the innovation phase for technologies. In the last decade, we have seen numerous stents and venous thrombectomy devices introduced and developed. However, as expected, some are truly innovative, and some are iterative or duplicative. For us at Northwestern, we approach with curiosity and, when

*(Continued on page 67)*

(Continued from page 58)

necessary, healthy skepticism. Ask the questions: "Is this a meaningful change? Is this an evolution, and if so, how much?" Or, even better, "Is it a revolution?" When appropriate, we talk about new therapies or trials as a team to gather all perspectives and ensure it's the right thing for our patients.

**Can you overview how your team works with external referrers, in establishing relationships but also in maintaining communication from intake through follow-up?**

What we've noticed over the years is that as we have cared for more patients with increasing complexity, "the word has gotten out," and we have a significant number of patients coming from around the country and world. We are honored to care for these patients and want to try and replicate the experience for these patients as if they were local Northwestern patients. This requires diligent communication with referring providers and, most importantly, having a willing local partner who will help with patient monitoring, prescriptions as

needed, and prompt evaluation should a complication occur. Often, monitoring can be done through medical records given that many health systems share the same electronic record software. But the foundation is built on care coordinators who call for follow-up and coordinate with providers local to the patient to ensure that they are cared for. ■

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