

# Setting up a vein practice: Essential requirements and tips to be successful

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# Setting up a venous practice: Planning

- Why do you want to start a vein practice?
  - \$\$
  - Need for program in practice



The advertisement features a photograph of a person's legs, with one leg raised and bent at the knee, showing the back of the leg and foot. The background is a light blue gradient. The text is in a clean, sans-serif font.

**SAY GOODBYE**  
to Varicose &  
Spider Veins Now!

How revolutionary new medical techniques can improve your health and quality of life by eliminating pain, swelling, cramps, restlessness, and unsightliness in your legs.

[\[Redacted\]](#)

# Setting up a vein practice:

## Market assessment

- Who is treating veins?
- Is the market saturated with practices focusing on cosmetic end?
- Is there lack of Rx of complex side?
- Will your skill set/interests be a good match for market needs?



# Evaluate your practice and how vein work can be integrated

- Will your practice situation support your planned vein program?
  - shared model vs venous centered model
  - How much time do you want to (allotted to) spend doing veins?
    - Multiple providers or one

# The venous clinic staff

- Marketing and patient communication critical for success
  - Much of marketing is to referring physician offices and to patients themselves
- Program director
- Vein specific RN
- NP or PA
- Excellent ultrasound techs
  - Venous specific is preferable

# Developing the practice

- Marketing – Branding very important
  - To referring physicians, wound clinics
    - Highlight novel therapies
    - Usually little comp for deep disease/complex pts, venous ulcers
  - Direct to patients (intense competition)
    - Traditional media
    - On-line presence
      - Website
      - Optimizing search process
    - Social platforms

# Facility and Vascular Techs

- Separate site vs imbedded within vascular clinic
  - In office procedural capability
  - Hospital based vs non-hospital based
  - Use of hospital facilities for deep venous procedures
- Ultrasound Technologists and equipment
  - Office based vs hospital based
  - Training critical

# Compensation models

- If you are a hospital based physician on RVU based comp model
  - Laser ablation is 5.5 RVUs
  - Reimbursement from commercial insurance ranges from \$2000 - \$4000



# Learn the insurance requirements and the financials

- Insurance requirements for reimbursement increasingly challenging
  - BCBS in NC instituted one vein procedure per leg per life
- Determine how much each payer in your area pays in each venue where you might perform cases
- Understand profitability based on equipment and devices used

# Advantages of vascular specialist

- Trained in all aspects of care of vessels
- Capability to handle superficial and deep problems, percutaneous and surgical methods
- Perceived validity as vascular specialist
- BUT
- Vein work does require time to learn the specifics of each procedure

# A few final words

- Must understand patient expectations
  - Are goals achievable?
- Learn to work well under local anesthesia
- Take time to work with venous specialists to understand sclerotherapy, compression and other specific tools
- And finally

**Sclerotherapy is More Difficult than EVAR!**

**Peter Lin**