

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

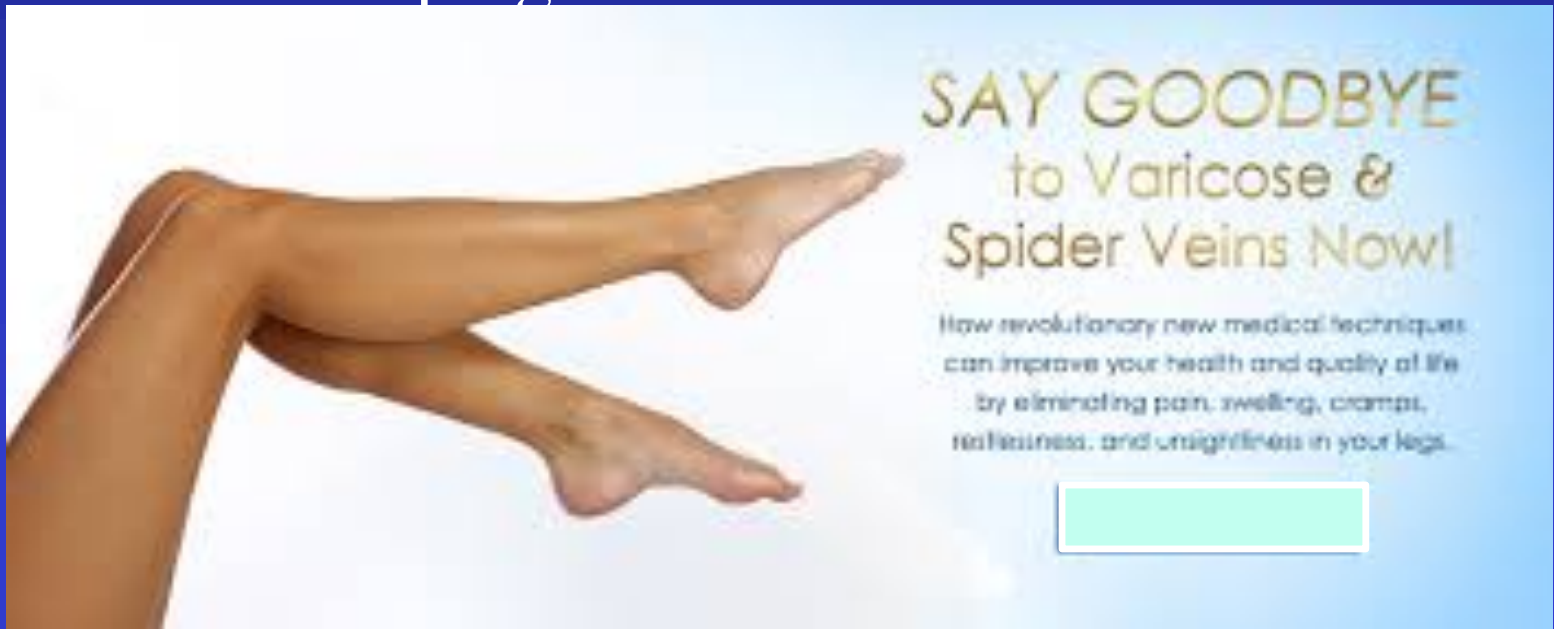
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Setting up a venous practice: Planning

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



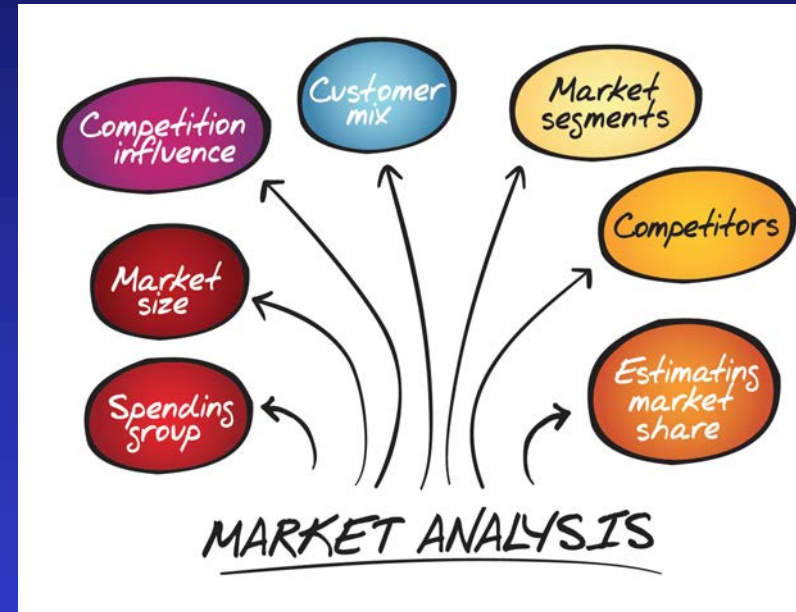
The advertisement features a photograph of a person's legs, with one leg raised and bent at the knee, showing the back of the leg and foot. The background is a light blue gradient. To the right of the legs, the text reads: "SAY GOODBYE to Varicose & Spider Veins Now!" followed by a paragraph: "How revolutionary new medical techniques can improve your health and quality of life by eliminating pain, swelling, cramps, restlessness, and unattractiveness in your legs." Below the text is a green rectangular button.

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 unattractiveness in your legs.

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



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 surgeon

- 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