



How To
Develop and Grow
A Thriving & Successful
Vein Practice

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Goals of Presentation

- Overview of how to start, manage and grow a very successful vein care practice.
- Practical hints and pointers

What is a “Vein Practice”

- Business of caring for individuals who have disorders of the venous system.
 - Service industry
- Mainly varicose veins and related conditions.
- Like all businesses – “Exchange of value”
 - Money, Charity,
 - Whatever you value !
 - Academia !!

Why develop a Vein Practice

- What do I want ?
 - BEGIN WITH THE END IN MIND !!
 - Why am I in medical practice ?
- Why Veins ?
 - Large market - growing population
 - Unmet need !
 - Challenging problems !
 - Venous disease misunderstood
 - quite challenging to treat
 - Pays well !

Practice Models

- Comprehensive Vein Practice (Vein Center)
 - Starting small business (< \$8.5 M revenues)
 - Investing in technical component of practice
 - Equipment, staff, operations
 - High risk, high reward
 - Professional + technical revenues and expenses

Practice Models

- Hybrid
 - Partner with Hospital/ Ambulatory center
 - Lower risk, lower reward
 - Hospital / ASC invests in technical facilities and operations.
 - Professional income and expenses only
 - Easier

How do I get started ?

Develop a Business Plan

- Does not have to be a sophisticated document
- KNOW what you are doing !
 - ❖ Writing it down helps !!
- Where will I get the money to invest in the practice ?
 - Office, equipment, staff
 - Expenses start before day 1
 - Income trickles in later !!
- What are my risk of losing this money ?
- GET HELP ! Management consultants who know the vein care business. CQS Inc. www.cqs.org

Setting up

- Where will my patients (customers) come from ?
 - Know your market !
- How will I let people know I am here
 - Marketing
 - Advertising

The Vein Center

- Business organization- setting up corporation, legal issues etc.
- Processes
 - Front-Office
 - Patient interaction
 - Middle
 - Clinical operations
 - Back- office
 - Business operations

The Ideal Vein Center:

- MD is specially trained in vein treatment
- Good Location and parking!
- Offers a full range of treatment options on site.
- vein treatment is a major focus of practice.
- Comfortable, “Spa-Like” atmosphere.
- Offer a full line of ancillary services on site:
 - on site diagnostic ultrasound testing
 - support hose in stock
 - patient educational materials (developed by the vein center)

The Basic Vein Center

- Clinical Skills
- Equipment & Supplies
 - For diagnosing the problem (diagnostic)
 - For performing the procedure (therapeutic)
 - For recording the Dx & Rx (paper charts or EMRs)
 - For running the office part of your practice
- Staff Support
 - The right number of staff and the required skill sets depends on future goals and existing resources.
- Marketing & Tracking
- Coding, Billing & Collections & Tracking your \$

Equipment & Supplies: Diagnostic

- Ultrasound
 - Color Flow
 - Some kind of recording capabilities
 - Gel, clean-up towels, rubber gloves, etc.
 - Disposable paper Shorts
- Clinical Forms
 - Sketches of Legs in Four Views on History & Physical Form
 - Ultrasound Reports
 - Letters of Medical Necessity & Appeal Letters
 - Consent Forms
- Photography, preferably digital
- Examination Table (Midmark)
 - Ideally electric with up, down & tilt capabilities, new costs ~ \$8,000.00
- An “adequate” Examination Room
 - Writing Desk, chairs for patients, stools, storage cabinets, sink, etc.

Equipment & Supplies:

- A Treatment Room:



Equipment & Supplies: Recording

- Paper Charts or EMR
 - Forms that facilitate:
 - The H & P
 - Consent
 - Operative Notes
 - Ultrasound Tests (Initial and Follow-Up)
 - Worksheets for Data Entry
 - Office Communications re: Insurance, Pt Questions, Calls, etc.
 - Chart Racks, Folders, Dividers, Etc.
- Form Letters
 - LOMN
 - Appeals for denial of above requests
 - Appeals for denial of payment after approval of above
- Some way to record Ultrasound Studies
 - Computer storage of images along with printed reports

Equipment & Supplies: Office

- Telephone Lines & Telephone Systems
- Computers & Software
 - Microsoft XP operating system
 - MS Office
 - software for generation of form Letters
 - Accounting, bill payment, tracking of ROI
 - Billing & Collections software
 - Contact Management - ACT!, Goldmine
- Xerox Machine
- Fax Machine
- File Cabinets & associated supplies
- Desk Space and Chairs
- Miscellaneous small supplies

Staff Support

- ❖ High level of Customer Service
 - Patients have a choice of service Providers
 - Scripting: It works best if reviewed every 6 months
 - ❖ Scripting is not just “What to Say”, it is also
 - ❖ “What to Do” and Attitude.
- ❖ The right number of staff and their skill sets depends on your goals and existing resources.
 - need a pleasant receptionist who is scripted.

I am Setup.. Now How do I get to treat more patients

- How do I grow my practice ?
- How do I treat more patients and meet my goals !
 - Maximize the number of patients coming into your practice
 - Minimize the number of patients leaving your practice.
- Marketing

Marketing

- Maximize the Number of Patients Calling Your Office For Information and Appointments
 - External (New Patients)
 - Advertisement, Website, Vendor support
 - Internal (Existing Patients)
 - Good support and encourage referral
 - Interprofessional (Family Practice, Derm, ObGyn)
 - Market to other physicians for referrals
 - MDs with primary role
 - Spa's, beauty salons, etc.

Marketing

- Minimize The Number of Patient You Loose.
 - High Conversion rate (% of Initial Inquiries that become paying customers)
 - Scripting at the Front Desk and Throughout Organization
 - Great Service and Great Results with:
 - Stunning Before & After pictures
 - Glowing, Written Patient Testimonials
 - Recall Programs
 - Office Organization & Efficiency
 - Tracking Tracking Tracking!

Typical Life Cycle of VenaCure Patient at Vein Center

- Patient Sees Ad in Newspaper or is referred & calls for information
- Front Desk answers all questions and makes appointment. Tracking information recorded.
- Patient comes in for appointment and is registered. Tracking information confirmed.
- Patient is seen, H & P is done, Ultrasound Recommended & Done.
- Reflux in Greater Saphenous Vein is Observed, VenaCure Explained and Recommended.

Typical Life Cycle of VenaCure Patient at Vein Center

- Patient Accepts the Recommendation.
- ❖ Patient is scheduled for procedure in 7-8 weeks if they are privately insured, and ASAP if they have Medicare, or if they are paying cash.
- A simple worksheet is filled out and entered into the computer. This immediately generates three things:
 - A detailed instruction sheet including date & time for procedure, date and time for first follow-up exam, given to the patient.
 - A prescription for Vioxx and Xanax, given to the patient
 - Billing Information (CPT, ICD9, etc) given to billing department. The Letter of Medical Necessity is written and mailed the same day.
- The patient is also given support hose and detailed, written instructions for wear.

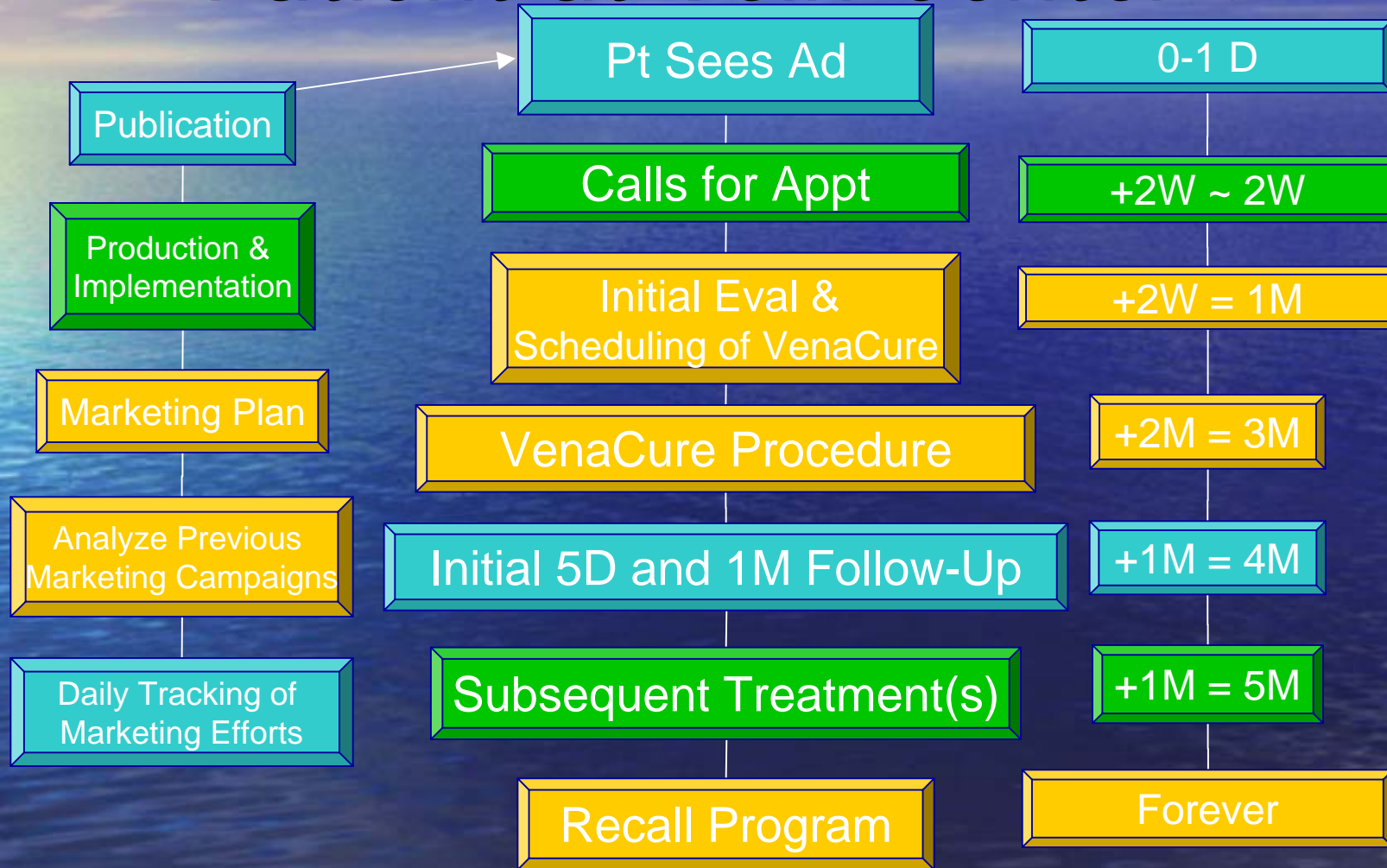
Typical Life Cycle of VenaCure Patient at Vein Center

- When the predetermination-authorization letter comes in, patient is called to confirm their scheduled procedure date and to move up if desired/available.
- If a letter of denial is received, an appeal letter is sent with a copy to patient, who is called & rescheduled.
- If a second denial is received, the patient is offered to come in for a free consultation to discuss options. If patient declines, these are discussed by phone.
 - Do Nothing and Accept the Varicose Veins
 - Pay Cash (approx \$3,000)- give written estimate
 - Undergo conventional Surgery (vein stripping)- refer
 - Wait six months to see if their insurance company changes their policy

Typical Life Cycle of VenaCure Patient at Vein Center

- Finally, the patient comes in for treatment. The operative note & billing are generated semi-automatically from a simple worksheet.
- The patient is in 48 hrs for a follow-up US. Rule out DVT
- Additional treatment (if needed) is planned & scheduled.
 - Nothing, Trivex, Phlebectomy, Sclerotherapy, PhotoDerm
- Follow-up ultrasounds are repeated after one, three, six and twelve months, depending on results.
- The patient is enrolled in our annual recall program.
- At every opportunity, the patient is encouraged to send in friends or relatives with similar problems. At the right time, in the right patient, they are approached about testimonials.

Typical TimeLine of VenaCure Patient at Vein Center :



Marketing

- ❖ The Four Commandments of Marketing:
 - ❖ MAKE a PLAN
 - ❖ STICK TO THE PLAN
 - ❖ LEARN FROM THE EXPERIENCE OF OTHERS
 - ❖ TRACK & ANALYZE RESULTS

Revenue

- Set Fee schedule for your market
 - Not too high or low.
 - Twice or 2.5 times Medicare rates

Medicare Part B reimbursement

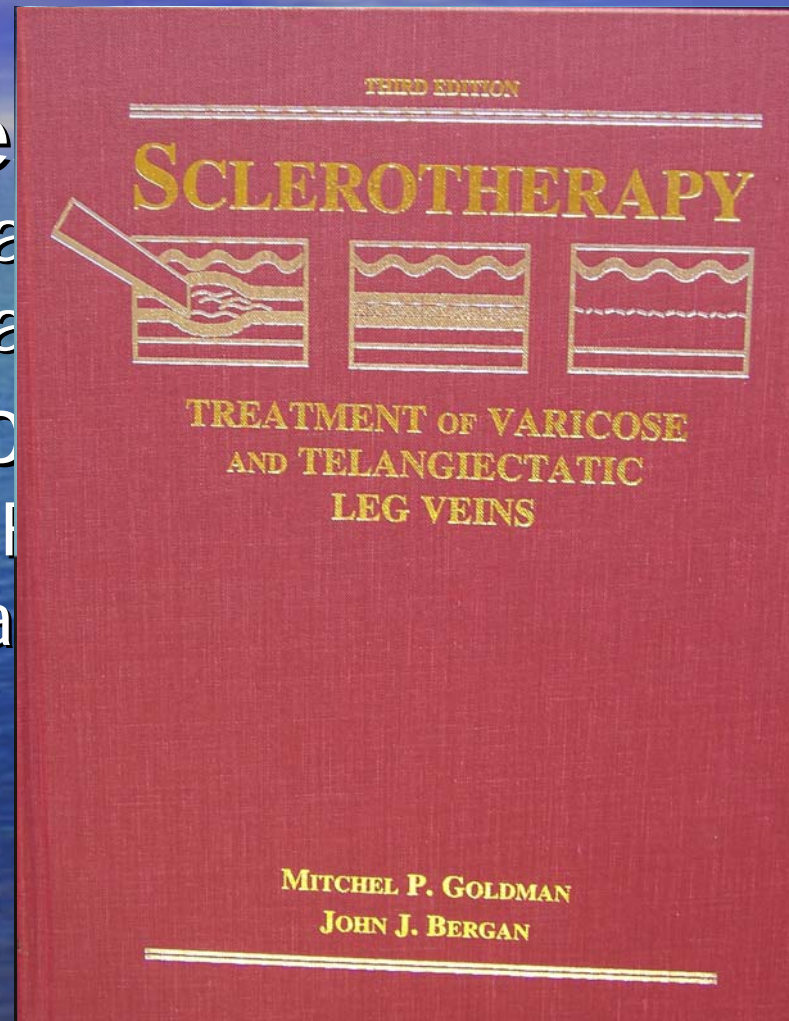
CPT	Description	MC \$	Global days
37204	Transcatheter occlusion or embolization	\$926	0
37799	Unlisted procedure	Pmt based on op report. ? Similar	
75894-26	Transcatheter therapy-Rad S&I - professional	\$ 67	0
75894-TC	Transcatheter therapy-Rad S&I - technical	\$ 922	0
36011	Selective cath placement	\$169	0

Revenue - Tracking

- ❖ Track where your \$ are coming from, and where your \$ are going to.
 - ❖ Spreadsheets (MS Excell, Lotus 123)
 - ❖ QuickBooks – Excellent for all accounting needs
 - ❖ Outsource to billing / management company
 - ❖ USE PROFESSIONALS IF YOU CAN !!
 - ❖ YOU SHOULD FOCUS ON LEVERAGING YOUR TIME AND SKILL.
 - ❖ YOU ARE THE MAIN ASSET GENERATING REVENUE
 - ❖ EVERY MINUTE YOU SPEND NON REVENUE GENERATING TIME IS REVENUE LOST

Resources:

- ❖ Societies
 - ❖ American Society of Phlebology
 - ❖ American Society of Sclerotherapy
- ❖ Textbooks
 - ❖ Weiss, R. & Bergan, J. (1996) *Sclerotherapy: Treatment of Varicose and Telangiectatic Leg Veins*
 - ❖ Goldman, M. P. (2000) *Sclerotherapy: Treatment of Varicose and Telangiectatic Leg Veins*



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Resources:

❖ Information:

American College of
A newsletter to members
American Venous Forum
The name says it all
A general marketing
Lifetime collection of
HotDocs Document
QuickBooks Account

Websites:

ology.org
usDigest.com
fo.com
eticMarketing.com
Million.com
ciansPractice.com
ocs.com
en.com

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Table Of Contents August 2003

§ The Diagnosis And Management Of 689 Chronic Leg Ulcerations In A Single-visit Assessment Clinic.
Adam, D.J, Naik, J, Hartshorne, T, Bello, M, London, NJ
Abstract & Commentary By E. Enerici, MD, Buenos Aires

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J.R. Mekkes and all British Journal of Dermatology, 2003; 148: 388-401
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Sybrahby, J, Wittens, C. J Vasc Surg 2002; 36: 1207-1212
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J Vasc Interv Radiol, 2002; Oct.(10) :975-990.
Abstract And Commentary By: Prof. Mehmet Kurtoglu, Istanbul.

MINI ABSTRACTS:

§ Open Surgical And Endovascular Treatment Of Superior Vena Cava Syndrome Caused By Nonmalignant Disease.
Karla, M, Gloviczki, P, Andrews, JC, Cherry, KJ et al J Vasc Surg 2003; 38:215-223

§ Validation Of The New Venous Severity Scoring System In Varicose Vein Surgery.
Kakkos, SK, Rivera, MA, Matsagas, MI, et al

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§ THE DIAGNOSIS AND MANAGEMENT OF 689 CHRONIC LEG ULCERATIONS IN A SINGLE-VISIT ASSESSMENT CLINIC.
Adam, D J, Naik, J, Hartshorne, T, Bello, M, London, NJ

ABSTRACT & COMMENTARY BY:
E. Enerici, MD, Buenos Aires

The authors describe findings of a single-visit assessment clinic in which venous duplex and limb arterial pressures were done. When the ankle-brachial (ABI) index was less than 0.9, an arterial duplex examination was obtained. There were 555 patients with 689 leg ulcers assessed and these maneuvers led to an accurate etiologic diagnosis in 97 % of the legs with chronic leg ulcerations. In toto, 88% of the limbs had venous pathology, 1 out of 6 also had arterial disease, and 1 out of 60 had lymphedema. Some 30% had segmental or complete deep venous insufficiency. Seventy one per cent of the patients with history of deep thrombosis had deep reflux compared to 43% of those without such a history. In the final analysis, venous disease was responsible for 72% of ulcerated limbs, mixed arterio-venous disease was present in 15%, and isolated arterial occlusions in 2%. In the venous cohort, 14% had perforator insufficiency such that single superficial venous surgery would not have been enough. In 40% of the venous ulcer limbs, varicose veins could not be detected clinically. In this study in Leicestershire only 29% of the patients were seen by vascular surgeons.

COMMENTARY.
This presentation is a practical demonstration of how a specialized service can arrive at an accurate diagnosis in 97% of the patients in a single-visit clinical assessment using the venous duplex and

TAKE-HOME POINTS

⌘ You Must learn to Walk before you can Run

Remember you are starting and managing a small business.

Basic principles of business apply with some unique twist to health care