Practical tips on how to build a referral practice

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Disclosure

Speaker name:

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I have the following potential conflicts of interest to report:

☒ Consulting for BD, Cook Medical, Medtronic, Inari, BSCI, Whiteswell

☐ Employment in industry

☐ Stockholder of a healthcare company Orthosensor, VETEX, Marvao Medical

☐ Owner of a healthcare company

☐ Other(s)

☐ I do not have any potential conflict of interest

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Decide on your likely level of commitment

- Are you very busy with aortic procedures/CLI/arterial/oncology etc.
- How many in your practice?
- Are others interested in venous?
- Can you collaborate with other specialities?
- Do you have time in your week for a clinic and rounds?

The biggest factor determining how much venous (or anything else) you want to do will NOT be your "competition"- it will be your "colleagues"

How much support can you expect from them?

Be realistic!!

Practical steps 1
Form good working relationships

- With Haematology - refer patients to them as they refer patients to you
- With Oncology - they may know you as biopsy or Radio Frequency Ablation (RFA) person and be unaware you can perform venous magic!!
- If you are a Vascular Surgeon- with IR
- If you are an IR - with Vascular Surgery
- If you are a Cardiologist/Angiologist - with both VS and IR
- With DIAGNOSTIC Radiology - so you can get good quality imaging - MR, CT, US
- With the Vascular Lab technicians/radiographers
- With ED - so they know to call you when somebody with a swollen leg comes in

Practical steps 2

- Attend Vascular Out Patients
- Focus on specific topics- it is a big area- where do you want to start?
  - Varicose veins?
  - Acute DVT?
  - Deep Venous Reconstruction/ Chronic/ Venous Ulcers/Malignancy?
  - Pelvic Vein Embolization?
  - AVMs??
  - Clinical Management +++++
  - Haematology aspects

Practical steps 3

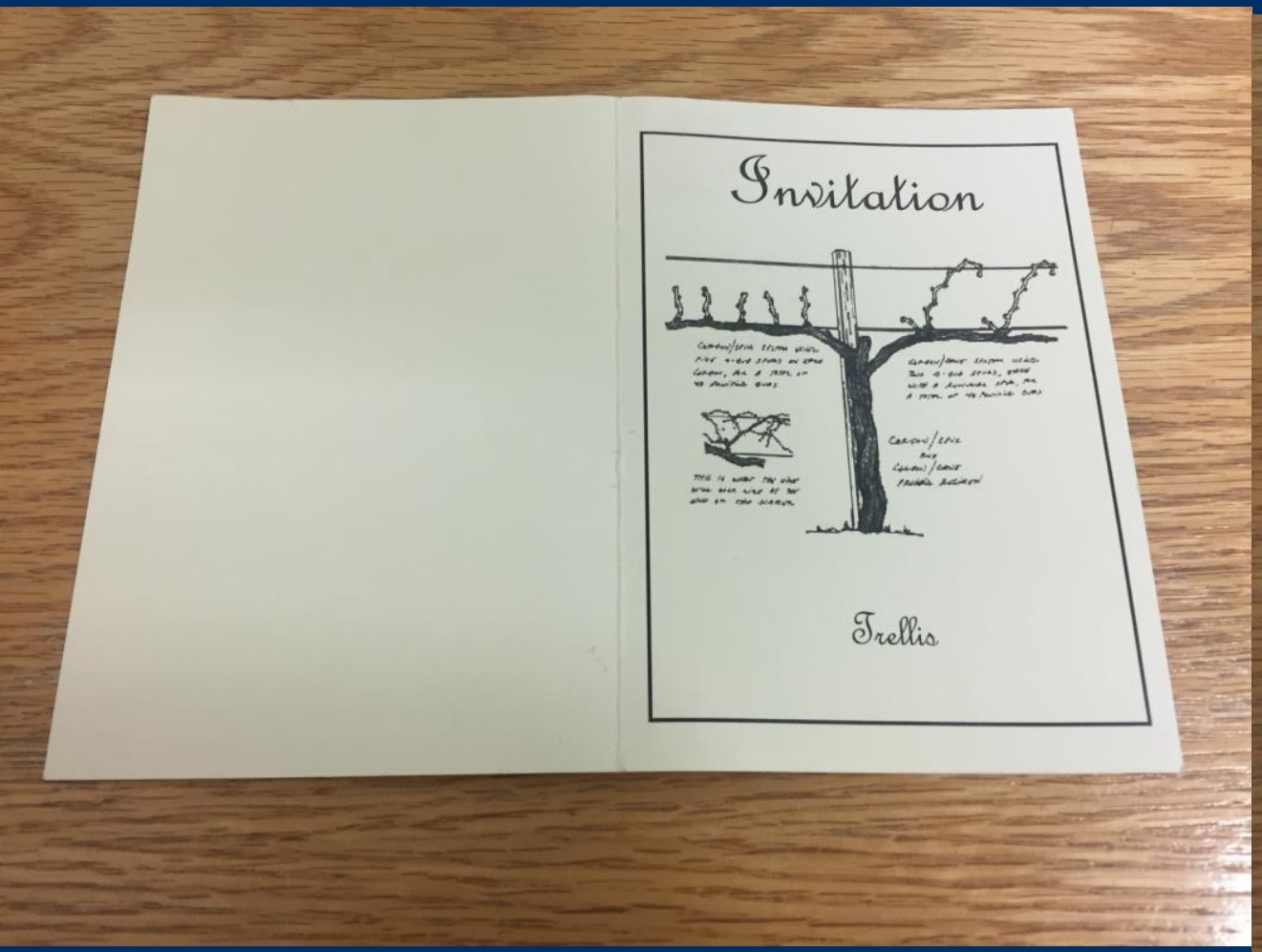
- Read lots!!
- Attend conferences- general initially
- Attend venous dedicated conferences
- Bring your complex cases along and ask the “experts”
- Consider doing short “visits” to expert centres- 2 days to 2 weeks

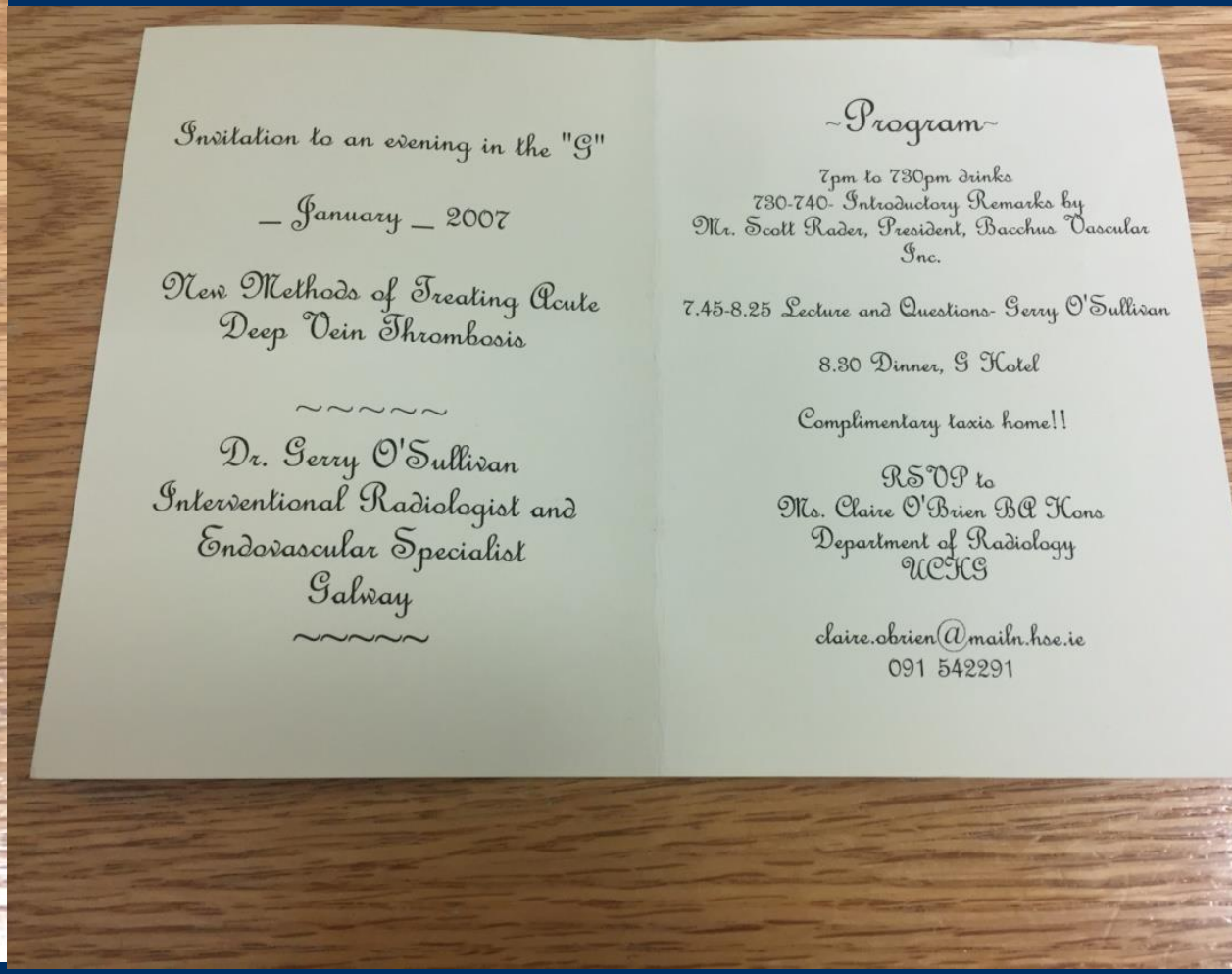
Practical steps 4
Next or in tandem

- Try and set up practical protocols in YOUR hospital with respect to:
  - Referral pathways
  - Imaging- which modality for which patient?
  - Think of practicalities of seeing patients- Where? When? How often?
  - Make your imaging as efficient as possible- stepwise
    - US → CTV/MRV → IVUS/Venography

Practical steps 5
Now consider:

- Grand Rounds to hospital
- Lectures to GPs
- Discuss with Pharma
- Get help from device companies





A blast from the past- me discussing Trellis and DVT management in 2007!!!

My experience over time:

- St George's (1995-1998) 95% arterial
- Stanford (1998-1999) 70% arterial
- Chicago (1999-2002) 60% arterial 20% venous and clinical
- Galway 2002 50% arterial 50% diagnostic radiology
- Galway 2020 75% venous and CLINICAL

But obviously I have had to give up other procedures as well….

- EVAR
- TEVAR
- Carotids
- Most PVDz

- Would you be comfortable doing this??????????????

There are PLENTY of patients out there- you really do NOT need to get “turfy”!!

In fact I refer heavily to vascular surgery now, and they to me; and both of us to and from haematology

Why do I like Venous Disease?

- Undertreated
- Patients are so grateful
- I have seen incredible improvements in patients in short periods of time- it is very rewarding
- Patients are often young; so the benefit you can achieve has the potential to last many, many years…..

Thank you