Practical tips on how to build a referral practice

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Disclosures

Speaker name:

Gerry O'Sullivan.....

I have the following potential conflicts of interest to report:

☒ Consulting- BSCI BD Cook Medical Medtronic Cordis Whiteswell Creganna Philips,

☐ Employment in industry

☒ Stockholder of a healthcare company Marvao Medical, Orthosensor, Vetex

☐ Owner of a healthcare company

☐ Other(s)

☐ I do not have any potential conflict of interest

Decide on your likely level of commitment

- Are you very busy with arterial/aorta/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 rounding?

The biggest factor determining how much venous (or anything else) you can do will NOT be your “competition”- it will be your “colleagues”

Practical step 1- form good working relationships

- With Haematology so YOU refer them patients just as they refer you
- With Oncology- they may know you as biopsy or RFA person and be unaware you can perform venous magic!!
- With Vascular Surgery/IR/Cardiology/Angiology: essential for you in my opinion
- With DIAGNOSTIC Radiology: so you can get good quality imaging- MR, CT, US
- With the Vascular Lab technicians/radiographers
- With the ED so they think of YOU first

Practical steps 2

- Attend Vascular Out Patients
- Read lots
- Focus on specific topics
  - Varicose veins? Acute DVT?
  - Deep Venous Reconstruction/ Chronic/ venous Ulcers/Malignancy?
  - Pelvic Vein Embolisation? AVMs??
  - Clinical Management +++++
  - Haematology aspects

Practical steps 3

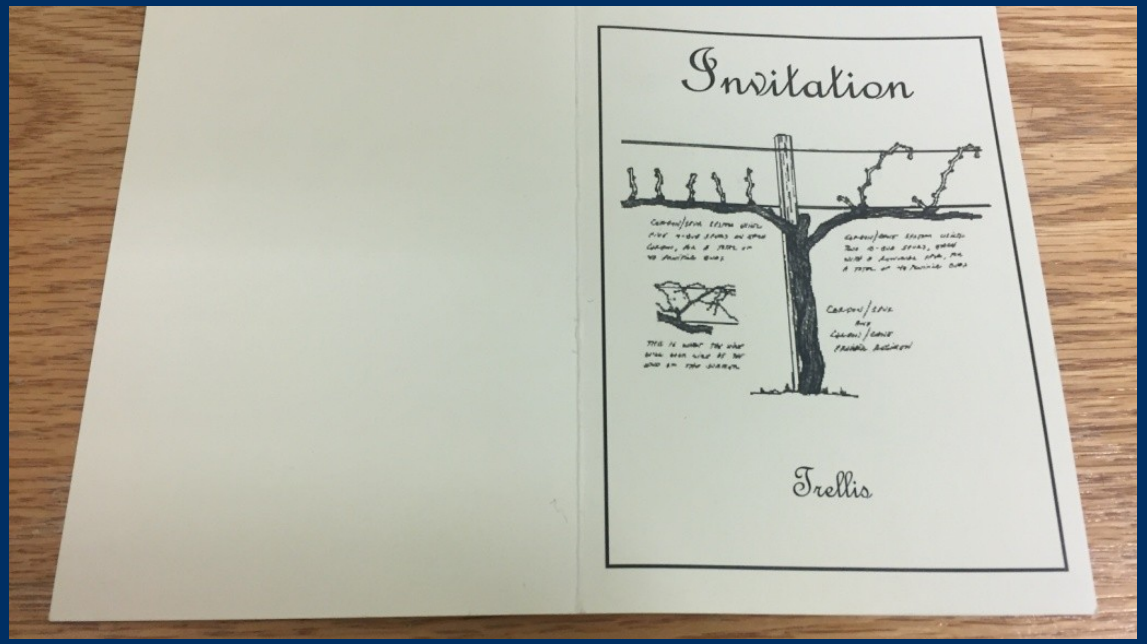
- Read lots!!
- Attend conferences- general initially
- Attend venous dedicated conferences
- Bring your complex cases along and ask the “experts”
- Consider doing short “visits” to expert centres- 2 days to 2 weeks

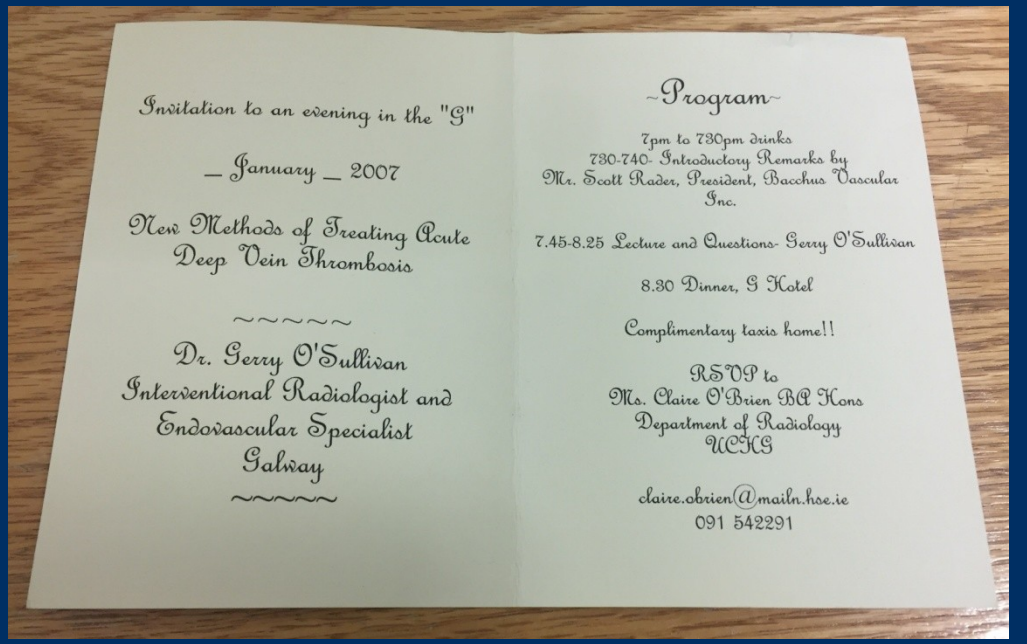
Practical steps 4
Next or in tandem

- 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





2007

Invitation to all GPs and Consultants within 100 miles of Galway in 2007
3 nights in a row
About 10 consultants and 8 GPs turned up
It was a start……

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 2019 75% venous and CLINICAL

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

- EVAR
- TEVAR
- Carotids
- Most PVDz

  - Would you be comfortable with this???

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

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

THANK YOU