Reinventing Yourself: How to Add New Procedures (Peripheral, Carotid, TAVR, Structural)

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Faculty Disclosure

Tony Das, MD

For the 12 months preceding this CME activity, I disclose the following types of financial relationships:

Honoraria received from: Avinger, Abbott Vascular, Bard, CSI, Cordis, Gore, IDEV, Medtronic, Spectranetics

Consulted for: Avinger, Bard, IDEV

Held common stock in: Avinger, CSI, IDEV

Research, clinical trial, or drug study funds received from: Abbott Vascular

I will be discussing products that are investigational or not labeled for use under discussion.







What you need to know to reinvent yourself in cardiovascular interventions

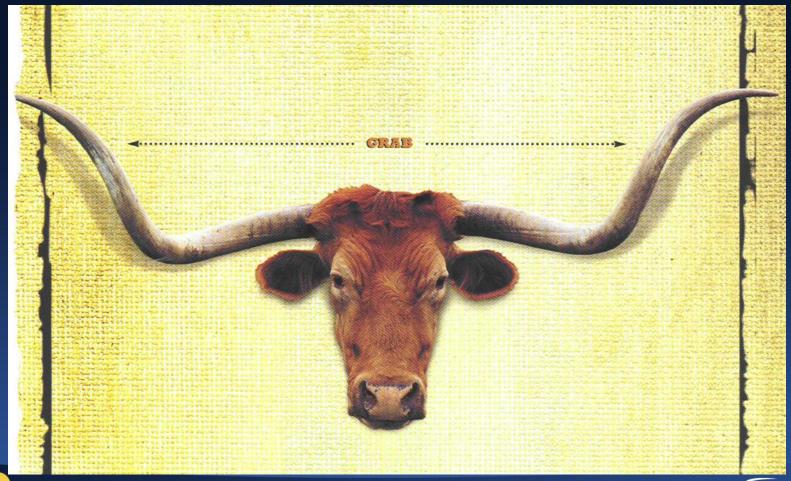
VOLUME, VOLUME, VOLUME
EDUCATION, EDUCATION, EDUCTION
NETWORK, NETWORK, NETWORK
Make Yourself Uncomfortable Every Year







Create a Business Plan "Grab the Bull by the Horns"



TCT2012





5 Simple Steps to Cardio- Endovascular Success

- 1. KNOW the field (data/devices/techniques)
- 2. EDUCATE your referral base
- 3. GET UNCOMFORTABLE every year
- 4. RE-EVALUATE your plan every year
- 5. EXPAND your reach every year







Facing the Classic Referral Obstacle

Learn Indications/Techniques/Options and Data

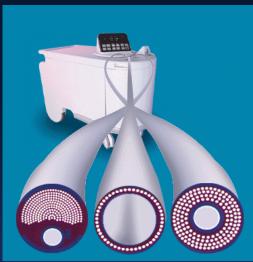


VS





Incorporate New Procedures "Make yourself uncomfortable"



1996 Laser Atherectomy Leipzig Germany 10 yrs Live Cases **EuroPCR**





Perc.AAA 2005 PFO/ASD 2009 Mesenteric 2007-present Tibial atherectomy 2010-present Venous ablation DVT **TAVR** Renal Denervation

1999-2009









Learn, Teach, Tell

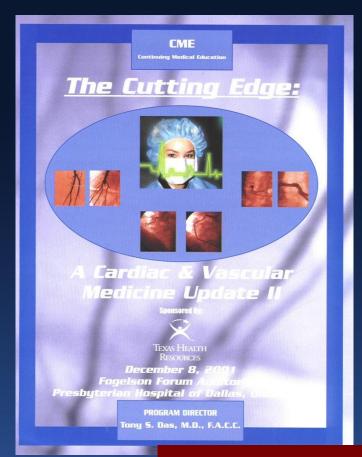
- Become the local expert
- Organize a regional meeting
- Incorporate research into the practice
- Refine presentation style;
 No industry slides
- Learn new procedures
- Offer to present at Grand Rounds-doctor education
- Update Hospital Media Department- patient education

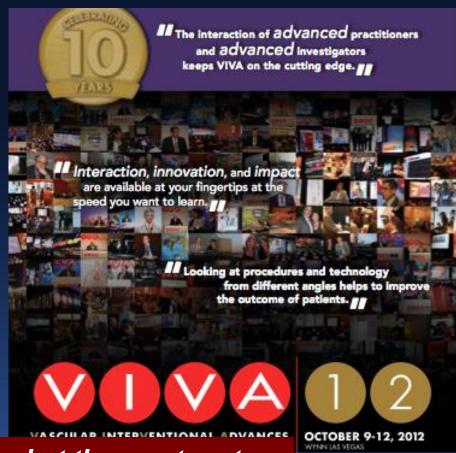






Organize Conferences





Let people know what the most up-todate treatment options are...then prove they are better than the status quo... Try to persuade with education







How do You Find the Patients

- Your own CAD practice is full of them
- Many are symptomatic and never been asked specific PVD/TAVR/venous questions
- Lifestyle limiting symptoms
- Carotid screening
- AAA screening
- Outreach Clinics







Factors that Effect Outreach

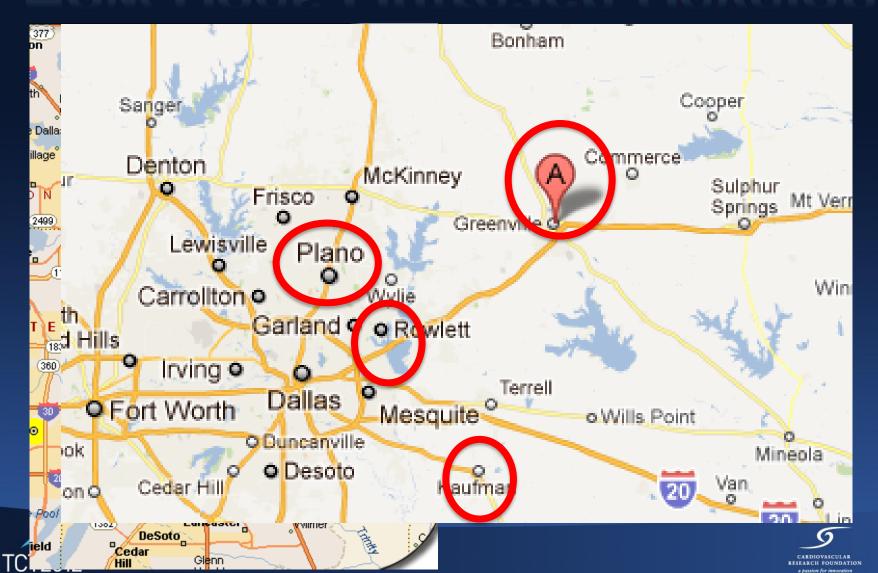
- Personal relationship connection/partner
- Hospital affiliation
- Demographic population
- Services offered
- Direct transfer agreements
- Regional initiatives (STEMI, TAA)
- Developing as the "expert"







How Does Outreach Develop?





Building a Referral Base

A. Build from within your practice

- Teach non-invasive testing to partners (i.e, claudication TM, ABIs)
- Teach peripheral angiography to others; indications for MRA, carotid doppler





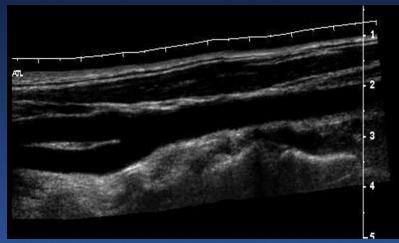


Screening Equipment for Offices















Building a Referral Base

A. Build from outside your practice

- Dinner lectures to referral physicians; don't forget Podiatrist, PAs, NPs, and RNs
- Give Grand Rounds (internal med, neurology), cath conferences
- Teach your referral base (MD and hospital administrators)
- Involve your referral physicians in the diagnostic evaluation







Reinvention: The Do's and Don'ts

- Don't overwhelm people with your new found skills
- Be discovered with good work
- Develop a local reputation of early adoption of technology









What you did and didn't train for in Fellowship... Providing Good Service





Core Principles of Outstanding Service

- Affability
- Availability
- Organization
- Communication
- Education
- Evolution
- Re-invention







Do you provide good service?

- Slow response time to consults
- Nurse practioner runs your practice
- You act too busy
- Don't call doctors with results
- You don't easily clear the plate
- Your office is not well organized
- Your assistant is blocking access to you











Are you THE recognized physician leader?



- Have you continued to educate yourself in new techniques?
- Have you made yourself uncomfortable?
- Have you volunteered for hospital committees?

- Are you considered an "early adopter"?
- Are your competitors considered the experts?
- Have you educated your community?





Don't Complain, Make a Difference

- Understand hospital politics first
- Change the status quo with excellence
- Use data and information to influence
- Provide solutions for problems
- Be flexible, when you can
- Work with staff and they will work with you
- Educate the staff, they will be your assets
- Don't rant and rave...it never works







Don't be an outsider

- Us against them never solves problems
- Take a position of hospital leadership
- Accept a regional/national ACC role
- Volunteer to oversee a part of your practice
- Start a cath lab staff inservice
- Invite competing groups to speak and participate in your educational events

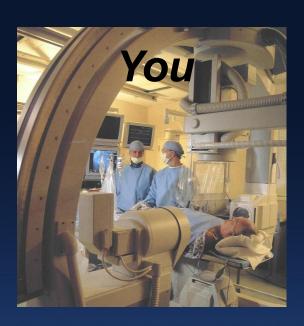






Creating the team mentality





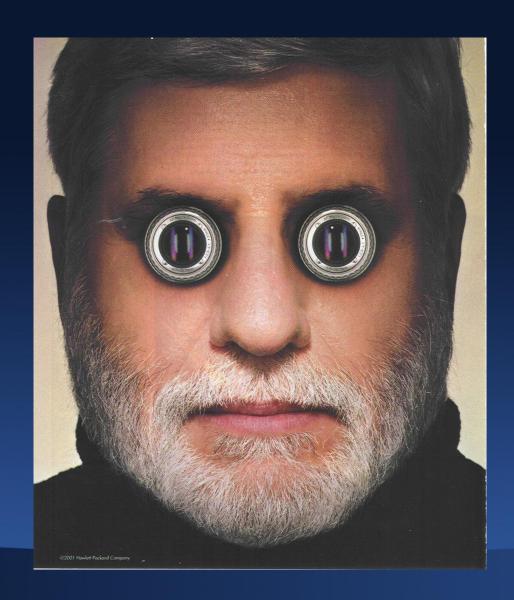








Have Vision

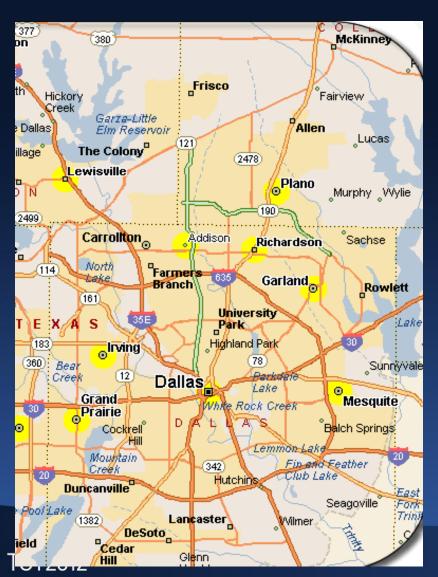








Roadmap to Reinventing Your Practice



- Grow your volume with good skills and service everyday
- Establish yourself as an "Early Adopter of Technology"
- Establish a research foundation





Thank you...Any Questions?







