

Case Study: A Valuable Intervention



A Miami-based interventional radiology team delivers added value through its long-standing clinical practice.

By Jenny Jones

Key Takeaways:

- Miami Vascular Specialists' interventional radiologists see patients in consultation before and after procedures.
- The consultations generate referrals from specialists and primary care physicians and attract self-referring patients.
- The clinical approach boosts the status of the radiology practice within the health system and serves as a model for its diagnostic team.

While several radiology practices have recently launched patient consultation clinics to provide greater value and improve patient care, the interventional radiologists (IRs) at Miami Vascular Specialists (MVS) have been consulting directly with patients for nearly 30 years. One of the first groups in the nation to deploy a clinical approach to IR, MVS is at the forefront of value-based medicine. The group's IRs have established themselves as specialists who manage patients throughout the continuum of care, much like cardiologists or vascular surgeons, as opposed to technicians who simply perform procedures. Through these efforts, the IRs have remained competitive with other specialties, while elevating the status of the entire radiology group within the health care system.

MVS is a division of Radiology Associates of South Florida (RASf), a Miami-based private practice, with more than 70 subspecialized radiologists. RASf serves Baptist Health South Florida, a health system that includes seven hospitals and more than a dozen outpatient clinics. For its part, MVS is a member of Baptist Health's Miami Cardiac & Vascular Institute (MCVI), a multidisciplinary center that IR trailblazer Barry T. Katzen, MD, FACR, FACC, FSIR, founded in 1987 to treat afflictions of the heart and blood vessels systematically. MVS' IRs are world-renowned experts in the treatment of a host of vascular conditions, including peripheral arterial disease (PAD) and abdominal aortic aneurysms (AAA), and are pioneers in less invasive vascular techniques.

James F. Benenati, MD, FSIR, partner with RASf, and the medical director of MCVI's noninvasive vascular laboratory at Baptist Hospital, says that providing clinical care and staying on the forefront of cutting-edge medicine has secured MVS' position as an indispensable member of the health care team. "The goal at the end of the day is to make sure your administration not just wants you but needs you," says Benenati, who is also the program director of MCVI's vascular/interventional radiology fellowship and a clinical associate professor of radiology at the University of South Florida College of Medicine. "The IR team brings a strong clinical presence to the radiology practice, and as a result, the hospital and health system administration view the group as a valuable asset, rather than a commodity."



Miami Vascular Specialists was one of the first groups in the nation to deploy a clinical approach to interventional radiology.

The Clinical Imperative

MVS has been providing clinical IR care since Neil H. Messinger, MD, became the chairman of RASf in 1986 and began developing the practice's IR program, which has since grown to include nine IRs, two neuroradiologists, and four physician assistants (PAs) who see an average of 220 patients a month. "We realized from day one that in order to be seen as real clinical doctors and be on the same playing field as our referring docs, we need to be in control of the patients we treat," Benenati explains. "We need to have a rapport and respect among patients and referring physicians, and the only way to do that is to meet with patients in consultation and manage them throughout their care."

The IRs initially saw patients in their personal offices and worked with a secretary to arrange consultations around their procedures. By 1995, the program had grown enough to justify constructing a dedicated consultation office down the hall from the procedure suite. As the program continued to flourish, its staff expanded to include PAs and nurses, as well as a phone service to schedule appointments. The group

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Continued on next page

Case Study: A Valuable Intervention



Continued from previous page

also adjusted its schedule so that the IRs hold patient consultations at specific times each week, rather than trying to squeeze them in between procedures. "We've grown and added staff over the years, but to do that, you have to demonstrate your value to your practice and the health systems it serves," Benenati says. MCVI, including MVS, has added so much value to Baptist Health, in fact, that the system is building a new \$100-million expansion to the institute's catheter laboratory for all cardiac and vascular services.

MVS' value comes in the form of patient engagement. When a patient is referred to MVS, an IR consults with the patient to determine whether an IR procedure is the most appropriate treatment option. If the IR thinks a procedure is appropriate, he or she explains the procedure along with its risks and benefits, allowing the patient to make an informed decision about whether to undergo the treatment. If the patient decides to proceed, the IR performs the procedure and manages the patient through follow-up care. If a procedure is not appropriate, the IR monitors the patient and manages his or her condition. "We see lots of patients who we never treat with procedures; instead, we follow these patients closely," Benenati notes. "Our goal is for our patients to see us as doctors, not just technicians."

A Broad Referral Base

The clinical approach has extended MVS' referral base beyond cardiologists, oncologists, and other specialists to primary care physicians. "Primary care doctors love that we manage our patients all the way through follow up," Benenati says. "They don't have to worry about who's following up with the patient."



The interventional radiologists at Miami Vascular Specialists hold patient consultations at specific times each week.

The IRs keep referring physicians informed about each patient's treatment and condition through telephone calls and emails. Marcus St. John, MD, FACC, FSCAI, interventional cardiologist at MCVI, says that the IRs' approach assures him that the cardiac patients he refers will receive highly specialized care. "By seeing patients before and after procedures, the IRs can manage any procedure-specific complications that arise and answer questions from patients and families," he says. "I can feel confident in knowing that the patients I refer will receive the highest quality of care available."

In addition to generating referrals from specialists and primary care physicians, MVS attracts self-referred patients through direct-to-patient marketing initiatives. MVS produces targeted campaigns for venous disease, fibroids, PAD, and AAA, media spots on television and radio, newsletters, and seminars to educate patients about its services. The group also attracts patients through MCVI's robust clinical trial program. With a research team that includes a full-time physician, a full-time research fellow, and more than 10 full-time nurses and other employees, MCVI has conducted hundreds of clinical trials, including several with the National Institutes of Health. Carol Mascioli, MCVI's chief operating officer, says that MVS adds value to Baptist Health by bringing in patients who might not otherwise seek care from the health system. "Instead of being strictly proceduralists who wait for other doctors to send them patients, the IRs have patients self-referring to them," Mascioli says. "Not every IR can practice in this way, but the IRs here have both the procedural and the clinical expertise necessary to engage patients."

Perhaps even more telling than MVS' ability to attract patients is its ability to retain them. In fact, some of the group's patients have been under the IRs' care for more than 20 years, many returning for treatment of new conditions over that time. Benenati says that those returning patients alone justify the financial cost of the patient consultation sessions. "The 30 minutes I spend in a consultation with a patient may not be as economically viable as the 30 minutes another IR spends doing a procedure," Benenati concedes. "But if I order two imaging studies and I establish a rapport so that the patient comes back to see me five more times, then it becomes much more valuable than the procedure."

A Clinical Example

The IRs' clinical approach does more than add economic value to RASF, it also serves as a model for the group's diagnostic imaging team, which is developing its own programs to engage more closely

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Continued on next page

Case Study: A Valuable Intervention

Continued from previous page

with referring physicians and patients. "With Imaging 3.0, radiologists want to be more visible, and the IRs have done that by not only doing procedures but also taking care of patients," says Ricardo C. Cury, MD, chairman and chief executive officer of RASF and MCVI's director of cardiac imaging. Following the IRs' lead, RASF's neuroradiologists began rounding with the hospital's neurologists about two years ago, and around the same time, its imaging team launched a pilot project to deliver coronary CT results to some patients directly. "We got the concept from the IRs and then implemented our own consultation programs in imaging," Cury says.

The IRs have also set an example by serving on many hospital committees and participating in multidisciplinary conferences, where they engage with other specialists to determine the best treatment options for patients. "We're very active in both our group leadership and the hospital management," Benenati notes. "We serve on a ton of committees within the hospital, including the institutional review board and the credentialing committee, and interact directly with other specialists during multidisciplinary conferences. This high level of involvement has earned us a lot of respect within the health system." It has also elevated the status of the entire radiology practice. "The IRs have been the clinical face of the department," Cury says. "That has been a major value for not only making interventional radiology relevant, but also making the radiology group more relevant and more present within the hospital system."

As if generating referrals, attracting patients, and boosting the practice's prominence within the health system weren't enough, the clinical approach provides one other important benefit: job satisfaction. Benenati says that consulting directly with patients and their families is highly rewarding. "When you know the patient, when you know the family, and when you develop a rapport with them, the highs of you get from those great cases are so much higher than you could ever imagine," he says. "If you want to be happy 25 years after you go into practice and love what you do every single day, then develop a clinical practice, and you'll see that your rewards will be 10 times greater."

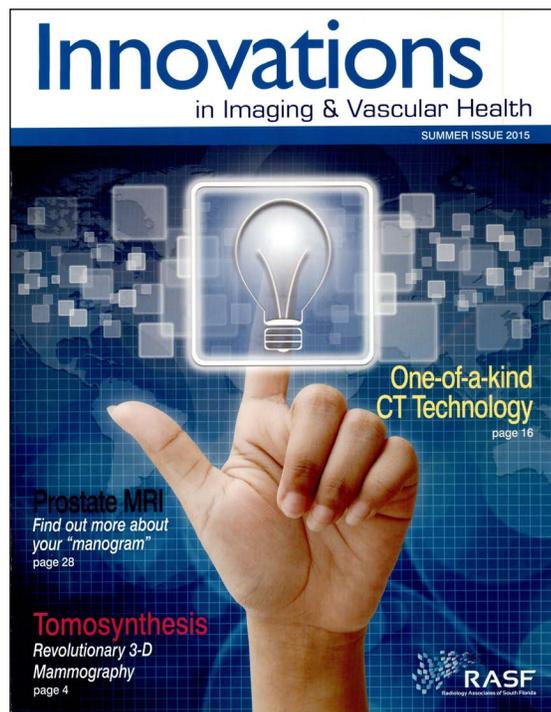
Next Steps

- Develop a consultation program to increase patient and referring physician engagement.
- Join hospital committees, attend multidisciplinary conferences, and engage closely with hospital leadership.

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Radiology Associates of South Florida and its interventional radiology team, Miami Vascular Specialists, attract patients through direct-to-patient marketing initiatives.

- Produce direct-to-patient marketing initiatives, including educational seminars, media spots, and newsletters.

Join the Discussion

Want to join the discussion about how the interventional radiologists at Miami Vascular Specialists have established themselves as disease specialists who manage patient care? Let us know your thoughts on Twitter at #imaging3.

Have a case study idea you'd like to share with the radiology community? Please submit your idea to <http://bit.ly/CaseStudyForm>.



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