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# Collaborative Care Supporting the Sustainable Vascular Center of the Future

by VEIN Staff

What happens when you bring four competing groups of cardiac and vascular surgeons and a hospital together? You have healthy competition and a shared vision to build a world class vascular center with a focus on finding and treating Peripheral Arterial Disease (PAD) in the communities you serve.

## Competing Groups – Shared Vision

Dr. Dan Dulas believed this shared vision could work, even with the changing healthcare landscape, economic downturn and changes in how health care was being delivered. Dulas' practice Metropolitan Cardiology Associates had been practicing together for 23 years in the Twin Cities, Minnesota. He partnered with Mercy Hospital in Coon Rapids, Minnesota, a member of the Allina Health System, to implement the collaborative concept and utilize the expertise of CV Administrator, Mike Rasmussen. They now have a shared partnership and Mike has a dual role as Administrator of Metropolitan Cardiology Associates. In 2006, Dr. Dan Dulas, Mike Rasmussen and the administration from Mercy Hospital started pioneering an innovative vascular center. They envisioned a multi-specialty organization of physicians and treatment options that encompassed the shared aspiration of bringing the best evidenced based care available to the patients and physician offices that they interact with on a daily basis. They wanted seamless communication and service delivery to be replicable whether the patient comes from around the corner, or from another state in the Midwest. They further wanted standards of care that the staff could support and depend on, that supported the vision of all the stakeholders, not just one or two people in select groups.



Daniel Dulas, MD, FACC, Interventional Cardiologist Metropolitan Cardiology Consultants

Today, those shared goals are what The Vascular Center at Mercy Hospital is founded upon. The Vascular Center at Mercy Hospital is comprised of ten physicians from four different groups that deliver care for a large portion of the Midwest (see inset box).

Dr. Dan Dulas felt that this was the right time with the right doctors to start the center. Dulas stated, "Partnering cardiovascular physicians with vascular medicine, vascular surgeons, car-

diothoracic surgeons and podiatrists has provided improved patient oriented care. This collaborative care model allows us to collaborate instead of compete. Collaboration is supported through technology and regular meetings that focus on presenting questionable cases to the team and working with evidenced based, pre-planned care plans for more comprehensive outcomes."

Dr. Abdel Akef, FACC, interventional cardiologist, who works with the Vascular Center, stated "The most gratifying component of this multi-specialty group has been discussion of the questionable cases in meetings and to decide what is best for the individual patient." The Vascular Center physicians decided, as a team, to embrace evidenced based medicine with an academic focus. They have started a vascular rehab program for their Peripheral Arterial Disease (PAD) patients. This program focuses on medical management, exercise therapy and behavior modification. Although exercise therapy is not presently reimbursed, Dr. Akef feels it is the right progression of care and treatment for patients."

Mike Rasmussen, CV Administrator, reported, "The best thing that came out of this partnership is the focus on treating the whole patient; we worry less about the individual reimbursement, but instead strive to grow the whole Vascular Center." The other great opportunity realized was the sharing of call and the rotation of reading exams amongst all members of the Vascular Center. This became a very positive outcome for the Vascular Center, the comprehensive care of patients and collaboration of physicians.



Michael Rasmussen, Cardiovascular Administrator The Vascular Center at Mercy Hospital

## Primary Care and Podiatric Physician Vascular Testing Program: A Sustainable Hub and Spoke Model

Primary care and podiatric physicians have always been a great referral source for the vascular service line, but an objective of the new Vascular Center was to make them a formal part of the care continuum. The goal was to evaluate all patients that were symptomatic in the early stages of their disease when education, behavior modification and medical therapy are able to be provided.



William McMillan, MD,  
Vascular Surgeon  
Minneapolis Vascular  
Physicians

The Vascular Center at Mercy Hospital partnered with BioMedix Vascular Solutions, ([www.biomedix.com](http://www.biomedix.com)) and rolled out the PADnet Disease Management System to the Vascular Center, as well introduced the product to their referring physicians. The PADnet is a non-invasive in office vascular testing device for PAD and Chronic Venous Insufficiency (CVI). The PADnet system provides efficiencies in testing of symptomatic patients for PAD. Linking practices, via a HIPPA-com-

pliant network, to interventionalist for a collaborative care model approach in the early identification and treatment of PAD, provided a strong continuum of care.

Dr. William McMillan, vascular surgeon, said “The growth of Mercy’s vascular program depended upon collaboration, discussion and friendly competition. As a physician who provides both surgical and endovascular (balloons and stents) therapies to patients across the upper Midwest, I rely on PADnet to allow me to direct efficient patient care. By having a PADnet result ahead of time, I can coordinate a single visit to encompass appropriate imaging and treatment, which for ‘out of state’ patients, is a great benefit.”

Dr. Dan Dulas launched the program by evaluating the patients in his own practice. “This testing has been done on over 1500 patients and we consistently have a 50 % positive rate on testing for PAD. The number of patients with diabetes and cardiovascular disease greatly increases the amount of PAD being recognized.”

### **Podiatry as the Gateway to Evidenced Based Care in the Collaborative Care Model.**

Podiatry has long been the first in line to see patients with PAD; Dr. Dulas says that they have been working informally with podiatry for many years. Now they have a formalized plan of care with the referring podiatrist. This allows the podiatrist to be a partner in care, and allows them to do a better job of taking care of their patients. Previously, the patients were sick, but not being evaluated for PAD. The patient was typically seen by the primary care physician until they were very sick and referred when medical options are limited. With the new program and protocols in place they are medically managed earlier and the outcomes are better.

Mike Rasmussen reflected, “While supporting and managing our patients from the primary care physician office, through the lipid clinic and to the PAD clinic, this has become a long term, financially sustainable, comprehensive model. With all the concentration on healthcare dollars today, this is a program with a low cost non-invasive test that consistently provides surveillance of PAD in patients, with a 50% positive disease rate.”

Mike Rasmussen further commented “This program is what primary care and podiatry should want, because it

keeps patients in their practice with appropriate care and keeps their patients with them locally until they need to see a cardiologist or vascular specialist.” Collaboration of information and knowledge between the specialist, primary care and podiatric physicians help to maintain a high level of patient care.

The program has also solidified relationships with those referring physicians. Rasmussen continued, “We would hear from the referring physicians 30-40 miles away once or twice a month to confer on care, and now communication is daily. This has been priceless in building a sustainable model.”

### **Lessons Learned**

There is still friendly competition and competing needs, but at the end of the day, it was the right time and place to pull together an unconventional, extraordinary group of physicians and care providers. They found common ground in evidenced based, academically centered care and built a sustainable model that could weather the healthcare storm. The next chapter will include expansion and whatever can be seen on the healthcare horizon that makes sense for patients, physicians and the Vascular Center at Mercy Hospital.

### **Vascular Center Physicians at Mercy Hospital**

#### **Metropolitan Cardiology Consultants**

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#### **Minneapolis Vascular Physicians**

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