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*March 2005*

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**Five Ways to Prepare for the New Consumer**

**A** significant shift is occurring in health care as consumers and patients get more involved in the management of their own care in what is called consumer-driven care.

For physicians, this shift means changes are coming, many of which may be welcome, and some of which may be challenging. In any case, it is best to be prepared with ideas and strategies about how to manage the care of these new consumers. Although some of these changes may place more demands on your practice, new consumers may be more self-directed and, therefore, better able to manage their health issues, especially chronic illnesses. Here are five suggestions:

First, put yourself in the shoes of health consumers. If you were spending your own money for health care services, what would you expect from your primary care physician? Consumers in these new plans will have high deductibles, meaning they will be paying out of their own pocket for the first \$1,000 to \$2,500 worth of health care each year. They will want to know what your fee schedule is and whether it is possible to negotiate a better price on some services.

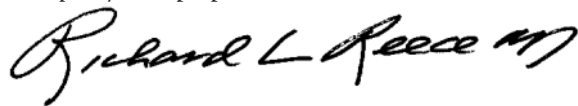
Second, consider that many of these patients may demand faster service. Therefore, it might be useful for you and your office staff to know how to use advanced-scheduling techniques. These techniques allow physicians to see many patients on the day they call for an appointment.

Third, recognize that this new breed of consumer is likely to want one-stop shopping, ample parking, computer scheduling, and quick access to laboratory, radiology, and high-tech imaging services. You may be able to meet these demands by developing creative partnerships with other groups, hospitals, and additional service providers.

Fourth, make a conscious effort to learn more about the thoughts of these consumers through satisfaction surveys, focus groups, and by listening carefully. Train your staff to be sensitive to the expressed needs of these patients who may already be well informed about their conditions as a result of information gathered from the Internet and insurers' Web sites.

Fifth, be aware that new consumers may want to know how closely you follow clinical guidelines and the rules of evidence-based medicine. They also may want to know what arrangements you have made with hospitals, and what those hospitals charge. Therefore, it will be important for you to investigate new billing arrangements with hospitals, such as bundled hospital-doctor bills for common illnesses and hospital-based procedures.

Given that these new consumers may be more prepared for their physician visit than patients have been in the past, it makes sense that physicians should be equally well prepared.



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This newsletter is published by Premier Healthcare Resource, Inc., Morristown, N.J.

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# Focus Shifts to Time Management

**A** shortage of cardiologists, the aging of the population, and greater identification of cardiac disease are forcing cardiologists to pursue strategies that will help them be efficient, says John Goodman, president and CEO of John Goodman & Associates, cardiovascular practice consultants in Las Vegas, Nev. Goodman is the co-author of *Cardiovascular Megatrends: The 21st Century* (John Goodman & Associates, 2001).

“As our population is aging and more disease is emerging, the challenge for cardiologists is to leverage their time such that they are providing care to large numbers of needy patients in a timely fashion,” Goodman says. Between 2005 and 2010, the focus of the cardiology specialty will be on how to use time most effectively, he adds.

If successfully implemented, such strategies will improve patient flow, care quality, and lead to greater professional satisfaction.

## **Declining Numbers**

The number of cardiology positions that have been going unfilled continues to rise, putting pressure on practicing cardiologists. “We are seeing a massive shortage of cardiologists in all markets across the United States,” Goodman notes. “In some markets, there is an even larger shortage of internists who help treat and manage

patients with congestive heart failure. This puts significant pressure on practicing cardiologists to meet the demand for their services.”

According to the American Heart Association’s Heart Disease and Stroke Statistics, 2004 Update, 64.4 million people in the United States suffered from cardiovascular disease in 2001. The estimated 15,000 cardiologists currently practicing in community settings have a difficult time meeting this demand. The number practicing in community settings is derived from the number of members of the American College of Cardiology and subtracting the number of academic cardiologists. This total has resulted in a net loss of 800 cardiologists since 2003, Goodman reports.

A second trend that is continuing to affect cardiology practices is the aging of the population. As Americans age, a rising number of people with heart-related conditions need the care of cardiologists, Goodman points out.

## **Technology and CHF**

A third trend is the advancement of technology, which has enabled additional cases of heart disease to be identified. “This too has increased the demand for cardiology services,” Goodman adds. “We can identify more disease through fast computerized tomography and other modalities,

but now we have to be able to treat those new cases.”

In the care of patients with congestive heart failure are examples of how technological advancements have created increased demand that cannot be met by the supply of cardiologists. “Congestive heart failure is one of the most prevalent conditions in the country,” Goodman says. “But it is a chronic condition, requiring ongoing care. The development of new technologies, such as cardiac resynchronization therapy and implantable cardioverter defibrillators, can help the cardiologist manage the disease. They have the potential to reduce the number of office visits and hospitalizations, and patients may be monitored more effectively.”

Only a few patients out of the millions who have congestive heart failure have implantable cardioverter defibrillators, he adds.

The development of such technologies has opened up a potential opportunity for interventional cardiologists, Goodman says. Although surgeons and electrophysiologists implant most defibrillators, the supply of implanters is not sufficient to meet potential demand. Therefore, interventional cardiologists interested in expanding their practices may seek to obtain training to provide interventional heart failure treatment. “We are seeing more and more

*(Continued on page 4)*

**“We are seeing a massive shortage of cardiologists in all markets across the United States. In some markets, there is an even larger shortage of internists who help treat and manage patients with congestive heart failure. This puts significant pressure on practicing cardiologists to meet the demand for their services.”**

**—John Goodman, co-author of *Cardiovascular Megatrends: The 21st Century***

(Continued from page 3)

interventional cardiologists go into this area," Goodman notes.

While interventional cardiologists could take advantage of the need for these therapies and expand their practices, they may not want to, Goodman observes. "Given the shortage of cardiologists, interventionalists have to balance the opportunity to learn a new skill against their time availability as well as their interest."

Like congestive heart failure, the incidence of other diseases, such as peripheral vascular disease, is also growing due to the aging of the population and new technologies that identify disease. Many of these patients will demand the time of practicing cardiologists.

### Hiring Physician Extenders

The particular strategies adopted will depend on each individual practice and, to a certain extent, each individual market, Goodman says. One strategy that practices may consider is to evaluate how nurses, nurse practitioners, and physician assistants might be used to enhance cardiologists' efficiency and patient flow.

"Physician extenders can interact with a majority of a practice's patients, while the cardiologist can be used primarily to make a diagnosis and determine the appropriate treatment strategy," Goodman says. "The extender can take a basic history, identify the different factors of the condition, determine the medication history, and note these factors for the cardiologist. The cardiologist can assess the history in a matter of seconds and determine the appropriate next steps. Then, the extender can provide patient education about the upcoming treatment and any lifestyle changes necessary."

Extenders can be particularly helpful in treating patients with congestive heart failure, since it is a chronic disease for which patients need ongoing management, education and encouragement, Goodman adds.

Extenders can make an important contribution to a cardiology practice. "They enable cardiology practices to handle a greater patient flow, so the practice could potentially be more lucrative," he says. "The most productive practices I have seen are operating with extenders."

Some physicians may use extenders not to increase the profitability of the practice, but to manage the pressure of taking on more patients and to see existing patients in a time-

"This transition certainly affects professional satisfaction, but whether that impact is negative or positive depends on the individual cardiologist," he says.

### Inter-Specialty Relationships

Cardiologists seeking to leverage their time also may want to pursue closer working relationships with other specialists who can assume some responsibility for the treatment of heart patients. "In some markets,

**"While radiologists and cardiologists have typically operated independently, they will develop closer working relationships by 2010," Goodman says.**

ly fashion. "In many health care markets, a non-emergent cardiology patient visit may take four weeks to schedule," Goodman says. "Patients and physicians find this time frame difficult to accept. Extenders can help a practice schedule patients more quickly, increasing new patient flow as well as ensure the retention of existing patients, who could defect to another practice if appointment wait time is excessive. If patients can see an extender, they perceive that they are still receiving care from the cardiology practice."

### Improving Care

Hiring an extender can also affect a cardiologist's professional satisfaction. "For some cardiologists, the effect will be negative," Goodman says. "These cardiologists may feel that they are losing a more personal relationship with their patients. On the other hand, an extender allows a cardiologist to do what he or she was trained to do: a very high-level type of care."

Particularly for physicians who have been practicing for 20 years or more, Goodman notes that using extenders is a significant change.

cardiologists are comfortable having internists manage their congestive heart failure patients, freeing up the cardiologists to treat ischemic heart disease, for example," Goodman says.

In some cases, technology drives closer inter-specialty relationships. "We are identifying more and more ischemic heart disease with new imaging technologies," Goodman says. "While radiologists and cardiologists have typically operated independently, they will develop closer working relationships by 2010."

Goodman points out that cardiologists and radiologists have often had a tense relationship. "They have felt threatened by each other, given some overlap in services between cardiology and interventional radiology," he says. "In some markets, doctors believed that if cardiologists obtained more market share, radiologists would lose business. Now, there are no markets that have zero-sum populations when it comes to heart disease; there are enough patients to go around for everyone. New imaging capabilities are identifying more patients, driving greater opportunities for cardiovascular and peripheral vascular interventions. Radiologists

and cardiologists are more often working together as a team. Now, imaging technology such as fast CT allows radiologists to more clearly determine when a condition exists that should be sent to a cardiologist. When radiologists identify disease, they will need to refer patients to cardiologists more quickly and effectively. Cardiologists who leverage their time effectively will be able to make room in their schedules for this new business.”

Moreover, studies of the heart-brain connection offer new areas for care, Goodman predicts. “The brain drives the heart, and the heart feeds the brain,” he says. “Researchers are starting to focus on the heart-brain connection to a greater extent. This emphasis will require cardiologists to work more closely with neurologists, neurosurgeons, and even radiologists.”

### **Adopting EMRs**

One strategy many physicians are using to increase efficiency is to adopt electronic medical record (EMR) systems. “EMRs support an environment that allows cardiologists to increase their effectiveness and efficiency,” Goodman states.

A growing number of cardiology practices are implementing EMRs, Goodman notes, although adoption rates vary by market. “Overall, we will see many more cardiology practices with EMRs by 2010,” he says. “However, in some markets the large cardiology groups are ahead of their local area hospitals in terms of EMR adoption.”

Cardiologists who have yet to implement an EMR can begin by educating themselves about different systems and calling upon colleagues for suggestions. Next, they must decide what functions will be important for their own practices. “A system that works for a four-physician practice may be different than a system that is effective in a 15-physician practice,” Goodman offers. But prac-

tice size is not the only differentiating factor. “In deciding what functions are needed, cardiologists must do careful strategic and business planning to determine what type of system will maximize their efficiency and best meet the requirements of the practice,” he adds.

### **Patient Self-Management**

Another strategy that physicians are using involves emphasizing self-management for patients with chronic conditions such as CHF. Self-directed patients can help cardiologists leverage their time. “I find that most cardiologists are redoubling their efforts to educate their patients on exercise, diet management, and other factors that prevent congestive heart failure or ameliorate its effects,” Goodman observes. While there is a role for cardiologists in teaching patients about self-management, the cardiologist shortage makes such education a critical responsibility of extenders employed by the practice.

Since 2000, Goodman has observed cardiologists and hospitals developing closer working relation-

ing of hospital needs. “Physicians focus on patient care, not on what it takes to run a \$400 million a year facility,” Goodman points out. “They need to understand that seemingly small actions on their part can cause that hospital to either be profitable or lose money, which will, in turn, affect the cardiologists’ ability to provide care efficiently and effectively.”

If cardiologists can shorten length of stay even by a small amount, for example, they can help cut inpatient costs, Goodman comments. “Cardiologists need to have input into protocols affecting length of stay so that they can help the hospital manage its costs while ensuring that their patients’ well being is not put in jeopardy,” he says.

“For example, cardiologists may illustrate how the expansion of a dedicated cardiology nursing staff at the hospital will enable cardiologists to treat patients more effectively and more quickly, leading to more timely discharge,” Goodman adds.

Since cardiologists need to spend their time carefully, strategic planning becomes especially important. “Careful, detailed planning and

**“Cardiologists can benefit greatly from hospital assistance in a number of arenas: outreach to outlying markets, assistance with recruiting, and technology purchase,” Goodman explains.**

ships. “Cardiologists can benefit greatly from hospital assistance in a number of arenas: outreach to outlying markets, assistance with recruiting, and technology purchase,” he adds. “A close working relationship with a hospital can lead to activities that help cardiologists work more efficiently and ensure high quality of care for their patients.”

In return, hospitals are involving cardiologists in facility decisions, thereby fostering a deeper understand-

analysis can help cardiologists identify the optimal strategies that will maximize practice efficiency, optimize care quality, and ensure financial viability,” Goodman says. “A market analysis can identify the demand for cardiology services; then the practice can develop strategies to manage its population.”

—Reported and written by Deborah J. Neveleff, in North Potomac, Md. More information on physician practice strategies is available on our Web site (see page 8).

# Report Offers Advice on CAM

Since more Americans are pursuing complementary and alternative medicine (CAM), physicians are wondering how to assess the safety and efficacy of these measures and how to advise patients who want to incorporate CAM with traditional health care. Recognizing the need for answers, the Institute of Medicine asked the Committee on the Use of Complementary and Alternative Medicine by the American Public to offer suggestions for an informed approach to CAM. In a report released in January, *Complementary and Alternative Medicine in the United States*, the committee said all treatments, whether conventional or alternative, should be subjected to the same principles and standards for demonstrating clinical effectiveness and safety. For therapies whose nature makes it difficult or impossible to conduct randomized controlled trials, innovative methods of evaluation should be developed. The report is available online (at [www.iom.edu](http://www.iom.edu)).

**The report cites surveys showing physicians are using or providing referrals for certain therapies they consider legitimate, including acupuncture, massage therapy, and biofeedback.**

The committee also recommends that CAM practitioners be involved in clinical studies to ensure that the research methods accurately reflect the way CAM therapies are administered in practice. In addition, the committee recommends that CAM practitioners develop practice guidelines for CAM therapies.

"Ideally, health care should be comprehensive, grounded in the best avail-

able scientific evidence, and centered on patients' needs and preferences," said Stuart Bondurant, MD, chief of the committee and executive dean of the Georgetown University Medical Center in Washington, D.C. "Health professionals and patients should have sufficient information about safety and efficacy to take advantage of all useful therapies, both conventional and complementary and alternative."

## Widespread Use

Judging the effectiveness of CAM therapies is particularly important because the public's use of CAM is widespread. The report says:

- More than one-third of American adults report using some form of CAM
- Patients do not view CAM and conventional medicine as mutually exclusive and are interested in pursuing both modalities of care
- Annual total visits to CAM providers exceed those to primary care physicians
- An estimated 15 million adults take

herbal remedies or high-dose vitamins along with prescription drugs

- Insurance coverage for CAM therapies is increasing
- Out-of-pocket costs for CAM are estimated to exceed \$27 billion annually.

Driven by patient demand, many hospitals, managed care plans, and conventional practitioners are incorporating CAM therapies into their

practices, and schools of medicine, nursing, and pharmacy are teaching CAM techniques, the report says.

Most commonly, CAM therapies have been incorporated into cancer treatment. For example, Memorial Sloan-Kettering Cancer Center in New York has added an Integrative Medicine Service, which offers both inpatient and outpatient therapies including therapeutic massage, music therapy, meditation, acupuncture, and mind-body therapies that can provide much-needed relief of symptoms. Similarly, the Dana Farber Cancer Institute's Zakim Center for Integrated Therapies offers massage therapy, yoga, acupuncture, and nutritional guidance. To meet the needs of oncologists interested in integrating CAM with conventional medicine, the Society for Integrative Oncology ([www.integrativeonc.org](http://www.integrativeonc.org)) in Mount Royal, N.J., was established in 2003 to provide a forum for discussion and peer review of treatment modalities and evidence-based research.

## Cardiac Wellness

CAM therapies are being used to complement traditional care in other specialties as well. For example, at the Heart Hospital of New Jersey, part of the Saint Barnabas Healthcare System in West Orange, the Integrative Cardiac Wellness Program offers therapies such as breathing meditation, guided imagery, massage, and reflexology to patients who are undergoing cardiac surgery. Upon discharge, patients may be referred to the Siegler Center for Integrative Medicine at the Saint Barnabas Ambulatory Care Center in Livingston, N.J., for outpatient integrative therapies and wellness services including acupuncture, biofeedback, guided imagery, herbal consultation, massage, tai chi, or yoga.

# Report Offers Advice for Clinicians

In its report, *Complementary and Alternative Medicine in the United States*, the Institute of Medicine says that when physicians are working with patients who are considering complementary and alternative medicine, they should work collaboratively to reach an appropriate decision on treatment. The report says, "Any framework for decision-making should encourage patients and practitioners to engage in shared decision-making about treatment."

An article in the *Annals of Internal Medicine* offered conventional physicians and other practitioners a nine-step strategy for advising patients interested in CAM therapies:

1. Ask the patient to identify the principal symptom
2. Suggest that the patient keep a symptom diary
3. Discuss the patient's preferences and expectations
4. Review issues of safety and efficacy
5. Identify a suitable licensed practitioner
6. Provide the patient with key questions to ask the practitioner during the initial consultation
7. Schedule a follow-up visit or telephone call to review the treatment plan
8. Follow up to review the response

Spurred by the growing numbers of physicians who are incorporating CAM therapies into their practices, the Federation of State Medical Boards of the United States has developed "Model Guidelines for the Use of Complementary and Alternative Therapies in Medical Practice," available at [www.fsmb.org](http://www.fsmb.org).

## Integrated Care

Tools to assist practitioners in assessment and decision-making regarding CAM will be extremely useful, espe-

to treatment  
9. Provide documentation.

A follow-up article addressed another step in the process that involves reviewing the safety and efficacy of the CAM treatment. The article proposed the use of a matrix to guide practitioners' recommendations for treatment.

- Option A: Supports both safety and efficacy
- Option B: Supports safety, but evidence regarding efficacy is inconclusive
- Option C: Supports efficacy, but evidence regarding safety is inconclusive
- Option D: Indicates either serious risk or inefficacy.

If the medical evidence supports Option A, the practitioner may recommend the therapy to the patient and continue to monitor the patient's health status and progress. If the medical evidence supports Option B, the practitioner should tolerate the therapy but caution the patient and closely monitor the effectiveness of the therapy. For Option C, the practitioner should consider tolerating the therapy, but should again caution the patient and closely monitor the therapy's safety. Finally, if Option D is indicated, the clinician should actively discourage use of the therapy.

cially since, as Bondurant noted, "Complementary and alternative therapies are frequently used in conjunction with conventional medical therapies."

Many conventional medicine physicians are interested in CAM services. Numerous surveys cited by the report indicate that physicians are already using or providing referrals for certain therapies they consider to be legitimate, including acupuncture, massage therapy, and biofeedback.

While surveys of hospitals and

"If patients choose to make their own decisions against their conventional practitioner's advice, the practitioner should document this in the patient's medical record," the report says. "From a liability perspective, the more acute and severe the condition is or the more curable the condition is by conventional medical therapies, the more important it is to monitor and, as necessary, treat the patient by conventional medical practices."

The committee offers additional advice to conventional physicians regarding ongoing communication with patients about new evidence. "Because research regarding both conventional and CAM therapies is ongoing and the medical evidence can change rapidly, the clinician should communicate regularly with the patient regarding any new developments," the report says.

Finally, the report notes that if the decision is made to pursue a CAM therapy, the physician should identify a practitioner with acceptable expertise. "When a patient is referred to a CAM provider, it is important for the conventional medical practitioners to inquire about the provider's training, practice experience, scope of practice, and history of malpractice litigation or professional discipline," the committee writes. —DJN

health plans have identified why these entities are incorporating CAM into conventional medicine, the committee found that few studies have focused specifically on factors that have driven physicians' growing interest in offering CAM therapies. Existing evidence shows, however, that physicians believe they need to keep up with their patients' interest in CAM.

—Reported and written by Deborah J. Neveleff, in North Potomac, Md. More information on physician practice strategies is available on our Web site (see page 8).

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