2 Practice Building Techniques

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2.1 Case Presentation

Uterine fibroid embolization (UFE) is an image-guided, minimally invasive procedure for women with symptomatic uterine fibroids. Despite multiple randomized clinical trials demonstrating its efficacy, UFE is not widely recognized among patients and referring physicians as a viable treatment option.[1] As an example, interventional radiologists (IRs) at the University of Alabama at Birmingham (UAB) performed approximately 25 UFEs in 2016 despite serving a metropolitan population of >1,000,000 people. The physicians in the group contacted colleagues from the Department of Obstetrics and Gynecology (Ob/Gyn) to discuss the possibility of giving lectures, hosting educational dinners, or creating a research collaboration. However, the number of UFE referrals did not increase significantly. To develop this practice, physicians in the group then began to work with UAB Hospital's Marketing Department to improve patient and physician awareness. First, they produced a podcast about UFE with the assistance of UAB Medcast, a free online repository of continuing medical education (CME) podcasts.[2] Next, a willing UFE patient from their practice volunteered to share her experience in the form of short educational video.[3] Soon after, a local news station picked up the video that led to an invitation for one of the IRs to appear for a live television interview. Slowly, patient self-referrals began to increase. Ob/Gyn physicians from UAB saw the video and the interview. This exposure eventually led to an invitation to give Grand Rounds and speak at their Department's annual CME event. Finally, these interactions led to the development of a regular uterine fibroid conference where IRs and Ob/Gyn physicians would meet to discuss cases and the relevant literature. Overall, these practice-building efforts have significantly improved the collaboration between the two groups of physicians. IR at UAB performed > 50 UFEs in 2019, representing a >100% increase in procedural volume.

2.2 Discussion

Practice building is a critical skill for IR in general, as referral patterns can vary widely, and awareness of image-guided procedures can be limited. Apart from the financial viability and professional satisfaction gained from practice expansion, the ability to improve the availability of image-guided procedures is an important goal for providing comprehensive patient care. As it involves integration of advanced interventional pain management to one's interventional radiology practice (and practice building overall), the pillars of a successful expansion include: procedural expertise, longitudinal patient care, education, personal branding, professional development, and service.

2.2.1 Procedural Expertise

Although this pillar may feel self-explanatory, it is fundamental and worthy of emphasis. The information contained in subsequent chapters of this text can provide a diverse background into both well-established and developing image-guided pain management procedures. The core of a successful practice is to provide safe, effective care tailored to specific patient needs, concerns, and goals. The practice of interventional radiology combines innovation with technical skills, imaging expertise, and clinical knowledge to positively impact patient care. Each consultation is an opportunity to both hone and demonstrate procedural expertise. Therefore, careful patient selection should be prioritized to minimize complications and unnecessary procedures.

2.2.2 Longitudinal Patient Care

Excellence in patient care begins with a thorough consultation in the clinic and continues throughout the patient's postprocedure course. The historical model of performing procedures by the IR, while other physicians promote patient care, is obsolete in today's health care environment. In 1968, Dr. Charles Dotter, widely known as the Father of Interventional Radiology, said, "If my fellow angiographers prove unwilling or unable to accept or secure for their patients the clinical responsibilities attendant on transluminal angioplasty, they will become high-priced plumbers facing forfeiture of territorial rights based solely on imaging equipment others can obtain and skill still others can learn."[4] IRs can no longer afford to cede patient evaluation, preprocedure consultation, and postprocedure care to others if they expect to build a robust referral base. In recognition of this, radiological societies such as the American College of Radiology, the Society of Interventional Radiology, and the American Society of Interventional and Therapeutic Neuroradiology have published practice standards for the clinical aspects of interventional radiology.[5,6] To this end, a dedicated ambulatory clinic is a necessity for longitudinal patient care. An ambulatory clinic provides dedicated space and resources for patient consultation and postprocedure care. Apart from patient care advantages, an ambulatory clinic can also serve as a means to facilitate referrals. For instance, a dedicated ambulatory clinic with associated staff provides patients and referring physicians with a single point of contact for the IR. For patients, this means that they do not have to rely on a primary care or specialty physician for a referral to IR since they can contact the clinic directly to set up a consultation. For referring physicians, a clinic can lower barriers for an IR referral. For example, a physician may be unsure if the patient needs a procedure. Previously, there was no consistent way for an IR to see the patient and provide opinion without scheduling a procedure. Additionally, a clinic provides the IR the opportunity to see the patient after the procedure, therefore removing that burden from the referring service. The physician who performed the procedure is best equipped to determine its efficacy based upon the patient's history and physical findings as well as deal with any potential complications. In our experience, the establishment of a dedicated ambulatory clinic for interventional radiology has been a critical driver of our practice-building efforts.[7]

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2.2.3 Education

Many physicians bristle at the idea of their practice being marketed like a consumer product as images of distasteful television advertisements come to mind. Certainly, there are many examples of physicians who have used this form of marketing. In our opinion, the forms of physician marketing that will lead to respectable, long-term growth are more akin to educating the community. In this sense, community education may represent one of the most potent vehicles for highlighting your practice. Educating the community can take a variety of forms. First, with regards to referring physicians, education can take place during Grand Rounds, education dinner or lunches, medical symposia, CME courses, or multidisciplinary conferences. Referrers must be informed of the procedures that your practice offers that could benefit their patients.

Second, every practicing IR needs an online presence, including an interactive website. The website serves as a convenient mechanism to learn about interventional radiology and set up clinical consultations. This website could house scientific literature, descriptions of the types of conditions treated, and other educational links. If possible, an area for patients and referring physicians to submit questions is advantageous. Be sure to include contact information for the clinic as well as a generic email address.

Third, social media is a powerful platform for practice building. Sites such as Facebook, Twitter, Instagram, and LinkedIn are useful to engage with patients and other physicians. Patient advocacy groups are active in social media, and patients often seek information from those groups. Engaging with those groups to provide education about treatment options is an effective means of reaching those patients.[8] Social media can also be useful to stay in touch with interventional radiology colleagues and keep abreast of their techniques in treating pain.

Finally, traditional means of practice building such as television, newspaper, radio, and local magazines remain relevant but carry a financial cost. One report found that an 8-week advertisement in a local magazine selected based upon patient demographics yielded 35 clinic visits, 35 magnetic resonance imaging (MRI) examinations, 17 Uterine Artery Embolization (UAE), and 17 postprocedure MRI.[9] Group practices, industry, and hospitals may have funds to support these efforts.

2.2.4 Personal Branding

Everything we do each day is part of our personal brand, which defines our perception as a physician by patients and other doctors. Of everything discussed in this chapter, personal branding is, at the same time, the most crucial and straightforward concept. Personal branding is nearly entirely about authenticity and integrity. Classically, the "three A's" consisting of availability, affability, and ability are still valid. Although intuitive to successful physicians, it is something that we must continuously develop. Our everyday attitude and performance define who we are as doctors. However, personal branding extends beyond the physician as the attitude and bedside manner of the entire interventional radiology team (technologists, nurses, receptionists, and support staff) reflect the brand of the whole practice. Without a doubt, the digital age has indelibly changed personal branding. A physician's online presence broadcasts its brand to a global audience. Online patient ratings and scoring of physicians are a new medium for patients to communicate their satisfaction or dissatisfaction. Undoubtedly, patients share their treatment experience via social media and online chats. Finally, IRs should seek to increase the number of personal interactions with referring physicians. The IR should attend multidisciplinary conferences to provide the IR voice to the local medical community. Be prepared to share your email and cell phone number with referring physicians to facilitate future communications. In total, these efforts will help to build your personal brand.

2.2.5 Professional Development

Professional development helps to ensure that patient care remains safe, up-to-date, and relevant. Awareness of patient outcomes in practice is requisite to professional development. Consequently, topics already addressed in this chapter, including longitudinal patient care and procedural expertise, can help with professional development. Utilizing evidence-based medicine and CME, a physician should always seek to improve the outcomes. The term "kaizen" refers to the Japanese business philosophy of continuous process improvement. After World War II, the Japanese industry was devastated. Dr. W. Edwards Deming went to Japan as a consultant for its economy and helped to turn the island nation into an industrial giant using "kaizen."[10] Although a detailed discussion of continuous process improvement is beyond the scope of this chapter, the spirit of "kaizen" is instructive for physicians, namely, the perpetual quest for personal improvement, sharpening of technical skills, and enhancing medical knowledge are rooted in this philosophy.

2.2.6 Service

Horst Schulze is a co-founder of the Ritz Carlton enterprise, which is widely recognized as the gold standard for customer service. Our customers, as we expand our interventional radiology practices into new domains, are the patients and the referring services. The connection between Horst Schulze and our practices lies in the ability to solidify relationships by "fulfilling the customer's expectations each and every time they make contact with us."[11]

For the IR, this translates to managing problems for the referring physicians and providing patients comfortable, seamless procedural experiences with appropriate efficacy. Regarding the former, affable responses to requests from referrers, appropriate and timely inpatient or outpatient consultations, and robust communication result in a satisfied customer. Oncologists, hospitalists, primary care referrers, and all other potential referring services are often multitasking, busy sources of business for the IR—who are relieved that we will manage the current patient problem from beginning to end. Likewise, the patients serve as satisfied customers who expand customer base by sharing their subjective experience.

When our intentions as operators are drawn to the experience of the referrer and the patient (in addition, of course, to objective clinical outcomes) the success and sustainability of our practices will flourish.

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2.3 Summary

Practice-building skills are essential for an IR to develop a thriving practice, which requires attention to detail, continuous effort, and a patient-centered focus. The pillars of a successful pain management practice in interventional radiology include procedural expertise, longitudinal patient care, education, personal branding, professional development, and service.

A quote from Dr. Charles Dotter best concludes this chapter. "The angiographer who enters into the treatment of arterial obstructive disease can now play a key role, if he [she] is prepared and willing to serve as a true clinician, not just a skilled catheter mechanic. He [she] must accept the responsibility for the direct care of patients before and after the procedure; know them as patients, not just a blocked artery…However important radiological diagnosis, its ultimate object is treatment. We've come a long way in this direction, and if we go wisely, can go much further."[12]

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