Building Your Wound Care Practice

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Disclosures

• None
Team Approach to Wound Care
• Endocrinology, Primary Care, Orthopaedics, Podiatry, General Surgery, Interventional Cardiology, Imaging, DME, Physical Medicine & Rehabilitation, Ophthalmology, etc.
• Give them a reason to care
• Vested Interest
• Patient Care is focus but gets lost in the shuffle when team is not on board
What are my options??

• 1. Office based solely
  • Visits, debridements, procedures, etc.
  • Using advanced options such as skin substitutes, etc can be dangerous. Don’t get suckered!
  • Benefit of HBO from a referral, service standpoint isn’t there.
  • DME a must
  • Time consuming unless staff heavy
  • Slim margin for error
What are my options??

• 2. Own Your Own Center
  • Not legal as a physician and thus wont make the facility fees that make it worth it
  • Can do this if you don’t take Medicare or Medicaid but that significantly cuts into your wound care population
What are my options??

3. Own a building and hire a management company that has a hospital license to run it
   • Management companies usually suck up a lot of the profit and impose their rules and regs that may not coincide with the way you want to practice.
   • EVERYTHING in writing from the start
   • Tough to get everything you need/want with this model
What are my options??

4. Work at a hospital based wound care center and simply take your professional fees with you.

- Some may offer medical directorships
- Calculate how many of those patients would you have already seen in your office quicker
- Benefits of extra staff
- Hospital relations
- Show the value of you being there and remind them of that periodically
What are my options??

• 5. Real Estate Option
  • Build a center with a real estate team comprised of as many potential physician partners that are contributors or possible contributors to patient base. Especially all of your partners that currently work in wound care.
  • Convince hospital you are currently working with that moving to this new center is in their best interest since all of your partners will be moving there.
  • Build a center that has everything you need to make your center stand out and state of the art
  • Hospital pays rent to your new entity in a straight real estate deal transaction
What are my options??

• 5. Real Estate Option
  • Make your lease a term that is flexible that in the event of physician ownership being an option you can terminate with current hospital if you choose.
  • In this scenario everyone wins and you continue to have strong relationships with the hospital.
Marketing

• Not just a billboard or an ad in the paper!
• Market the abilities and diversity of your team
• What do you have that no one else in the area does?
  • LUNA?
  • HBO?
  • Trained wound care team?
  • Beautiful state of the art building?
• Have money set aside for this with the hospital from the start
New Tools in Vascular Assessment
LUNA Value Proposition

LUNA is a perfusion assessment system designed specifically for the wound clinic. It has a wide range of clinical and economic benefits:

- **Clinical:** assess the quality of tissue perfusion in non-healing wounds
- **Revenue Generating:** increased patient encounters through a comprehensive marketing program
- **Reimbursement:** established Medicare facility payment ($317) and CPT physician reimbursement ($100-600)
LUNA demonstrated an improvement in arterial perfusion and venous outflow from pre- to post-peripheral intervention.
LUNA demonstrated a marked improvement in perfusion to the 3\textsuperscript{rd} and 5\textsuperscript{th} digits on the right foot

Pre-vascular intervention  
Post-vascular intervention

LUNA is a reimbursable procedure

**Facility**
- HCPCS C9733
- National average payment = $317.91

**Physician CPT codes**
- Code 37799 - unlisted procedure, vascular surgery
- Code 76499 - unlisted diagnostic radiographic procedure
- Code 15860-76 - injection procedure to test vascular flow in a flap or graft
- Code 75710-26 - angiography extremity, radiological supervision and interpretation
Marketing

• Huge open house/ribbon cutting
• Talk it up as the biggest thing to happen to wound care in your area
• Healthcasts on new services, print stories in newspaper, etc

“Work everyday like someone else is working 24/7 to take it all away from you”

--Mark Cuban
Cut out the middle man

• Have your own DME area housed in the wound care center.
  • Shoes, offloading, etc
  • Wound care products and dressings
  • Supplements
  • Cash items you send them to drug store for
Education

• Build a conference room and/or classroom
• Host meetings for medical staff
• Host CME events on a regular basis
• Give free public lectures
• DM education classes with Endocrinology and/or hospital
• Apply for nursing CEU’s or if hospital offers them host classes for nursing

Make this center a destination for as many services as possible to get people used to it
Thank You
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