Imaging Advances



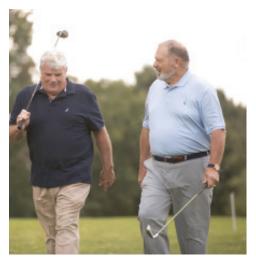


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Virginia Interventional and Vascular Associates Continues to Bring World-Renowned Expertise to Our Local Region



In collaboration with Mary Washington Healthcare, Virginia Interventional and Vascular Associates (VIVA) added Prostate Artery Embolization (PAE) to its list of outpatient offerings in August of 2018. Board Certified Radiologist, Fellowship Trained Interventional Radiologist, Dr. Gustavo Elias, conducted the very first PAE procedure in the Fredericksburg region with great success.

"I felt very compelled to bring this procedure to the area," said Dr. Elias.
"Since one-third of all men aged 40-80 develop an enlarged prostate, PAE offers a new, minimally invasive treatment for improving the symptoms of benign prostatic hypertrophy (BPH) without the higher risk of complications that can be associated with surgery." Dr. Elias trained at Yale-New Haven Hospital. During his time there, Yale-New Haven performed the largest number of PAE procedures in New England. Dr. Elias now brings this world-renowned expertise to the local region.

The effect of BPH on patients' lives is staggering. Dr. Elias stated, "the symptoms of BPH, including frequent or urgent need to urinate, inability to empty the bladder, and frequent urination at night, have caused

lost productivity and negative impact on quality of life for those suffering from the condition."

What is Prostate Artery Embolization?

Prostate artery embolization (PAE) is a minimally invasive procedure for the treatment of benign prostatic hypertrophy, commonly referred to as BPH. The procedure is associated with less risk and fewer complications than other treatments. TURP is the current surgical standard of treatment but is also associated with a higher risk of complications such as incontinence, bleeding, retrograde ejaculation into the bladder, and hospitalization.

The outpatient, minimally invasive PAE procedure shrinks the prostate by treating the blood vessels leading to the organ. Through a pinhole incision in either the wrist or upper thigh, tiny microscopic beads are injected under x-ray guidance into the right and left prostatic arteries. By obstructing the prostatic arteries and blocking the blood flow, the result is gland ischemia and a subsequent reduction of the size of the prostate. The procedure aims to alleviate the symptoms of BPH, including a weak urine stream, frequent trips to the bathroom to urinate, urinating often at night, and difficulty starting a urine stream.

Preparation may include:

- Imaging study of the arteries and prostate gland
- Evaluation of urine flow
- Blood test

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Clinical Decision Support: Becoming PAMA AUC Ready by 2020

Use of Clinical Decision Support (CDS) software by the medical community has long been an expectation of the Centers for Medicare and Medicaid Services. CDS software provides vital tools to assist physicians and their teams in making informative, swift decisions. From diagnostic support to patient data reports, CDS can assist physicians in all specialties in determining appropriate use criteria (AUC). For commercial insurers, the requirement for pre-authorization for high-end

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Welcoming Drs. Nisha Alle and Gustavo Elias to RAF

In the fall of 2018, Radiologic Associates of Fredericksburg (RAF) has welcomed two new Board Certified and Fellowship Trained Radiologists: Drs. Nisha Alle, specializing in Women's Imaging, and Gustavo Elias, specializing in Interventional Radiology. The addition of Drs. Alle and Elias reflects the growth of the group and the increasing number of patients served by RAF in our community.

"I am thrilled with the addition of Drs. Alle and Elias to RAF. They are both excellent physicians and incredibly caring and compassionate with our patients and their families. Their addition helps RAF continue our mission of providing the highest level of medical care to the patients of our community," said Dr. Christopher M. Meyer, President of RAF.

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Varicose Vein Treatment at VIVA: A Case Study

Patient Presentation

Helen Jeannette Cox had been a nurse in the military for many years and was on her feet for 10-12 hours or more during her hospital shifts. Ms. Cox had a family history of varicose veins and recognized her symptoms early in their onset. The chronic swelling and pain, aching and throbbing, discoloration, and bulging veins were undeniable signs that it was time to seek treatment. She was referred to Virginia Interventional and Vascular Associates (VIVA), where the Board Certified, Fellowship Trained Physicians are experts in evaluation and management of vascular conditions and minimally invasive treatment options. VIVA is owned and operated by Radiologic Associates of Fredericksburg, a nationally recognized top 100 radiology group.

Consultation and Diagnosis at VIVA

After a consultation with Dr. Donald Doherty and subsequent ultrasound testing at VIVA, Jeannette was diagnosed with severe venous reflux in multiple stages and locations. As a Board Certified, Fellowship Trained Interventional Radiologist, Dr. Doherty analyzed the entire complex pattern of reflux and developed a total systematic approach to Jeanette's condition.

"Ms. Cox's case highlights the value of our extremely experienced, highly trained vascular technologists," Dr. Doherty explained. "For patients who present with severe or unusual venous reflux, our collaboration is key in determining the treatment plan."

Venous Reflux Treatment Plan

Dr. Doherty prescribed a multi-pronged approach to treat Ms. Cox's severe case. "Every appropriate technique in the arsenal of vein treatments was utilized," Dr. Doherty explained.

Bilateral vein treatment included:

- Endovenous Ablation. The majority of the reflux was addressed by cauterization of the veins through laser therapy to reduce pain and swelling.
- Microphlebectomy. A few enlarged surface veins were removed. Unlike vein stripping, this minimally invasive procedure is performed through pinhole punctures rather than incisions.
- Ultrasound Guided Sclerotherapy with Foam. Microinjections of sclerosing solution were injected into multiple veins to induce initial swelling and subsequent sealing of the vein walls.
- Cosmetic sclerotherapy. For the spider veins and less severe areas, a medical solution was injected to collapse the veins and reduce discoloration and pressure.

Positive Outcomes

Optimal results were achieved, and the pain, swelling, and appearance of Ms. Cox's legs underwent dramatic improvement. Most patients experience improvement in symptoms within 2-4 weeks following the procedures described above. Venous insufficiency can be a difficult condition to manage and may require periodic monitoring and treatment to address recurrent symptoms.

Ms. Cox has since returned to VIVA for ongoing monitoring and treatment as needed. She feels very grateful for the excellent care she has received. "Dr. Doherty is just a wonderful physician and I have full confidence in him. He's compassionate, thorough, and efficient. I've been blessed."

VIVA's team of compassionate and skilled providers is committed to the chronic care management of vascular conditions. If you suffer from varicose veins and/or have had symptoms such as pain, achiness, swelling, or restless leg syndrome, you may benefit from treatment. Call Virginia Interventional and Vascular Associates (VIVA) at (540) 654-9118 to schedule an appointment. ■

Virginia Interventional and Vascular Associates Continues to Bring World-Renowned Expertise to Our Local Region continued from page 1

Who is a candidate for PAE?

PAE may be the ideal procedure for patients who:

- Are not candidates for surgical resection
- Want to avoid general anesthesia
- Prefer not to have an invasive procedure

PAE is currently not recommended for patients who:

- Have prostate cancer
- Have arteries that will not accommodate the procedure

To learn more about procedures provided at VIVA, please speak with your primary care physician or go to vivassociates.com. ■

Welcoming Drs. Nisha Alle and Gustavo Elias to RAF continued from page 1



Dr. Nisha Alle

Nisha Alle, MD earned her degree in medicine from David Geffen School of Medicine at UCLA. Following a preliminary internship in internal medicine at California Pacific Medical Center, Dr. Alle performed her residency in diagnostic

radiology at Ronald Reagan UCLA Medical Center. At Memorial Sloan Kettering Cancer Center, the world's oldest and largest private cancer center, Dr. Alle completed a fellowship in breast/body imaging. Dr. Alle is a valuable edition to the women's health services provided by RAF.



Dr. Gustavo Elias

Gustavo Elias, MD earned his degree in medicine from the University of Virginia. Following an internship at Greenwich Hospital-Yale University, Dr. Elias' residency in diagnostic radiology was conducted at Virginia Commonwealth

University. Dr. Elias completed a fellowship at world-renowned Yale University and specializes in interventional radiology. Dr. Elias adds great value and expertise to our interventional radiology team.

To learn more about physicians at the Radiologic Associates of Fredericksburg, visit rafimaging.com or call (540) 361-1000. ■

tests and procedures is not new. For Medicare, however, the proposed Federal rulings will result in a change in requirements for the use of CDS systems for authorization of CT, nuclear medicine, MRI, and PET scans.

According to Federal Register Proposed Rule CMS-1676-P, beginning January 1, 2020, advanced outpatient imaging tests for Medicare patients must first consult an approved CDS system. If the system is not consulted, the imaging test will not be approved for billing. This new rule aims to reduce regulatory burdens and assist physicians in selecting the imaging test that would best improve health outcomes for patients, based on the unique needs of those patients. It also looks to aid furnishing providers, such as radiologists, by providing consultation information and ensuring that patients are getting appropriate imaging.

Edwin Swager, CEO of Radiologic Associates of Fredericksburg, adds that the new rule will not initially prevent a provider from advanced imaging procedures even if the applicability or ranking of the test is deemed low, but that beginning in 2021 CMS will evaluate an ordering provider's appropriateness compared to their peer group and will not pay for advanced imaging procedures without use of CDS. "The ordering provider, in theory, would order high-end imaging like they always do, but would utilize CDS software, ideally as an application within their existing Electronic Health Record ("EHR") system, to enter the imaging procedure and clinical indications in order to obtain a CDS reference number and to know the degree of appropriateness of the study based on the clinical appropriateness rating. Eventually, providers ordering studies scoring with low relevance would be required to obtain pre-authorization from Medicare."

The release was originally slated for the beginning of 2018, then extended to 2019, and is now postponed to January 1, 2020. "Ever since the proposed rule was introduced several years ago, Radiologic Associates of Fredericksburg has been preparing for the CDS change. With the date of implementation now January 1, 2020, this will give vendors and providers another 12 months to have the appropriate software, as well as implement the new codes and modifiers from Medicare," Swager explained.

According to Mr. Swager, the first year of the ruling will be mostly educational, allowing both the physicians and the CMS to implement the new software and see how

it truly works. "The first year is a testing year, which will give everyone more time to meet the complexities and changes that are coming."

Radiologic Associates of Fredericksburg and Mary Washington Healthcare have been working to ensure that the transition is as seamless as possible for both physicians and patients. By collaborating with National Decision Support (NDS), the developer of CMS's qualified clinical decision support mechanisms, their goal is to make certain every provider's system is up to date and ready for the change. "If an ordering provider does not have the software, then we'll look to provide some web-based tool for them," Swager stated.

A cross-functional team has been created, comprised of leaders from RAF and the key leaders from Mary Washington Healthcare, including the Chief Information Officer and Chief Medical Information Officer as well as various other departments to ensure providers are well informed and well supported.

"We have worked to establish a plan to provide multiple pathways for ongoing communication and educational support for ordering providers. Throughout the year, we will be conducting a provider inventory to determine who is currently ordering through EPIC. If a provider is not using EPIC, we will then determine if the EHR vendor of the practice or the physician is already CDS prepared or if the provider or practice is looking to order through EPIC in the future. We will also be working with National Decision Support, one of the companies that licenses the software and that licenses with EPIC," Mr. Swager explained.

Just as when conversion to ICD-10 was implemented, education and information will be provided through several resources, including RAF and MIF websites, which will have the information and support that is needed so that the transition to CDS might become part of the providers' standard workflow. As providers go into their EHR or EPIC imaging portal, it will automatically launch the CDS software when imaging orders are being created.

For ordering providers who are using their own EHR and not ordering through EPIC, an estimated 20% of EHR vendors may not be prepared. Although the cross-functional work team is working to facilitate the transition to CDS, Mr. Swager advises ordering providers to work with their EHR vendor now to be

better prepared. For patients in the region who may be concerned that this ruling could affect their medical imaging tests, they are encouraged to have the peace of mind that Radiologic Associates of Fredericksburg has ensured appropriate imaging tests for years. "As with all payor types, our group has historically reviewed Medicare claims and Medicare procedures to make sure that they're the most appropriate studies," said Mr. Swager. "We have already been doing that part of the process."

Timeline for CDS Mandate

- 2019: Preparations continue during voluntary reporting period for early AUC adopters.
- **2020:** Educational and operational testing period. Penalties for incorrect reporting will not be administered to rendering physicians.
- 2021: Broad scale analysis to be conducted. Payment will be withheld and outlier calculations and compliance reporting will begin.

Becoming PAMA AUC Ready

- Become familiar with communications by RAF, MIF, and the Mary Washington Healthcare systems.
- Check with EHR vendor for current status and expectations for future support.
- Look for information from RAF's Communication Support Group in 2019.

Providers with questions should call Radiologic Associates of Fredericksburg at (540) 361-1000. Radiologic Associates of Fredericksburg will continue to update providers as the changes are implemented.



Imaging Advances

www.rafimaging.com www.vivassociates.com (540) 361-1000

Ed Swager, Chief Executive Officer

Radiologic Associates of Fredericksburg (RAF) is the largest provider of medical imaging services in the Fredericksburg, Stafford and Spotsylvania area. RAF's interventional radiology and vascular surgery group, Virginia Interventional & Vascular Associates (VIVA), performs minimally invasive procedures, vascular lab studies and vascular surgery.

RAF publishes Imaging Advances periodically for referring physicians and the greater medical community.

For more information, please contact Tammy Gressly, Director of Administrative Operations, tgressly@rafadmin.com, (540) 361-1000.

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Physician Spotlight: Larry Koenig III, MD



As a child, Larry Koenig III, MD was fascinated by discovering how things work. Drawn to mathematics and the sciences, he studied chemical and biochemical engineering in his undergraduate program.

"I've always enjoyed opening something up and putting it back together," Dr. Koenig shared.

"It turns out, I liked engineering in school, but not in application."

After five years in the field, Dr. Koenig decided to go to medical school. "Medical school was always in the back of my mind," Dr. Koenig said. "Treating patients is a very focused, goal-oriented kind of career. Working with people, on people, and seeing the results of your efforts - that's what I enjoy. To me, engineering wasn't as personal."

At Jefferson Medical College he decided very early on that he wanted to become a surgeon, but it wasn't until he started his residency that he knew he wanted to pursue a vascular specialty. "Becoming a surgeon finally gave me the opportunity to get away from a desk and use my hands as well as my mind to solve problems. In a way, I had finally found a career reminiscent of the deconstructing and mending I enjoyed as a kid," Dr. Koenig explained. "And vascular drew me because it is technical and detail-oriented surgery."

Dr. Koenig completed his vascular fellowship at Geisinger Medical Center in Danville, PA and appreciated the "quiet, hometown, know-your-neighbors, family-oriented feel" of the small town. "After living in urban areas during my residency, Danville was different from anything I was used to,"

Dr. Koenig shared. "But when we moved to Fredericksburg, it was the best of both worlds."

Together with his wife of 21 years and their two children, Dr. Koenig lives in Spotsylvania. "We're pretty busy with sports and extracurricular activities, but we usually manage to eat dinner together," Dr. Koenig shared. "Working in an outpatient setting enables me to be truly present to both my patients and my family." Dr. Koenig and his family love the community they live in and they take advantage of all there is to do outdoors. "We really like our neighborhood and our town. It's a good mix of where we grew up and where we lived before moving here."

According to Dr. Koenig, "The best thing about VIVA is how well-run and well-organized the practice is. From the physicians to the support staff, everyone is good at what they do. It makes for a very pleasant work environment and the practice is very stable. Despite not being a major city, the quality and quantity of our offerings are advanced."