Thyroidology
Private Practice

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ATA – Fellows' Track

My Thyroidology Practice

- Single sub-specialty private practice
- Practice limited to thyroid and parathyroid
- Practice started "from scratch" right out of fellowship
- Office Staff
  - Two Full-Time Thyroidologists
  - Office manager, 2 front office, 1 RN, 2 MAs, New Patient Coordinator, File Clerk, Part-time lab tech
- Services provided
  - Ultrasound (not by a tech), US-FNA with cytology adequacy assessment, I-131 therapy, on-site laboratory

“All you do is Thyroid?”

Benefits of a Thyroid-Focused Practice

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- Multidisciplinary Practice – under one roof
  - Ultrasound and FNA-Procedures
  - Nuclear Medicine Uptakes and Treatments
  - Thyroid Function Lab
  - Cytology Adequacy and "first-look" Assessment
- Close "team" relationship w/ Pathologist & Surgeon
- Very little hospital work

Benefits of a Thyroid-Focused Practice

- You become the "go-to" person for Thyroid
- Improved efficiency & patient convenience
- Collaboration with other Thyroidologists
  - ATA, AACE, ACT
- Involvement in Clinical Trials
- Local/Regional Teaching Resource
- Personal satisfaction of expert patient care

Adding Value at Many Levels

- Patient Convenience: “one-stop shop”
- Service to Consulting Physicians
- More Cost Effective Approach
- Superior Return on Investment of Your Time
- Practice Satisfaction and Enjoyment

Patient Convenience

- At the Initial Consultation:
  - Diagnostic **Neck** Ultrasound by Clinical Thyroidologist
  - Explanation of the findings
  - Correlation with clinical history
  - FNA at time of initial consult
  - Rapid On Site Evaluation (ROSE) of FNA cytology
  - Blood draw in office
- At the follow-up visit
  - Follow-up by same sonologist with direct, real-time comparison to prior studies
  - FNA during the visit if deemed necessary

Service to Referring Physicians

- Educating Physicians
  - Speaking Events
  - Consultation Notes
  - Practice Marketing Materials
- Providing superior level of expert service
  - ECNU and AIUM
  - Dedicated Practice to Thyroidology
  - Convenient and Efficient Patient Care
  - Personalized Thyroidology: One Patient at a Time

Cost Effective Evaluation

- Use of ultrasound in evaluation of thyrotoxicosis
- Selective FNA based on current guidelines highlighting ultrasound characteristics
- Better surgical planning
- Less time off work for patient

- In future: We may need to prove our value to insurance companies. Thyroidologists will be more cost effective than any other approach!

I want a Thyroid Practice!

- Start one on your own
- Join an existing thyroid practice
- Negotiate with group/Multispecialty clinic
  - Put it in your contract!
  - Key = Access to Ultrasound Machine
- ECNU Certification – underscores your commitment

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Guest Editorial

Thyroid Ultrasound—Just Do It

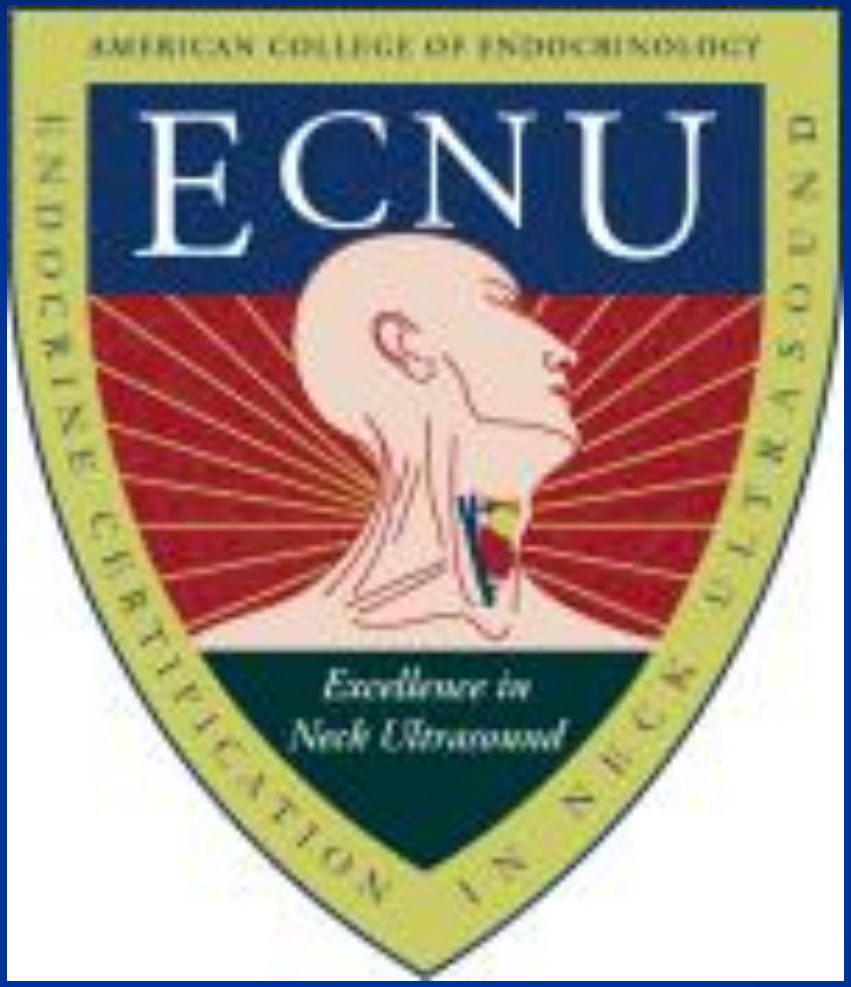
H. Jack Baskin

REAL-TIME ULTRASOUND of the thyroid and neck has been available for 25 years, but has remained amazingly underutilized by endocrinologist in the United States. This was partly because of the radiologists' near monopoly on imaging and their lack of understanding in how ultrasound could be useful in the clinical management of patients with thyroid and parathyroid disease. It also was because of the general attitude among many endocrinologists that ultrasound had limited ability in diagnosing thyroid nodules and was even less useful for other thyroid conditions. This misconception was reinforced by a widely read article published in the 1982 *Annals of Internal Medicine* showing that fine-needle aspiration (FNA) biopsy was much more specific than ultrasound in separating benign from malignant nodules (1). This led to the false conclusion that FNA made ultrasound superfluous. However, some clinical endocrinologists began utilizing ultrasound in the 1990s and it was recognized that certain ultrasound characteristics of nodules (hypoechogenecity, blurred margins, microcalcifications, enlarged lymph nodes, and increased vascularity) have predictive

A seldom mentioned use of ultrasound is for defining the anatomy of the neck. Often patients present with a neck mass thought to be of thyroid origin but ultrasound quickly and easily identifies it of extrathyroidal origin. Indeed, its use as a teaching tool in medical education is sorrowfully underappreciated. I have found that a third-year medical student can be brought to the level of an endocrine fellow after 2 days of neck examinations followed by ultrasound followed by reexaminations. To try and teach physical examination of the neck without ultrasound is analogous to teaching examination of the heart without a stethoscope.

The value of neck ultrasound is only exceeded by its use when combined with FNA. Real-time ultrasound guidance has technically refined the FNA technique. Numerous investigators have shown that ultrasound-guided FNA decreases the number of inadequate specimens from 15–20% to less than 5% (3–5). Others have shown that it also increases sensitivity and specificity over conventional FNA (6,7). Aside from being cost effective, well tolerated, and quick, ultrasound-guided FNA has emerged as the most accurate

ECNU

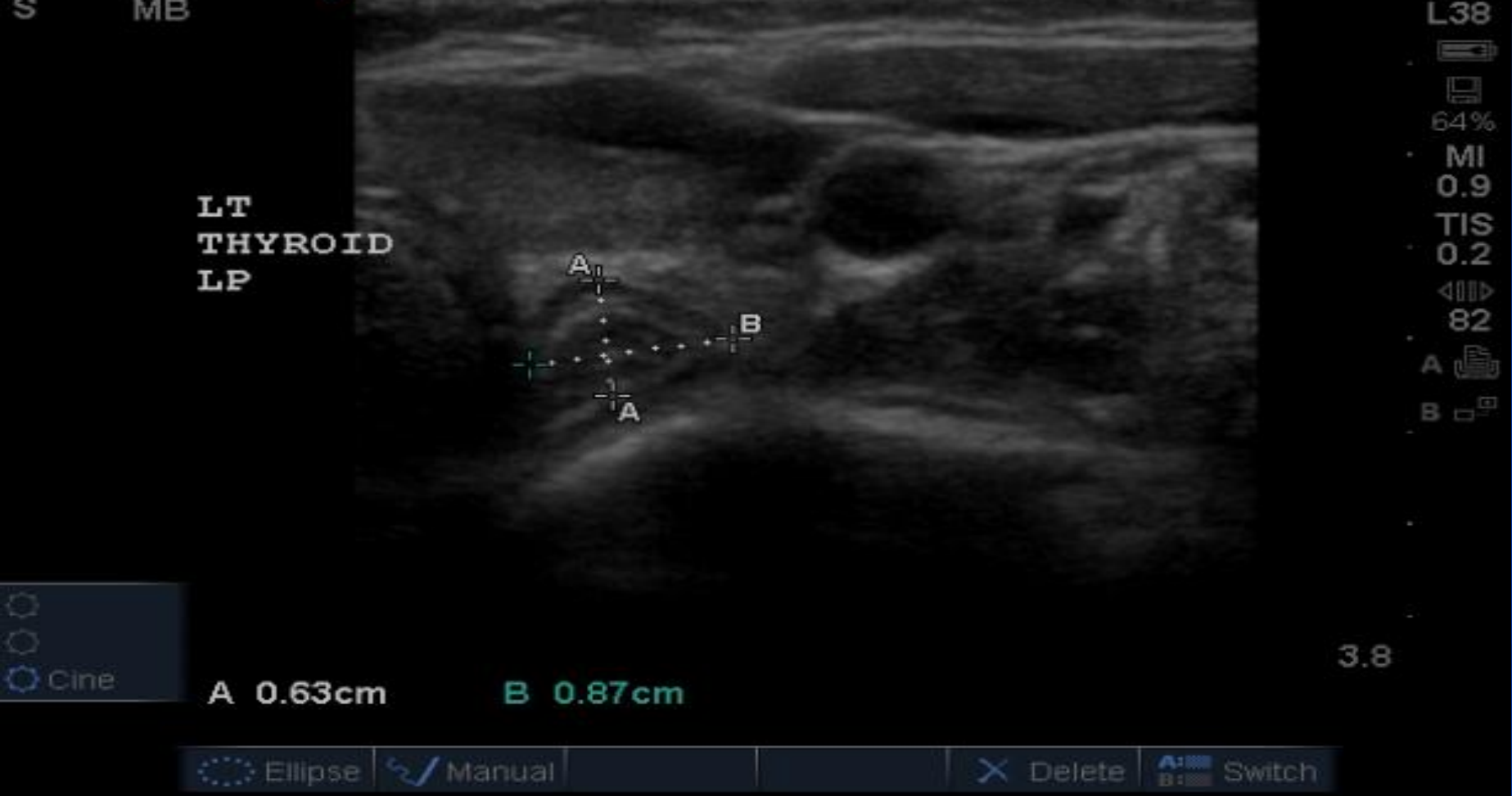


- Increase patient and public confidence
- Certifies the Endocrinologist as an accomplished Sonologist
- Highlights Thyroidology as a significant part of your practice

www.aace.com/college/ECNU

ECNU

- ECNU is recognized by the American Institute of Ultrasound in Medicine (AIUM), one of the preeminent, national accreditation bodies for ultrasound practices, and allows those with the ECNU credential to be directors of ultrasound laboratories and apply for AIUM Practice Accreditation. Also, it is expected that achieving ECNU certification will become increasingly important in the future for reimbursement from Medicare and third party payers.



"9mm left inferior nodule"
We can certainly do this better!!

Lin:DCM / Lin:DCM / Id:ID
W:267 L:139

Enter the Sonologist

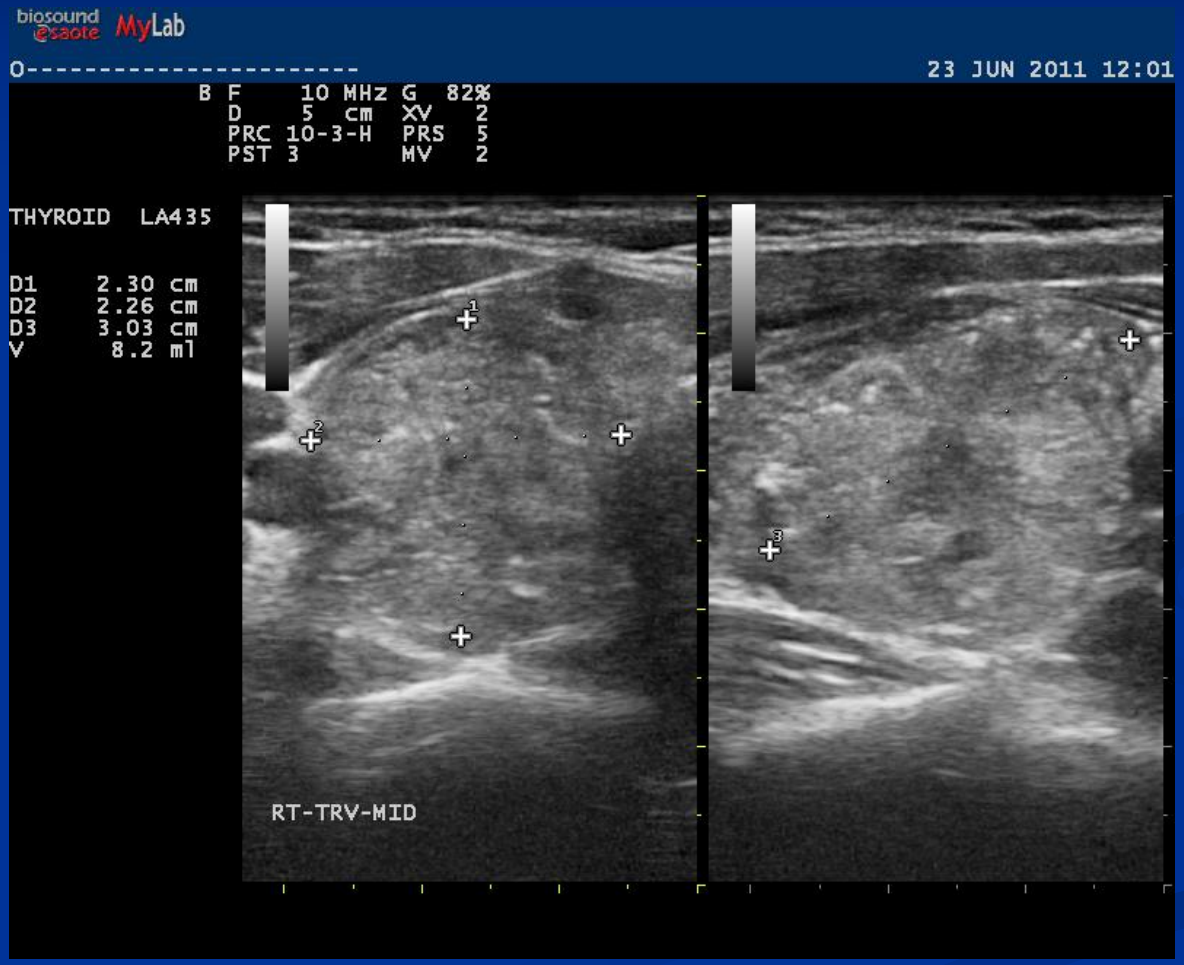
- Most patients undergoing thyroid ultrasound have static images by an ultrasound technician or sonographer that are limited to the thyroid gland only
- These images are later interpreted by a radiologist without thorough knowledge of the patient's history
- Sonologist – Clinician Performing Ultrasound

Thyroidology in Practice

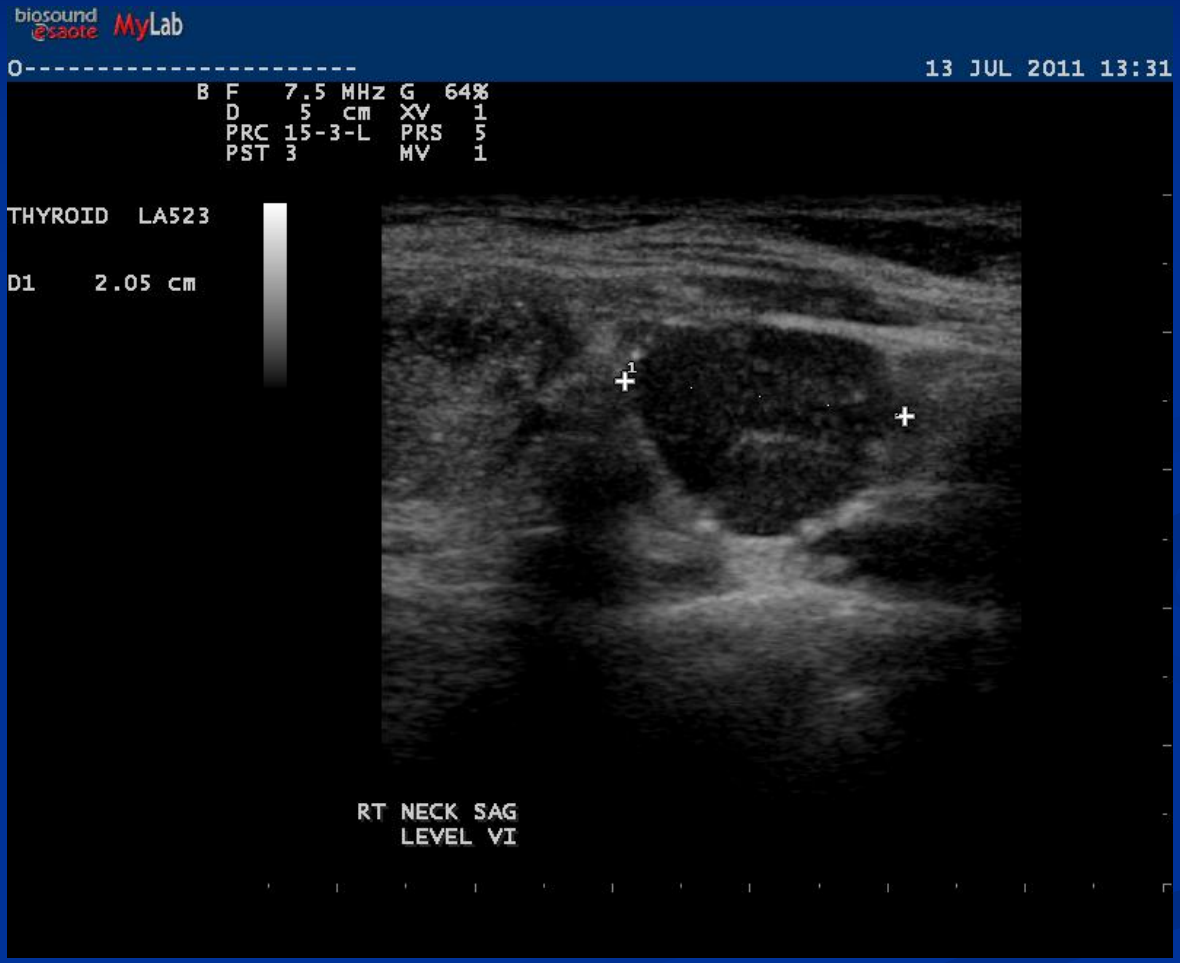
Neck Ultrasound – It's *Not* just the Thyroid!

- In most facilities, sonographers do not have the skills to evaluate cervical lymph nodes and usually don't even look….
- In post-op thyroid cancer patients a common radiology report reads: "thyroid surgically absent" – NO mention of lymph node evaluation

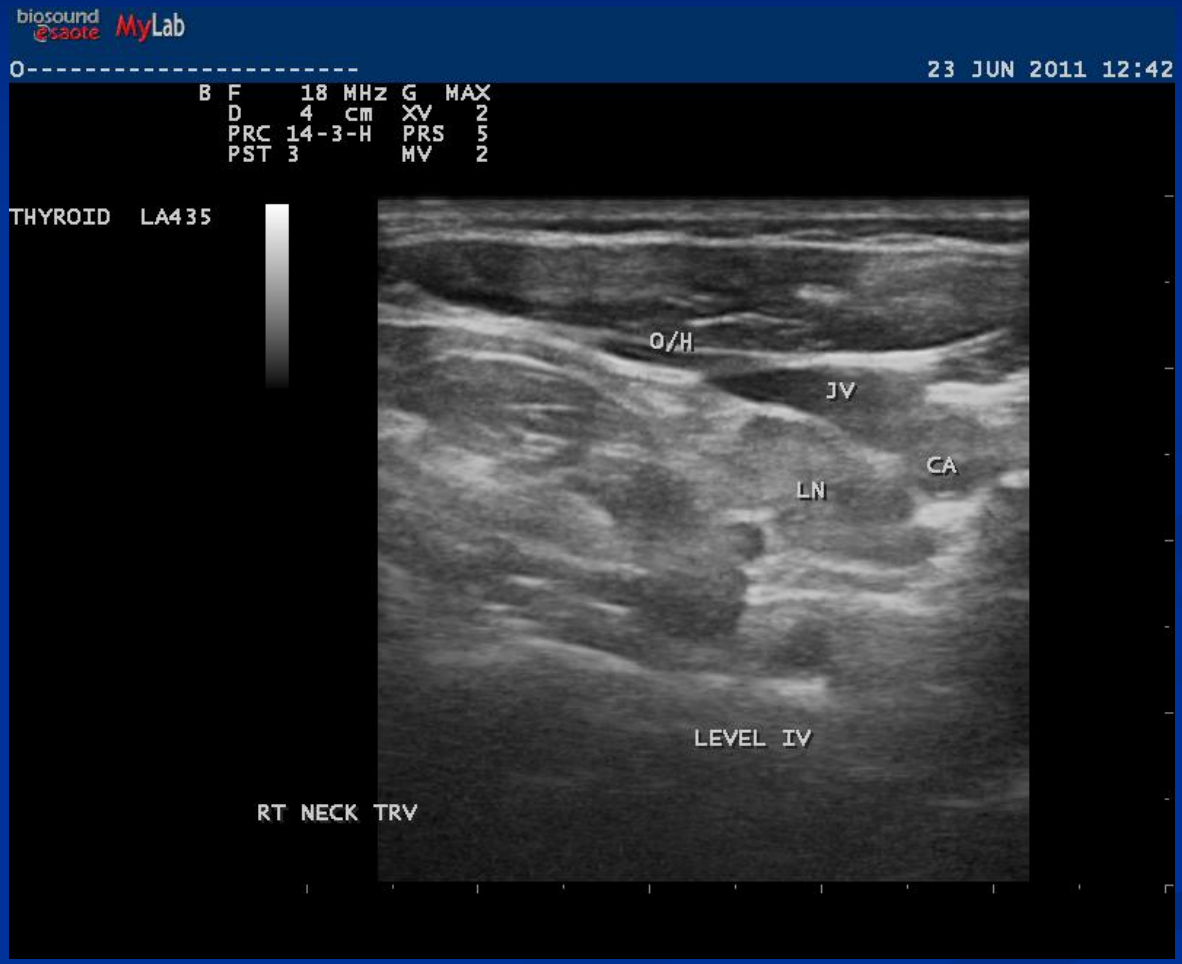
Right Mass – Mentioned…



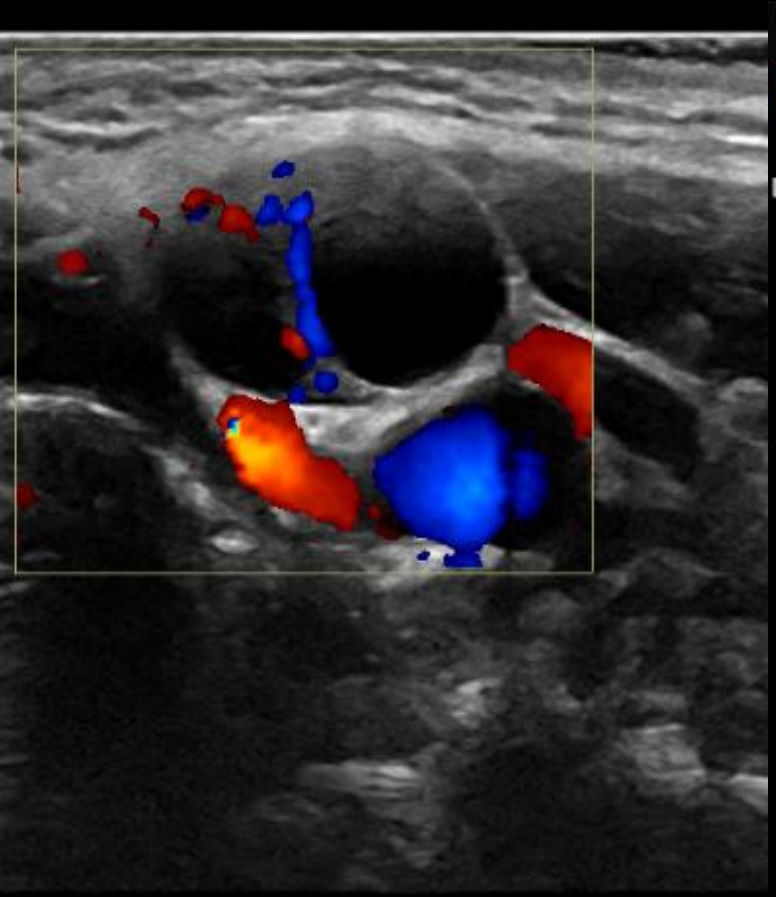
Right VI large LN – Not Mentioned…



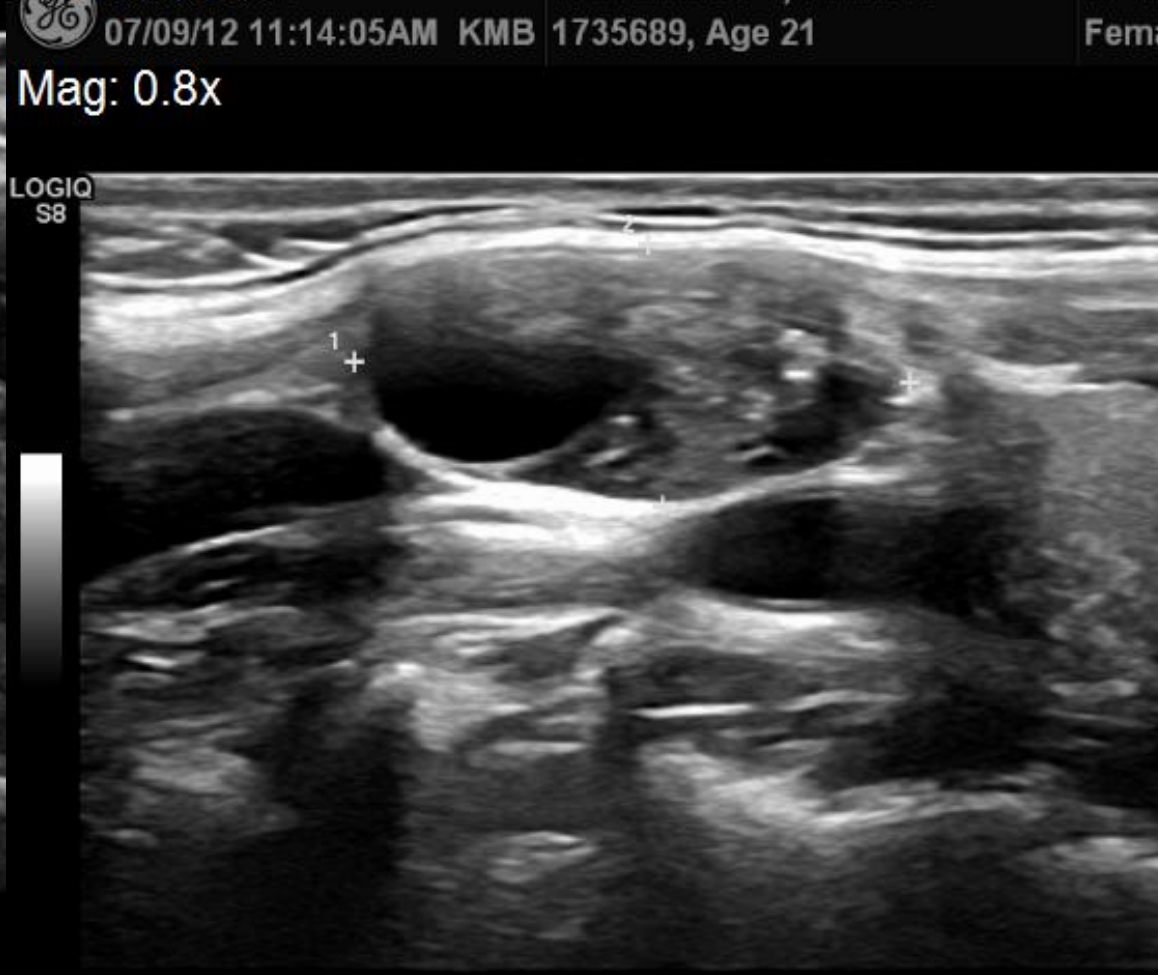
More importantly:
R IV LN – Not Mentioned…



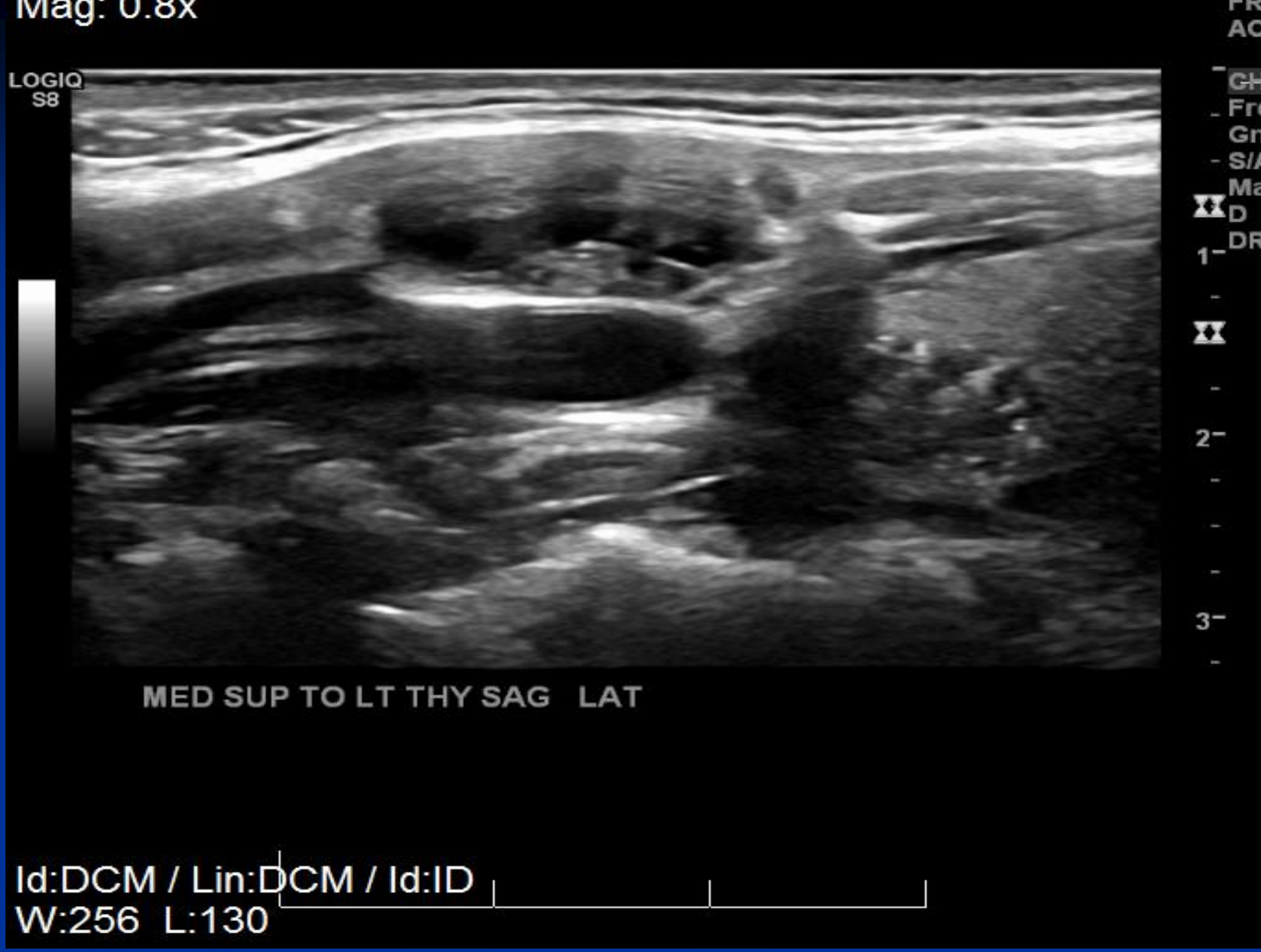
And other times, the thyroid is overlooked in the evaluation of a palpable neck mass……



TRV L UPPER NECK



SAG L UPPER NECK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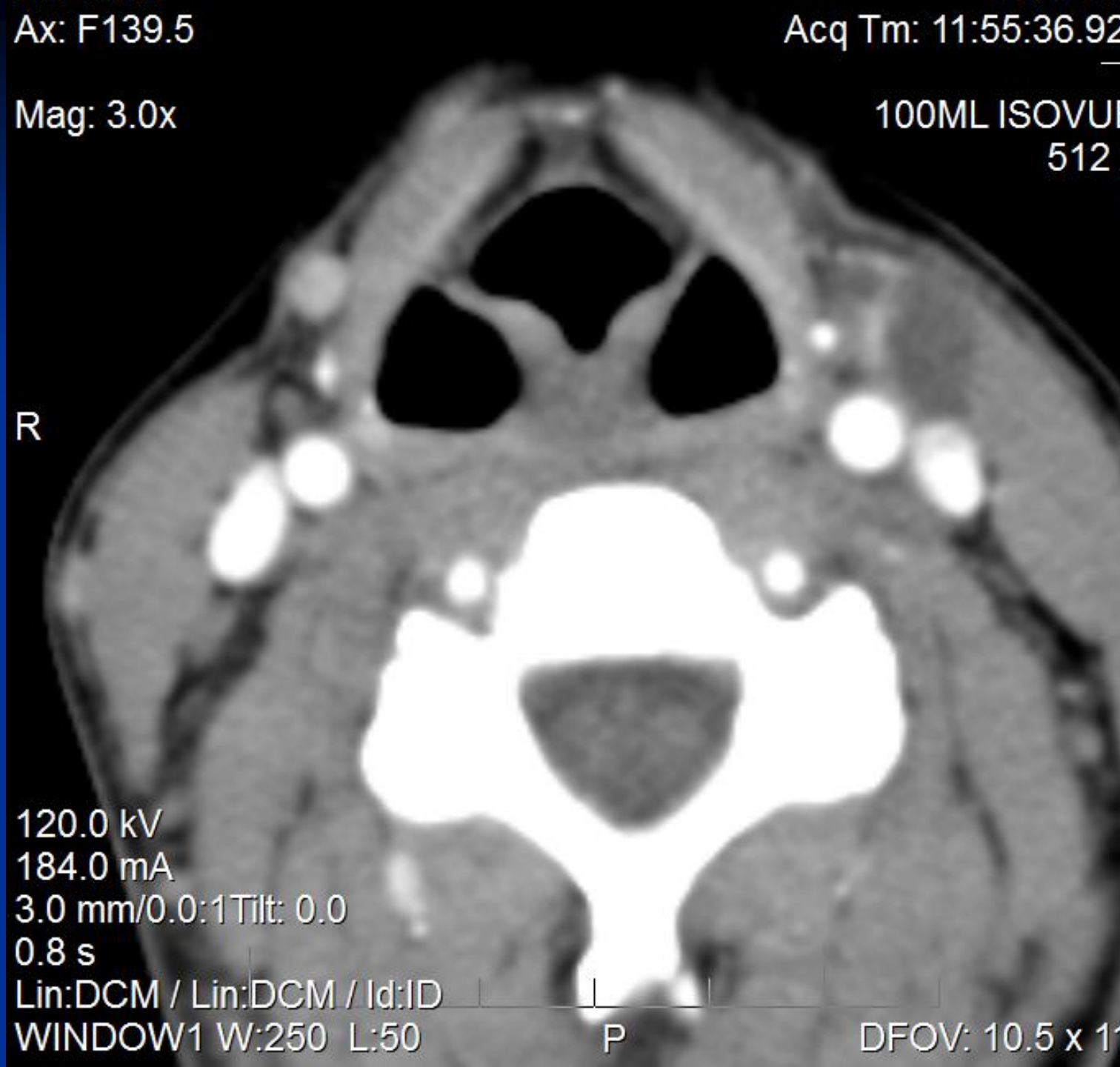
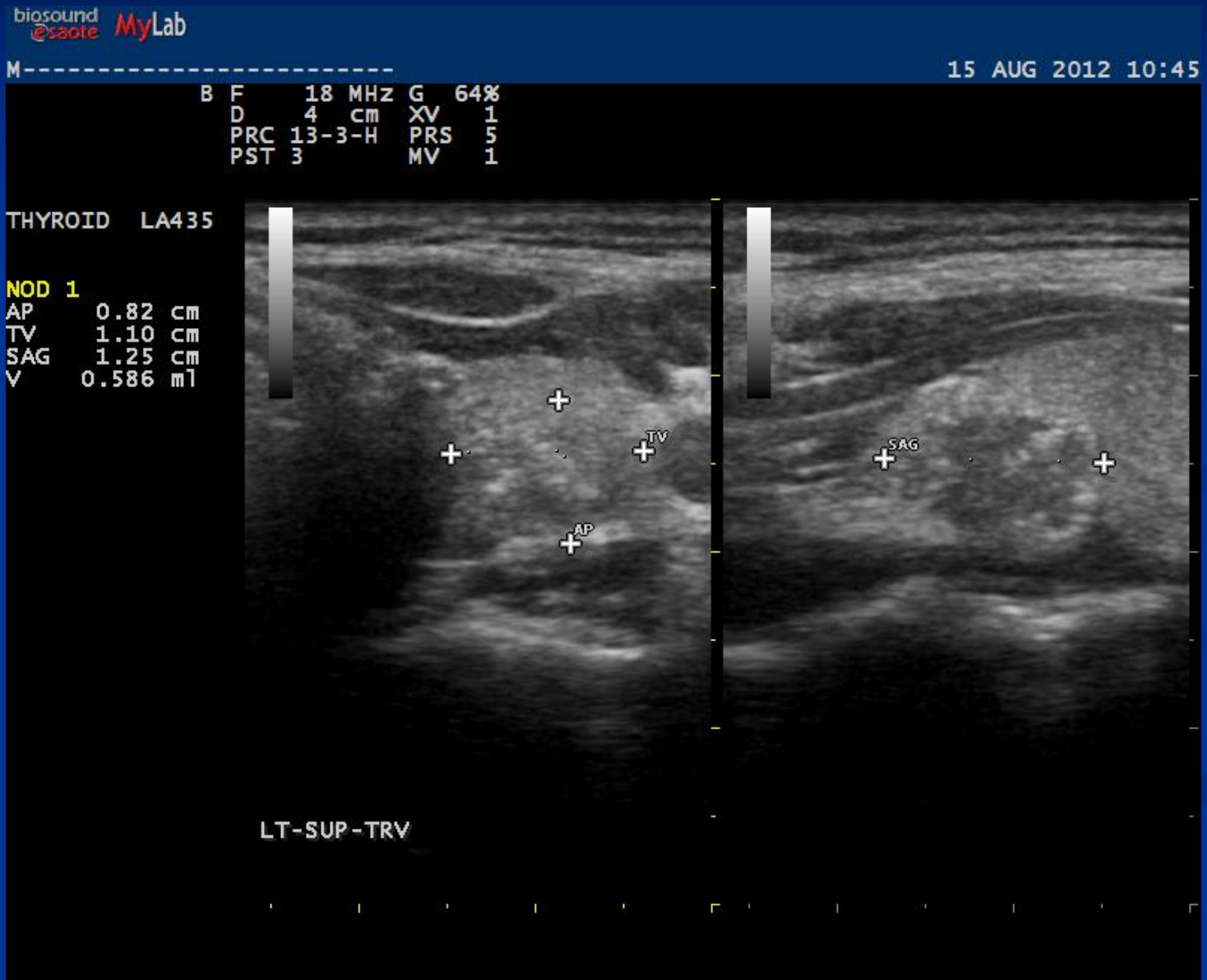
CT as Next Study…

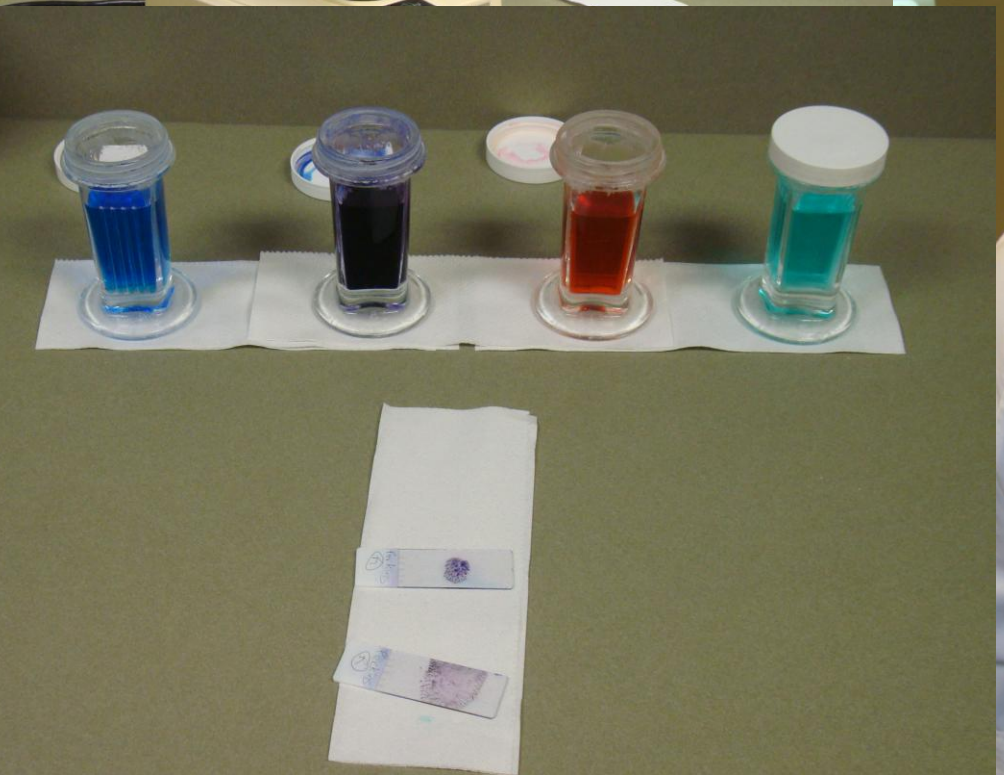


Resected w/o FNA…..
PTC !!

Then Referred…..



Diff-Quick Staining For ROSE

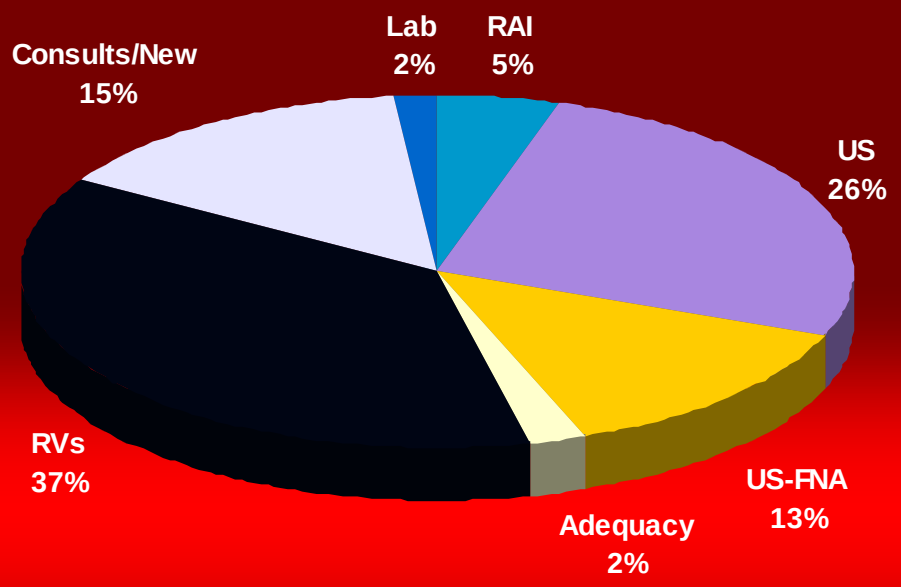


Cytology

- Adequacy assessment of the cytology specimen is a natural extension of the FNA procedure
- 88172 code – on-site adequacy assessment by the clinician performing the FNA
- Improves FNA skills
- Allows "first-look" to determine if additional studies may be indicated
- Currently requires Pathology CLIA license

Thyroidology
Diverse Services Offered

Income % by Service Provided



How do you Code that?

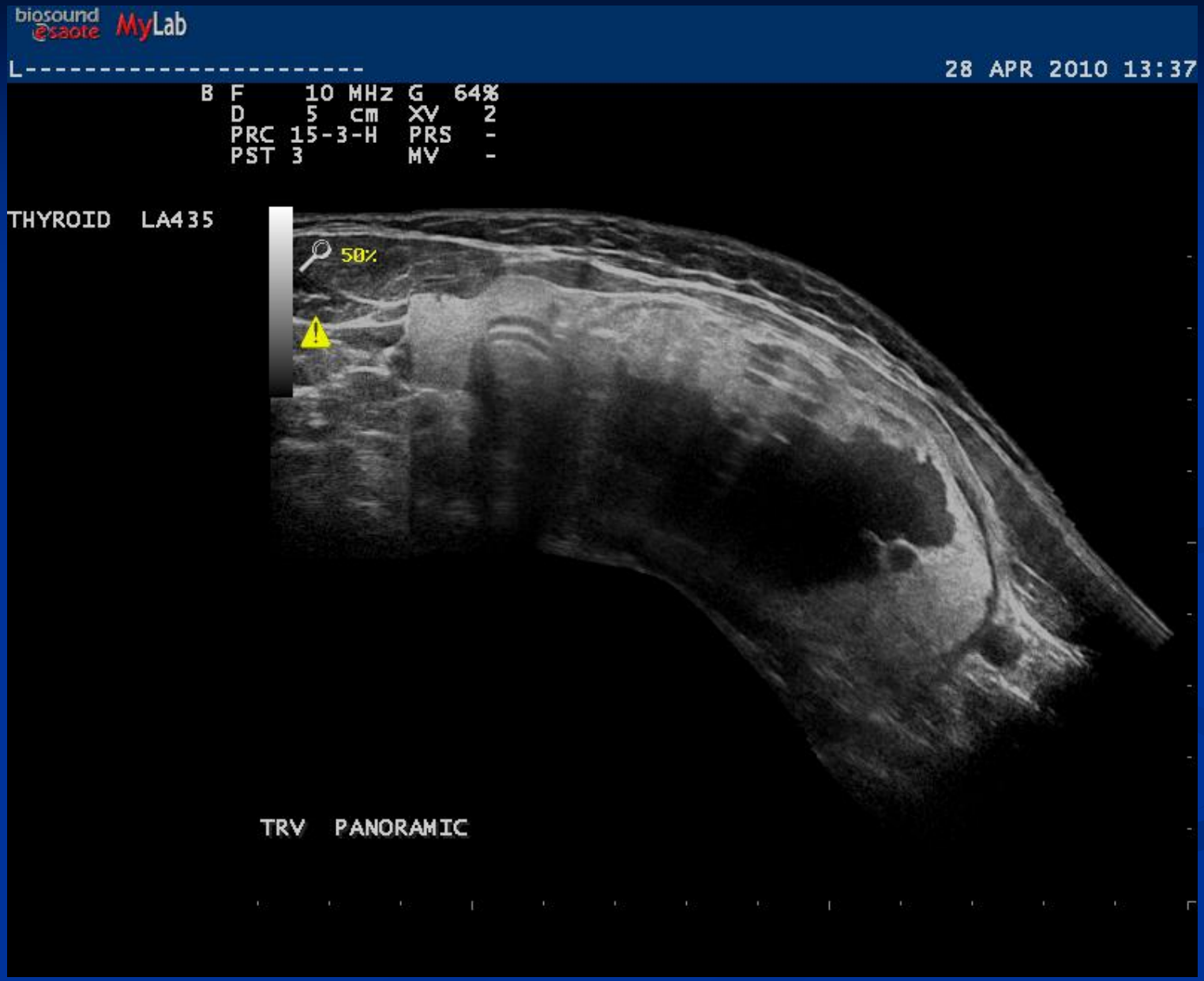
- Attend an Endocrine Coding Seminar
- New Visit vs. Consultation?
  - Consultation implies there's a referring doctor
    - Medicare requires this to be the primary doctor
- Understand all the procedure codes you use and make certain you have an authorization for any possible office procedure before visit

Thyroidology Procedure Coding

- Diagnostic Ultrasound 76536
- FNA w/o Ultrasound 10021
- FNA w/ Ultrasound 10022
- Radiology Guidance 76942
- Cytology Adequacy Assessment 88172
- Radioactive Iodine Therapy 79005 & A9517

These are in addition to E&M and Laboratory Services

But Most Importantly – Ultrasound Makes Your Practice Fun!



Basic Considerations in Starting Your Own Practice

- Bank Loan → Need a Business Plan
- Corporate Structure → Attorney
- Space → Lease Negotiations
- Staff → Hire a good Office Manager!
- Medicare/Insurances
- Payroll/Billing → In-Office or Outsource
- Lease vs. Buy Equipment (service contracts)
- Find a good Accountant!
- City/County Licenses
- Lots of Forms & Policies → Consider a Consultant

Market Yourself

- Give talks at local wellness centers, grand rounds, medical society meetings, etc
- Go to the doctors' lounge
- Send letters to doctors explaining your services
- Use nice letterhead for patient letters that referring & other doctors will receive
- Word of mouth (viral marketing) will ultimately be the most effective
- Fortunately there's a shortage of endocrinologists…so "if you build it, they will come"

Is this still possible?

- Uncertain times are ahead with health care changes
- Significant trend towards mega-groups with an unclear place for small practices
- Negotiating contracts will be more challenging
- Solo or small practices may become fee-for-service with few or no insurance contracts