VASCULAR TESTING WHITEPAPER

January 2017

Trump/Obamacare/MACRA
Is this a good time to add PAD testing?

There is nothing static about the practice of medicine today. With a new administration and Congress in the news almost daily talking about changing healthcare again it's easy to put off decisions about expanding your practice. Given this state of affairs, does it make sense to look at adding new practice capabilities in the form of testing your patients for peripheral artery disease (PAD)?

Here are some facts no matter what comes out of Washington.

Fact 1: PAD is a serious disease. It's true that few people die of PAD, and it's also true that only a relative small percentage of PAD sufferers get the serious ischemic complications leading to amputation. But:

- Even asymptomatic patients that have PAD are much more likely to die in the next five years than those without PAD. Those with significant PAD are 6 times more likely to die.
- 50% of your PAD patients will have a heart attack or stroke within five years.
- Even asymptomatic patients have their quality of life compromised by reduced mobility.

Fact 2: More of your patients have PAD than you – or they – realize. Not many of your patients volunteer to you that they have intermittent claudication. They think that their leg pain is "just getting old" or arthritis. They may have subconsciously stopped walking very far because they know that it starts to hurt if they do. But look at all these high risk individuals:

- Over age 65 (all your Medicare patients)
- Over age 50 with diabetes
- Over age 50 smoker or previous smoker
- Under age 50 with diabetes and any of these: smoker, dyslipidemia, hypertension, hyperhomocysteinemia
- Leg claudication or rest pain
- Abnormal lower extremity pulse
- Known atherosclerotic coronary, carotid, or renal artery disease

Add up all of these patients in your practice – between 20-30% of them have PAD.

Fact 3: Patients feel non-invasive PAD testing is a good thing. ABI exams are popular at community health fairs and with Lifeline type organizations, where patients often pay for the tests out of their own pocket. Relatively painless and quick, the PAD tests are perceived by most patients as indicative of a good, caring practice. Most patients would prefer to have the tests done in your office rather than being sent to another location. These facts also lend the testing to being popular in concierge or direct primary care practices.

Fact 4: Medicare is not going away. The incidence of PAD increases rapidly with age. The bulk of PAD patients will be on Medicare. The over 65 population relies on Medicare, and they will not stand for it to be compromised. No proposals we are aware of have indicated any cut back in Medicare plans of current beneficiaries.

Fact 5: You may be able to pay for the equipment within a year. The latest reimbursable ABI testing systems are much less expensive than they used to be and reimbursement is still strong – Medicare pays in the range of $90 to $200 depending on the test and location. Some systems can help find the PAD in asymptomatic patients very quickly with a quick test that can be done on all of the high risk patients mentioned earlier.

Example:

High risk patients in practice:	500
25% shown to need testing =	125
@ $90 per test =	$11,250
Equipment cost =	$4,995

⇨ Equipment paid for in about five or six months

Conclusion: Since the equipment can be paid back so quickly, whether it makes sense to enhance your practice with PAD testing today may simply depend on how many potential PAD patients you may have – and that number may be quite a bit higher than you realize. If you have a substantial patient population at risk for PAD, those patients will be grateful if you implement testing, possibly increasing patient quality scores through patient surveys.

Testing for PAD is good medicine, and with the right patient mix can be good business as well, even in today's political environment.