

Michael R. Jaff, D.O. Conflicts of Interest

Part-Time Employee

Boston Scientific Corporation

Consultant

Gilde Healthcare

Equity Shareholder

Access Vascular

Boston Scientific

Efemoral

Embolitech

Gemini

Nectero

Primacea

PQ Bypass

Janacare

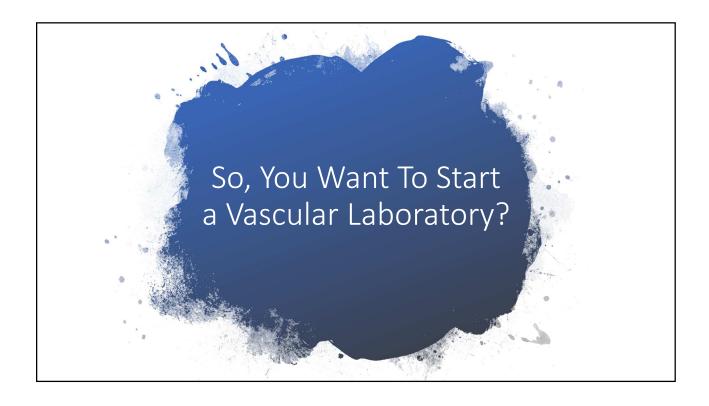
R3 Vascular

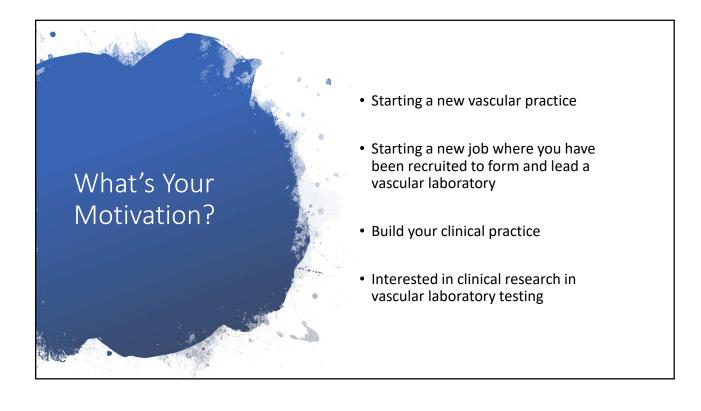
Vactronix

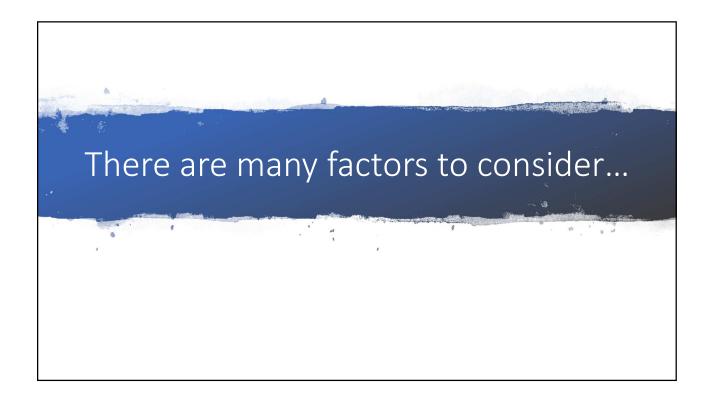
Venarum

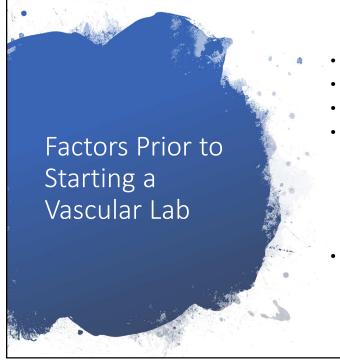
Vascular Therapies

April 2021

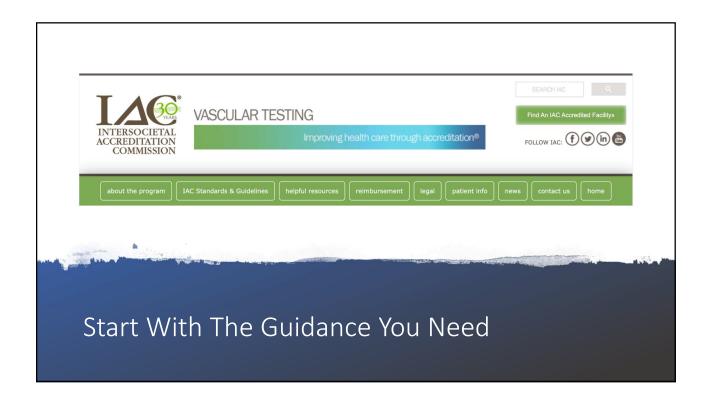


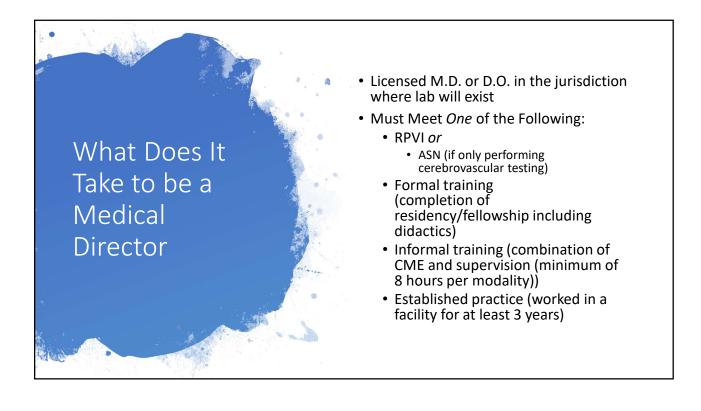


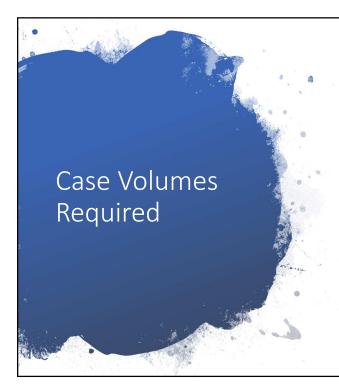




- · Have you been adequately trained?
- Do you have the optimal certification?
- How committed are you to quality?
- Do you have the financial backing?
 - Space
 - Equipment
 - Hiring power
 - Financial/accounting/billing/ administrative support
- Courage (after all, this is a highly competitive endeavor)







• Formal and Informal Training

- Extracranial Carotid (100 cases)
- Intracranial Cerebrovascular (100 cases)
- Peripheral Artery Physiologic (100 cases)
- Peripheral Artery Duplex (100 cases)
- Venous Duplex Ultrasound (100 cases)
- Visceral Vascular Duplex Ultrasound (100 cases)

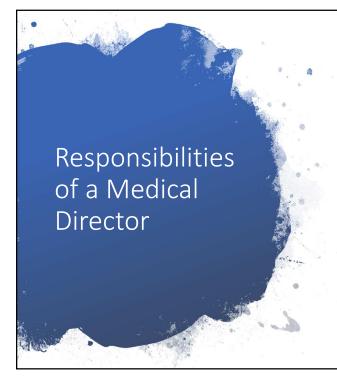


- 40 hours of relevant Cat 1 CME within prior 3 years
- 20 hours on
 - Techniques
 - Limitations
 - Accuracies
 - Methods
- 20 hours on
 - Clinical topics relevant to non-invasive testing
- 8 hours per modality

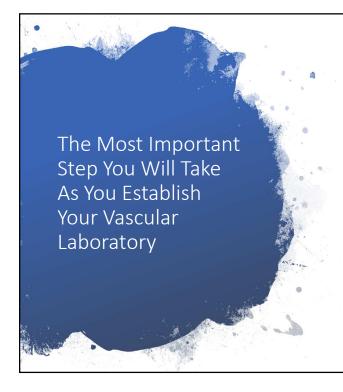


Established Practice

- Extracranial Carotid (300 cases)
- Intracranial Cerebrovascular (300 cases)
- Peripheral Artery Physiologic (300 cases)
- Peripheral Artery Duplex (300 cases)
- Venous Duplex Ultrasound (300 cases)
- Visceral Vascular Duplex Ultrasound (300 cases)



- All services provided in the lab
- Oversight of quality
- Oversight of all operations
- Credentialing and supervision of medical staff
- Maintaining compliance with accreditation/certification
- Ongoing proficiency
 - Interpret minimum of 5 exams/modality/month
- Ongoing CME
 - 15 hours Cat 1 CME q3 years
 - At least 1 hour focused on work-related musculoskeletal disorders

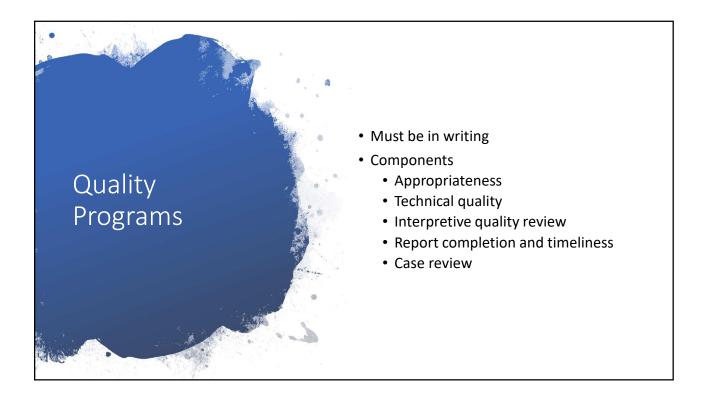


- Find the BEST Technical Director around
 - Don't skimp on salary
 - Do your homework
 - Absolutely check references
 - Watch the tech perform examinations
 - Ask for samples of reports/images from prior patients
 - Determine interest/capabilities for leadership



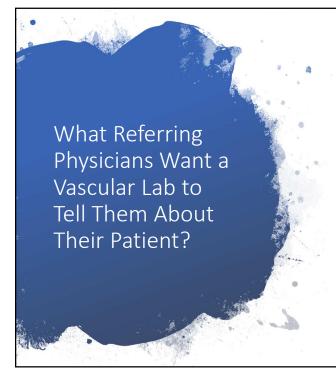
- Space
- · Reporting system
 - Templates
 - Electronic (ideally cloud-based)
 - Uniform interpretation criteria
 - · Reports must include
 - Patient ID/Date of exam/Appropriate clinical indication/name and description of exam
 - Description of positive/negative findings
 - Velocity data in appropriate exams (i.e. arterial/venous duplex US)
 - Location/severity of abnormalities
 - Incidental findings
 - Reasons for technically limited exams
 - Comparison with prior exams
 - Interpreting physician name/signature
 - Date of Signature



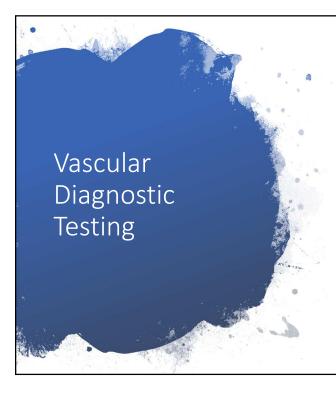




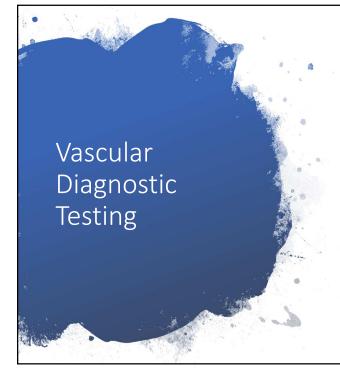
- · Case review with
 - Any appropriate correlation
 - · Axial imaging results
 - CT
 - MR
 - Surgical Findings
 - Clinical outcome
 - Minimum of four cases/year
 - At least 2/modality
 - Must be a mechanism for educating referring physicians to improve appropriateness of testing



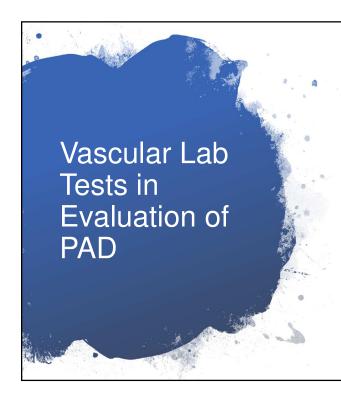
- Does the patient have vascular disease?
- What is the best therapy for the patient?
- How has a prior intervention worked?
- Can you figure out the problem without exposure to radiation, contrast, intravenous/intra-arterial access?



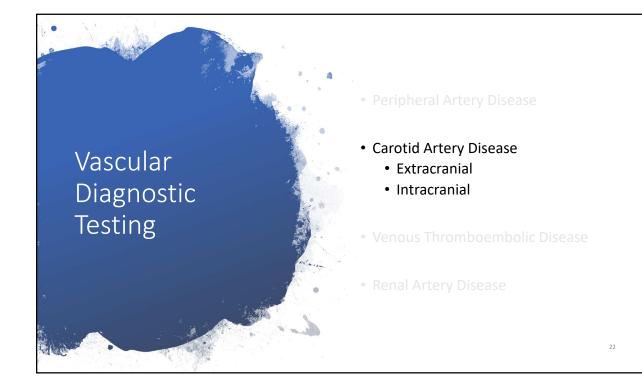
- Peripheral Artery Disease
- Carotid Artery Disease
 - Extracranial
 - Intracranial
- Venous Thromboembolic Disease
- Renal Artery Disease

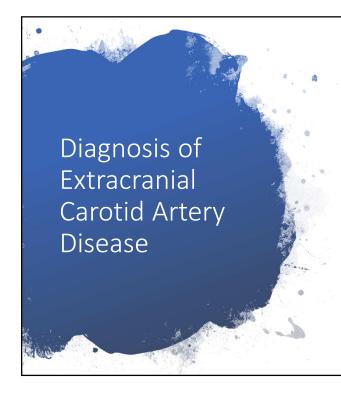


- Peripheral Artery Disease
- Carotid Artery Disease
 - Extracranial
 - Intracrania
- Venous Thromboembolic Disease
- Renal Artery Disease



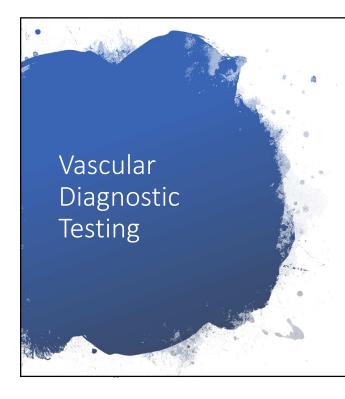
- Segmental Limb Pressures
- Pulse Volume Recordings
- Doppler Waveforms
- Exercise Treadmill Testing
- Distal perfusion assessment
 - TcP0₂
 - Intrinsic foot perfusion



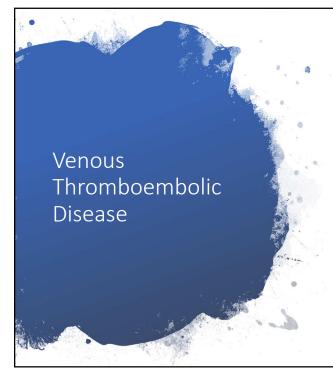


- Complete neurologic history and physical examination
- Complete medical history and physical examination
- Carotid Duplex Ultrasonography
 - +/- TCD
- (?) Magnetic Resonance Arteriography
- (?) CT Angiography
- (?) Arteriography

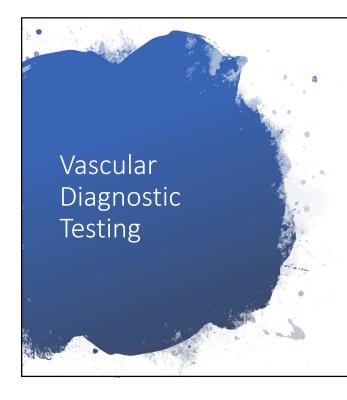
The Best Vascular Technologists Don't Copy Numbers off a Screen....They Go the Distance to Answer the Question/Explain the Abnormality



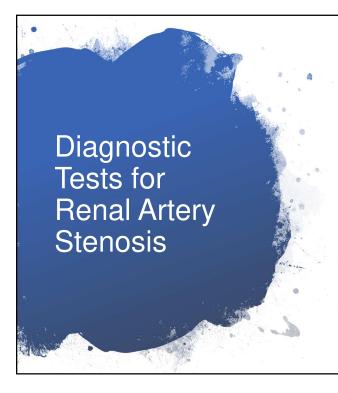
- Peripheral Artery Disease
- Carotid Artery Disease
 - Extracranial
 - Intracranial
- Venous Thromboembolic Disease
- Renal Artery Disease



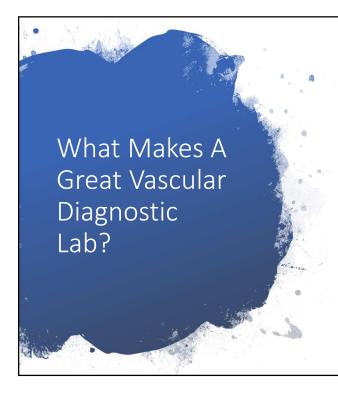
- Deep venous thrombosis assessment
 - Consider the test you want to routinely offer
 - Through the popliteal vein
 - Through the deep veins of the calf
 - Willingness to offer assessment of iliac veins/IVC pre/postintervention
- Venous reflux testing
 - Diagnostic
 - Assistance with superficial vein ablation



- Peripheral Artery Disease
- Carotid Artery Disease
 - Extracranial
 - Intracranial
- Venous Thromboembolic Disease
- Renal Artery Disease



- Rapid Sequence IVP
- · Radionuclide Imaging
 - Without/With ACE Inhibitor
- · Plasma Renin Activity
- Renal Artery Duplex Ultrasonography
- Renal Vein Renin Ratios
- Magnetic Resonance Arteriography
- Computerized Helical CT Scan
- Digital Subtraction Arteriography



- Well organized, highly committed physician, technical, administrative team
- All exams performed with a comprehensive testing protocol
- Technologists and physicians strive to answer the clinical question posed and any abnormalities identified
- All interpretations use lab-specific criteria
- Comprehensive, reproducible, reportable quality assurance for all testing modalities
 - All staff participate
 - · Results made public



- Build your lab on three components
 - · Skill and expertise
 - Timeliness of
 - Appointments
 - Results
 - Quality that is transparent and constantly working to improve