

Palm Vascular Centers

Vascular Disease Management spoke with staff members from Palm Vascular Centers, which has office-based labs in Miami Beach and Coral Gables, Florida. CEO Eric Rogers; Interventional Radiologist Robert Beasley, MD, FSIR, FSCAI; and Clinical Research Manager Jennifer Gimeno, MS, joined the conversation.

What is the size of your facility and number of staff members?

Eric Rogers: We have 5 facilities, which range from about 3,000 to 6,000 square feet. We have over 100 employees in corporate and on site.

What procedures are performed at your facility? What is the approximate volume?

Eric Rogers: We are a peripheral-centric organization and practice, so that's the focus of all our physicians in all our centers. While we do offer dialysis access management services, fibroid embolization, and others, we are a peripheral company, so we are about 80% focused on critical limb ischemia and limb salvage.

What types of equipment are commonly used in the lab? What imaging technology do you use? Do you use ultrasound?

Eric Rogers: Like others in our industry, we use mobile C-arms.

Dr. Robert Beasley: We have a varied number of mobile ultrasound units that we use not only for our purposes of following up with patients in the office, but we also use ultrasound intraoperatively. We use ultrasound almost daily: multiple times in the OR for complex percutaneous interventions. We also use intravascular ultrasound and multiple atherectomy devices, and we have a full array of pretty much everything that a large tertiary care hospital would have. We use drug-coated balloons and drug-coated stents if we need.



L to R: Samantha Jalil, RN; Raul Dorticos, IR Tech; Leslie Miller, IR Tech.

What disciplines (physicians, non-physicians) are involved? Do you have interventional radiologists and cardiologists?

Dr. Robert Beasley: Yes, we have interventional cardiologists and interventional radiologists. We also have vascular surgeons, so all three of these specialties are represented at Palm Vascular.

Who manages the lab?

Eric Rogers: Our corporate company is called PVC Management. We have a great collaboration with our physicians on the operational side, but we're the day-to-day managers.

Tell us what a typical day is like in your lab.

Dr. Robert Beasley: From my perspective, I arrive in the morning. We have a list of patients who I've already seen in the center. We've had a consult on them or a follow-up if they're an established patient and have determined that they need to return to the OR for some type of intervention, either a wound that has opened back up or a wound that has occurred, or severe claudication, which is when you have pain after walking a short distance. I look over the previous films, and ultrasounds, as well as any paperwork they may have and then we start doing the procedures.

Typically, the procedures take anywhere from an hour to at most 2 hours. I find that if a patient is on the table for more than 2 hours, either they get tired or I get tired, so we try to move it along. Patients start out in a very nice holding room, and they have their own separate room—one patient to a room, with a TV, and they can bring family members. We move from there to the OR, and then they get moved right back to the same room.

It's almost an analogous to the new maternity wards in some of these hospitals. It's not a ward anymore. The room is almost like your living room, and you're sitting there chilling out and watching TV. You're just hanging out with your family, then



L to R: Research Manager Jennifer Gimeno, MS, and Robert Beasley, MD, FSIR, FSCAI.



Office manager Jackie Diaz (middle) and Coral Gables front desk team.



Miami Beach Center procedure lab.

you go in for your procedure, and you come back a couple hours later. We provide patients with a hot meal, and they rest for a while. The nursing staff is always checking on them, then they go home. That's a typical day., and we usually have anywhere from 4 to 5 patients a day.

In what ways has the COVID-19 pandemic affected or impacted your lab or your practice? Has anything changed?

Eric Rogers: We were very nervous for obviously the uncertain environment that we were operating in through COVID. I don't think many people understood what kind of impact it was going to have on our industry, but it turned out to be a boon. Patients really wanted to avoid hospitals. They wanted private, controlled environments, and because we are more of a peripheral-focused limb salvage program--this is not an elective procedure-- patients either had to go for amputations in the hospital or they could come to our centers. Once people began seeing us as a better alternative than hospitals, the trend has continued. Despite any fluctuations in COVID, our numbers have remained grown over the past several years.

What type of research do you do at your facility?

Dr. Robert Beasley: We have a very large research department here. We can bring in new, cutting-edge devices that are being trialed. Our patients can benefit from them before anybody else has seen them on the market. Most of these devices, as you would expect, have been well vetted, and we're just collecting the final data on them before FDA approval.

Jennifer Gimeno: Currently, we have 9 studies, 6 of which are actively enrolling. We have a research team of 4 investigators and 2 research coordinators. They train in the protocols so they can see the patients and get ultrasounds done according to the guidelines.

Eric Rogers: Our research department has really shown some amazing promise when it contrasts to what hospitals and uni-

versities and institutions are doing. We believe that our industry and our research department is a lot more nimble and able to accelerate the process and enroll more patients rather than deal with the bureaucracies that are in the institutions, so I'm very excited for the future. I think Jennifer and Dr. Beasley, who are at the helm of our research department, are going to be making some very impactful waves in the industry over the coming years and decade.

What measures have you implemented to cut or contain costs?

Eric Rogers: Healthcare is under constant downward pressure from Medicare. While costs are rising, rent is rising, real estate costs, labor costs, turnover costs, supply chain costs, and everything is increasing and squeezing our entire industry. Everybody I know, all the colleagues I speak with are feeling the same pain. The number one way to fight rising costs or shrinking margins would be growth, so we are seeing aggressive marketing campaigns and aggressive growth strategies. The more we grow, the more we can work with efficiencies with supplies, cost efficiencies, efficiencies with our labor and corporate team. We do our best by growing and constantly trying to evaluate and improve efficiencies.

What type of quality control or quality measures are practiced at your lab?

Eric Rogers: Just like hospitals and other ambulatory surgical centers, we are an accredited facility. We have a compliance committee. We have compliance officers. We're constantly doing quarterly and yearly and annual checks and reviews.

Do you offer continuing education for staff?

Eric Rogers: We encourage personal growth and professional growth, so we support our staff by sending them to conferences, providing CMEs, and other opportunities. If they have interest to further their career, as an organization, we invest in our people for the long run.



Miami Beach front desk and clinical team.

What is unique to your lab compared with others you've visited?

Eric Rogers: We are particularly focused on patient satisfaction. Even if you can't always attain that with every patient, we're very patient centric. I feel that a lot of other labs I've seen operate more in a hospital manner where they're just rotating patients in and out. That makes us unique and stand out among some of the other facilities. I'd also say that our physicians are all partners, which garners a different type of environment than maybe some of the larger organizations have.

Describe what you consider innovative about your lab.

Jennifer Gimeno: One of the things that it's very innovative in our lab is the research that we have. We are as competitive as bigger institutions, and we have quick turnover on study startups, enrollment, and follow-up. It's much higher here, so we have the upper hand when it comes to that. Being an outpatient center allows us to run studies much more efficiently.

Describe a particularly memorable case and how it was addressed.

Dr. Robert Beasley: I remember a patient from a few years back who was the father of the local sheriff. He was around 80 years old and had a terrible wound on his leg. He was told by two surgeons he was going to lose his leg above the knee, and I was able to see him. He had an occlusion of his artery above the knee, close to the groin. He also had some vessels that came back down around the foot, so we were able to do what we call an antegrade going downstream and then a retrograde coming back up, opened him up and put some stents. This was 4 years ago and he still has his leg. I get a call about every year from his family and they thank me. Since that time his son the sheriff comes in, I do his veins along with others in the family. ■

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