The Business of Bronchoscopy

How to Set up an Interventional Pulmonology Program

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KEYWORDS

• Interventional pulmonology • Medical practice • Business of medicine

KEY POINTS

- Interventional pulmonology (IP) is a growing field with demand for new practices to be established to provide consultative and procedural services such as advanced diagnostic and therapeutic bronchoscopy and pleural procedures.
- Establishment of an IP practice requires a needs assessment to evaluate the burden of the target disease in the community of interest, current supporting specialties and competing practices.
- A simplified business plan is needed to delineate a marketing proposal, staff and equipment needs and financial projections.
- Self-monitoring of procedural results and complications is critical to ensure optimal patient's outcome and guide improvement effort.

INTRODUCTION

Interventional pulmonology (IP) is a relatively new field that has grown tremendously in the last decade. Although IP practice is still relatively limited to the east coast and Midwest regions and major academic centers, further growth is expected with the development of multiple new programs across the United States.[1,2] This growth is in line with continued medical advances in diagnostic and therapeutic pulmonary procedures as well as changes in health care that tie reimbursement to high-quality, efficient, and cost-conscious care. In effort to aid the interventional pulmonologist in developing a new IP program, the following may serve as a guide to navigate the aspects of starting a new program.

NEEDS ASSESSMENT

Before introducing a new product or service, a needs assessment should be performed. This needs assessment includes assessing the internal and external factors associated with the intended product or service.[3] In the case of IP, this would involve evaluating multiple aspects of the community of interest, including the burden of the disease of interest in the community, current supporting specialties such as general pulmonary, oncology, and thoracic surgery, and the presence of competing groups or practices. To further detail these issues, we will use the example of starting an endobronchial ultrasound (EBUS) practice. Given the selected procedure, the incidence and prevalence of lung cancer in the community would be of interest to ensure its necessity. A practice

Conflict-of-Interest Statement: The authors report no conflicts of interest.

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Clin Chest Med 39 (2018) 239–243
https://doi.org/10.1016/j.ccm.2017.11.006

administrator can easily provide these data based on publically available Medicare data. The interventional pulmonologist would also want to consider the current and competing groups in the community as the establishment of EBUS at one group may be hindered due to competition of an already established nearby practice. The presence of competing practices should not discourage the establishment of an IP practice; instead, it should ground the expectations of growth in reality and allow a reasonable period of time for ramp up.

The presence of an interventional pulmonologist within a general pulmonary practice should not be viewed as a threat but rather as an advantage; a large size pulmonary group would indicate a potential need for an advanced diagnostic bronchoscopist or an interventional pulmonologist. Working within the group, the interventional pulmonologist would be able to streamline referrals to allow for an off-loading of procedures from the pulmonary group, allowing the general pulmonologists to focus and grow other interests. The interventional pulmonologist ought to be mindful of the desire of many general pulmonologists to perform advanced diagnostic procedures, such as EBUS and navigation bronchoscopy. This should not be fraught with resistance but rather acceptance and encouragement; there is room for both specialists to perform these procedures and facilitate coverage of patients. IP will likely end up performing more difficult procedures, such as sampling of smaller lymph nodes or full mediastinal staging, whereas the general pulmonologist can perform diagnostic EBUS procedures for targets that are larger or located in favorable locations.

An active oncology group indicates a need for an IP program; oncologists readily welcome interventional pulmonologists who are competent and cordial and are able to help oncologic patients with their diagnostic needs (staging of lung cancer, diagnosis of recurrence, and confirming metastases of extrathoracic cancers to the mediastinum or lungs) or therapeutic needs (hemoptysis, central lung obstruction, and malignant pleural effusion).

Similarly, the existence of a thoracic surgery program provides synergy and complementary services to an IP program and vice versa. For the most part, the days of animosity are gone and have been replaced by appreciation and respect. The interventional pulmonologist provides a steady source of referrals to the thoracic surgeon with newly diagnosed stage I or II lung cancers, whereas the thoracic surgeon can provide support and backup for difficult cases or any acute complications.

BUSINESS PLAN

Simply put, a business plan is a document detailing the method of an organization to achieve their goals. Typically, this outlines the projected plan over the next 3 to 5 years and includes a market analysis, service line analysis, marketing plan, financial overview, equipment, and staff.[4–6] While preparing to start an IP program, a business plan should be prepared by the interventional pulmonologist to make the business case for the program, justify asking for resources and equipment, and establish credibility and respect by the practice or hospital administrators. The interventional pulmonologist does not need an MBA to write a business plan and can thoughtfully lay down her vision for the program and provide supporting data for the creation of the program. The essential steps are described in the ensuing discussion.

Market Analysis

The goal of a market analysis is to identify the target of your service or product. In IP, this would entail identifying patients, referring physicians, practices, and hospitals. The issues to address would be assessing the demand for the IP service, potential or projected growth in referrals and revenue, barriers to instituting the IP service, competitors to the IP service as well as benefits to the overall group, practice, and hospital organization. Although demand of the IP service initially may be low, this would be expected to grow as the knowledge and benefit of the service enhance the referral base. Barriers to consider when starting a new IP service would relate to the support (or lack thereof) of the hospital administration and related specialties (thoracic surgery, pulmonary, oncology, and so forth). Ensuring your service is in line with the community, hospital, and departmental goals would help support future success.

Service Line Analysis

The next step of the business plan is to define your service and establish operational proceedings, required equipment, technology, and personnel. The organizational structure of the service should be delineated because some programs may be part of the pulmonary and critical care department; others may be part of thoracic surgery, and occasionally, some may be a hybrid of both. This process would delve not just into what specific procedures the IP service may provide but also in the context that these services will be provided. For instance, IP can decide whether medical thoracoscopy or tracheostomy is needed in this