Closing the Loop

An Interview with Featured Doctor Ken Stevens, MD, MS, FACC, FACP, FSCAI, Diplomate of the American Board of Phlebology (ABPh)

by Lawson Mollica

An avid cyclist and athlete, Dr. Stevens has competed at the World Championships in Australia. He also medaled as a competitive runner in the 1500 and 5000 meters as part of the US Maccabiah team.

Dr. Ken Stevens is a man of diverse background: He is a physician with an education and board certification in internal medicine and cardiovascular disease and a Diplomate of the American Board of Phlebology. He has traveled the world as a competitive athlete, practiced across the United States and in a foreign land, was the managing physician of Rockford Cardiology Associates, and Chairman of the Department of Medicine at OSF St. Anthony's Medical Center and Medical Director of the Chest Pain Center in Rockford, IL. A consummate learner, he holds multiple master's degrees and a medical degree from Loyola University of Chicago, and attends meetings annually through the American College of Phlebology, American Venous Forum (AVF), and other recognized phlebology training resources as a commitment to continuously learning the best methods for treating his patients.

Dr. Stevens runs his cardiology practice, Premier Heart Care, and his phlebology practice, Premier Vein Care, in San Luis Obispo, CA. He describes his practice as a holistic, comprehensive approach to vascular care. VEIN Magazine was pleased to have the opportunity to speak with Dr. Stevens and get his perspectives on many topics addressing the phlebology community.

Congratulations on earning Diplomate status by the ABPh. Can you tell me what the significance of this accomplishment means to you?

From the patient perspective, when you need to see a specialist you have to ask yourself "Has my doctor gone through process of education to practice established standards?" The ABPh certification does this for physicians in the vein world. Right now, it is the entity that acknowledges whether phlebologists are practicing an established standard of care through certification.

In the cardiology world for example, if you aren't approved by the Intersocietal Accreditation Commission or the American College of Radiology you cannot be reimbursed for care in nuclear cardiology. Diplomate status by the ABPh shows that I've met an established standard that will ensure as regulations change I am able to be reimbursed for the treatment of venous disease, along with demonstrating knowledge in the field. For patients, it shows that they don't have to go to Stanford, the Cleveland Clinic or Mayo for treatment if they have a local doctor who has met the same standards. I also now have met an additional major standard in veins that I think is necessary: I have a certified venous ultrasound lab as well from the American College of Radiology.

I have also applied for the RPhS (Registered Phlebology Sonographer) certificate through Cardiovascular Credentialing International (CCI) and will sit for that exam in the Fall. This certificate represents another standard of quality in the world of phlebology.

Tell us your thoughts on the exam and ABPh.

I think it's important because it shows a professional commitment and that you have followed an approved process for optimal patient care. The thing about the Board is that there are currently only 520 physicians certified nationwide; that there are people treating vein patients but relatively few have taken the step to take the exam.

Because phlebology is a relatively new specialty, the ABPh is not yet approved by the American Board of Medical Specialties (ABMS); but regardless of that if you want to show that you are learned in the specialty and that, you are an expert in the field, it is currently the only way to specifically do so. You not only want to understand a knowledge base, but the other thing that you have with board certification is that it shows that you have mastered a specific set of knowledge so patient care is optimized.

As a patient you have to ask yourself, do you want someone who is committed to a specialty and the treatment of venous disease and has shown it by going through the certification process? Would you rather have your procedure

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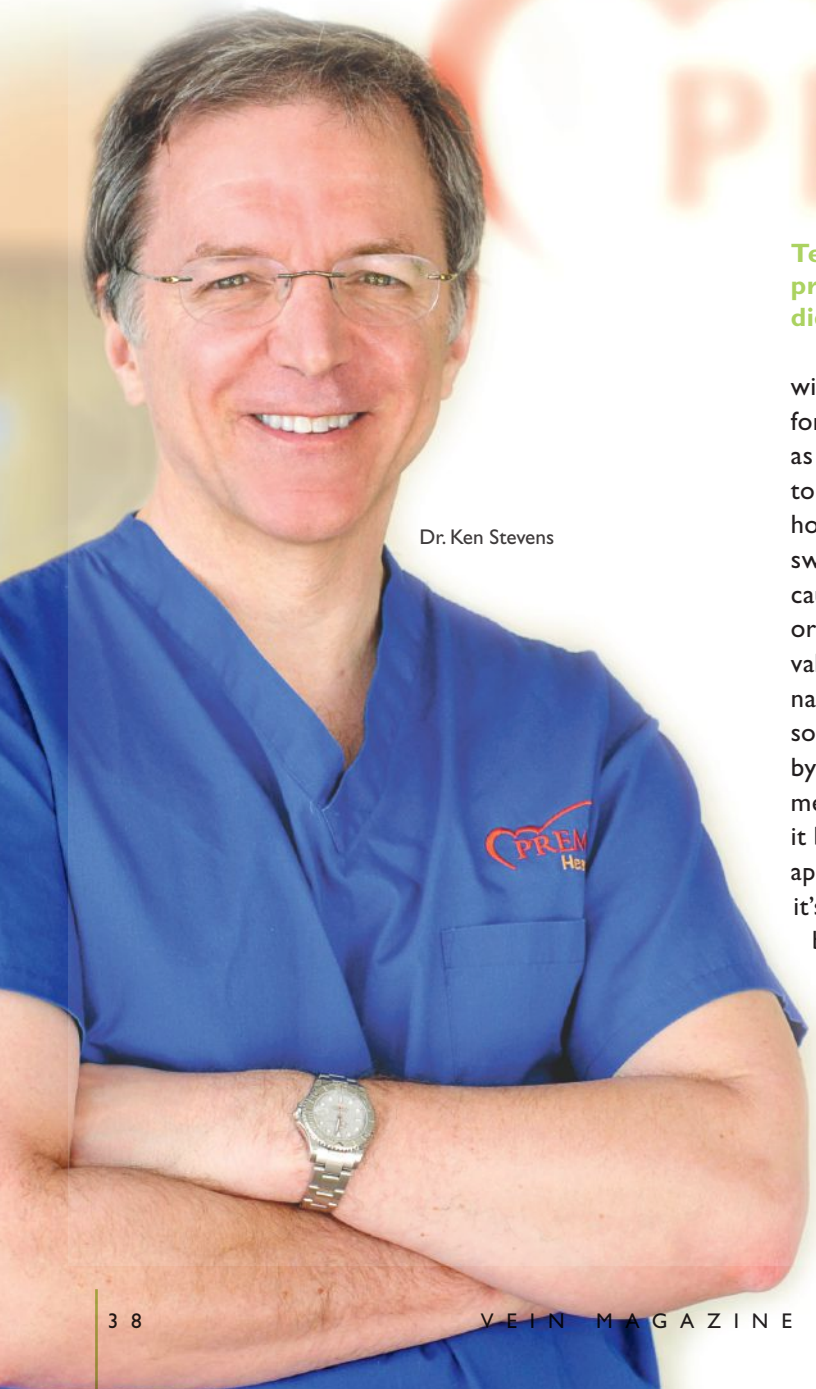
done by someone who dabbles in this field twice a month or 30 times a month with excellent outcomes and who has the requisite academic background? I think the choice is clear.

Professionally, are patients simply being treated with procedures, or are they best served being properly evaluated, treated and then followed? This raises the bigger issue of what is unfortunately going on in medicine; that there are some people in it simply for profit. Just because you can do a procedure though, does it mean you should? Are you prepared to handle everything the right way, and more importantly, handle it the right way if something goes wrong? For the patient and physician, certification at the highest available level answers many of these questions.



Dr. Ken Stevens

Tell me about your education and career process: As an accomplished cardiologist, how did you move into treating venous disease?

It was a natural progression. As a cardiologist, you start with the heart and then branch into arterial disease, and for me, getting into veins was closing the loop. As much as a progression, it was also a natural given my approach to medicine. I have always approached patient care from a holistic perspective. For instance, if a patient presents with swelling in the legs I want to be able to think about the cause of it from more than one perspective. Is it systolic or diastolic heart failure that is causing the swelling, or is it valvular heart disease, peripheral artery disease or pulmonary hypertension? I also have training in internal medicine, so I can also consider whether the swelling may be caused by medicines the patient is taking such as amlodipine or metformin. Looking at it from the phlebology side, could it be venous insufficiency, a clot or lymphedema? It's how I approach things and given the training of cardiologists I think it's natural why cardiologistswho aren't doing so now would be interested in working in the vein world.

That's not to say that cardiologists should be the only types of doctors doing veins. For instance, interventional radiologists use catheters, guidewires, and ultrasound, and many of these techniques and procedures are used in treating veins. Ultrasound is used extensively too, so there is a lot of natural crossover in training that cardiologists receive when it comes to treating veins. It all fits together.

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You mentioned that venous disease should be practiced by doctors with different types of specialty training. What are your thoughts on the different types of physicians in phlebology?

It is an evolving field and can benefit from a multidisciplinary approach. For instance, in treating peripheral artery disease vascular surgeons used to do surgery, but now endovascular repair is done by vascular surgeons, cardiologists, and radiologists because of their respective training and the scientific and evidence based results of the new procedures now used in treatment.

Medicine has evolving processes and phlebology is a relatively new specialty in terms of recognition. I think we need to get away from the "camps" or multiple schools of thought that sometimes occur in phlebology–that one way of doing something is the right way when outcomes on various methods has not been thoroughly researched. As an example, the AVF has a handful of cardiologists and many vascular surgeons. While the AVF is recognized as a leading evidence based educational organization, the majority of its findings come from one main type of specialist. That isn't a discredit to the AVF; it's just the way things are right now.

So, the advantage to a multi disciplinary approach is that you are getting data from multiple sources to determine the best patient outcome. In interventional cardiology an example is the "oculostenotic reflex". Just because you think you see a significant narrowing on an angiogram should you put a stent in there? Would medication or surgery be a better choice? A multidisciplinary evidence based approach provides the best answer for patient management. It's also really the same in the vein world; for instance just because you see venous insufficiency in a perforator should you treat it and if so, how?

How is your practice organized for physician education?

We serve as a physician training center for Covidien/VNUS.

They refer cardiologists to me for training since we have the same background and we speak the same language, versus a surgeon who likely approaches venous disease with vein stripping or a dermatologist who may treat sclerotherapy based on what he can see on the skin surface. Sclerotherapy can fail because underlying venous insufficiency is not treated or assessed and this is something I can communicate about with other cardiologists in training and teach them about doing both thorough ultrasound assessments and learning both chemical and thermal ablation techniques.

I also teach the use of the Veinlite with sclerotherapy to inject spider veins and telangiectasia. It's a good product and increases the novice sclerotherapist's success rate.I also use it in cardiovascular treatment when performing nuclear cardiology. We use it to find a vein, versus having to repeatedly poke the patient to find one.

Lastly, we have the Veinwave, which is effective in reaching spider veins not amenable to sclerotherapy. It's a good tool to have in the toolbox andit makes patients happy.

What motivated you to use and ultimately train other physicians in the use of radiofrequency ablation and phlebology?

When you are going to start practicing in the vein world the question always asked is, "Why pick one technology versus the other?" It comes down to a few things. Whether the technology is effective, what kind of manufacturer support is available to the physician, and is there marketing involvement from the manufacturer that will help your practice succeed. Covidien/VNUS was the best choice in all three areas for me. The company's "All About Veins" course includes ultrasound training for the world of veins, you learn about phlebectomy, radiofrequency ablation, etc…it's comprehensive and establishes a good knowledge base. If you talk to other companies who offer alternative technologies many don't have these types of courses.

Another advantage is that VNUS is a large, financially stable company, and I started using it before it was acquired by Covidien. Combining a marketing program designed to help you succeed and the requisite training made sense for me. When I started practicing venous disease, manufacturers of other types of technologies didn't offer this combination, along with appropriate representative and company backup and support.

When I learned sclerotherapy I would sometimes travel hours for site visits and educational conferences. With the Covidien/VNUS teaching program the cardiologists come to me and I try and give them a thorough exposure to an office based cardiology and vein practice. In June I also gave a talk to local physicians on an introduction to venous disease that was supported by Covidien/VNUS. I don't know of other companies that are actively promoting the advancement of venous disease treatment in this way. Not everyone can create a conference and bring people together, and Covidien has been very supportive with this.

What are your thoughts on the role of the ACP in Phlebology?

I think the ACP is the voice of the phlebologist right now, and phlebologists need a voice and advocate for them for political, certification, education, and reimbursement related issues. Physicians also need standards in their specialty. In cardiology for example there are approved methods for treating heart attacks based on evidence based medicine. All the collective brainpower of the American College of Cardiology has gotten together and over time developed an approved standard of care in the specialty, and this is what I feel the ACP needs to do. They need to develop standards and unify them through evidence based medicine. I think that they need to work withthe AVF to develop these standards. National DVT Awareness Month in March is a good example of how working together to cross-promote common objectives could result in quality evidence based medicine for creating standards. They need to combine this powerful brain trust...this is in its infancy in the vein world right now.

On a personal side, we know that you served as a team physician for the US Olympics Team. Do you have any interesting experiences you can share with our readers?

It was a two week opportunity and a very cool experience. Not a lot of people know that the chief physician for the last few Summer Olympics was a cardiologist, by the way. I used to have lunch with Misty May, the Olympic volleyball gold medalist, which was really cool. The US Olympic Training Center in Colorado Springs is a special place. As a team physician you live with the athletes, see how they train and get to take care of them.I have a Masters degree in physiology and was a competitive athlete, so the whole experience was amazing.

What type of sports did you compete in?

I was part of the US Maccabiah Team, the US Jewish Olympics team, and I got to meet people from all over the world. I was a competitive runner and competed in 1993 and 1997. I won bronze in '97 in the 5000 meters. There are also Maccabiah Pan Am games, and in 1995 and won 2 gold medals in the 1500 meters and 5000 meters. That was the year they held the games in Argentina due to the terrorist attacks on the Jewish community there, to show support of the community.

In addition to competing in '97, I worked at Shaare Zedek Medical Center in Jerusalem. Boston Scientific was able to get me an Israeli medical license to practice for two weeks. It was an incredible experience. I won a bronze medal, was able to serve as one of the team physicians and do procedures in the cath lab at Shaare Zedek. I subsequently was one of the first in the country to use the Israeli NIR coronary stent when it was released at OSF St Anthony Medical Center in Rockford, IL.

That is an incredible story and clearly was incredible experience. Given the location of your practice now, what do you do in your spare time? Do you sample the local vineyards?

I don't drink wine at all, but I ride my road bike through the vineyards, along the Pacific, and up in the mountains. San Luis Obispo is a great place to ride a bike. As I've gotten older I switched from running to cycling to stay in shape and have competed at the World Championships in Australia in both the time trial and road race. Staying active maintains a certain element of credibility with my patients since I practice what I ask them to do to stay healthy, and I think they appreciate that.

Dr. Stevens, thank you for taking the time to interview with us, and for your enlightening and thought provoking perspectives.

For more information on Dr. Stevens, please visit http://www.premierveincare.com/, or call 805-540-3333. Premier Vein Care is located at 3231 South Higuera Street, San Luis Obispo, CA 93401.

For more information on the American Board of Phlebology, please visit http://www.americanboardofphlebology.org/, or call 877-699-4114.

For more information on the American College of Phlebology, please visit http://www.phlebology.org or call 510-346-6800

For more information on the American Venous Forum, please visit http://www.veinforum.org/ or call 414-988-9880.

For more information on CCI's RPhS accreditation, please visit http://cci-online.org/content/register-phlebology-sonographer-rphs, or call 800-326-0268.