

TRUTH:

Good Vision Care is About More Than Just Vision

“I am not sure why you did a TCD in your office but, if you hadn't this patient would not be alive today.”

— Patient's Primary Care Physician in a letter to Retinal Specialist

The Story:

Retinal specialist initiated Transcranial Doppler (TCD) testing from HealthxMD as a service to help identify patients at risk for multiple vascular disorder of the eye and brain. HealthxMD allows practices to measure the velocity of blood (pulsability) in the ocular system of at risk patients with a turnkey program that places the ultrasound technology and technician in the practice without adding more full-time staff, purchasing equipment or finding more patients. Through HealthxMD, patients can be evaluated for:

- TIA, CVA and OVA
- Neurological vascular disorders
- Ophthalmic ischemia
- Ophthalmic occlusion
- Detection of intracranial arteriosclerosis
- Detection of embolization
- STROKE

TCD is ordered for patients who meet physician defined criteria.
Radiology findings are reported in three ways:



Negative

Blood pulsatility flow falls within normal/expected range



Positive

Blood pulsatility flow falls outside of normal range but based upon patient age/history is expected, we will evaluate these pts yearly for adverse changes



Critical Positive

Blood pulsatility flow falls outside of acceptable range considering history and requires follow up by PCP and/or Cardiologist for further testing, these patients usually need some type of prescriptive or surgical intervention

The Coverage:

Medicare, Medicare Advantage, and most commercial carriers



Patient Case Study

TCD Testing Date: April 2019

Patient Age: 57 years old

History: Type 2 diabetes, diabetic retinopathy with macular edema, Hypertension

Conclusions from TCD Testing:

- The ophthalmic arteries demonstrate **normal flow velocities**, pulsatility indices, and direction of flow.
- **Mildly elevated velocities** in the right carotid siphon, which can be seen with stenosis, distal small vessel disease or hypertension. If clinically warranted, consider further evaluation with MRA/CTA.
- Remaining vessels demonstrate **normal flow velocities**, pulsatility indices and direction of flow.
- VMR/Breath hold was completed in the right MCA showing **20% increase after 18 second breath hold**. In the absence of underlying cardiovascular pathology, this is likely not of clinical significance.
- **No evidence of micro emboli was detected.** The bilateral MCA was monitored for a minimum of 60 seconds on each side and no HITS were detected.



Primary Care Response

Patient was referred to Primary Care Physician that ordered further testing from Palmetto General Hospital - Hialeah, FL



Pre-Operative Diagnosis:

Coronary Artery Disease requiring immediate attention. Surgery scheduled for 6/10/2019.



Procedures Performed:

Coronary artery bypass graft X 3, LIMA to LADSVG to PDA, SVG to terminal cir. Ligation and resection of left atrial appendage, endoscopic vein harvest of bilateral saphenous veins.

Findings:

1. Severe LVH
2. Very fibrotic veins

“We are thrilled to be able to better serve our patients health care needs. Stroke is a real danger and we feel good to be on the front line of saving lives. Good eye care is about more than just vision and transition to integrating TCD into our practice. The transition has been seamless and we now have new and growing relationships with more and more practices in our area.”

— Retina Specialist, Miami, FL