Outpatient Vascular (Angio) Centers: Are They Leading to Unethical Practices and Harming Patients: What Can Be Done About It?

Stephen M. Bauer, M.D.
Southern Connecticut Vascular Center

NO FINANCIAL DISCLOSURES

INTRODUCTION

• In 2008 U.S. Centers for Medicare and Medicaid Services approved out-patient peripheral arterial interventions, including office-based labs (OBL's)

• Decision was in response to ↑ in-patient expenditures on peripheral arterial disease (PAD) treatment

• In 2005→250 OBL's existed (Dr. Jain, January 2014, Endovascular Today)

THE CURRENT OBL REIMBURSEMENT

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Angioplasty alone</th>
<th>Stent with or without angioplasty</th>
<th>Atherectomy with or without angioplasty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Iliac</td>
<td>$3,216</td>
<td>Iliac→$4,744</td>
<td>SFA/Pop→$15,175</td>
</tr>
<tr>
<td>SFA/Pop</td>
<td>$3,903</td>
<td>SFA/Pop→$9,239</td>
<td>Tibial→$13,617</td>
</tr>
<tr>
<td>Tibial</td>
<td>$5,551</td>
<td>Tibial→$8,472</td>
<td></td>
</tr>
</tbody>
</table>

BENEFITS OF OBL

• Lower Costs

• More Cases Can Get Done

• Patient Safety and Satisfaction

LOWER COSTS

• Increase in number of OBL's and procedures done in the OBL:
  • SCVC: 2 centers in 2010 → 5 in 2015
  • 1035 procedures in 2010 → 1190 procedures in 2014
  • 1162 procedures in first 3 quarters of 2015

• Higher quality at a more reasonable costs (Surgery Centers are Part of The Solution, Bruce Kupper, Richmond Times Dispatch, August 16, 2013)

• Cost effective care saves the government, third-party payer, and patients. (Surgery Centers are Part of The Solution, Bruce Kupper, Richmond Times Dispatch, August 16, 2013)
  • 2.6 Billion dollars saved to Medicare in 2012
  • Hospital based out-patient centers are paid 72% more for same procedures
  • Lower co-pays

• Overall Medicare Expenditures Declined (Jones et al. December 2014, Ahn et al. September 2015)
MORE CASES GET DONE!

• Hospital or turnover → Crucial Time Delay
• The interventionalist controls the schedule
  • Stream-line and prioritize the cases
• Urgent Add-Ons are accommodated
  • Especially crucial in dialysis access

PATIENT SAFETY AND SATISFACTION

• Surgeons direct control → better quality
• Increased patient satisfaction and comfort (Ahn et al. September 2015)
• Jain et al. in 2014 published complication rates in their OBL:
  • Arterial → 2.7%
  • Venous → 2.2%
  • Fistulogram → 0.5%
  • Tunneled Catheters → 0.3%
• 0.4% Transfer to Hospital Rate
• 99% Patient Satisfaction Rate with OBL

UNINTENDED CONSEQUENCES

UNETHICAL PRACTICES: THE UNINTENDED CONSEQUENCES

• Procedures Performed Without Indications
• Higher Cost Procedures being performed
• Inexperience With Devices

PROCEDURES PERFORMED WITHOUT INDICATIONS

• Rate of percutaneous interventions stabilized but increase proportion in the OBL (Jones et al. 2015)
  • Is Intermittent claudication being prematurely treated?
• Decrease in surgical revascularization (Jones et al. 2015)
  • Is CLI inappropriately being treated where surgical bypass maybe better option?

HIGHER COST PROCEDURES

• ↑ Atherectomy in OBL (2006-2011) compared to PTA and/or Stenting (Jones et al. 2015)
• Atherectomy:
  • ↑7/100,000 (2003)
  • ↑ 125/100,000 (2011) (Jones et al. 2015)
• ↑ Atherectomy reduces the cost savings (Jones et al. 2015)
  • Does the data support ↑ atherectomy (Quevedo et al. 2016)
• ??Atherectomy + DCB under investigation → cost-ineffective
INEXPERIENCE WITH DEVICES
• NOT all graduating fellows trained in atherectomy
• NOT all practicing attending's have experience with atherectomy

THE IMPORTANCE OF AVOIDING THE UNINTENDED
• Patient Safety
• Efficiency
• Don’t “stain” the specialty

WHAT CAN BE DONE?
• Peer to peer review/discussion of planned OBL cases
• Remain attentive to achieving good outcomes
• Outcome/complication database
• OBL certification by third party

PEER-TO-PEER COLLABORATION WITHIN PRACTICE
• Younger physicians review the cases with a senior attending
• Set guidelines for suitable OBL patients
• Nurse to review the cases ahead of time and raise concerns with attending or senior staff

BE ATTENTIVE OF OUTCOMES
• Good practice → Good Outcomes
• Good Outcomes → More referrals

OBL PROCEDURE AND COMPLICATION REPORTING SYSTEM
• Commitment to transparency in reporting procedures and complications
• Similar to American College of Surgeons reporting system for the Maintenance of Certification (MOC)
OBL CERTIFICATION

• Guidelines offered by the Outpatient Endovascular and Interventional Society (OEIS)
  • Strongly recommends OBL accreditation (Ahn et al. September 2015)

• Accreditation May Become MANDATORY for Reimbursement
  • The Vascular Ultrasound Lab
  • Inter-societal Accreditation Commission (IAC)

DON’T STAIN THE SPECIALTY

The Medicare Strike Force, a joint antifraud effort by the Justice Department and Department of Health and Human Services, charged 36 doctors with health-care fraud in the 2013 fiscal year, compared with just three in 2007.

THANK YOU