Importance of an Office Based Practice to SVS Members and Vascular Surgeons

- Dealing With the Conflicts Fairly -

Kim J Hodgson, MD
David Sumner Professor & Chairman
Division of Vascular Surgery
Southern Illinois University
Springfield, Illinois

Office Based Practice & Its Conflicts

- DISCLOSURES -

I have no industry conflicts of interest

I neither own nor have investment interest in any vascular lab or outpatient endovascular facilities.

ELVS / RFAs, stabs, and sclerotherapy are performed by my partners in our “non-facility” outpatient clinic.

Medicare Payments Surge for Stents to Unblock Blood Vessels in Limbs

Office Based Practice & Its Conflicts

- January 29, 2015 -

The New York Times

Office Based Practice & Its Conflicts

- SVS 2014 Member Survey -

Practice Setting

Office Based Practice & Its Conflicts

- SVS 2014 Member Survey -

Number of Procedures Performed in an Office Setting
At a time of increasing scrutiny of procedures to open blocked heart arteries, cardiologists are turning to -- and reaping huge payments from -- controversial techniques that relieve blockages in the arms and legs.

Unlike heart procedures, which must be done in a hospital or other patient facility, where oversight is typically more intense, the opening of the peripheral arteries and veins of the arms and legs can be done in a doctor’s office.
Office Based Practice & Its Conflicts
- Office Based Vascular Labs -

IN FAVOR
- clinical expedience
- patient convenience
- patient experience
- enhanced MD efficiency
- enhanced MD revenue

OPPOSED
- patient safety
- physician credentialing
- oversight of indications
- assessment of outcomes
- MD conflict of interest ($$$)

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Office Based Practice & Its Conflicts
- Office Based Venous Procedures -

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Office Based Practice & Its Conflicts
- Office Based Endovascular Revascularizations -

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Office Based Practice & Its Conflicts
- A Real World Example Around Atherectomy -

- SFA-Pop Atherectomy + Stent
  - Hospital OP (Facility): 774
  - Freestanding OP (Non-Facility): 15,175
- Tib-Peroneal Atherectomy + Stent
  - Hospital OP (Facility): 804
  - Freestanding OP (Non-Facility): 13,617

Physician gross is 19.6X greater at a freestanding surgery center than at a hospital-owned facility.

Physician gross is 16.9X greater at a freestanding surgery center than at a hospital-owned facility.

Office Based Practice & Its Conflicts
- A Real World Example Around LE Atherectomy -

- Hospital-Owned Centers
  - Atherectomy +/- stent: 9,536
  - PTA +/- stent: 22,014
- Physician-Owned Centers
  - Atherectomy +/- stent: 851
  - PTA +/- stent: 988

Physicians in physician-owned centers used atherectomy 50% more often.

Everybody Has An Ethical Tipping Point

- Outpatient hospital centers vs free standing clinics
- Evaluated UB-92 billing codes from New York State Ambulatory Surgery Database 2009 – 2012
- CPT codes for femoral / popliteal atherectomy (+/- stent) and tibial / peroneal atherectomy (+/- stent)
- Excluded patients with unrelated procedures, complications, any inpatient admissions, & non-vascular primary diagnoses
Office Based Practice & Its Conflicts
- No-Brainer Measures To Reduce Conflicts -

- First you have to acknowledge that there is a conflict
- Then you have to determine how to manage it
- Physicians should not receive DIRECT compensation for the supplies that they utilize to treat patients
- Patients’ insurance status should be balanced
- Medicare should require billing under the name of the physician performing the procedure
- Should MDs be required to divulge to their patients their supplemental payments for equipment used???