Office Or Outpatient Centers Are The Best Place To Perform Most Arterial And Venous Interventional Treatments: Precautions And Current Status Of Their Accreditation And Reimbursement

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Disclosures

- President and CEO National Office Endovascular Labs LLC
- CEO and Medical director National Surgical Ventures

Office-based endovascular suite is safe for most procedures

Krishna Jain, MD, John Mason, MD, Mark G. Baumel, MD, Dan Johnston, MD, and Chris Longton, RN, \textit{Disclosure: This study was conducted to identify the safety of endovascular procedures in the office endovascular suite and to assess patient satisfaction in this setting.}

Objectives: This study was conducted to identify the safety of endovascular procedures in the office endovascular suite and to assess patient satisfaction in this setting.

Methods: We performed a retrospective review of all procedures performed in our office endovascular laboratory from January 1, 2018, to December 31, 2018. All procedures were performed under sedation with use of conscious sedation. All patients had a detailed preoperative evaluation and consent. Procedures were performed in the office under the supervision of a fellowship-trained endovascular surgeon. All procedures were performed with the use of local anesthesia and sedation. All patients were monitored postoperatively for any complications.

Results: A total of 100 procedures were performed in the office endovascular laboratory. All procedures were performed with the use of local anesthesia and sedation. All patients were monitored postoperatively for any complications. All patients tolerated the procedures well, and there were no major complications reported. The patients were satisfied with the care they received, and the overall satisfaction rate was 95%

Lessons Learnt

- Do not push the envelop
- You can do more than you think
- Follow Medicare guidelines and avoid audits
- Cost containment is mandatory
- Follow protocols

Optimum site of Service

<table>
<thead>
<tr>
<th>Patient convenience</th>
<th>Hospital Inpatient</th>
<th>Hospital Outpatient</th>
<th>ASC</th>
<th>OBL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor</td>
<td>Poor</td>
<td>Good</td>
<td>Excellent</td>
<td>Excellent</td>
</tr>
<tr>
<td>Patient satisfaction</td>
<td>Medicine</td>
<td>Medicine</td>
<td>Excellent</td>
<td>Excellent</td>
</tr>
<tr>
<td>Patient Safety</td>
<td>Satisfactory</td>
<td>Satisfactory</td>
<td>Satisfactory</td>
<td>Satisfactory</td>
</tr>
<tr>
<td>Cost</td>
<td>Expensive</td>
<td>Expensive</td>
<td>Cost effective</td>
<td>Cost Effective</td>
</tr>
<tr>
<td>Physician satisfaction</td>
<td>Poor</td>
<td>Acceptable</td>
<td>Excellent</td>
<td>Excellent</td>
</tr>
</tbody>
</table>

Lessons Learnt

- Mentor new associates
- Communication between the team members is essential
- Use conscious sedation judiciously
- Be prepared to handle all emergencies
- Know your data
Need for Accreditation

- Provide safe environment
- Policies and Procedures
- Credentialing
- Radiation safety
- Maintain quality
- Board certification
- Provide appropriate care
- Measure patient satisfaction

Comparison

<table>
<thead>
<tr>
<th>Year</th>
<th>Facilities accredited</th>
<th>Surveyors</th>
<th>Emphasis</th>
<th>Recertification</th>
</tr>
</thead>
</table>
| AAAASF | 1992 | ASC and OBS | Surveyed by surgeons | Physical layout and environment review, board certification | Yearly self evaluation
| | | | | On site every 3 years |
| AAHIC | 1979 | ASC, OBS, pain management clinics, CHC etc. | Physicians, nurses and others trained by AAHIC | Patient rights, administration, governance, Quality, Medical records, facility and environment | Every 3 years on site visit |
| The Joint Commission | 1951 | Hospitals, ASC, Home care, Clinical labs etc. | Physicians, nurses and others governed by 28 member board | Safety and Quality, Staff competence, leadership | Every 3 years on site visit |

SVS/OEIS Certification

- In development
- Indication and outcome based
- Participation in a registry
- Depends on phase of care
  - Surgical preoperative evaluation and preparation phase of care
  - Immediate preoperative readiness phase of care
  - Intraoperative phase of care
  - Postoperative phase of care
  - Post discharge phase of care

Reimbursement

- The 2019 Physician fee schedule conversion factor is $36.04, as compared to 2018 conversion factor of $35.99.
- Peripheral venous procedure payments declined while arterial procedures increased.
- Lower Limb arterial procedures in the OBL
  - SFA stenting payments decrease by 7.5%
  - Fem/Pep payments increase 11.8% for atherectomy and 18.6% for stenting
  - BTK procedures increase, stent 26.4%, atherectomy 13.4% and stent + atherectomy 12%.