What is the OEIS: Outpatient Endovascular and Interventional Society?

How Can It Help Vascular Surgeons, Specialists and Their Patients?

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Disclosures

None pertaining to this talk

• Founding President- Outpatient Endovascular and Interventional Society (OEIS)
• Medical Director- OEIS National Registry
• Board Member- Cardiovascular Coalition (CVC)

Same-Day Interventions: Office or Freestanding Based Facilities

• Office Interventional Suites (OIS) or Office-Based Labs (OBL)

• Minimally invasive procedures done in an office or freestanding facility detached from a hospital

• Patients selected appropriately can be sent home within a few hours of procedure—same-day discharge

Office and Outpatient-Based Interventions

• Shift of care occurred with certain payment code changes by CMS
  – 2008 Advanced outpatient and office procedure payment
  – 2011 Atherectomy codes expanded to include non facility (office)

• Procedure volumes have decreased in inpatient hospital and increased in office and outpatient settings

Medicare PVI Data from 2006-11

<table>
<thead>
<tr>
<th>Description</th>
<th>Rate in 2011 (rate per 100K pts)</th>
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<tbody>
<tr>
<td>Inpatient PVI</td>
<td>Decreased 28% (Rate in 2011 = 151.6/100K pts)</td>
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<tr>
<td>Outpatient PVI</td>
<td>Increased 24% (Rate in 2011 = 228.5/100K pts)</td>
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<tr>
<td>Office PVI</td>
<td>Increased 530% (Rate in 2011 = 37.8/100K pts)</td>
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(Shaw, et al., JACC 2013)

• Who are performing office-based interventions?*
  Vascular Surgeons 44%
  Interventional Cardiologists 33%
  Interventional Radiologists 13%  
  *(Sampled Medicare Claims 2010-2012 (Turley, et al., JACC 2017)

Office-Based Interventional Suites (OIS)

Prevalence of Outpatient Surgeries

• OP surgeries—“More than 60% of elective surgery procedures in the United States are currently performed as outpatient surgeries. Health experts expect this percentage will increase to nearly 75% over the next decade” *
  >5500+ ASC’s

Number of Office-Based Interventional Suites

• Current number: 700+ **
• Expected growth: 20% this year

**Based on 2012 Medicare Payment Data and informal industry surveys

Office-Based Same Day Interventions: Advantages

• Focused and dedicated teams—staff and physician alignment
• Efficient turnover
• No service interruptions
• No nosocomial infections
• High patient satisfaction, easy access and familiarity
• Continuity of care
• Cost efficient compared to hospital

(If 50% PCIs SDD, est. savings $200-500M/yr)
Concerns Over Office-Based Intervention

- Appropriateness of procedures
- Safety of procedures done in the office labs
- Lack of practice guidelines
- Lack of oversight
- Unnecessary procedures/overutilization
- Financial incentives

Outpatient Endovascular and Interventional Society (OEIS)

- Founded in 2013 to set standards of care in OIS
- Multidisciplinary medical society
  - Vascular Surgeons
  - Interventional Cardiologists
  - Interventional Radiologists
  - Other qualified specialists
- Designed for collaboration and inclusivity
- Partner with other established Societies toward common educational, strategic and advocacy goals

OEIS Quality Initiatives:

- Safety- Accreditation
- Credentialing
- Outcomes Measures- Registry
- Compliance
- Appropriateness
- Peer Review

Visit OEISociety.com
Launched January 2017
Official CMS-certified Qualified Clinical Data Registry (QCDR) for PVI
Certified Quality Measures for MIPS reporting
Cases to date: 9,750
Number of Physicians participating: 247
Plans for additional Modules: Cardiac, Venous, AV Access, Interventional Oncology
Audit mandates by CMS ensures quality and transparency
Visit oesociety.com Registry

Conclusions
• Office-based interventions are rapidly growing in the US and provide a patient-preferred, cost-efficient alternative to hospital-based CV interventions
• Demonstrating safety and appropriateness in office setting is paramount - OEIS is leading the way
• Benchmarking and transparency is important — OEIS National Registry and other Registries will play a vital role
• Office-based interventions are highly regarded by patients and physicians and may improve access to quality vascular care