UPDATE ON THE STATUS OF OFFICE BASED LABS

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UPDATE ON THE STATUS OF OFFICE BASED LABS

• 2005
  • CMS approved payment for vascular procedures in an outpatient surgical facility. Office based centers (non facility) were not approved as locations for vascular interventions.
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• 2011
  • CMS approved payment for vascular interventions in office based labs (non facility).
  • Vascular specialists opened office based vascular labs and submitted claims for services in this venue.
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• 2013
  • In August CMS proposed to reduce office based reimbursement by 50%.

• WHY??
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"First we're going to run some tests to help pay off the machine."

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UPDATE ON THE STATUS OF OFFICE BASED LABS

• Vascular Surgeons, Interventional Cardiologists and Interventional Radiologists were among the top five revenue producing specialists for hospitals.

• Cut reimbursement to office based labs and they will come flocking back to the hospitals.

• BUT.....
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• The paradigm had shifted!

• In October 2013 the Outpatient Endovascular and Interventional Society was formed to battle the proposal and was successful in preventing the decrease in reimbursement.
• Why was this effort successful?

• The society was formed by Vascular Surgeons, Interventional Cardiologists and Interventional Radiologists who demonstrated that Office Based Labs were cost effective and clinically safe.
UPDATE ON THE STATUS OF OFFICE BASED LABS

• Where is the office based lab movement now?
  
  • 2017 - Office Based Labs (OBLs) exceed 500 with the projection of 20% growth by 2018.
  
  • Industry is partnering with OBLs for clinical research.
  
  • Retrospective and prospective studies are in process to demonstrate clinical safety and financial efficacy of procedures performed in OBLs.
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• Lin PH\textsuperscript{1,2}, Yang KH\textsuperscript{3,4}, Kollmeyer KR\textsuperscript{3}, Uceda PV\textsuperscript{3}, Ferrara CA\textsuperscript{3}, Feldtman RW\textsuperscript{3}, Caruso J\textsuperscript{3}, Mcquade K\textsuperscript{3}, Richmond JL\textsuperscript{3}, Kliner CE\textsuperscript{3}, Egan KE\textsuperscript{3}, Kim W\textsuperscript{2}, Saines M\textsuperscript{2}, Leichter R\textsuperscript{2}, Ahn SS\textsuperscript{2,4}.

• Author information

• Abstract

The office-based endovascular facility has increased in number recently due in part to expedient patient experience. This study analyzed treatment outcomes of procedures performed in our office-based endovascular suite. Methods Treatment outcomes of 5134 consecutive procedures performed in our office-based endovascular suites were analyzed. Five sequential groups (group I-V) of 1000 consecutive interventions were compared with regard to technical success and treatment outcomes. Results: Our patients included 2856 (56%) females and 2267 (44%) males. Procedures performed included diagnostic arteriogram, arterial interventions, venous interventions, dialysis access interventions, and venous catheter management, which were 1024 (19.9%), 1568 (30.6%), and 3073 (60.0%), 621 (12.1%), and 354 (6.9%), respectively. The complication rates for group I, II, III, IV, and V were 3%, 1.5%, 1%, 1.1%, and 0.7%, respectively. The complication rate was higher in group I when compared to each of the remaining four groups ( \( p < 0.05 \)). Nine patients (0.18%) died within the 30-day period following their procedures, and none were procedure related. Conclusions Endovascular procedures can be performed safely in an office-based lab with excellent outcomes. Lessons learned in establishing office-based endovascular suites with efforts to reduce procedural complications and optimize quality patient care are discussed.
UPDATE ON THE STATUS OF OFFICE BASED LABS

• WHAT’S NEXT??

• Increase the publishing and promotion of both clinical and financial outcomes.
  • Clinical (both retrospective and prospective) to demonstrate the outstanding level of care provided.
  • Financial to justify the continued reimbursement from payers.

• Incorporate new procedures, devices and techniques into OBLs.
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• WHAT’S NEXT??

• Participate in national registries to share data including clinical and financial outcomes. Using this data to objectively request rate increases from payers.

• Accept leadership roles in professional societies to continue the advancement of OBLs.

• Become “demonstration sites” for industry.
UPDATE ON THE STATUS OF OFFICE BASED LABS

• We must be ready to conquer the “final frontier” WHATEVER that may be!
UPDATE ON THE STATUS OF OFFICE BASED LABS

• To conquer that final frontier in we must become and attract people with GRIT!!
UPDATE ON THE STATUS OF OFFICE BASED LABS

“A passionate commitment to a single mission and an unswerving dedication to achieve that mission”

• Persistence
• Resilience
• Curiosity
• Conscientiousness
• Self-confidence
• Self-control
UPDATE ON THE STATUS OF OFFICE BASED LABS

• With **Gritty** clinical and administrative people engaged in office based labs there is NOTHING we can’t achieve!

• We owe that to our patients and each other!
UPDATE ON THE STATUS OF OFFICE BASED LABS

• Summary:

• OBLs are thriving and growing. We must be leaders of this growth!

• Attendance and participation in professional societies is critical and shows tangible results.

• Our mandate is to empirically demonstrate clinical and financial superiority over facility based care.
UPDATE ON THE STATUS OF OFFICE BASED LABS

• Summary:

  • New technology including devices, pharmaceuticals and techniques must be embraced.

  • We must be and attract GRITTY people.
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