The Office Interventional Suite (OIS):
The Future is Bright and the Trend is Growing

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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 Rates from 2006-11

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<th>Decreased 28%</th>
<th>Increased 24%</th>
<th>Increased 530%</th>
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<td>Inpatient PVI</td>
<td>(Rate in 2011= 151.6/100K pts)</td>
<td>(Rate in 2011= 228.5/100K pts)</td>
<td>(Rate in 2011= 37.8/100K pts)</td>
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<td>Outpatient PVI</td>
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<td>Office PVI</td>
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- Who are performing office-based interventions*?

  Vascular Surgeons 44%
  Interventional Cardiologists 33%
  Interventional Radiologists 13%
  Other 10%

*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: 750+ **
- Expected growth: 10-20% this year


**Based on 2012 Medicare Pymt Data and 2019 informal industry surveys
Growth of Office-Based Interventional Suites in US

- Existence for several decades

- Same-day interventions occur routinely in hospital and ASC settings due to advances in devices and pharmacology

- Marked proliferation of office-based endovascular suites since 2008

- Regional variation in the US
  - Individual states regulate which procedures are covered
Drivers for OIS: Personal and Professional Issues

- Lack of control over one’s schedule
- Frustrated for patients delayed or bumped due to hospital schedule or emergencies
- Diluted voice in product choices and value in lab
- Diminished administrative support for services physicians want to provide their patients (i.e., retro CTOs, complex CLI work, niche devices)
- Annoyed with lack of alignment with hospital cath lab staffs to care for the patient- (hospital staff and cath lab behavior)
- Tired of working harder for less
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)

VALUE = **OUTCOMES** + APPROPRIATENESS + PT. EXPERIENCE COST
Identify Ourselves

• **Who are we?**
  – Vascular Surgeons
  – Cardiologists- Invasive, Interventional, Electrophysiologists, Peripheral/Endo
  – Interventional Radiologists
  – Interventional Nephrologists
  – Venous Interventionists
  – Others

• **How many are we?**

• **Where are we?**
CardioVascular Coalition
Joining Together for Patient Access

CVC Member Sites
319 centers operating in 38 states

As of Feb 2019
Future of Office Interventional Suites

HYBRID LABS: OIS-ASC

Multi-Specialties

Endovascular
Coronary and Cardiac Interventions
ASC/HOPD
Vascular Access
Interventional Radiology/Oncology
Chronic Deep Venous/Varicose Veins

Multi-Purpose/Use

Angiographic Suite
Interventions Performed in Office Labs

• PVI:
  All Vascular beds – (Excluding carotids, cerebrovascular, AAA)
  Aortic, Mesenterics, Renals, Subclavians
  Iliofemoral, Tibials and Pedals
  CTOs and CLI pts (incl. retro pedal access/TAMI)

• Venous
  Chronic Iliocaval Obstruction, DVT, Filters, Pelvic Venous Reflux

• AV Graft/Fistula

• Cardiac
  Coronary PCI, EP, SVT Ablations, PPM, ICD, BiV Implants

• Oncology
  Coil Embolizations, Radioembolizations (Y90)
• Founded in Aug 2013
• Multidisciplinary medical society-
  – Vascular Surgeons, Cardiologists, Radiologists
  – Set standards of care in OIS
OEIS Milestones and Successes:

OEIS Formed  Aug 2013  
CVC Formed 2013  
CVC PAC 2014  

OEIS National Registry Launched 2017—CMS Certified QCDR  

National:  
2014 Proposed PFS Cuts to atherectomy averted  
2019 Proposed PFS LE revascularization cuts averted  
2019 Cardiac diagnostic procedure codes expanded in ASC  

State and Regional:  
Florida DOH  
Pennsylvania DOH  
Novitas  

OEIS 6TH ANNUAL NATIONAL SCIENTIFIC MEETING  
April 4-6, 2019  
St. Petersburg, Florida
OEIS Quality Initiatives:
SCOCAP in the OIS

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

Visit OEISociety.com
SWOT FOR OIS:

**Strengths:**
- Low cost
- Physician and staff engagement
- High pt. satisfaction
- Collaborative and inclusive society

**Weaknesses:**
- Small size (advocacy and voice)
- Vulnerable to regulatory or payer changes
- Perception of operator overutilization
- Published data

**Opportunities:**
- Continued growth
- Collaborate with larger systems
- Lower cost provider for payers
- Expanded community-based reach
- Close treatment gaps for regional and racial disparities in amp. prevention
- Lead with data for quality and cost effectiveness

**Threats:**
- Commercial payer changes
- Policy changes-state and federal
- In network requirements
- Coverage revisions
- Outlier operator behaviors
What can you do?

Get Involved
Spread the Word—New Members
Track and Know your data—Outcomes
Sign up for the OEIS National Registry
Join an OEIS Committee
Join the Cardiovascular Coalition (CVC)
Contribute to the CVC PAC