Integration of Surgical Retina into Your ASC

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Retina Surgery Discussion Points

- History of retina surgery at CEI and Arlington Day Surgery Center (ADSC)
- Start up costs
- What makes a good surgeon for the ASC
- Summary of critical success factors

Disclosure slide

- No financial disclosures

CEI ASC - Overview

- 19,000 square ft
- 6 operating rooms
- Piped in gases
- 27 surgeons

- 11,000 cases expected this year
  - 7500 cataracts
  - 1400 retina
  - 2100 cornea, glaucoma, plastics
ADSC Overview

- 12,500 square feet
- 3 working operating rooms with option for 4
- Piped gases
- 11 surgeons
  - 4600 cases expected this year
    - 1200 retina
    - 3000 cataract
    - 250 oculoplastics
    - 100 cornea
    - 50 glaucoma

ADSC

- Located in central area of the west side of Dallas/Ft. Worth metroplex
- 11 ophthalmologists representing 7 sites
- Began in 2008 with new physician ownership
- Existing building remodeled in 2012
- The facility was the first ambulatory surgery center in the State of Texas.

CEI Facts-

- We have over 40 ophthalmologists
- 12 Optometrists
- 17 locations
- Perform over 10,000 surgical procedures at our regional location including: Cataract, Retina, Plastics, Cornea, Glaucoma
- Also have a Foundation, Esthetic Center, Hearing Services, Pharmacy, and Urgent Service, and a pharmacy
• Began retina cases in 2005 with 1 surgeon
• Previously all hospital based
• Added general anesthesia capability with opening of new center in 2006
• Commercial insurance carriers are willing to pay relatively higher rates for retina surgery

When new ownership began in 2008, there was no previously history of retinal procedures; however, general anesthesia was commonly performed.

All insurance contracts are reviewed by the retina physician's main contract negotiator for appropriate reimbursement levels for procedures.

Cost is a main concern and physicians are reminded when expenses rise (use of oil, etc)

### 2005 – 203 cases, 1 surgeon
### 2006 – 304 cases, 1 surgeon
### 2007 – 957 cases, 5 surgeons
### 2008 – 1103 cases, 5 surgeons
### 2009– 1365 cases, 5 surgeons
### 2010–1394 cases, 5 surgeons
### 2011–1260 cases, 5 surgeons
### 2012 –1279 cases, 6 surgeons
### 2013–1427 cases, 6 surgeons
1 dedicated retina operating room that can double as cataract suite when needed
Block time per week is divided by the 3 retina surgeons and consistently is around 26 hours per week

2008 – 205 retina procedures performed
2013 – 997 retina procedures performed

• Increased surgeon efficiency
• Surgeons work with an ophthalmic OR team
• Cataract combo cases
• More time available for clinic
• Patients prefer ASC

Our solution was to develop an arrangement with a local hospital where they pay us to:
• Manage the eye OR
• Bring our techs over to scrub
• ADSC – provides after hours when needed and local hospital
Retina Surgery – what does it take?

- Efficient and committed surgeon(s)
- Clear understanding of which cases are appropriate
- Well-trained staff
- Equipment
- OR space

Retina Equipment Needs

- Vitrectomy machine $60–70K
- Cryotherapy unit $8–10K
- Retina surgical microscope $75–80K
- BIOM viewing system $20–$25K
- Laser $25–30K

Retina Equipment Needs

- Instruments – scissors, forceps, picks $25K – $50K

Total start–up investment = $250,000 – $300,000
Retina Reimbursement Trends
Medicare Rates 2008 – 2013

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*phaco is bundled with 67108

Retina Surgery – Keys to success

- Managing what cases are being done in the ASC
- Not letting supply costs run away
- Oils etc
- Look at low cost solutions
- Reduce OR turnover time

What makes a surgeon a good fit for an ASC setting

- Faster surgeon (average case under an hour)
- Team players
- Cost conscious surgeons

Some surgeons may not be a good fit for ASC Retina

- ADSC began with 4 retinal surgeons. After much review with the physicians and their cost structures, it was evident there was an outlier.
- The management team, along with staff carefully instructed the surgeon regarding OR time and expense of supplies; however, no changes were made by the physician.
- The physician stopped performing cases by the end of 2008.
Cases That May Be Inappropriate in ASC

- Cases that will take more than 1 hr
- Cases requiring silicone oil injection
- Retisert cases
- Cases with expensive medications
- Sicker patients
- Emergencies

Summary – Critical Success Factors

- Choose an efficient surgeon
- Invest in staff training
- Select the right cases
- Streamline costs but be willing to “spend money to make money”