

# Future of Cardiovascular Interventions in the ASC and Office Interventional Suite

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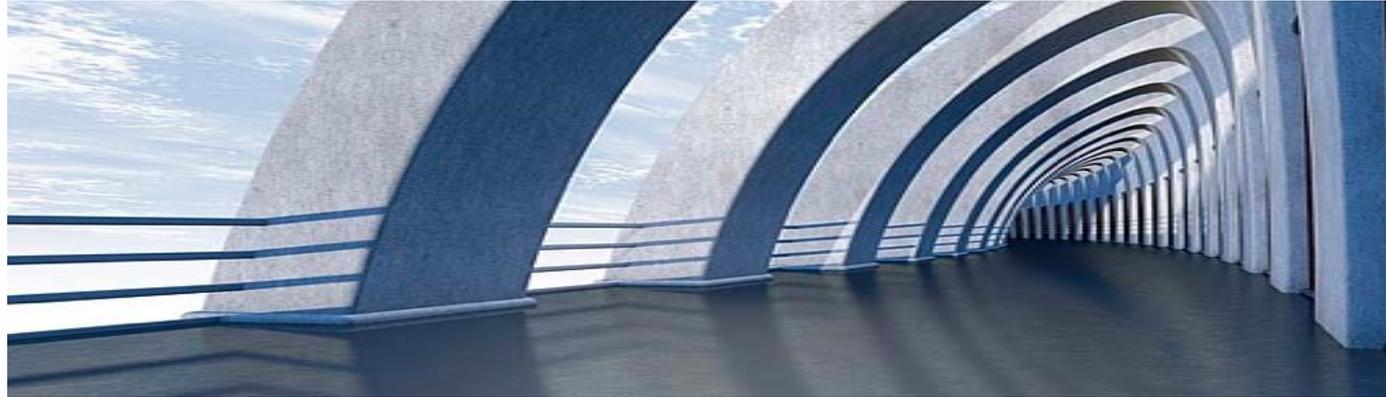


# Disclosures:

None pertaining to this presentation



# Future of CV procedures— Model for other interventions in ASC and OIS



## Goals:

- Maintain and expand scope of existing therapies for patients
- Allow and incorporate new procedures done safely and appropriately



# Existing CMS covered CV procedures in the OIS and ASC (depending on state regs)

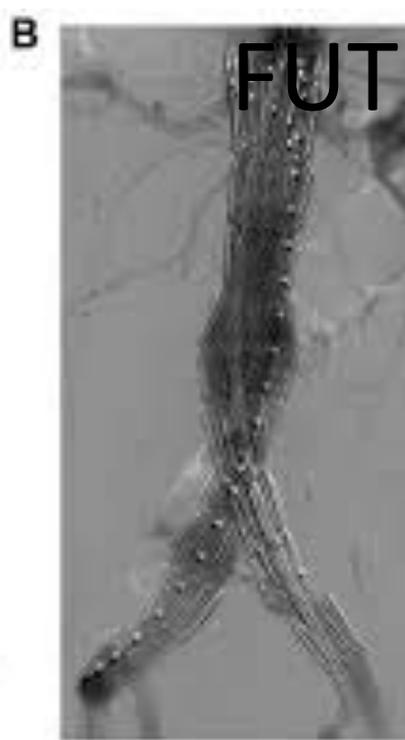
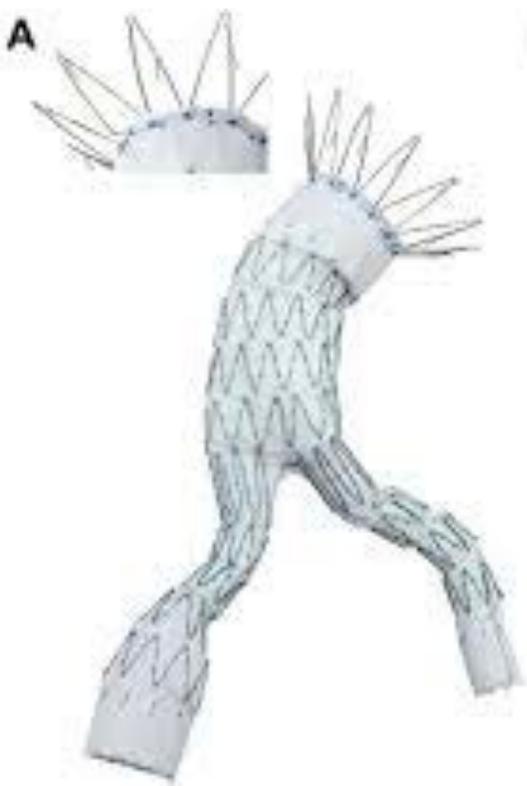
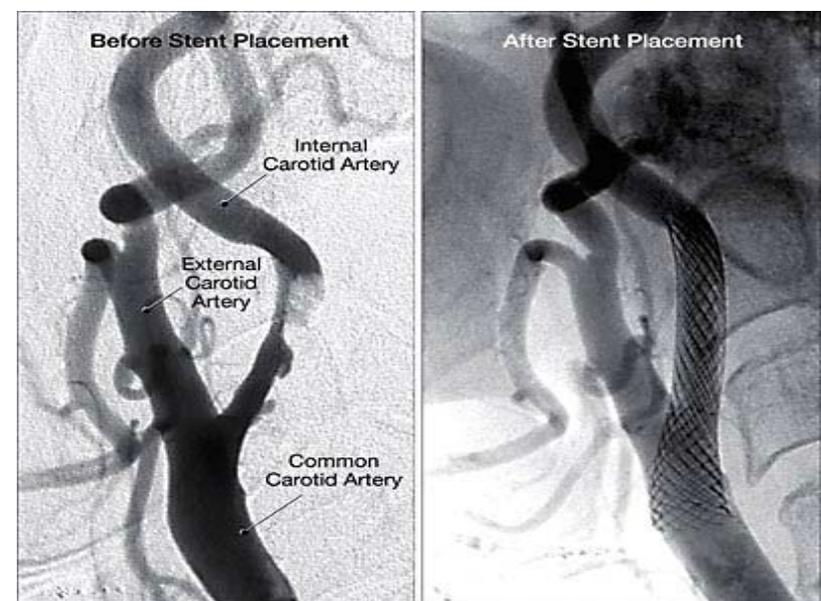
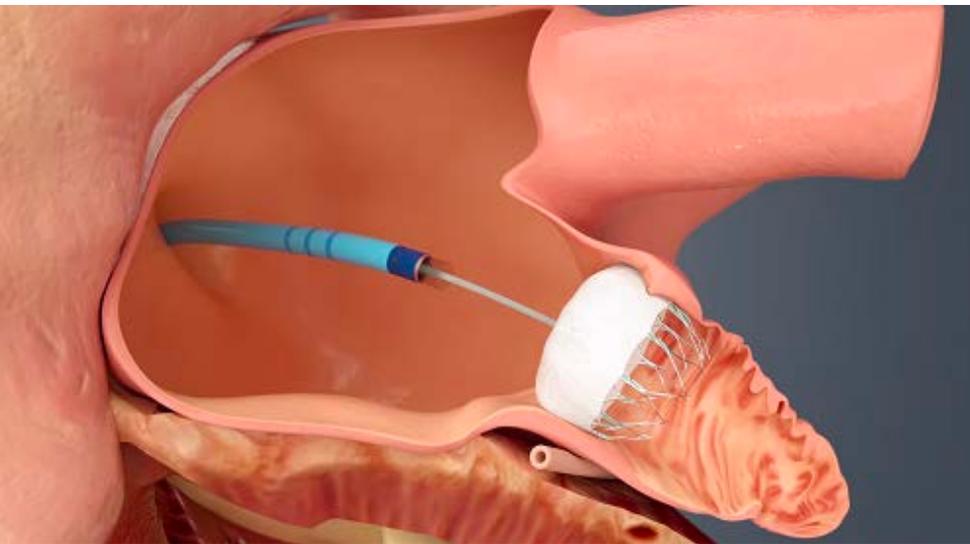
## • OIS

- PVI -excl. carotid stents and PEVAR
- Diagnostic cath not PCI
- Venous Diagnostic and Intervention (stent)
- IVUS-peripheral only
- Not Cardiac Rhythm Management-PPM/ICD/BiV implants

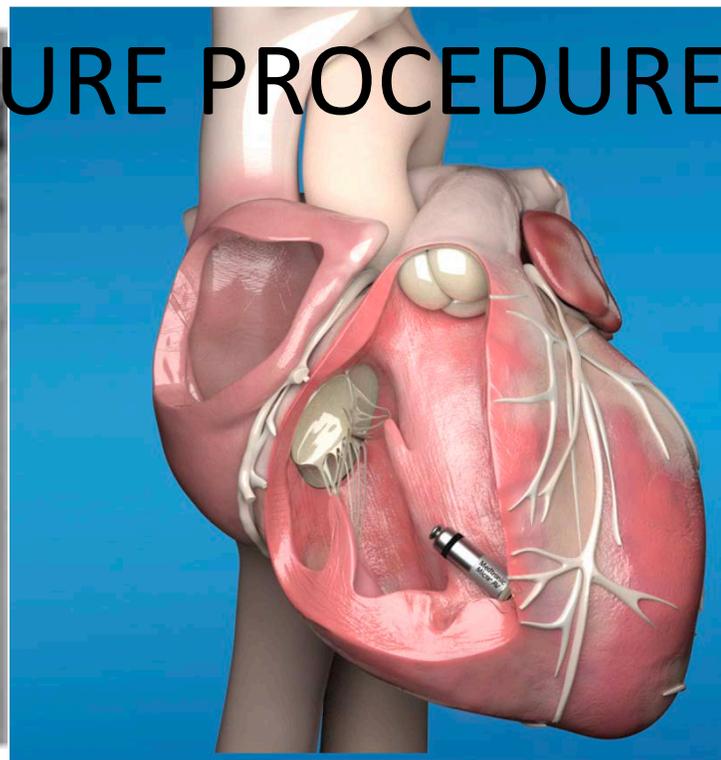
## • ASC

- PVI -excl. carotid stents and PEVAR
- Diagnostic cath and PCI
- Venous Intervention (stent) but not venography or IVUS
- Cardiac Rhythm Management-PPM/ICD/BiV ICD but poor reimb  
BiV PM implants





FUTURE PROCEDURES ?



# What's needed?

## Drivers:

- Data- safety, appropriateness
- Societal collaboration
- Reimbursement
- New Codes
- Training
- Facilities
- New devices and technology
- Regulatory changes
- MD adoption and migration



# Data

## OEIS National Registry

Cardiac Module— Inclusive and scalable

Diagnostic Cath

PCI

EPS

CRM—PPM, ICD, BiV, loop recorders

Future procedures

Designed for QI and publications

Safety- PCI lesion subsets

Outcomes

Appropriateness

Cost analyses



**NATIONAL  
REGISTRY**



**CORE CURRICULUM**

## SCAI position statement on the performance of percutaneous coronary intervention in ambulatory surgical centers

# Specialty society input and support is key

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**Abstract**

The Centers for Medicare & Medicaid Services (CMS) began reimbursement for percutaneous coronary intervention (PCI) performed in ambulatory surgical centers (ASC) in January 2020. The ability to perform PCI in an ASC has been made possible due to the outcomes data from observational studies and randomized controlled trials supporting same day discharge (SDD) after PCI. In appropriately selected patients for outpatient PCI, clinical outcomes for SDD or routine overnight observation are comparable without any difference in short-term or long-term adverse events. Furthermore, a potential for lower cost of care without a compromise in clinical outcomes exists. These studies provide the framework and justification for performing PCI in an ASC. The Society for Cardiovascular Angiography and Interventions (SCAI) supported this coverage decision provided the quality and safety standards for PCI in an ASC were equivalent to the hospital setting. The current position paper is written to provide guidance for starting a PCI program in an ASC with an emphasis on maintaining quality standards. Regulatory requirements and appropriate standards for the facility, staff and physicians are delineated. The consensus document identified appropriate patients for consideration of PCI in an ASC. The key components of an ongoing quality assurance program are defined and the ethical issues relevant to PCI in an ASC are reviewed.

**KEYWORDS**

angioplasty, percutaneous coronary intervention, ambulatory surgery center



# Reimbursement and Cost Savings

- Ave. PCI CMS payment: 30% lower in ASC than hospital outpatient  
Drivers:
  - CMS estimated if 5% shift PCI from hospital to ASC would result in \$20 M savings to CMS
  - Lower patient copays in the ASC vs. HOPD– Est. \$5M copay savings to patients if 5% shift
- Estimates of potential market shift if 20-30% can move to ASC over next few yrs.? Create more incentive by increasing PCI payment in ASC?
- CV procedures estimated 23% growth in volume from 2018 to mid 2020s in ASC. 33% share of volume of procedures done in ASC due to  
*CV - Bain Co. Report: Amb Surgery Center Growth Accelerates: Is Medtech Ready? 12/19*

# Coverage gaps: Codes and reimbursement needed for certain procedures

- Vital to have NCD/LCDs and reimbursement at levels not financially handicapping

## Case Example: FFR, iFR, IVUS, OCT

- Currently, IVUS and FFR bundled (packaged) in cardiac diagnostic codes for the ASC
  - Payment for dx cath : approx. \$1400 in ASC
  - Cost of imaging catheters pose utilization challenges
- 
- Advocacy



# Training and standards:

- Newly trained doctors
- New technology/procedures—obtain experience in hosp. as SDD
- Document outcomes for SDD
- Currently disallowed procedures
  - Structural heart, transseptal, LAO, carotid, PEVAR
- SCAI, ACC, HRS and other societal certifications/guidelines

## Categories of service expansions:

- Experienced operator-New Device
- Inexperienced operator-Existing device
- Inexperienced operator-New device
- New applications of existing devices



# Percutaneous Coronary Intervention (PCI) Office Based—Same Day Intervention (SDI)



Credentialing and Peer review

Bail out experience

Protocols, equipment, supplies, drills

Will some procedures never be done in an OBL-ASC?

What should the safety thresholds be?



# Facilities-- OIS vs ASC

In what site of service will new procedures roll out?

Preparing for the future:

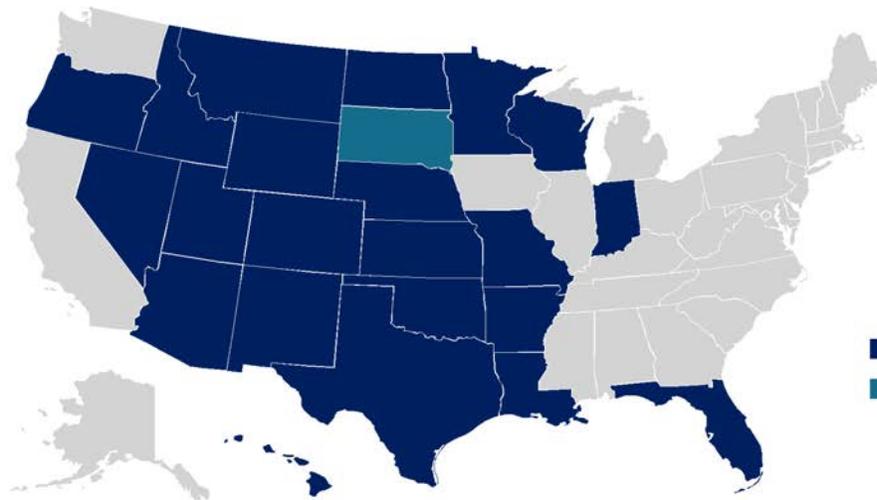
- Hybrid labs-- OIS and ASC
- Existing ASCs-- Add CV services and doctors to existing ASCs
- “De novo” ASC build outs-- new facility



# Regulatory Concerns

- CON history
- 22 states allow cardiac interventions
- Advocacy work underway to modify or rescind CON in several states

## PCIs Allowed in 22 States as of Jan 2020 *(blocked in 28 states due to state regulation)*



### Accessible PCI Market

- 36% of total national outpatient TAM



# What's Next?



# Conclusions

- The future remains bright for cardiovascular interventions in the ASC and OIS
- Multiple factors will need to be addressed to secure pathways for approval and payment
- CON and other state regs. will slow widespread adoption and expansion but could be overcome through advocacy
- If safety and appropriateness can be ensured through data, the potential for reduced costs in OIS and ASC will drive expansion



# Cardiac Rhythm Management (CRM)- Pacemaker, ICD and Biventricular Pacer Implants in Office

