
A Bright Future

Outpatient endovascular centers can provide better outcomes at a lower cost, with higher patient satisfaction.

By Chas E. Sanders



CHAS E. SANDERS

Some hospitals and health care systems claim that office-based labs (OBLs) and ambulatory surgery centers (ASCs) compromise patient care because they only use the least expensive products available.

That, simply, is false. Several studies show that procedures performed in the outpatient site of service outperform comparable procedures performed within hospitals, with data supporting better outcomes, lower costs, and better patient and physician satisfaction scores.

Access to Products

Can physicians who move their procedures out of the hospital have access to top-quality products, given that OBLs and ASCs are often reimbursed at 50% of the rate of their hospital counterparts for the same procedures? And can they do so while also maintaining profitability?

The evidence points to “yes,” and the difference comes down to efficiency. For hospitals, the breadth of specialties, departments, and procedures makes it challenging to optimize work flows and supply management, leading to waste. High rates of reimbursement allow hospitals to adjust for operational inefficiencies and maintain profitability, even with unnecessary waste.

By contrast, outpatient endovascular centers, like other OBLs and ASCs, are highly specialized. The physi-

cians at these centers and their teams are synchronized, and products are only opened when necessary. The team prepping the procedure room pulls what they need, and there is little to no waste. Additionally, outpatient centers maintain much lower inventory par levels than their hospital counterparts, allowing consistent turnover and little product loss to expiration.

Operational Efficiency

These operational efficiencies enable OBLs and ASCs to procure the technologies they deem necessary, even the most expensive, when they’re needed. Thus, outpatient endovascular centers are often equipped with the same technologies as hospitals.

Hospitals often have a long and arduous approval process for new products and technologies. In many cases, this involves the submission of request to use a new product, followed by a new product committee meeting months later. These hurdles limit the technologies available to physicians and patients in hospitals.

Additionally, hospitals tend to restrict their formulary to a limited number of vendors. While this is meant to capitalize on bulk purchasing power and to reduce contact from salespeople, it restricts some physicians from using their preferred products for procedures.

Outpatient endovascular centers, as single- or small-operator groups, do not have these hurdles. While they may also limit the number of vendors they work with to capitalize on market share and volume pricing discounts, their formularies represent the preferences of their physicians. Decisions about product utilization are made quickly, often in the same day, and this nimbleness can greatly enhance patient care and physician satisfaction.

This enhanced business acumen enables physicians in OBLs and ASCs to treat patients with the technology they prefer, despite the disparity in reimbursement.

Reference

1. El-Gamil AM, Dobson A, Manolov N, et al. What is the best setting for receiving dialysis vascular access repair and maintenance services?. *J Vasc Access*. 2017;18(6):473-481. doi:10.5301/jva.5000790.

Chas E. Sanders is founder and CEO of MARGIN, LLC, in Montclair, New Jersey. MARGIN is a buying collective that negotiates pricing across all vendors required to provide outpatient care.