



## Coming soon to an ASC near you: Cardiac Cases



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## Disclosures

- Nothing relevant to this topic

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### Current Financial Pressures

Is private practice going to survive?

**Physician cuts will create 'immediate financial instability': 4 thoughts on physician pay**

Patry Newell • 4 days ago

Medicare's physician fee schedule final rule will reduce the conversion factor by 4.48 percent to \$33.06 — four physician leaders joined Becker's to discuss how these pay cuts will affect healthcare.

**Cardiologists, electrophysiologists 'disappointed' in final 2023 Medicare Physician Fee Schedule**

Michael Walter | November 02, 2022 | Policy & Regulations

The Centers for Medicare and Medicaid Services (CMS) published its final rule for the 2023 Medicare Physician Fee Schedule (MPFS) on Nov. 1. The final conversion factor is \$33.06, down from 2022's conversion factor of \$34.61, and reimbursements for cardiology are expected to decrease by approximately 1.1%. Also, the 2% supplemental increase included in the 2022 MPFS has been eliminated.

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## Ancillary Imaging/Interventional Services: A New Source of Revenue

- Office-based Laboratory (OBL)
- Ambulatory Surgery Center (ASC)

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## Office Based Laboratory



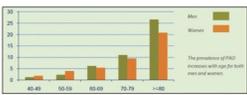
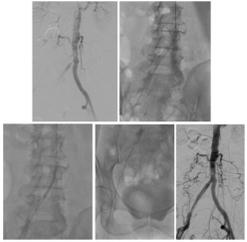
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## Case Mix for the OBL

- Peripheral vascular assessment and intervention
- Venous ablation
- Implantable cardiac rhythm monitors
- Electrical cardioversion
- Transesophageal echocardiography

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### Hybrid Model

- Alternative OBL vs. ASC days in a single space designed to ASC standards
- Maximize utilization of a single space
- May be limited in utility as cases migrate from OBL to ASC

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### Potential New Procedures in 2024-2025

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### Anesthesia Considerations in the ASC

- Conscious sedation vs. general anesthesia
- ET/CO2 monitoring
- Anticoagulation management
- Cardiac drugs: isoproterenol
- TEE assistance (vs. ICE)
- Esophageal protection
- Cardiac perforation and other catastrophes
- Postoperative management

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### Advantages of Self-Owned Imaging

- **Autonomy, flexibility, and control**
  - Maximize time efficiency
  - Personnel, equipment, operational decisionmaking
- **Lower costs for patients and payers**
  - Outpatient cases
  - Price transparency
- **Higher quality care**
  - Ease of access, avoid hospitals
  - Outcomes metrics
  - Patient satisfaction questionnaire
  - Latest technology

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### Challenges of Self-Owned Imaging

- Facility: new or adapted
- Construction costs, supplies
- Imaging equipment availability
- Recruiting and retention of staff
- Policies and procedures
- Certification, accreditation, contracting
- Management: internal vs. external
- Supply chain strategy
- Cost containment

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### Opposition from local health systems

A migration shift to ASCs of just **10% to 30%** of the most common ASC-eligible cardiology procedures represents approximately **\$373 million to \$1.1 billion** in potential revenue loss to hospitals.

Becker's ASC Review 7/2022

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Does an ASC or Imaging Center Make Sense?

**A qualified yes!**

- Offset declining physician work payments, capture technical revenue currently going to the hospital
- Opportunity to harvest case volume growth
- Attract patients in a "shopping era"
- Suitable for transition to value-based care

**Perfect environment:**

- Engaged team of physicians invested in the success of the center
  - ❖ Personal pride
  - ❖ Similar supply utilization and efficiency
  - ❖ Come to quality meetings
  - ❖ Offer suggestions to improve processes

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Questions?

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