Outpatients management is profitable

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Disclosure

Speaker name: Yann Goueffic

☑️ I have the following potential conflicts of interest to report:

Consultant: BOSTON SCIENTIFIC, COOK, HEXACATH, MEDTRONIC, PEROUSE.
Outpatients is profitable because:

1) It helps to respond to the increased demand of hospital care
2) It makes the structure more efficient
3) It saves money
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Outpatients is profitable because:

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**Increased demand of hospital care for PAD**

**Population is aging – Diabetes - Renal insufficiency**

*During the preceding decade the number of individuals with PAD, increased by 28.7% in LMIC and 13.1% in HIC.*

### Table 2: Estimated number of people living with peripheral artery disease in high-income countries, low-income and middle-income countries, and worldwide in the years 2000 and 2010, and the rate of change from 2000 to 2010

<table>
<thead>
<tr>
<th>Age group</th>
<th>People living with peripheral artery disease in year 2000 (thousands)</th>
<th>People living with peripheral artery disease in 2010 (thousands)</th>
<th>Rate of change (2000-10)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>High-income countries</td>
<td>Low-income and middle-income countries</td>
<td>Worldwide</td>
</tr>
<tr>
<td>25-29 years</td>
<td>2311</td>
<td>107,56</td>
<td>13,058</td>
</tr>
<tr>
<td>30-34 years</td>
<td>2803</td>
<td>11,469</td>
<td>14,272</td>
</tr>
<tr>
<td>35-39 years</td>
<td>3485</td>
<td>11,247</td>
<td>14,738</td>
</tr>
<tr>
<td>40-44 years</td>
<td>4071</td>
<td>11,138</td>
<td>15,209</td>
</tr>
<tr>
<td>45-49 years</td>
<td>4627</td>
<td>11,408</td>
<td>15,595</td>
</tr>
<tr>
<td>50-54 years</td>
<td>4907</td>
<td>9,902</td>
<td>14,809</td>
</tr>
<tr>
<td>55-59 years</td>
<td>4530</td>
<td>9,111</td>
<td>13,641</td>
</tr>
<tr>
<td>60-64 years</td>
<td>5,342</td>
<td>9,074</td>
<td>14,415</td>
</tr>
<tr>
<td>65-69 years</td>
<td>5,287</td>
<td>8,416</td>
<td>13,704</td>
</tr>
<tr>
<td>70-74 years</td>
<td>5,594</td>
<td>6,853</td>
<td>12,547</td>
</tr>
<tr>
<td>75-79 years</td>
<td>4,808</td>
<td>4,970</td>
<td>9,768</td>
</tr>
<tr>
<td>80-84 years</td>
<td>3,107</td>
<td>3,016</td>
<td>6,123</td>
</tr>
<tr>
<td>85-89 years</td>
<td>2,246</td>
<td>1,411</td>
<td>3,658</td>
</tr>
<tr>
<td>&gt;90 years</td>
<td>1,741</td>
<td>1,544</td>
<td>1,717</td>
</tr>
<tr>
<td>Total</td>
<td>54,192</td>
<td>109,490</td>
<td>163,600</td>
</tr>
</tbody>
</table>

*Additions in the table might deviate from the world total in the last digit due to rounding.*

Fowkes, Lancet, 2013
CHU île de Nantes
-30% of conventional beds
Endovascular repair is the first line of treatment for PAD

Bypass versus angioplasty in severe ischaemia of the leg (BASIL): multicentre, randomised controlled trial

Original Articles

Shifting Paradigms in the Treatment of Lower Extremity Vascular Disease
A Report of 1000 Percutaneous Interventions

Lancet 2005; 366: 1925–34

Is revascularization and limb salvage always the best treatment for critical limb ischemia?

Mark R. Nehler, MD,* William R. Hsitt, MD,* and Lloyd M. Taylor, Jr, MD,* Denver, Colo; and Portland, Ore

J Vasc Surg 2003;37:704-8
Ambulatory for PAD is safe

Clinical and Economic Evaluation of Ambulatory Endovascular Treatment of Peripheral Arterial Occlusive Lesions

Day-case peripheral angioplasty using nurse-led admission, discharge, and follow-up procedures: arterial closure devices are not necessary

Office-based endovascular suite is safe for most procedures
Although outpatient or office-based interventional suites have been operational for many years, there has been a marked proliferation of these sites in multiple states in the past 3 years. It is estimated that nearly 350 to 400 office-based labs exist in the United States to date, and that number is growing rapidly. Office-based labs, also referred to as outpatient interventional suites, access centers, or office-based endovascular suites, offer many distinct advantages and...
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Patient care should be safe and efficient with a same day discharge

• The hospitalisation should be well organized

• It mobilizes fewer resources than conventional surgery

• The procedure should be successful

• Follow-up should be safe
Duplex scan guided femoral puncture to increase the safety and the efficacy of ACD

Prostar®, Proglide® (Abbott, France)
Angioseal®, Femoseal (St Jude)
Arterial closure device
Vs
Manual compression

+ vs -

The use of smaller diameter instruments would tend to render manual compression sufficient

puncture point which presents a greater risk after the ACD

Cost

Upponi SS, Eur J Radiol., 2007
Koreny JAMA 2004
**Objective**

To demonstrate the feasibility of early resumption of walking after manual puncture point compression following a diagnostic or therapeutic procedure by endovascular technique involving retrograde femoral puncture point with 5F sheath.

**Primary endpoint**

Walking at H5
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Government urges to save money

Cinq milliards d’euros d’économies sur la chirurgie

coup améliorée : les hôpitaux publics affichent même un excédent de 100 millions d’euros, selon les prévisions du ministère de la santé.

Lits inoccupés
Si elle note l’inversion de tendance, la Cour décrit « un équilibre fragile et largement circonstanciel », obtenu grâce à des cessions d’actifs (notamment 60 millions à l’AP-HP ou 43 millions aux hospices de Lyon) et un changement comptable. Son regard se fait particulièrement sévère sur la chirurgie ambulatoire, qui permet d’éviter les coûteux séjours à l’hôpital notamment pour la cataracte ou les hernies. Son retard est « considérable et préjudiciable ». En moyenne, quatre opérations sur dix sont réalisées en ambulatoire en France, contre huit dans des pays comparables. Les magistrats relèvent que malgré la montée en puissance de l’ambulatoire, la diminution du nombre de lits en chirurgie conventionnelle a marqué le pas. Résultat, bon nombre sont inoccupés. Une bonne gestion permettrait une économie de 5 milliards par an.

Pour la Cour, la solution réside non plus dans l’incitation financière à pratiquer des opérations sans hébergement à l’hôpital, mais dans l’alignement des tarifs de chirurgie classique sur l’ambulatoire. Une baisse de tarifs qui inverserait enfin la logique.

L. Cl.

Le Monde
Mercredi 18 septembre 2013
Currently, outpatient for PAD represents less than 2% of the hospitalization in France

<table>
<thead>
<tr>
<th>DRG Code</th>
<th>Toutes durées confondues (dont séjours supérieurs à 2 nuits)</th>
<th>2 nuits</th>
<th>1 nuit</th>
<th>Ambulatoire</th>
<th>Total durées inférieures ou égales à 2 jours</th>
</tr>
</thead>
<tbody>
<tr>
<td>05K061</td>
<td>21 288</td>
<td>15 676</td>
<td></td>
<td></td>
<td>15 676</td>
</tr>
<tr>
<td>05K131</td>
<td>3 794</td>
<td>3 550</td>
<td>787</td>
<td></td>
<td>4 337</td>
</tr>
<tr>
<td>05K06T</td>
<td>5 840</td>
<td></td>
<td>3 347</td>
<td>447</td>
<td>3 794</td>
</tr>
<tr>
<td>05K13J</td>
<td>158</td>
<td></td>
<td></td>
<td>158</td>
<td>158</td>
</tr>
<tr>
<td>Total</td>
<td>31 080</td>
<td>19 226</td>
<td>4 134</td>
<td>605</td>
<td>23 965</td>
</tr>
<tr>
<td>%</td>
<td>100%</td>
<td>61,9%</td>
<td>13,3%</td>
<td>1,9%</td>
<td>77,1%</td>
</tr>
</tbody>
</table>

**DRG for outpatients:**

- **05K06T:** Vascular stent without myocardial infarction, very short length
- **05K13J:** Therapeutic procedure through vascular access except stent (>17 years old)
PAD French Context

• 23,965* stays ≤2 nights including 605 <1 night

• Ambulatory surgery DRG*: 1,784.66 €

• Conventional surgery DRG (>24h; severity 1)*:  
  – if patient stays between 2 and 7 nights: 2,791.28 €  
  – if patient stays 1 night: 2,287.98 €

• Expected economy of ambulatory surgery development from a health care insurance perspective: 

11M€ (based on 2014 tariffs and 2013 activity)

*Public Hospital
AMBUVASC (PRME 2014)
ClinicalTrials.gov Identifier: NCT02581150

Objective
To compare the utility-cost of the conventional hospitalization versus ambulatory hospitalization (with ACD)

Primary endpoint
Incremental cost-effectiveness ratio (ICER)

\[
ICER = \frac{C_{ambulatoire} - C_{hospitalisation}}{QALYs_{ambulatoire} - QALYs_{hospitalisation}}
\]
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Physician, nurses and patients are discharged earlier also!

<table>
<thead>
<tr>
<th>HOURS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>9 ~ 5</td>
</tr>
<tr>
<td>Tuesday</td>
<td>9 ~ 5</td>
</tr>
<tr>
<td>Wednesday</td>
<td>9 ~ 5</td>
</tr>
<tr>
<td>Thursday</td>
<td>9 ~ 5</td>
</tr>
<tr>
<td>Friday</td>
<td>9 ~ 5</td>
</tr>
<tr>
<td>Saturday</td>
<td></td>
</tr>
<tr>
<td>Sunday</td>
<td></td>
</tr>
</tbody>
</table>

"... and in here we have our ambulatory cases."