

Are you primed for Premium?



Understanding the nuances of providing top-tier refractive cataract services

By Desireé Ifft,
Contributing Editor

By setting up to provide state-of-the-art refractive cataract surgery, an ASC can differentiate itself as a technologically advanced facility where leading surgeons want to bring their cases.

“It increases your market reach,” says Vanessa Sindell, MSN, RN, a senior consultant with BSM Consulting’s Progressive Surgical Solutions division. BSM senior consultant Laurie Brown, MBA, COMT, COE, concurs. “Making new technology available to surgeons and making their surgical experiences as smooth as possible are the best marketing tools available to an ASC,” she says.

Any positive reputation-building that results from word of mouth among patients doesn’t hurt either. “While surgeons are the directors of where they feel comfortable performing surgery,” Brown continues, “an ASC with a great reputation will be requested by patients whose friends had good experiences there.”

Adds Y. Ralph Chu, MD, founder and medical director of Chu Vision Institute and Chu Surgery Center in Minnesota, “Having premium IOLs and related equipment expands choices for patients, which is important in today’s highly consumer-driven world.”

Reaping the benefits of premium cataract surgery doesn’t necessarily come easily, however. While it isn’t a must to utilize a femtosecond laser in conjunction with implanting premium IOLs, most surgeons prefer to use them together. The lasers are a huge capital expense, and the amount of related revenue that can be generated by the surgery center is limited by governmental regulations and insurance company policies. Therefore, step one to considering the addition of premium procedure capability is figuring out whether it’s economically feasible. As Dr. Chu says, “While there isn’t too much extra involved for the ASC with premium IOL cases, there’s a whole expanding field of equipment inside premium procedures... intraoperative wavefront aberrometry, digital surgical planning systems, and so on. Whether the center involves just one surgeon or several, the exercise is the same. It’s a business decision whether and what to buy, and

some hard conversations need to take place surrounding the surgeons’ wish lists and whether the case volume to support the investment will be there.”

Hand in hand with the economic feasibility question goes the need to understand the billing rules. (See “ASC Billing for Premium Cataract Procedures.”)

Implementation of Premium Procedure Capabilities

Once the decision to add premium procedures is made, attention can turn to implementation. If a femtosecond laser is part of the plan, the next decision is whether the surgery center is going to purchase a laser or use a mobile laser company to roll one on and off the premises as needed.

Next come two key logistical considerations:

- 1) Where in the ASC will the laser be placed (in an OR or a separate room)?
- 2) How will patient flow be handled now that two procedures rather than one need to be scheduled and accomplished?

According to Carrie Jacobs, COE, CPSS, OCS, administrator at Chu Surgery Center, “Facilities first starting out with femtosecond laser-assisted cataract surgery need to look at the movement of patients for that extra procedure and keeping that really tight; it’s a work in progress to get the flow smoothed out. We worked continuously getting that efficiency down so that no time was being wasted.”

Dr. Chu recommends visiting an ASC that is already using the laser you plan to use. “Not all lasers are the same,” he points out. “They have different capabilities and take up different amounts of space. Some have beds attached and some don’t. Some are mobile within a facility and others are not.”

In addition to staying efficient, “It is to the ASC’s advantage to do whatever it can to ensure the surgeons are supported in providing the best outcomes possible to their patients,” Brown says. “Patients are paying more for enhanced outcomes and advanced technology. If an ASC isn’t executing the extra details well, handling everything smoothly and accurately, the patients’ experience won’t match their high expectations and surgeons will be disincentivized to use the facility.” It’s a good idea, Brown also says, to survey surgeons periodically to gauge their satisfaction level and bring to light any unmet needs.

Adding Premium Services: Key Requirements

As adept as ophthalmic ASCs already are at providing high-quality cataract care and outstanding patient service, success with premium procedures adds a few more boxes on the performance checklist. Experts convey key requirements as follows.

Anticipate potential premium lens inventory issues

ASCs hosting premium procedures need to have enough premium lenses on hand. This is complicated by their higher cost and the variety of presbyopic adds and astigmatic corrections per diopter that may be needed. “This is an issue for not only the ASC, but also for the manufacturers,” says Nikki Hurley, RN, MBA, director of the Key-Whitman Surgery Center in Texas. “Some companies may require an upfront purchase of the IOLs rather than offer a consignment. When this is the case, the ASC must either invest thousands of dollars in purchasing lenses to stock or pay shipping fees to have lenses delivered on an as-needed basis.” Jacobs notes that it makes more sense to order case-by-case if the volume doesn’t support buying a full stock, but the ASC should communicate to surgeons how far in advance of a procedure they should convey lens information to the center to avoid expedited shipping fees. Hurley says, “We try to maintain a 5-business-day protocol to get case information from the surgeons. That gives us enough time to review the case details and ask any questions we might have and time to order lenses for second-day delivery, which is less expensive than overnight.”

Sindell offers two tips for these situations: “Give surgeons an easy-to-use standardized lens order form, and, at

ASC governing board meetings, share the actual shipping costs for late lens orders.” Also, Brown points out, to avoid not having the lens a surgeon needs on surgery day, some centers order bracketed powers for every patient. “For example, if the doctor says she needs a 20.0D lens, but is going to check the power intraoperatively with wavefront aberrometry, the ASC would also order a 19.5D lens and a 20.5D lens.”

Set protocols, communicate with surgeons’ staff

Brown emphasizes that “having good communication, protocols, and follow-up is imperative for the ASC in reducing inefficiencies with IOL ordering”

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and in all aspects of premium services delivery. Jacobs shares similar advice: “It’s important for ASC staff to have really good communication with the surgeons as well as their technicians or scrub techs who know what their preferences are and what’s needed for cases well in advance. This helps to ensure there are no surprises or missing equipment or inventory on the day of surgery and provides a seamless case for the surgeon.” A final check-in with the surgeon’s office on the morning of surgery can help prevent problems as well, Brown says. “For example, you don’t want to set up staff members and equipment for a previously ordered astigmatic keratotomy if the patient’s

final pre-op visit with the surgeon showed it wouldn’t be necessary.”

Educate staff

ASCs that implement premium cataract capabilities are often surprised by the need to further educate their staff members who already specialize in eye care. Even though patients have gone through the process of selecting their premium choices and signing consent forms with their surgeons, it’s common for them to ask questions on the day of surgery. They want to be reassured that they’re in good hands. To answer a question with “I’m not sure” or “you should have gone over that with your surgeon” would be disastrous. Maybe

it’s because they’re nervous or because they want to confirm one last time that their money will be well spent, but patients put forward a variety of queries — What lens am I getting again? Why are you marking my eye? So, I’m getting a (brand X) lens ... what do you know about it; are people happy with it? What’s my targeting, near or distance? — and it’s critical that staff can speak confidently and competently about premium products and procedures.

“It’s extremely important for ASC staff, especially those working in the preoperative area, to have a working clinical knowledge of the premium IOLs and services provided to help answer questions and give accurate informa-

ASC Billing for Premium Cataract Procedures

CMS/Medicare and most private insurance companies fully cover medically necessary cataract surgery, i.e., cataract removal and insertion of a conventional IOL, for beneficiaries. However, both Medicare and insurers who have adopted its policies have specific rules about billing patients for premium, noncovered services.

For presbyopia-correcting and astigmatism-correcting IOLs ...

The ASC may bill the patient the portion of the facility's charge for the IOL that exceeds the facility's charge for insertion of a conventional IOL. In other words, explains Carrie Jacobs, COE, CPSS, OCS, administrator at Chu Surgery Center in Minnesota, "The ASC is prohibited from charging the patient too high of a fee for a premium IOL. The center can charge for the cost of the IOL, minus its reimbursement from Medicare or other insurance plan for a conventional IOL. It's also acceptable for the ASC to charge the patient a reasonable amount to cover the shipping and handling fees it paid to obtain a premium IOL it did not have in its inventory."

For use of femtosecond laser and other refractive technologies and services ...

Because cataract surgery is a

covered procedure, the ASC may not bill the patient for any portion of cataract surgery regardless of what equipment is used. Therefore, the ASC may not bill the patient for use of a femtosecond laser to create a capsulotomy, to create primary or secondary cataract incisions, or to fragment the lens nucleus, all of which are considered paid for by the regular facility fee the ASC receives from the insurer.

The ASC can, however, bill patients for services that aren't covered, which in the case of cataract surgery would be services that are refractive in nature. According to Laurie Brown, MBA, COMT, COE, a senior consultant with BSM Consulting, "The ASC may charge the patient for elective, noncovered options he or she chose, such as use of intraoperative wavefront aberrometry, use of the femtosecond laser to correct astigmatism, or use of the laser's imaging capabilities to precisely align a premium IOL." In addition, Brown continues, "For the use of femtosecond laser for cataract surgery, the ASC may bill to the surgeon only, in an agreed upon manner, a packaged fee that could include use of the facility's femtosecond laser (for example, the manufacturer 'click fee,' and extra supplies), as well as the extra space and any additional time, personnel, or training related to the laser, in order to recover the ASC's costs."

tion on the day of surgery," Hurley says. "In most cases, we can look at the patient's paperwork and respond by touching on key points with him or her. For example, 'I see you were wearing trifocals before and that you've chosen a lens with similar qualities to help you see well at work when you have to look at your clipboard and at the construction crew.' It is, of course, highly unlikely for a lens or procedure choice to be inappropriate, but staff also should understand what that might look like. If we feel as if there may be some sort of problem or error, we don't tell the patient. Instead, we say, 'that's a great question and we'll have your physician come talk to you.'"

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Brown elaborates further: "Surgeons want engaged ASC staff who recognize the difference between premium IOLs and monofocal IOLs. It goes a long way for staff to acknowledge this when they're talking with patients. Staff who are familiar with the procedure the patient has chosen make the patient's life easier and improve care and comfort. It doesn't reinforce the surgeon's education process with the patient when ASC staff make unknowledgeable statements about the premium procedure or have no interest in reassuring excited patients that they have made a great choice for themselves. It may seem small, but having the entire team relay a culture of specialization in advanced technologies and interest in providing the best refractive outcomes possible is huge to the patient." Brown

recommends that surgeons be involved in ASC staff training at some point, if possible. In her experience, when physicians explain the premium procedures they perform and how they help patients, it tends to motivate staff to better handle the new aspects of their work day.

Polish your patient experience

While a pleasant patient experience is the backbone of a good ASC, the addition of premium procedures is a good time to review and consider further improvements. For example, what does your practice do to foster a relaxing atmosphere?

At Key-Whitman Surgery Center, they play music from the 60s, 70s, and 80s, which bridges the generation gaps between their patients who range in age from 35 to 95, in the pre- and post-op areas. They also use Kwickscreen privacy screens with nature scene panels.

“Seemingly small things can add up to significant increased patient satisfaction, especially when they’re coupled with every staff member concentrating on wowing patients,” Hurley says. “Anything that makes the process a little easier and a little less time-consuming for patients may be worth it.” She notes how her center invested in self-leveling, pre-inlaid toric marking instruments for just those reasons.

Set your fees wisely

When it comes to offering premium procedures for patients who have insurance coverage, following the billing rules is paramount. Beyond that, the goal is to set fair and competitive fees that cover your costs, Hurley advises.

“Review the current costs of the needed items and the current fees in your market,” she says. “And always be sure your fees are covering the costs you’re required to pay the equipment manufacturers, which in the case of a femtosecond laser may be maintenance or warranty costs and/or a per patient ‘click fee,’ otherwise you’ll end up losing money.”

Continual Forward Progress

Premium cataract procedures, while relatively new, fall right in line with the mindset of successful ASCs, which is “innovation and progress and striving for better and better outcomes for patients,” Dr. Chu says.

“Surgeons are looking for an adaptable mindset and a supportive environment,” notes Dr. Chu. “It’s all about the willingness to learn about and adopt these new technologies and having the people at the ASC who want to make it happen.” ■

What was once a look of concern is now a look of **gratitude.**



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