

Office-based cataract surgery may be next major trend in ophthalmology

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The next 10 to 15 years may see a shift to office-based cataract surgery performed in specialized cataract surgery suites, which are less costly to construct and more convenient for patients than ASCs.

Office-based cataract surgery suites are safe and effective, provide a lower-cost environment for surgeries and may be the next widespread trend in ophthalmology, OSN Refractive Surgery Editor Emeritus Daniel S. Durrie, MD, told Ocular Surgery News.

Currently there are about 100 office-based cataract surgery suites in the country, but more ophthalmologists are viewing the transition as a positive value creation for their practice, Durrie said.

“This is not something that will happen rapidly. Ambulatory surgical centers didn’t happen rapidly. It’s a 10- to 15-year trend, but I predict that the majority of lens implant surgery will be done in office 10 years from now,” he said.

A new trend

Cataract surgery transitioned from an in-hospital setting to an outpatient setting in the late '70s and from an outpatient setting to ASCs in the late '80s, where ophthalmologists developed lens replacement and phacoemulsification procedures for the new setting, Durrie said.

Each transition to a new setting was disruptive and faced backlash but quickly became accepted as the ophthalmic community recognized its cost-effectiveness, convenience and safety, he said.

“For all these transitions, people said they wouldn’t be safe and wouldn’t be good for the system. There were naysayers for everything. But now we don’t even think about outpatient IOL surgery. It’s commonplace,” Durrie said.

The transition to office-based suites for cataract surgery is facing the same backlash despite providing excellent cataract surgery outcomes and a cost-effective setting. A 2016 study published in *Ophthalmology* evaluated outcomes of more than 21,000 office-based cataract surgery procedures and found efficacy outcomes to be “consistently excellent” with a similar safety profile of procedures performed in ASCs and hospital outpatient departments.

Durrie is chairman of the board of iOR Partners, a company that provides consultation, development and management for office-based surgery suites.

“We assist surgeons in transitioning them to this in-office setting and helping them with the requirements, the training, the delivery of the products and the financing. There are a lot of interested doctors looking to explore this,” he said.



Orest Krajnyk, MD's, office-based surgery suite in New Smyrna Beach, Florida.
Source: Rick Prell

A less expensive option

Moving cataract and lens replacement surgery to a new setting can be disruptive. Ophthalmologists need to understand that office-based cataract surgery suites will not replace ASCs; instead, they are a complementary service to ASCs, Durrie said.

Additionally, multispecialty ASCs are beginning to transition other procedures from hospitals into their surgical centers, and ophthalmology is “getting squeezed a bit,” Durrie said.

“There are procedures in the ASCs that are reimbursed higher than cataract surgery, so many of the national ASC companies that I’ve talked to don’t mind this trend. If ophthalmology moves out, they’ll move orthopedics in for a higher reimbursement,” he said.

Office-based suites do not require the same the amount of space and buildout as an ASC, so they cost far less to construct. An ASC can cost upward of \$2.5 million to \$3 million compared with \$250,000 to \$300,000 for an office-based suite, Durrie said.

“In addition to cost, ophthalmologists always ask about

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reimbursement for inoffice procedures. At the present time, Medicare does not pay a facility fee for in-office IOL surgery. They will someday, but not now. However, private insurance does pay for in-office surgery. Private insurance looks at this as a cost-savings procedure,” he said.

It takes negotiations from the individual office with private insurance to set up a contract for reimbursement. Medicare will likely reimburse office-based procedures in the future, Durrie said, as the CMS requested information from stakeholders in 2016 about non-facility cataract surgery.

Office-based procedures can also increase the value of a practice because all reimbursements go directly to the office pot, Durrie said, instead of being split between a practice and an ASC. Procedures are billed around a physician’s license instead of a separate ASC facility license.

“People see this as a value creation for their practice,” he said.

Better convenience for patients

Office-based surgery is also more convenient for patients and surgeons.

“In an ASC, you have your assigned time. You have to align your schedule around that. Now, with an in-office suite, you have full control over your schedule. Maybe you do surgery on different days. You have more flexibility with your patients,” Durrie said.

Patients come to an office they have been to many times before, and they deal with the same staff, the same setting and the same postoperative caregivers, all of which can greatly reduce their stress and anxiety before surgery, Durrie said.

Office-based suites offer ophthalmologists a chance to modify their surgical settings to their own specifications. Practice owners can pick their own phacoemulsification machine, microscope, IOLs and surgical bed settings — everything that was someone else’s decision at an ASC, he said.

“We’re finding, especially the ones built lately, they’re going to the top end of everything. Half of the next 10 we’re doing are putting in 3D microscopes. ... A lot of them are doing femtosecond lens surgery in the suites. This is all high-end equipment,” Durrie said. – *by Robert Linnehan*

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Disclosure: Durrie reports he is a consultant for Alcon and Johnson & Johnson and is an investor in and chairman of the board for iOR Partners.