



LOW VALUE CARE:

THE USE OF PREOPERATIVE CLEARANCE PRIOR TO CATARACT SURGERY

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WHAT IS THE IMPACT OF MEDICAL CLEARANCE FOR CATARACTS?

As of 2011:

- 1.7M cataract procedures performed annually*
- Average procedure takes < 20 minutes to perform
- < 1% risk of complications*
- Topical anesthetic typically used

Cohort of 440K members having cataract surgery had an additional spend on medical clearance for labs during the month prior to surgery of \$4.8M and additional office visit spend was \$12.4M over average spend on beneficiaries not having cataract surgery*.

- No numbers available for work up of spurious results or impact of the complications associated with any intervention as part of the workup

**Preoperative Medical testing in Medicare Patients Undergoing Cataract Surgery. Chen et al. NEJM Apr. 16 2015 372:1530-1538*

CHOOSING WISELY

Most recent recommendations:

- Don't perform preoperative medical tests for eye surgery unless there are specific medical indications (AAO)
- Don't perform routine electrocardiography screening as part of pre-operative or pre-procedural evaluations for asymptomatic patients with low perioperative risk of death or myocardial infarction (ACC)
- Don't obtain preoperative chest radiography in the absence of a clinical suspicion for intrathoracic pathology (ACP)
- Avoid admission or preoperative chest X rays for ambulatory patients with unremarkable history and physical exam (ACS)
- Avoid routine preoperative testing for low risk surgeries without a clinical indication (ASCP)
- Don't obtain baseline laboratory studies in patients without significant systemic disease (ASA I or II) undergoing low-risk surgery – specifically complete blood count, basic or comprehensive metabolic panel, coagulation studies when blood loss (or fluid shifts) is/are expected to be minimal (ASA)
- Don't obtain baseline diagnostic cardiac testing (trans-thoracic/esophageal echocardiography – TTE/TEE) or cardiac stress testing in asymptomatic stable patients with known cardiac disease (e.g., CAD, valvular disease) undergoing low or moderate risk non-cardiac surgery (ASA)
- Don't perform routine pre-operative testing before low-risk surgical procedures (Soc For Gen IM)

CURRENT STATUS

- In 2016 I performed a Google search of surgical facilities performing cataract surgery
- Randomly selected and reviewed 100 sites in detail
 - Ninety-two sites clearly listed the need to have “medical clearance from your physician”
 - Some sites were more specific with regards to the need for an ECG, specific lab work and one still documented a requirement for a chest x-ray
 - Most sites that were part of a hospital system required that clearance be performed by a physician with privileges at the facility or that testing be done at the facility lab

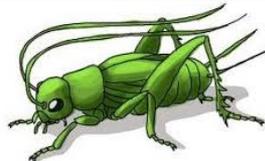
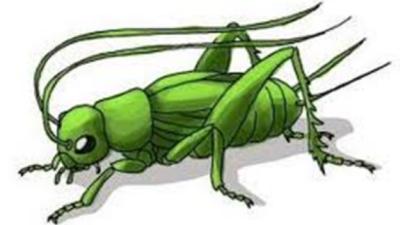
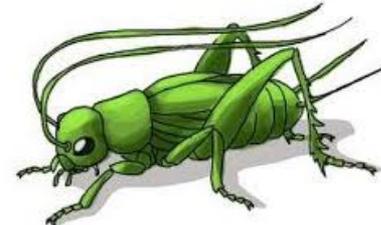
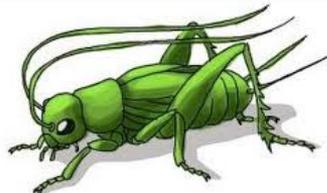
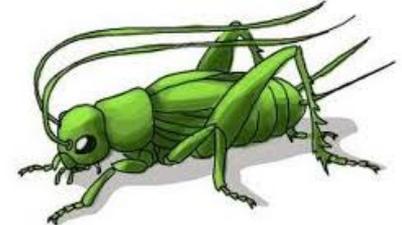
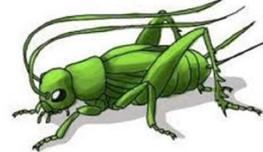
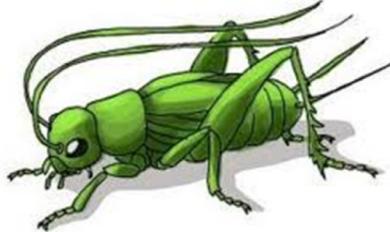
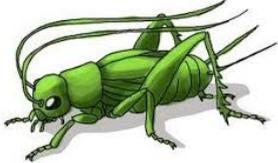
EMBLEMHEALTH

- July – October 2017 we had 3956 unique members having cataract surgery.
- Our total spend on labs, imaging, E&M services, cardiac testing and other testing, done within two weeks prior to a member having cataract surgery: \$1,368,217
- However, 1199 of these cases have many services provided under a capitated agreement (lab, imaging, E&M),
- Clearance costs per member on FFS LOB would be \$346, making total spend: **\$1,783,071**
- Things not taken into account:
 - Went two weeks out from surgery, not four
 - Does not include work up from spurious results

WHY?

- I asked an Ophthalmologist who is active in organized medicine why his facility insists on medical clearance:
- I asked a senior anesthesiologist at a large health system why the system insists on medical clearance and why it must be done by someone with privileges at the system:
- I was challenged by the exec at a large hospital lobbying group to eliminate prior authorization. I offered to do so if he would get his members to eliminate medical clearance just for cataracts.:

RESPONSES:



SOLUTIONS

1. Bundle payment for cataracts to include all preoperative and postoperative care
2. Deny payments for services performed within two (four) weeks of a cataract
 - Appeals must be accompanied by a medical record documenting that the procedures performed were separate and significant from the medical clearance procedures normally requested prior to cataract procedure

Barriers:

- Provider abrasion
- Member abrasion
- Contract terms take a while to negotiate
- Opening a facility agreement can be dangerous



QUESTIONS?