

Health economic aspects of ambulatory surgery

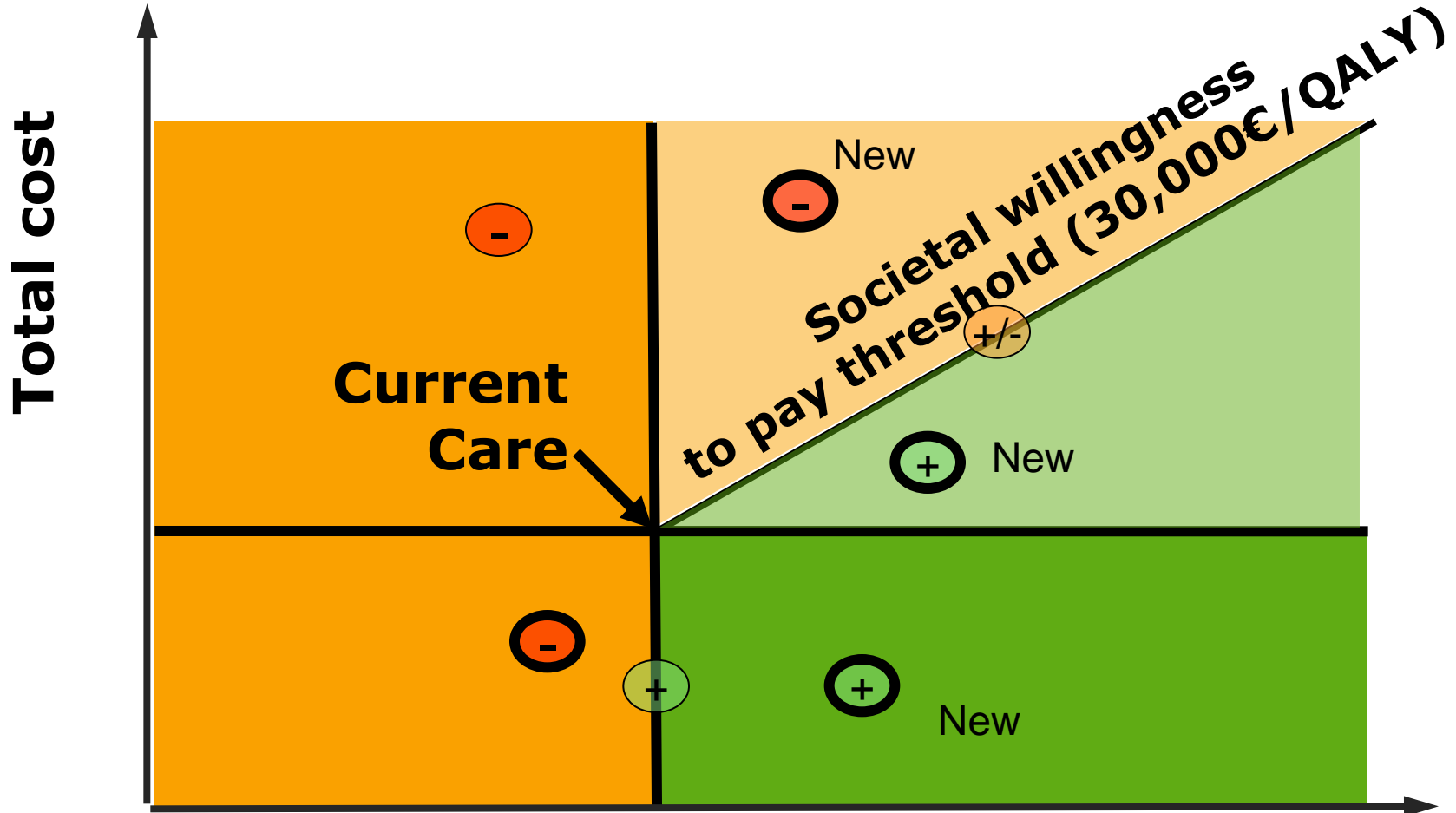
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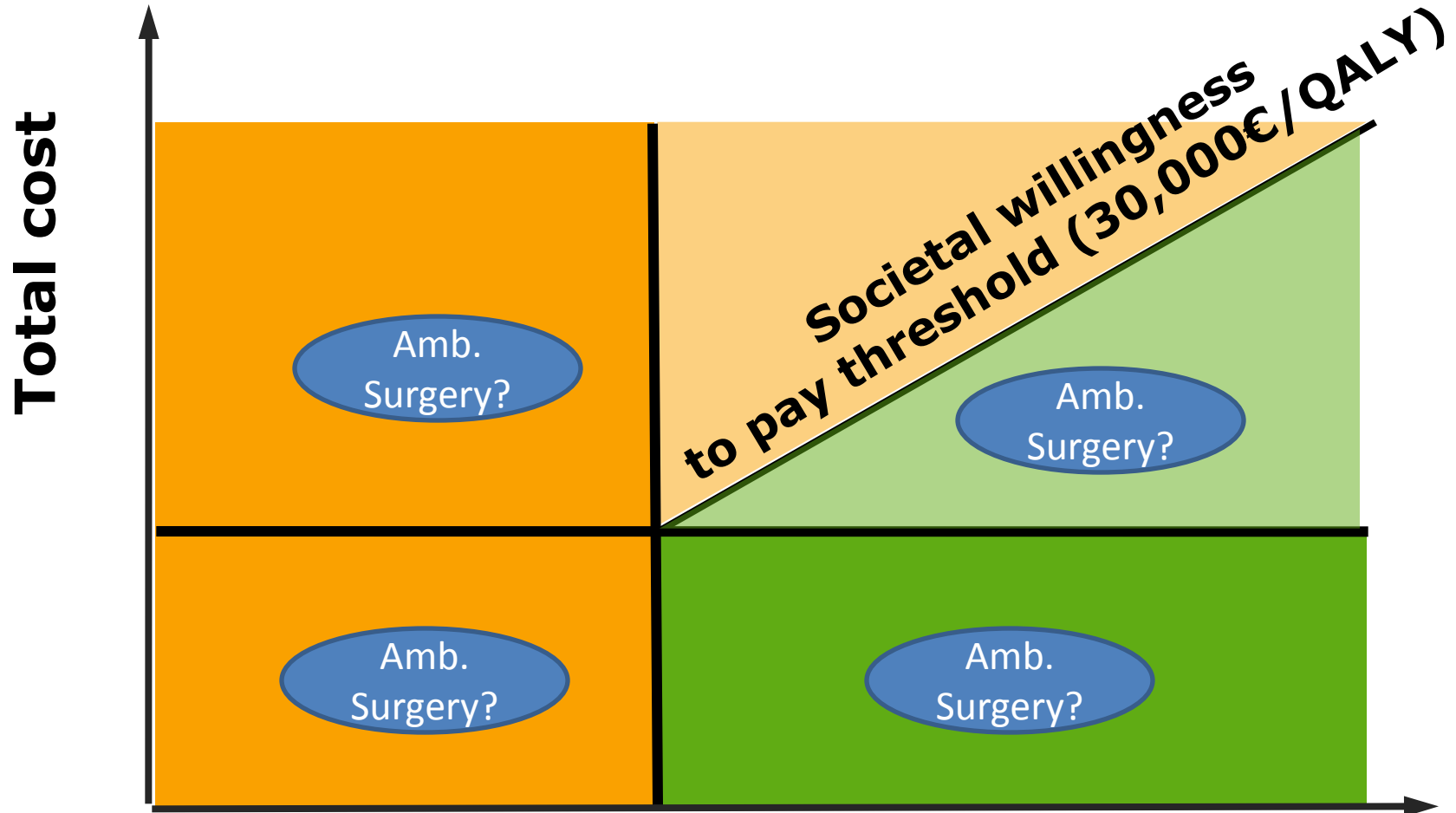
Warming up



Health Effect (QALY or other)

QALY = Quality Adjusted Life Years

Warming up



Health Effect (QALY or other)

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Outline of this presentation

I. Warming up



II. The benefits of ambulatory surgery

III. Problems with ambulatory medicine

IV. The possible ways forward

Benefits will accrue to all

- Patients
 - More rapidly in own habitat, increased patient satisfaction
- Physicians
 - More efficient use of limited time, less infection rates
- Hospitals
 - Profitable (depending on the financial incentives), less infection rates
- Payers & policy makers
 - More cost-effective use of our healthcare Euros
- Industry
 - Improved reputation

→ Popularity ↑↑

“Procedures that once were performed in an inpatient setting can now be accomplished on an outpatient basis or even in the physician's office. We will continue to see this shift of volume as technologic advancements and anesthetic agents allow more complex procedures to be performed on an outpatient basis. ”

FREZZA et al. Am J Med Qual. 2000 May-Jun;15(3):114-8.

“Over the last 50 years, outpatient surgeries have become increasingly prevalent. It is expected that by the mid 21st century, over 75% of all surgical procedures will be performed on the outpatient basis.”

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Example cholecystectomy

Table 3. Average length of stay and hospital cost for laparoscopic cholecystectomy

	Day case	Inpatients (elective)
Total cost (£)	768	1430
Mean length of stay	0	1.7

Conversion to open cholecystectomy was necessary in three patients (1%).

III. Problems with ambulatory medicine



Main problems

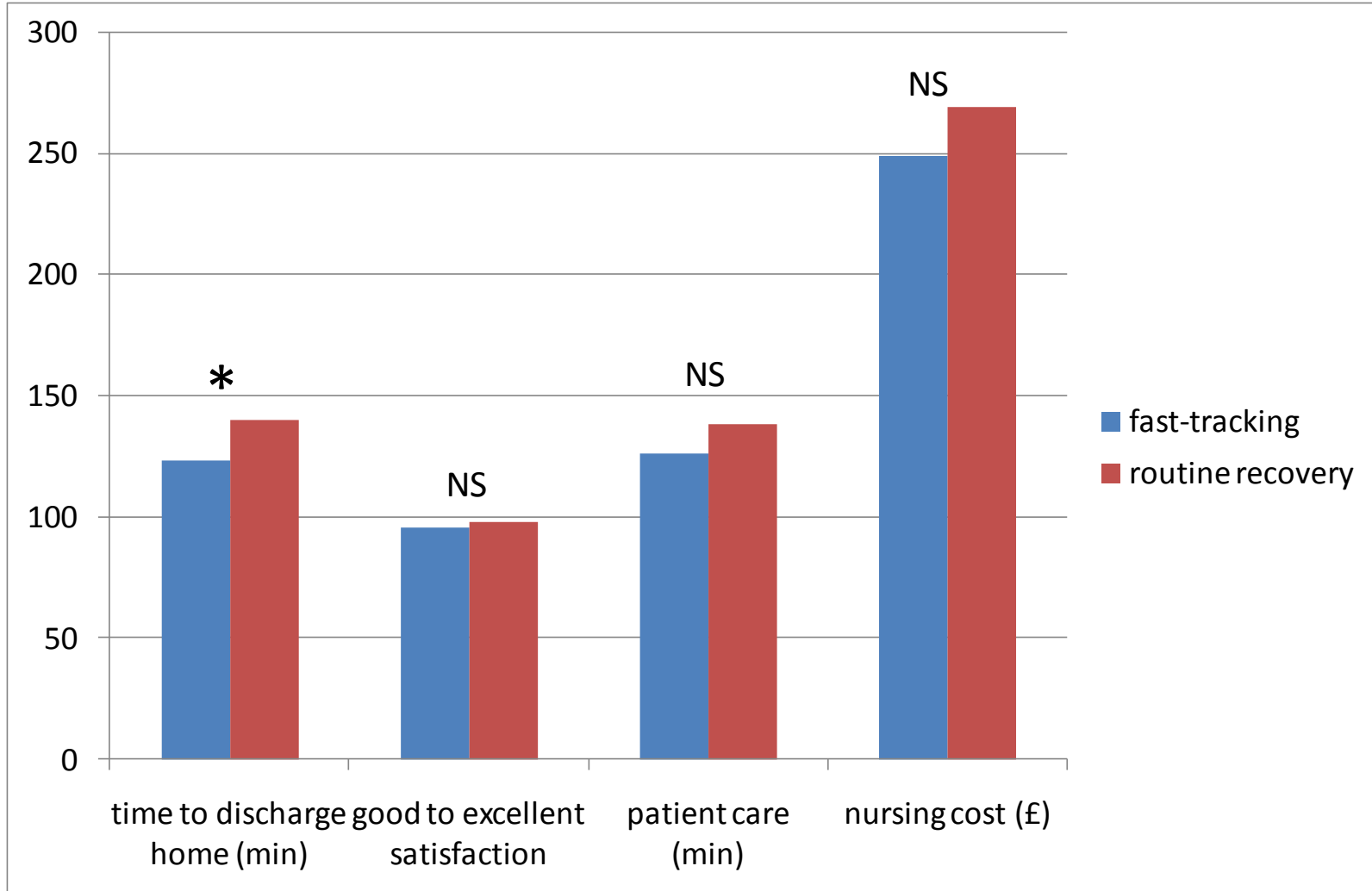
- **P**oor information giving
- **I**nadequate preoperative reassurance
- **N**on-adapted staffing
- **G**eneral safety and quality concerns
- **U**nnecessary admissions
- **N**o discharge readiness
- **I**nsufficient pain control
- **S**tandardisation lacking
- ...



IV. The possible ways forward: **increasing quality** and **reducing cost** of ambulatory surgery



1. Skipping the PACU?



Song et al. British Journal of Anaesthesia 93 (6): 768–74 (2004)

2. Better risk assessment?

A Novel Index of Elevated Risk of Inpatient Hospital Admission Immediately Following Outpatient Surgery

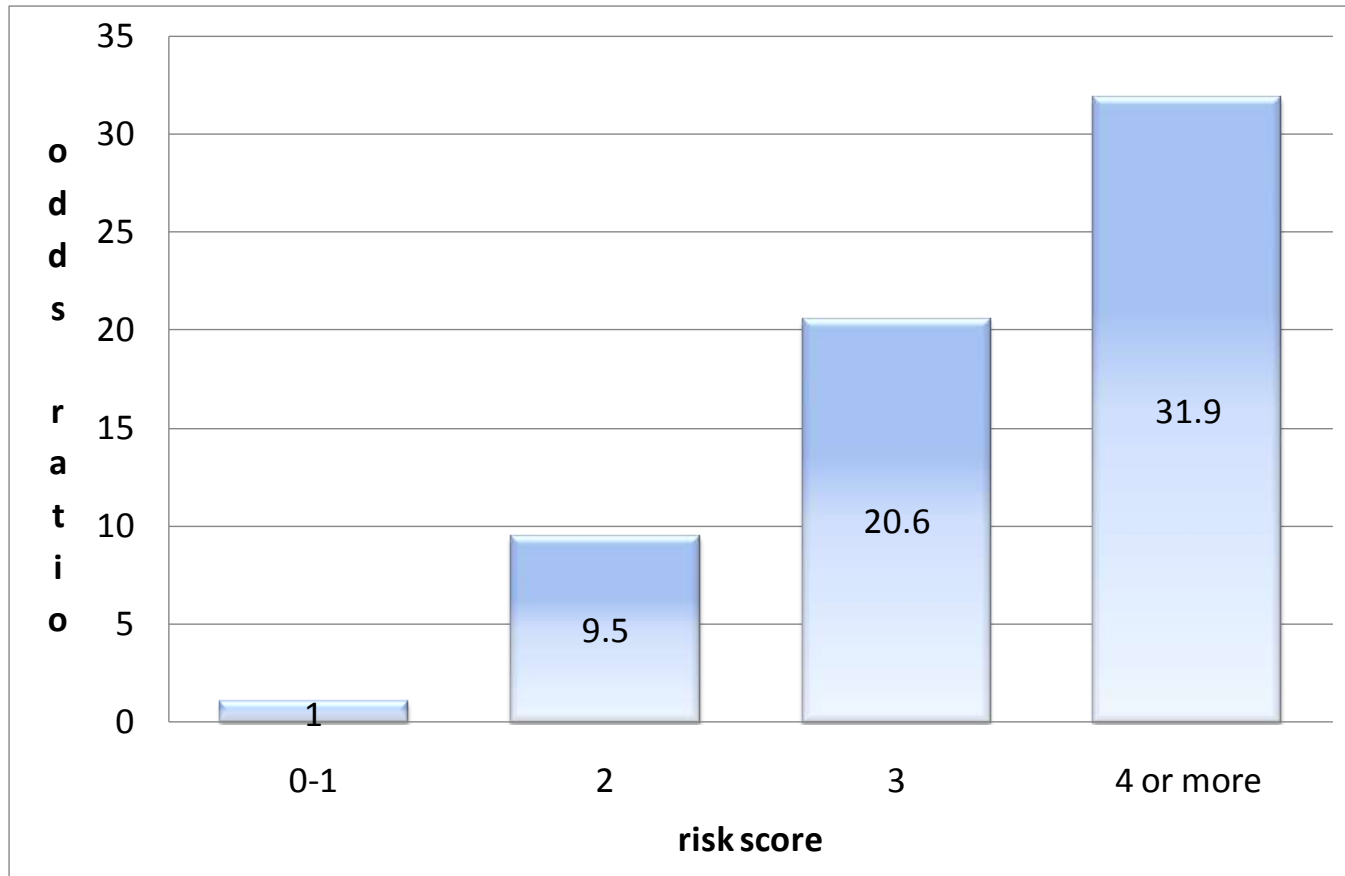
Lee A. Fleisher, MD; L. Reuven Pasternak, MD, MBA, MPH; Alan Lyles, ScD, MPH

Arch Surg. 2007;142:263-268

Fleisher et al

- 65 years or older (1),
- operating time longer than 120 minutes (1),
- cardiac diagnoses (1),
- Peripheral vascular disease (1),
- cerebrovascular disease (1),
- malignancy (1),
- seropositive findings for human immunodeficiency virus (1),
- and regional (1) or general anesthesia (2).

ODDS
FOR
ADMISSION



3. Better standardisation

- Several recently reported tragic outcomes have increased concerns over the safety and quality of office-based anesthesia procedures that is estimated to expose over 8 million people a year in the USA to unnecessary risk

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→ Need for Quality improvement (QI) initiatives and quality of care (QC) indicators

FREZZA et al. Am J Med Qual. 2000 May-Jun;15(3):114-8.

Other approaches

- Music, story telling and distraction
- Information giving
- Psychological preparation
- Prompt availability of escorts
- Reduce PONV,
- Decrease drowsiness and dizziness,
- Reduce incidence of excessive pain,
-

In conclusion

- Very promising from a health economic perspective
- A lot of room for improvement on different dimensions
- Perhaps a target for Pay for Quality?

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Dank u, Merci



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