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Improving Cath Lab Economics

Many labs are turning to radial access as their solution.

BY GARY CLIFTON

Much has been realized about the need to reduce costs in the hospital within the current health care climate. The cardiac cath lab, long a high-profile area for care delivery and profitability, has of the past several years been increasingly targeted for its patient coding and billing (CMS RAC) practices, thus forcing many labs to rethink their care pathways. Interestingly, during this time, and over the past 7 years the utilization of transradial access has been rapidly and steadily growing. Transradial access, having already been recognized as a procedural method for reducing bleeding complications and having a growing patient preference over the traditional femoral approach as per the RIVAL trial, is now positioned to play a key role in the new health care paradigm in which Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS), quality outcomes, and cost reductions are key components of a quality-based value reimbursement health care system. In today's health care system, cost containment is not only a top concern for administrators, it is an imperative.

Therefore, with health care economics becoming a frontline concern, investigators and health care economists have begun to look into the economics of performing PCIs. In data from a nationwide health care database, Safley et al[1] reported on the economic cost benefits realized in patients treated via transradial access versus femoral in PCI procedures. Total adjusted costs favored transradial in the amount of $533. Amin et al[2] published their results on the independent costs of transradial versus transfemoral PCI obtained from individual hospital's accounting systems. Their study showed radial had a significant economic benefit over femoral access, with the majority of the savings realized in reduced length of stay. These data showed an average adjusted costs savings across all patients of $830, with a cost savings of $1,621 for high-risk patients. These data, along with other single-center studies and observations, consistently identify utilization of radial access with reduced costs.

Terumo has played an integral role throughout the past 7 years as a driving force behind the adoption of radial access in the United States. The increasing utilization of radial access in cardiac catheterization, which now is estimated to surpass more than 30%, has been the result of dedicated and coordinated efforts. Specific focus has been centered on educating not only clinicians, but also hospital managers and administrators alike as to the overall benefits of utilizing radial access. Terumo has employed a wide range of initiatives that have promoted awareness, education, and training across a wide range of venues that include interventional cardiology meetings, professional society meetings, fellowship training programs, and allied health care training meetings.

How can hospitals attain the lower costs needed and manage profitability? The answer is in focusing on what drives overall clinical benefit through adoption of quality-based initiatives that use patient satisfaction and preference as their metrics; with the end goal being improved outcomes. Hospitals are fast reaching the point at which their ability to increase revenues and cut costs will have diminishing return, thus no longer providing the results required to manage contribution margins.

There is increasing support and discussion around the utilization of transradial access for improving quality outcomes, patient satisfaction, and reducing costs. As hospitals and companies continue to struggle and explore answers, Terumo is confident we are positioned to deliver on a value proposition where everybody wins. Are you ready? ■

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1. Safley DM, Amin AP, House JA, et al. Comparison of costs between transradial and transfemoral percutaneous coronary intervention: a cohort analysis from the Premier research database [Epub November 15, 2012]. Am Heart J. 2013;165:303–309.e2. doi: 10.1016/j.ahj.2012.10.004.
2. Amin AP, House JA, Safley DM, et al. Costs of transradial percutaneous coronary intervention [Epub July 17, 2013]. JACC Cardiovasc Interv. 2013;6: 827–834. doi: 10.1016/j.jcin.2013.04.014.