

The Ultimate Guide to Office-Based Surgery for Your Practice with iOR Partners

Three ophthalmic surgeons share their perspectives on office-based surgeries for patients undergoing glaucoma, retina, cornea, refractive, and cataract procedures.



Lance Kugler, MD

Over the last 50 years, our profession has witnessed a significant transition from hospital to outpatient surgery centers for routine ophthalmic procedures, including cataract, refractive, retina, cornea, and certain microinvasive glaucoma surgeries (MIGS). Currently, more than 86%¹ of the 4 million cataract surgeries² and most of the 200,000 glaucoma procedures performed each year³ take place in ambulatory surgical centers (ASCs). An additional 800,000 refractive surgical procedures are performed in the 1,000 laser vision correction centers



Paul Singh, MD

throughout the United States.⁴ Today, we are seeing the next evolution in ophthalmic surgery as doctors pivot from ASCs to office-based surgeries (OBS). To date, there have been over 100,000 successful ophthalmic procedures performed in office-based surgical suites. This number is likely to grow because of the benefits surgeons and patients experience, especially for glaucoma, cataract, and refractive procedures.

What is office-based surgery?

OBS refers to any surgical or otherwise invasive procedure



Holly Hindman, MD

conducted by a licensed physician in any location other than a hospital or ASC. The OBS location is typically a suite located within the physician's office, utilizing minimal to moderate anesthesia.

OBS suites follow the same safety standards as ASCs and hospitals, are regulated in all 50 states, and operate under the physician's license governed by the individual State Board of Medicine using either Class A (oral sedation, e.g., diazepam) or Class B (monitored) anesthetics. Just like hospitals and ASCs, OBSs are accredited by The Joint Commission, Accreditation Association for Ambulatory Healthcare, or The American Association of Accreditation of Ambulatory Surgery Facilities.

Challenges that accelerated the OBS movement

Most ophthalmologists are familiar with scheduling challenges of



hospitals and ASCs, whether having to accommodate the block surgical time assigned or dealing with a backup in the recovery bay that can disrupt an entire day's schedule.

Compounding the scheduling crunch, the growing number of patients requiring outpatient surgery as the “Baby Boomers” and “GenX” populations age. Today, over four million cataract surgeries are performed in the United States each year by about 9,000 ophthalmic surgeons.² This number is increasing by 3-4% annually, and is expected to reach six million by 2030.⁵ At the same time, many ASCs are de-prioritizing cataract procedures in favor of more lucrative surgeries (many of them orthopedic), creating one of the greatest imbalances of supply and demand that our healthcare system has

experienced to date.

Another challenge restricting access to hospital and ASC surgical time is anesthesiologist shortages. This is a greater concern than many realize; the Association of American Medical Colleges (AAMC) predicts that there will be a shortfall of 12,500 anesthesia providers in the United States by 2034, which is nearly 30% of the current number.⁶ That is likely to impact cataract surgeries and other procedures significantly in both hospitals and ASCs, where primarily Class B and Class C anesthesia are used for procedures.

Even ASCs are experiencing the squeeze that comes from an aging demographic and a waiting list for ophthalmic procedures. While there are more than 5,400 ASCs (with more than 1,000 specializing

in ophthalmic surgeries), that number is insufficient to keep pace with projected demand.⁷

An additional benefit to office-based surgery is that it allows a physician to more rapidly integrate advancements in technology that can benefit patients. Hospitals and ASCs have extensive protocols for approving new technology or techniques. This can potentially result in delays or lost opportunities for ophthalmologists involved with phase 2 or phase 3 studies or premarket approval studies in the case of class 3 medical devices.

Hospitals aren't always the optimal choice

OBSs will never completely supplant hospitals or ASCs, as there will always be scenarios involving complex conditions or comorbidities that require general anesthesia and greater levels of medical support. In such cases, ASCs and hospitals are the logical choice to perform these surgeries. However, the fact remains that millions of patients undergo routine

cataract, glaucoma, retina, and refractive procedures each year, and hospitals simply aren't equipped to handle such a demand on their resources. This is especially true in rural areas where generally, there are fewer options; hospital schedules can be impacted, ASCs may not be present or patients may have to travel great distances. In such cases, OBSs can increase access to care, without unnecessarily exposing individuals to the potential for hospital-acquired infections.

Research validates safety of OBS

While OBS is a relatively recent development, its utility has been validated in a recent safety and outcomes analysis with multiple data sets. A 2023 study by Kugler and associates found that the rate of adverse events for office-based lens surgery is similar to or less than the reported adverse event rate for cataract surgery in the

ASC setting.⁸ The study reviewed 18,005 cases of office-based cataract or refractive lens surgery performed at 36 clinical sites across the United States. The rate of postoperative endophthalmitis, toxic anterior segment syndrome, and corneal edema were 0.028%, 0.022% and 0.027%, respectively. Unplanned anterior vitrectomy was performed in 0.177% of patients. Additionally, 0.067% of patients returned to the OR, and 0.011% of patients were referred to the hospital.

Anesthesia level is the surgeon's choice in OBS

OBS suites utilize either Class A or Class B anesthetics and follow national accreditation standards:

- Class A (Light oral sedation)
 - Patient monitoring is not required in any setting and

there is no need for medical clearance.

- Class B (IV or other monitored sedation) – Patients are monitored by a licensed anesthesia provider and must obtain medical clearance.

Many doctors are coming to the consensus that patients have long been over-sedated for some of the more routine ophthalmic procedures. Ultimately, the less anesthesia given, the lower the risk of adverse responses to systemic anesthesia. With IV sedation, the breathing response decreases, there is less control over body movements, and patients can't always follow directions well. Because of these factors and others, research shows that mild sedation is usually a better course of treatment for the patient. However, in many ASCs or HOPDs, policies do not allow oral sedation. Surgeons often face barriers that

“The onset of COVID-19 led to significant staffing shortages in rural hospitals, due in part to increased challenges and mandates. However, after COVID-19 may have been even more difficult for staff due to stress and navigating a backlog of surgeries. As a surgeon practicing in a rural area, opening my own OBS was the best decision I ever made.”

- Holly B. Hindman, MD, MPH

Class A vs. Class B Anesthesia

Ophthalmic OBS can utilize either Class A or Class B. Most OBS cases are performed under Class A.

	CLASS A	CLASS B
TYPE OF SEDATION	Oral & Topical non-dissociative drugs	IV and some dissociative drugs
PATIENT PRE-OP REQUIREMENTS	Food & drink allowed before surgery	No food or drink allowed before surgery
PRE-OP TESTING	Minimal pre-op diagnostics	Extensive pre-op blood work and diagnostics
POST-OP REQUIREMENTS	None	Patient monitoring equipment and supervision of RN, CRNA or Anesthesiologist

prevent them from choosing what is appropriate for each patient.

The vast majority of ophthalmic surgeries performed in OBS are performed with oral anesthesia, virtually eliminating the risks of IV anesthesia and the need for an anesthesiologist provider.

Enhanced patient experience

One of the biggest benefits of OBS for many surgeons is the improved comfort level afforded to the patients. Both hospitals and ASCs can induce anxiety for patients; they may have to visit a

new location, don a surgical gown, have an IV inserted into their arm, receive strong anesthetics, and be attached to multiple monitors to continuously check vital signs. All of these clues compound the message that they are undergoing a major procedure. And since the body responds similarly to both physical and emotional stress,⁹ eliminating some of these factors can help to keep patients calm and relaxed. Office-based surgery changes the current paradigm considerably. For example, patients typically see the same support staff as they would during a routine visit. The entire experience is streamlined and more convenient.

Benefits for surgeons and staff

Beyond the logistical and scheduling hurdles solved by an OBS, there are other lesser known advantages. For example, even the most skilled

“It was fascinating how fast we increased our surgical volume once iOR Partners got us up and running. We started with a few cases a week, then it was five cases, then it was 10 cases. Next thing you know, we’re doing about 20 to 25 surgical cases a week for cataract, glaucoma procedures, and eyelid surgeries. Now, we have increased our volume to 80 to 90 cases a month in our OBS, which include some minor procedures as well.”

- I. Paul Singh, MD

ophthalmic surgeon may encounter a case where a cataract cannot be removed completely, especially if trauma is involved, or if the cataract is very firm. When an unanticipated return to the operating room is necessary for a patient, it can be complex to negotiate the additional time, space, and anesthesia coverage in a hospital or ASC. The patient may have to wait and deal with discomfort or travel a distance back to an ASC or hospital.

In an OBS, the experience is very different. A doctor can likely see the patient immediately in the OBS to remove the retained fragment or treat any secondary condition that may arise after surgery. One of the other benefits reported anecdotally by surgeons is how much their staff appreciates working together in an OBS environment. When operating in a hospital or ASC, a surgeon may have to use hospital or ASC staff and technicians with whom they may not be familiar. In an OBS, the camaraderie that can make a practice so welcoming to patients and efficient to manage can also be leveraged into a

streamlined OR team.

Even though this might require a new role for staff, many enjoy growth opportunities. Technicians may want to coordinate scheduling or help prepare patients for surgery. Another member of the staff may enjoy keeping up with new technology and taking a more active role in a practice subspecialty. Accompanying a patient on their surgical journey from beginning to end doesn't just give comfort to patients—it also helps to make the staff feel autonomous and accountable, which can be empowering and lead to a positive work environment for all.

We are incredibly fortunate to be working at a time that offers so many unique advantages. While we will never eliminate hospital or ASC surgical centers for patients who need them, being able to offer an office-based surgical suite that can provide a greater level of comfort, convenience, and efficiency while meeting or exceeding safety standards is a wonderful opportunity for our patients, our staff, and ourselves.

OBS is primed for huge growth

Of the approximately 5,900 ophthalmology practices in the US, less than 4% currently have an in-office surgical suite, signifying a huge growth opportunity in this niche. Not only has OBS been exceedingly positive for patients, it allows surgeons to seamlessly integrate both clinic and surgical patients within the comfort of their practices. Additionally, surgeons are free to select the equipment, instruments, and supplies they wish to use.

Financial viability: Start-up costs and reimbursements

Office-based surgery is able to function at a lower overhead relative to hospitals and ASCs. These savings can be passed on to patients, especially those who desire premium IOLs. As most of us know, premium IOLs aren't typically covered by third-party insurers like Medicare; when the procedure is performed in an ASC, patients may receive a bill



for the IOL as well as additional bills for the facility and the anesthesiologist fees. When surgeries are performed within a practice, patients tend to receive a more inclusive estimate that covers – in the case of cataract surgery – the diagnostic exams, advanced technology lens, laser (when necessary), anesthesia, and all other costs in a single package without ancillary fees.

Doctors can typically be reimbursed for OBS from all major payors, including Medicare. However, reimbursement methods may be more complex since a national code has not yet been established. Instead of the traditional primary-national Medicare facility fee, surgeons receive a secondary-local reimbursement of the

professional fee in addition to the standard professional fee. A billing consultant with office-based surgery expertise is highly recommended to navigate the complexities.

In this regard, iOR Partners provides comprehensive billing support, including reviewing every claim, providing required documentation, and helping to maximize your return.

iOR's reimbursement mix:

- 39% Medicare
- 34% Medicare Advantage
- 27% Commercial

An OBS build-out is affordable

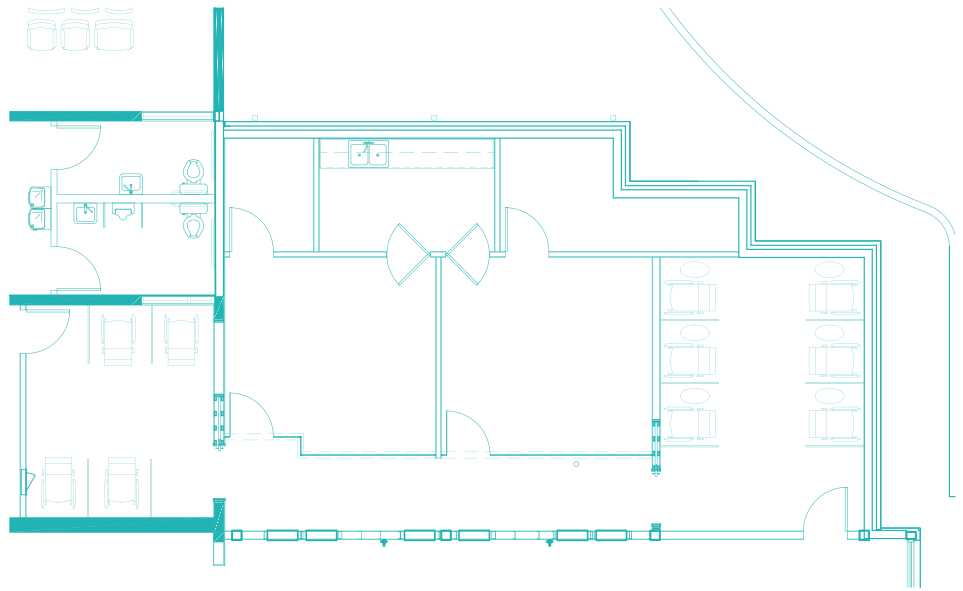
The cost to build an OBS will likely be far below the range of what it is to build an ASC. For some practices, the process may even be as simple

“An Ambulatory Surgery Center (ASC) is essentially a collection of protocols and specifications approved by Medicare for surgical procedures. These protocols are quite general and are not tailored specifically for eye surgery. On the other hand, Office-Based Surgery (OBS) protocols can be customized to enhance the outcomes, safety, and efficiency of eye surgeries.”

- Lance Kugler, MD

as converting a 700-square-foot existing space such as a LASIK procedure room.

The second point that may assist ophthalmologists with their decision is that having an OBS suite doesn't eliminate other options. In fact, the ability to perform surgeries in a hospital, schedule procedures in an ASC, and then come home to an OBS can maximize efficiencies and provide opportunities for practice and revenue growth.



iOR Partners builds turn-key solutions customized for your practice

Fueled by a vision to reimagine outpatient surgery, iOR Partners is the undisputed leader in ophthalmic office-based surgery. This once-in-a-generation change benefits the entire healthcare system. Surgeons can increase surgical volume and prepare for future growth, while iOR Partners helps providers make the transition with confidence. An iOR Suite® integrates clinic and surgery into one location to increase surgeons'

flexibility and improve the patient experience while providing the highest level of safety. From accreditation to compliance and staff training, iOR Partners handles every detail so that a proposed space can be successfully transformed into a surgical suite.

- **SAVE TIME AND MONEY:** Surgeons can avoid the potential pitfalls of creating an office-based surgical suite on their own. With iOR, it will take months, not years, to develop and we will save significant money along the way.

- **GAIN PEACE OF MIND:** iOR's team of experts takes the burden of accreditation and compliance off the surgeon and staff.
- **ACHIEVE LONG-TERM SUCCESS:** iOR provides support for long-term success by providing ongoing support for supplies, billing, performance metrics, and so much more.

With iOR Partners, you can be up and running within 6 months, while avoiding the pitfalls of creating an office-based surgical suite on your own.

iOR Partners handles details like:

1 PLANNING, DEVELOPMENT, & LAUNCH

- Feasibility analysis and reimbursement evaluation
- Space planning, design, and build-out support
- Capital equipment planning
- Guidance on selecting clinic staff for key surgical roles
- Virtual and onsite training of surgical staff
- iOR Suite setup and launch

2 ACCREDITATION & COMPLIANCE

- Structure and organization
- Governance and leadership
- Compliance oversight

3 ISUPPLY™ MATERIALS MANAGEMENT

- Materials management software
- Automated updates to inventory levels after each surgery day.
- GPO Membership - includes savings on equipment, supplies, and instrumentation for OBS, refractive laser, and clinic

4 OBS BILLING SUPPORT

- Verification of benefits
- Compliance and documentation
- OBS facility claim submission
- Resolution of OBS-related payor issues

5 OPERATIONAL EXPERTISE

- Clinical operations manager
- iDMR® surgical record
- Monthly performance review of surgical revenue and expenses
- Oversight of efficiency including time surveys, workflow improvement, and staff analysis



How to Get Started

iOR Partners makes office-based surgery turnkey for you. With as little as 700 square feet, you can seamlessly integrate clinic and surgery in just a few short weeks with no surgery downtime. The first step is to understand the financial and logistical feasibility for your practice. iOR Partners offers a complementary feasibility analysis.

[Click Here to Start Feasibility Analysis](#)

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