Pain Management Implications in an ASC setting

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Education
- Doctor of Medicine from the Uniformed Services University of the Health Sciences in Bethesda, MD.
- BA from Hamilton College in Clinton, NY

Publications
- “Live Your Life Pain Free, Medical Discoveries that Stop Chronic Pain”, Magni, January 2005
- “Painbuster”, Henry Holt, April, 2001

Pain Management (PM) Overview
- Value proposition of PM services in an ASC
- Integration of PM into your clinical practice
- Typical PM patients in an ASC
- PM procedures in an ASC
- Basic techniques for outpatient PM procedures
- Reimbursement for outpatient PM procedures
- Equipment requirements
- Evolution of PM in the era of healthcare reform
**NAPA Overview**

**Significant Benefits:**
- Low start-up costs with minimal space requirement
- Generates considerable facility fee revenue for the owners of the ASC (often more than $1000/case)
- Enhances scope of services for an anesthesia practice – improving overall patient care and increasing revenue
- Reaches an important unmet community need while potentially increasing patient referrals to the hospital

**Other Benefits:**
- Ambulatory and usually fairly healthy patients
- Short cases with rapid room turnover
- Easy patient recovery with minimal side effects
- Limited equipment and staffing needs
- Highly satisfied patients and good staff morale
- Excellent patient safety (i.e. minimal liability risk)
Integration of Pain Management into Your Clinical Practice

Needs:
- Most important: a strong referral base
  - There must be a need for this service in the community
- Fellowship trained pain specialist
  - Know the different types of board certification
- Space for procedure room(s)
- Basic equipment (will be discussed later)
- Appropriate staffing

Pain management patients in an ASC setting

Typical patients are:
- Ambulatory
- Fairly healthy
  - Minimal co-morbidities
- "Pre or post" back surgery
- Suffering from some type of radiculopathy

Pain Management Procedures

- Epidural steroid injection
- Selective nerve blocks
- Facet joint injection
- Joint injections
- Intercostal nerve blocks
- Discogram
- Sympathetic blockade
- Radiofrequency ablation
- Cyroablation
- Spinal Cord Stimulation 2 parts
- Intrathecal infusion devices and test doses
- Kyphoplasty
**Selective Nerve Root blocks**

- Administration of steroid into the epidural space through a spinal foramen
- Time 15/10/15
- Equipment
  - Epidural kit
  - Steroid/local anesthetic
  - Fluoroscopy

**Epidural Steroid injection**

- Administration of a steroid solution into the epidural space
- Time 15/10/15
- Equipment
  - Epidural kit
  - Steroid/local anesthetic
  - Fluoroscopy

**Facet joint injection**

- Administration of steroid/local anesthetic into the facet joints of the spine
- Time 15/10/15
- Equipment
  - Block kit/needles
  - Steroid/local anesthetic
  - Fluoroscopy
**Joint injection**

- Administration of dye/steroid/local anesthesia to a joint with guidance
- Time 15/10/15
- Equipment
  - Block kit
  - Steroid/local anesthetic
  - Fluoroscopy

**Sympathetic Blockade**

- Administration of local anesthetic to a sympathetic ganglion
- Time 15/30/15
- Equipment
  - Block kit/local anesthetic/disposable needles
  - Temperature monitoring
  - Fluoroscopy

**Intercostal nerve block**

- Administration of local anesthetic near a specific intercostal nerve
- Time 15/30/30
- Equipment
  - Block kit/local anesthetic
  - Fluoroscopy and postop CXR
**Discogram**

- Administration of dye in a spinal disc for diagnostic purposes
- Time 15/60/15
- Equipment
  - Block kit/local anesthetic/disposable needles
  - Pressure monitoring
  - Fluoroscopy postop CT scan

**Radiofrequency Ablation**

- Destruction of a nerve with heat
- Time 15/30/15
- Equipment
  - Block kit/local anesthetic/disposable needles
  - RFL device/ resterilizable probes
  - Fluoroscopy

**Cyroablation**

- Destruction of a nerve with cold
- Time 15/30/15
- Equipment
  - Block kit/local anesthetic
  - Cryoablative device/ resterilizable probes
  - Fluoroscopy
### Spinal cord stimulation

- Placing electrodes or paddles in the epidural space to stimulate the spinal cord
- Time 15/120/30
- Equipment
  - Full surgical prep/SCS electrodes/tech support
  - Fluoroscopy

### Intrathecal Infusion Devices

- Placing an internal device to deliver narcotics to the fluid around the spinal cord
- Time 15/90/??
- Equipment
  - Full surgical prep/ IID/ tech support
  - Designer narcotic preparations
  - Fluoroscopy

### Kyphoplasty

- Infusing bone glue into a bone of the spine to reinflate it in the case of compression fractures
- Time 15/60/15
- Equipment
  - Full surgical prep/Kypho kit
  - Fluoroscopy x2
Other Considerations

- Anesthesia versus no anesthesia
- Central acting local anesthetics
- Intravenous access
- Pitfalls to avoid potential complications

Evolution of Pain Management in the Era of Healthcare Reform

New Paradigm for success: the medical management of chronic pain patients

- Source of Patients
  - Emergency Room and Primary Care Offices
- Office based care
  - Can easily be managed by an NP or PA
- Assumption is that 10% will require procedures
  - Usually radiculopathies
  - PM procedures are then done in the ASC

Questions