

Intra-operative Sedation Change

Purpose

Background

In May of 2021, West Michigan Surgery Center received a letter from the Centers for Medicare/Medicaid Service (CMS) stating that our IV sedation rate for fluoroscopically guided spinal injections for pain was three times the national average. The CMS letter indicated that, although these services were reimbursable, they were not considered the standard practice among our peer organizations. In early January 2022, our anesthesia contractor informed us that CMS was no longer reimbursing their company for intra-op IV sedation for the majority of fluoroscopically guided spinal injections that we offer.

Problem: In January 2022 CMS announced that it was no longer considered an acceptable practice to administer IV sedation for the majority of fluoroscopically guided spinal injection procedures that we offer.

Purpose submitted to governing body for project approval: Recent changes in standard of care dictate that it is no longer appropriate to offer intra-operative mild to moderate sedation to patients undergoing pain injection procedures.

Performance Goals

Majority of patients will undergo pain injection procedures under locally administered anesthesia agents only and without a substantial reduction in satisfaction rates. **Measurable goal to be determined following baseline data analysis.**

Data Collection Plan

Admission questionnaire utilized to obtain a base-line sampling of pre-op patients who had a history of receiving sedation during their pain management injections. Questionnaire informed patients that IV sedation was no longer considered an acceptable practice and asked if they were willing to have their injections performed under local anesthesia only. Unique patient identifiers were utilized to protect patient identity.

Evidence of Data Collection

Base-line data gathered utilizing questionnaire on 3 surgical dates involving patients scheduled for pain injections.

70% refused to try procedure without anesthesia.
30% agreed to try procedure utilizing local anesthesia only. Of those 30% in agreement:

- 57% indicated that it was acceptable.
- 43% indicated that it was less than acceptable.

Data Collection Tool (Sample)

Patient Identifier	Procedure	Would you consider using local only for today's injection?	Post-op Comments
127-1	FJI	Yes	Wasn't too bad
127-4	TFESI	No	Pre-op: I would leave if I didn't get put to sleep
127-5	TFESI	No	
127-6	FJI	No	
127-12	CESI	Yes	I tried but I didn't like it.
128-1	CESI	No	Pre Op: It's the only reason I come here
128-2	GANGL-BLOCK	Yes	No big deal
128-5	TFESI	No	
128-6	CESI	No	
128-8	TFESI	Yes	Yes, I would do it again without anesthesia

Data Analysis

Baseline information indicated that corrective action plan must involve patient best practice education well in advance of proposed surgery dates. Of the 30% of patients who chose to undergo procedures without mild or moderate sedation, greater than one-half (57%) stated that physician administered local anesthesia was acceptable. This suggested that once the initial fear of the unknown was overcome, a high percentage of patients would accept the change without a significant dip in patient satisfaction scores.

Measurable Performance Goal Set: Our goal would be to reduce IV sedation utilization by 50% within a 6-month time period, while maintaining WMSC patient satisfaction scores at December 2021 levels.

Corrective Actions

Initial data collection indicated a need to increase focus on patient education well in advance of the procedure date, so that patients were aware of the updated industry-wide standard of care.

Corrective Action #1: Patient Notification drafted and given to all pain clinics to be used as part of patient education related to the change in sedation practices.

Corrective Action #2: Nursing staff given a copy of patient notification to utilize for patient education reinforcement during pre-op calls.

Corrective Action #3: A memo was sent to pain clinic providers informing them for the need to educate patients of the change in sedation practices for specific procedures.

Corrective Action #4: A re-assessment of pre-op patient knowledge and acceptance to the change in anesthesia offerings related to their specific procedures was assessed two months following corrective action implementation.

Why might my next injection procedure be performed under local anesthesia only?

According to the American Society of Interventional Pain Physicians (ASIPP), the American Society of Anesthesiologists (ASA), and the Centers for Medicare/Medicaid Services (CMS): *Except under special circumstances, anesthesia services are no longer considered medically necessary for the majority of interventional pain management injection procedures.*

As of January 1st, 2022, the U.S. Federal Government no longer supports the widespread use of Monitored Anesthesia Care (Propofol Anesthesia) or Conscious Sedation for patients requiring the following procedures:

- Epidural Steroid Injections
- Sacroiliac Joint Injections
- Bursal Injections
- Occipital Nerve Blocks
- Facet Joint Injections

West Michigan Surgery Center is governed by state and federal standards and must comply in order to continue providing excellent pain management services to our patients. Only your pain provider can review your current health status and determine whether medical necessity for anesthesia during your procedure meets the revised standard of care. If there are specific reasons why you feel your pain injection absolutely requires sedation, please talk with your pain provider during your next clinic visit. Under certain instances we may be able to offer anesthesia services to patients receiving the procedures listed above.

*Please Note: Because of this revised anesthesia standard of care, many insurance carriers no longer reimburse for the cost of anesthesia for the procedures listed above. If your provider agrees to offer your procedure with IV sedation services, you may be required to pay a separate anesthesia fee. This fee will be separately billed by our independent contracted anesthesia company and is considered over and above any of your copay, coinsurance, and/or deductibles charged for the pain procedure itself.

Corrective Actions (continued)

Supplemental corrective action added on March 28th, 2022- The pain provider may offer a pre-op oral (PO) anxiolytic medication as temporary alternative option to non-sedation for those patients refusing procedure without IV sedation.

*WMSC nursing staff instructed to administer these PO medications during the admission process after all patient questions have been answered and surgical permits have been signed.

Re-Measurement of Data Collection

A re-assessment of pre-op patient knowledge and acceptance to the change in anesthesia offerings, related to their specific procedures, took place following education provided by physicians and mid-level healthcare providers working in our referring pain clinics. This information was gathered to assess success of our corrective actions. An example of results are seen below.

Note: Pain providers were able to offer prescription for PO Anxiolytic to those patients voicing concerns over injections without IV sedation. These PO medications would act as a buffer as we moved patients from IV sedation to utilizing local anesthesia only.

Patient Identifier	Procedure	Non / Sed / PO	Post-Op Comments
509-1	FJI	Non	
509-2	Sympathetic Block	Non	
509-4	RFA	Non	
509-5	FJI	Non	
509-7	CESI	PO	

31 patient procedures assessed.

- 18- performed **without** IV Sedation.
- 10- performed under pre-op PO anxiolytics.
- 3- performed **with** IV Sedation.

Data Comparison to Performance Goals

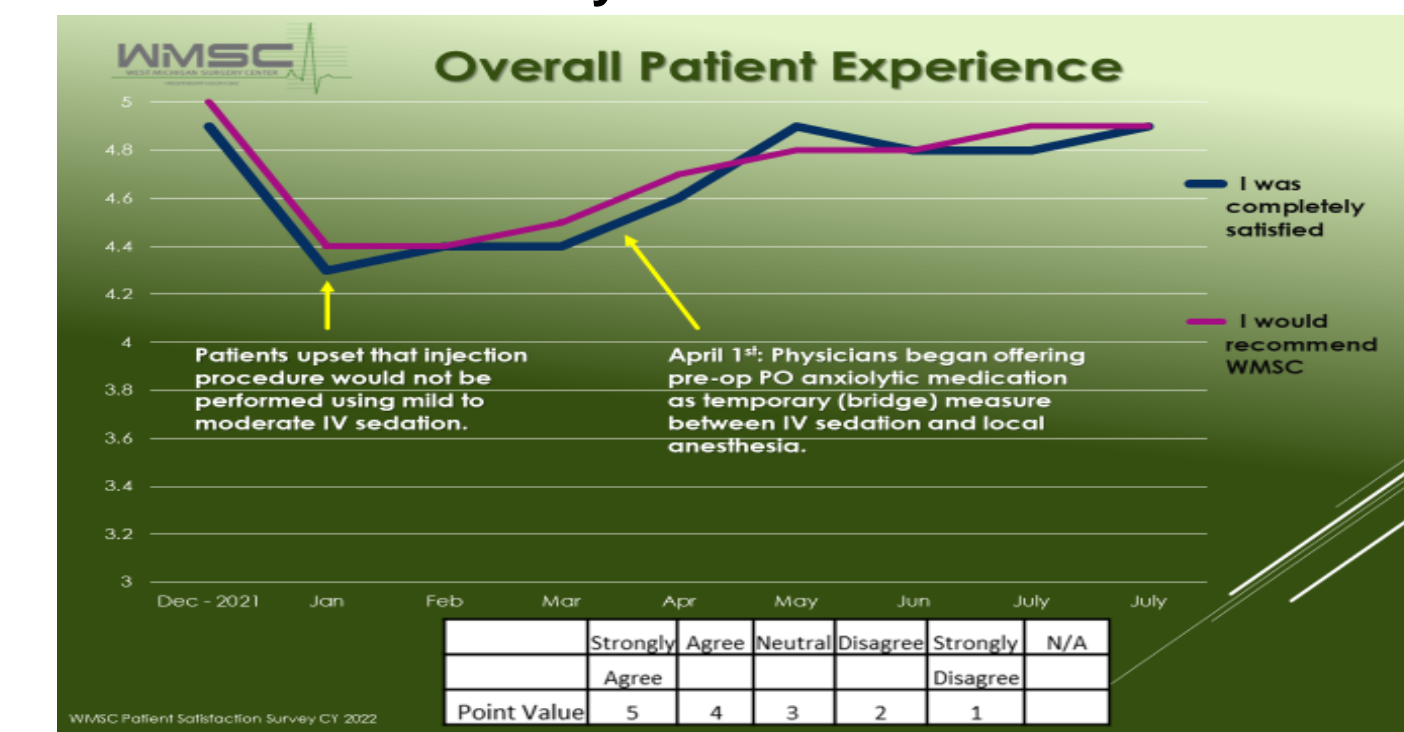
Initial- Sample size 23 procedures (Jan 27 – Feb 08, 2022) indicated that only 7 (30%) of patients were willing to undergo injection procedures without IV sedation. 16 (70%) of patients refused non-sedation and received Intra-op IV sedation.

Re-Measurement following Corrective Action Plans (May 9 – May 12, 2022). Sample size 31 patients. 18 (58%) of patients were willing to undergo injection procedures without IV sedation. 10 (32%) were willing to undergo injection procedures utilizing PO Anxiolytic medications. Only 3 (<10%) of the 31 sample procedures utilized PO IV sedation.

Intra-operative IV sedation was reduced from 70% to 10% of injection procedures. While PO anxiolytics contributed to the overall reduction in IV sedation, the number of procedures being performed without any type of sedative medication remained substantial (58%).

Patient Satisfaction Throughout Quality Improvement Project

Although initial patient reaction was negative, the vast majority of repeat pain injection patients were accepting of the change once they received additional education related to best practice. The team approach between pain clinics and WMSC, and a common message conveyed to patients, resulted in **NO loss of existing patient volumes and a return to satisfaction rates experienced prior to the initiation of this QI activity.**



Additional Issues and Solutions

- Early in the process, a number of pain injection patients were informed that WMSC was no longer offering IV sedation because “insurance no longer covered the cost.” Although it was accurate that Medicare/Medicaid was no longer reimbursing for IV sedation, it was not the case for many other insurance companies. The result was that some patients would contact their insurance companies and demand that WMSC provide IV sedation services “because they were covered.” A re-education of all clinic and surgery center providers and staff took place so that the common message would be stated that this quality improvement initiative was due to best practice reasons and was in no way related to reimbursement.
- Pain clinic providers instructed to only offer local anesthesia to new patients requiring the following procedures: Epidural Steroid Injection; Sacroiliac Joint Injections; Bursal Injections; Occipital Nerve Blocks; Facet Joint Injection.

Communication

- Formal request submitted and approved to proceed with study by WMSC Governing Board on January 17th, 2022.
- Additional action to allow PO anxiolytics proposed and accepted by Medical Director, QUAPI, and Safety Committees on March 28th, 2022.
- Final Report submitted to: WMSC Governing Board; Executive Committee; and WMSC Team Members on July 28th, 2022.
- Providers and staff of WMSC and referring pain clinics informed of nomination for Kershner Award and thanked for their hard work and cooperation during this project.