

Preparing Your Elective Surgery Re-entry Plan

Mapping the Future
of Pain Procedures with
Neuromodulation and COVID-19



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Where Are We Today with Procedure Volume?

Freestanding ASC and Hospital Settings

“I can see my practice failing before my eyes. I fear the financial implications in 2-3 months when no money is coming in and I have been extremely disappointed in the guidance of both my personal financial institution as well as the government.”

97.5%

Saw a decrease in
patient volume

80%

Experienced a 50%
decline in revenue

34%

Have had to cut
salaries

68%

Had a decrease
in office visits

49%

Have had to
furlough staff

11%

Report Closing
Temporarily

Balancing Utilization of Hospital Resources with Elective Patient Care

Are Procedures to Relieve Pain Elective?

Stephanie Vanterpool, MD, MBA

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and Director of Comprehensive Pain
Services at University of Tennessee
Medical Center in Knoxville, TN



SELECTION

NANS Neuromodulation Device Algorithm

The Goal



Purpose

To address:
Procedure Stratification
Patient Selection
Performance of neuromodulation procedures



Principles

Evidence Informed
Practical/Applicable
Neuromodulation specific
Flexible/Pandemic ready

NANS Neuromodulation Device Algorithm

4 areas of focus:



PROCEDURE URGENCY



ALTERNATIVE TREATMENT
AVAILABILITY



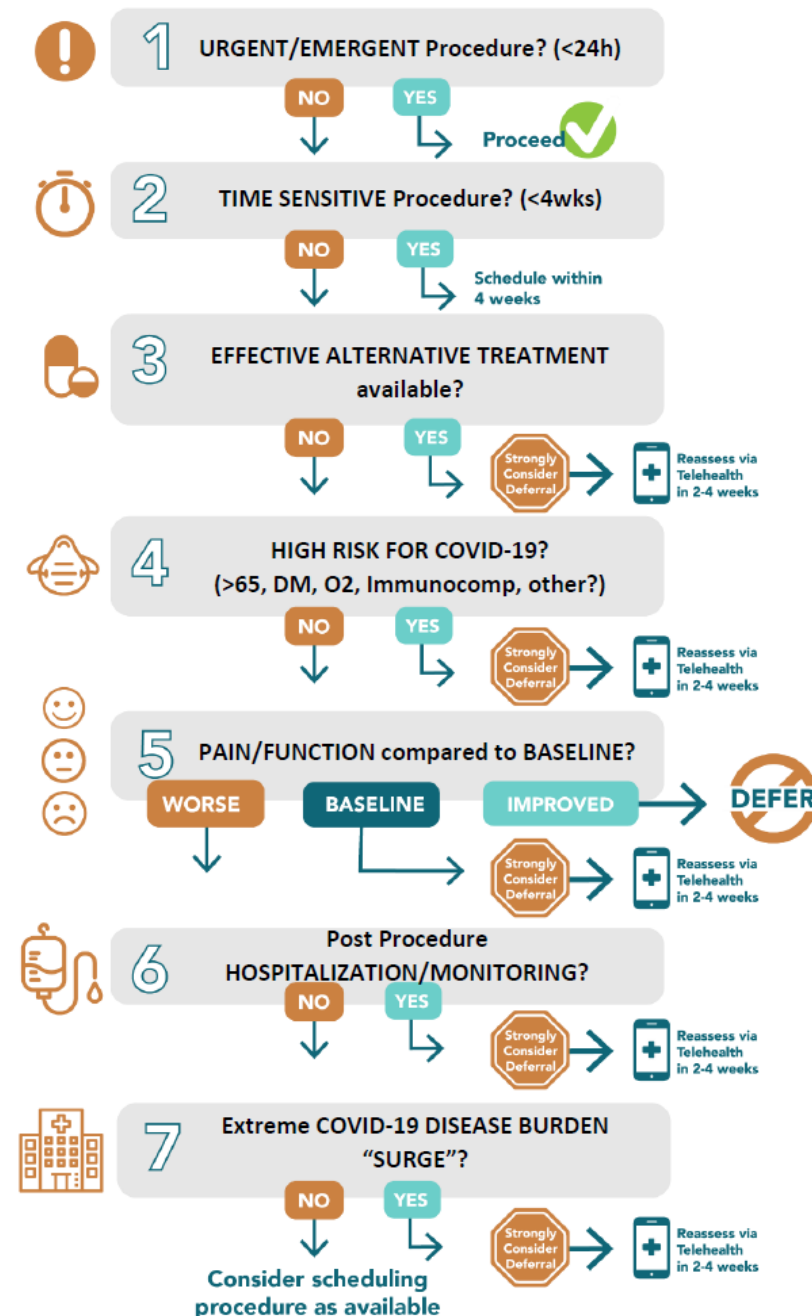
PATIENT FACTORS



FACILITY/COMMUNITY
FACTORS

NANS Neuromodulation Device Algorithm

7 questions



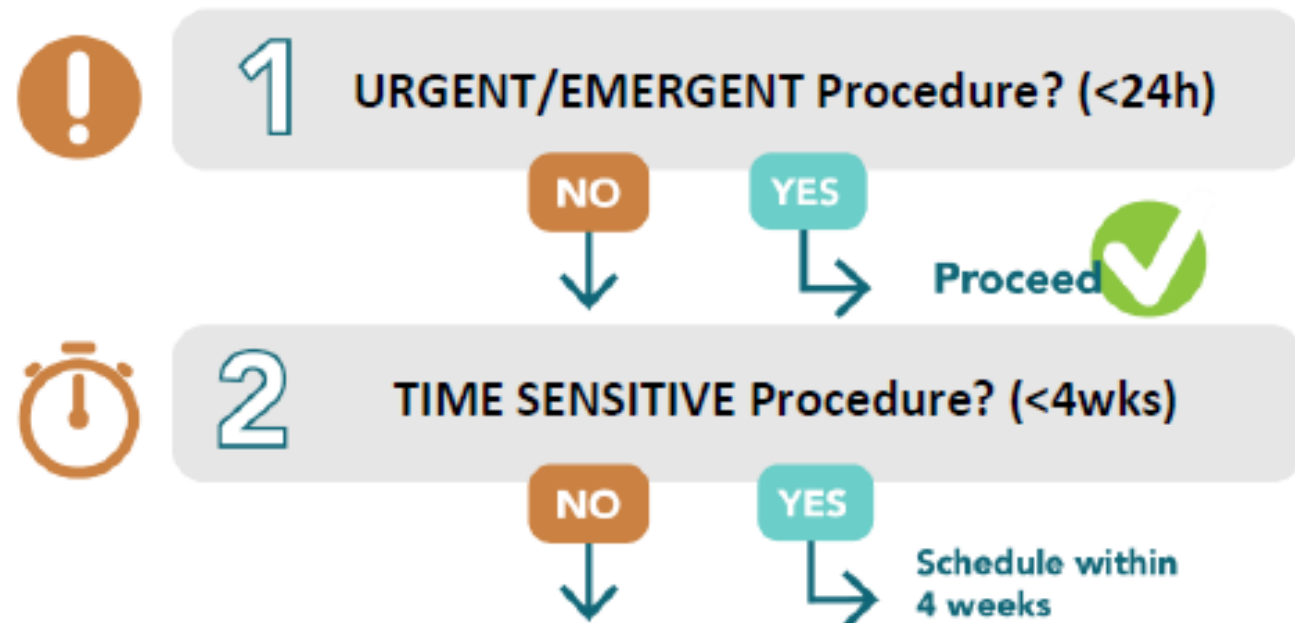
1. Is the procedure **Urgent/Emergent?** (<24hrs)
2. Is the procedure **time sensitive?** (<4wks)
3. Is there an **effective alternative treatment option** that may be implemented for 4 weeks or more without significant decrease in function or increased morbidity?
4. Is the patient at **high risk for COVID-19** related illness? (>65, Immunocomp, O2, DM, Other?)
5. Is the patient's **functional status/pain** improved or worsened from baseline?
6. Will **post-procedure hospitalization/monitoring** be required?
7. Is the **COVID-19 Disease burden** of the hospital/community utilizing extraordinary healthcare resources? (surge?)



Urgent/Emergent or Time Sensitive Procedures

- 1. Is the procedure **Urgent/Emergent (<24hrs)**

- Loss of life or limb or neurologic function within 24hrs?
- If not done within 24hrs, is there potential for catastrophic reversal or decline of functional or physiologic status?



- 2. Is the procedure **Time sensitive? (<4weeks)**

- Likelihood of transition to urgent/emergent status?
- Superficial infection? - monitor weekly
- No/Not sure? --> Go to Question 3



Alternative Treatment Availability

- 3. Is there an **effective alternative treatment** option that

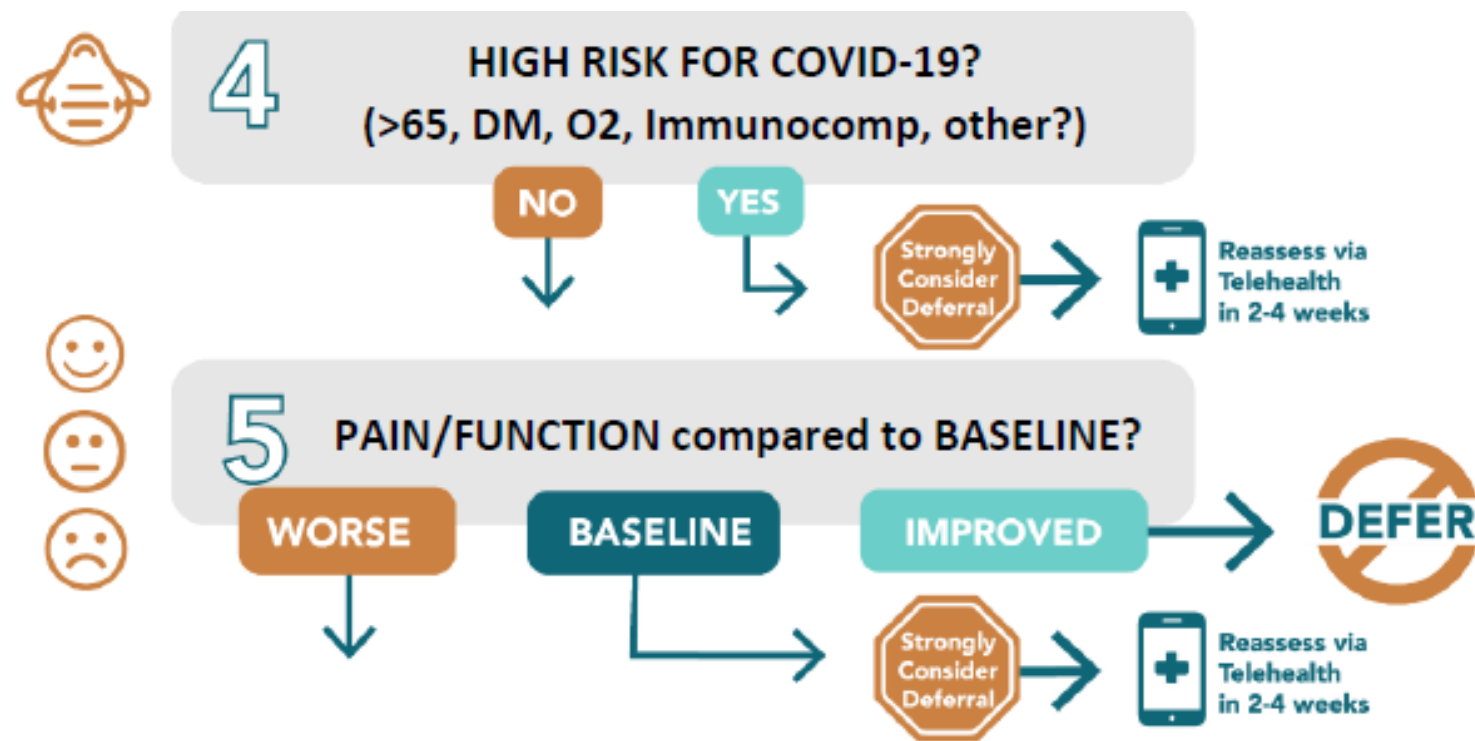
- may be implemented for 4 weeks or more?
- Will not cause increased morbidity?
- Will not decrease function?



- **Yes** → **strongly consider deferral** (Reassess via [Telehealth](#) in 2-4 weeks)
- **No** → proceed to next question



Patient Risk and Functional Status



- 4. Is the patient at **high risk for COVID-19** related illness?
 - >65, immunocompromised, O2, Asthma, DM, other?
 - **Yes** → **strongly consider deferral** (Reassess via [Telehealth](#) in 2-4 weeks)
 - **No** → proceed to next question
- 5. Is the patient's **functional status/pain** improved or worsened from baseline?
 - **Improved** → **defer** (Reassess via [Telehealth](#) in 2-4 weeks)
 - **Baseline** → **strongly consider deferral** (Reassess via [Telehealth](#) in 2-4 weeks)
 - **Worsened** → Proceed to next question



Hospitalization/Facility Resources – “Surge”



- 6. Will **post procedure hospitalization/monitoring** be required?

- Examples:

- Yes → **strongly consider deferral** (Reassess via [Telehealth](#) in 2-4 weeks)

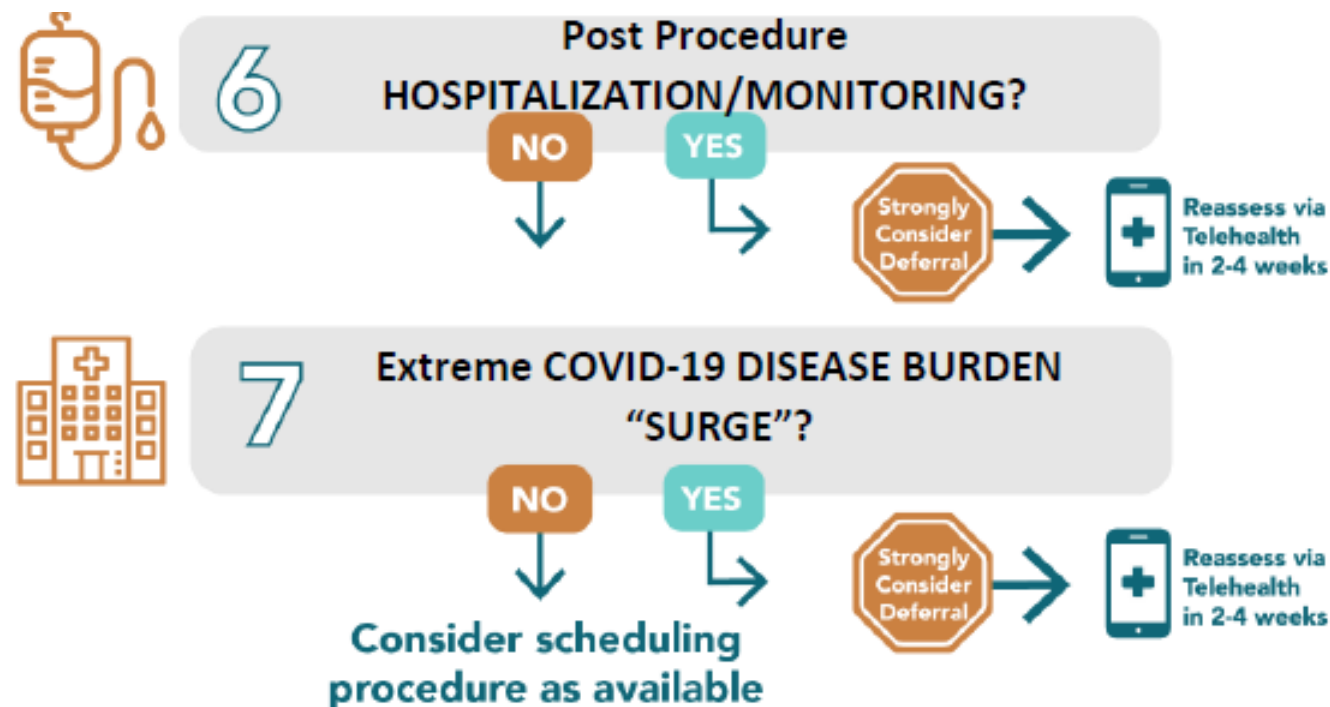
- No → proceed to next question

- 7. Is the **COVID-19 disease burden** of the hospital/community using up extraordinary healthcare resources (“Surge”)

- Limited availability of staffing, PPE, etc.

- Yes → **strongly consider deferral** (Reassess via [Telehealth](#) in 2-4 weeks)

- No → Consider **scheduling procedure as available**



NANS Resource Page



- NANS COVID-19 resource page
 - <https://neuromodulation.org/NANSWorkingforYou/Newsroom/COVID-19Resources.aspx>



North American
Neuromodulation
Society -est 1994-

ABOUT NANS MEETINGS MEMBERSHIP

NANS COVID-19 RESOURCE GUIDE FOR PRACTITIONERS

In these trying and uncertain times, the NANS Advocacy and Policy Committee (APC) would like to assure you that we are in this fight against COVID-19 together. As such, the APC has put together some helpful suggestions for how you can modify your practice and utilize available resources in order to protect your patients, your staff, and yourself.

Please [click here](#) to read the APC's full letter regarding COVID-19 and how you can keep your practice safe.

- [Office Safety Protocol](#)
- [Office Notification Example](#)

HHS GENERAL ALLOCATION FUND

Updated 4/30/2020

The Department of Health and Human Services (HHS) announced that it will begin distributing the second tranche of funds from the \$100 billion in funds to hospitals and other healthcare providers impacted by the coronavirus response. The funding will be used to support healthcare-related expenses or lost revenue attributable to COVID-19. Please reference additional information from HHS regarding the distribution [here](#).

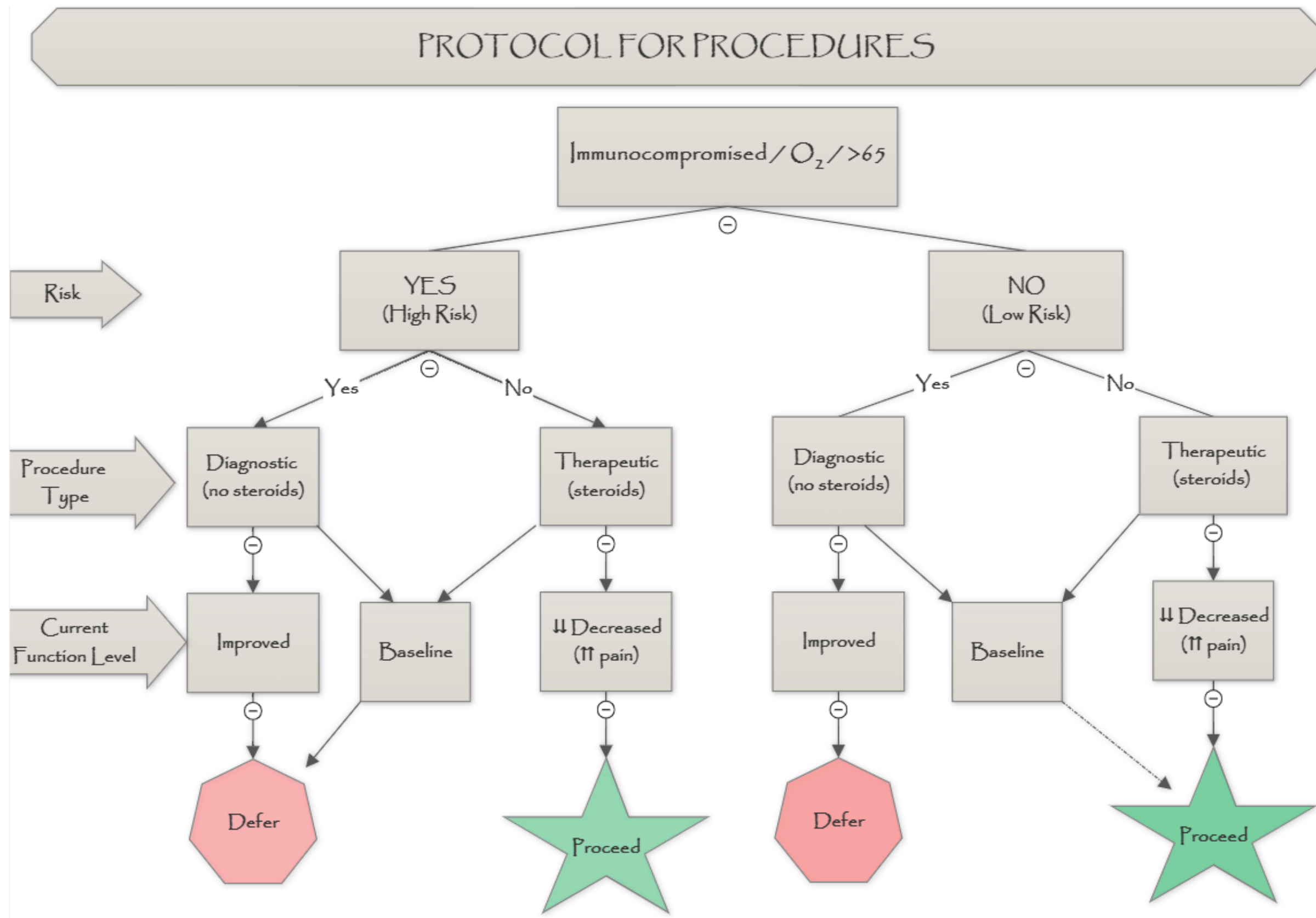
Providers without adequate cost report data on file will need to submit their revenue information to the [General Distribution Portal](#) for additional general distribution funds.

- Read the AMA's [guidance sheet](#) to learn what information is needed to submit to the portal.

SCHEDULING

Additional Resources

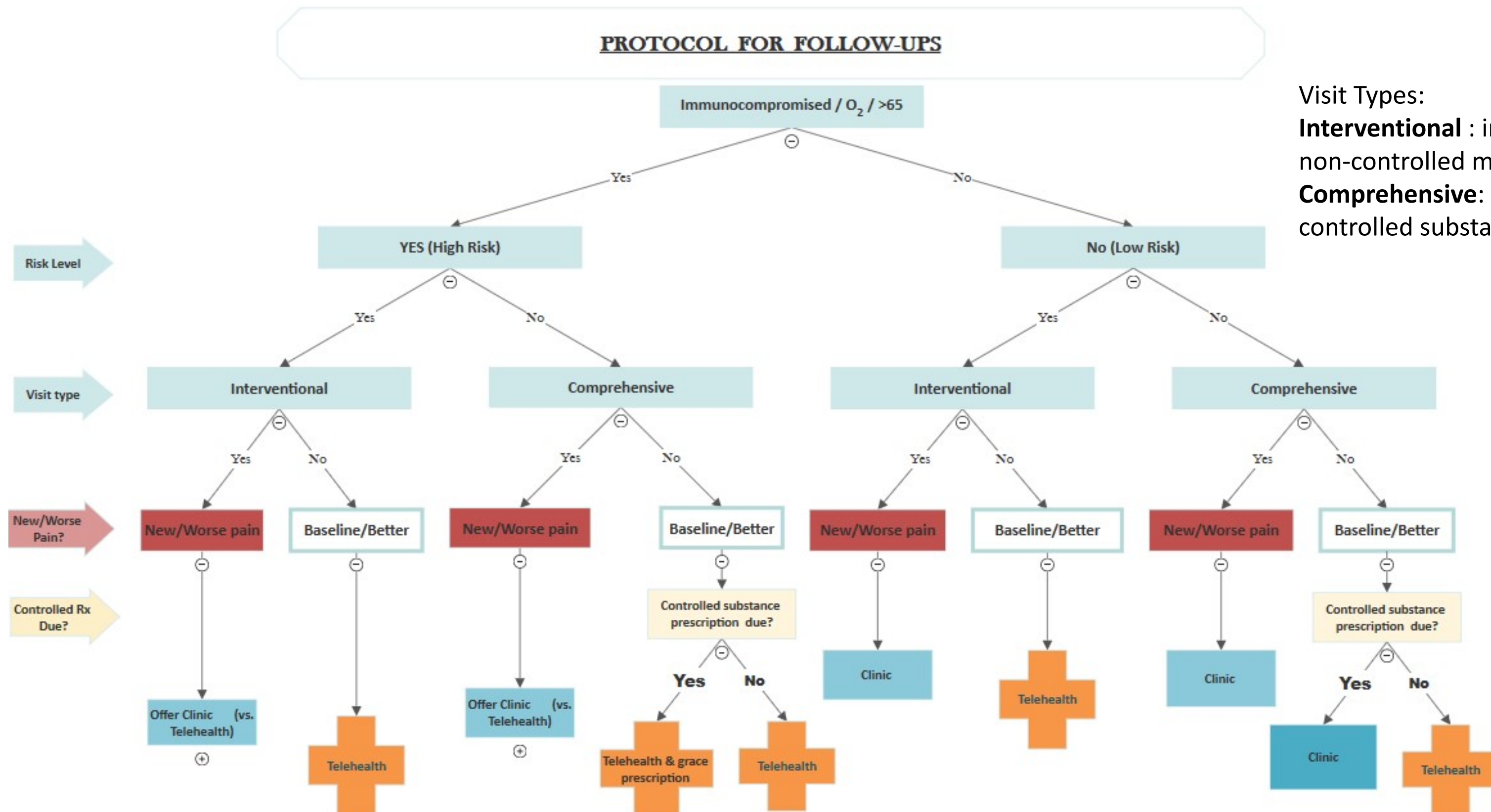
- CMS communication on resuming elective procedures
 - <https://www.cms.gov/files/document/covid-flexibility-reopen-essential-non-covid-services.pdf>
- ASA/FACS/AORN/AHA joint statement on resuming elective procedures
 - <https://www.asahq.org/about-asa/newsroom/news-releases/2020/04/joint-statement-on-elective-surgery-after-covid-19-pandemic>



3/19/2020- The above protocol is a suggestion on triaging interventional pain procedures and visits in light of the unprecedented COVID-19 pandemic. It is not a substitute for medical advice, diagnosis, or treatment from a licensed physician. No action or inaction should be taken based solely on the contents of this information.

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Visit Types:
Interventional : interventions and non-controlled medications
Comprehensive: also includes controlled substance management

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Covid Testing Pre-Procedure

Covid Testing

- Serology testing IgM/IgG
- Molecular Testing for the virus

Testing Methods

Immunoassay

Rapid Test

Traditional Immunoassay



Serology Testing

IgM appears in 5-7 days in most patients

IgG appears in 5-10 days

Viral Testing

Polymerase Chain Reaction (PCR) or Molecular Testing

Identifies viral RNA



Ambulatory Surgery Centers

Converting the registration of an ASC to a hospital with Medicare during the Public Health Emergency

<https://www.cms.gov>

Ambulatory Surgery Centers

CPT Code	Procedure	Medicare ASC Effective 1/1/2020	Medicare HOPD Effective 1/1/2020
62321	Injection interlaminar cervical/thoracic	\$ 407.78	\$ 807.03
62327	Injection interlaminar lumbar/sacral	\$ 529.78	\$ 1,048.48
62350	Spinal Cath Implant/Revision	\$ 3,741.74	\$ 7,112.96
62362	Pump Placement/Revision	\$ 17,647.08	\$ 21,325.20
62367	Analyze Spine Infusion pump	\$ 17.70	\$ 349.79
63650	Lead Placement	\$ 5,829.36	\$ 7,988.51
63685	Generator Placement	\$ 30,301.02	\$ 37,596.66

**Neuromodulation
for the COVID-19
Cytokine Storm**

Thursday
May 28th, 2020
5:30 PDT/8:30 EDT



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Peter Staats MD, MBA
Chief Medical Officer,
National Spine & Pain Centers

**Join us at Neuroventions for upcoming webinars and
follow us on social for updates!**

Questions?

Thank you for attending!