Barriers to Adoption of Office Based Laryngeal Surgery

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ABSTRACT

Background: Office based laryngeal surgery (OBLs) has been shown to be safe, efficacious, and provide cost savings to the medical system as a whole. Despite this, OBLs is not widely adopted by otolaryngologists in practice. Numerous limitations including cost, surgeon comfort and equipment availability have been surmised in the past but never formally explored. This study investigated which study investigated barriers to performance of OBLs through a survey of practicing otolaryngologists.

Methods: A questionnaire was sent via email to the membership of the American Academy of Otolaryngology-Head and Neck Surgery. 173 responses were received.

Results: Various factors were noted to influence otolaryngologists. The availability of lasers for OBLs was cited as a major obstacle by 75% of respondents. Reimbursement of disposables and lack of CPT codes for OBLs were the second and third major obstacles (53% and 43%, respectively). Reliability of results in the office was the least commonly cited factor (15% of respondents).

Conclusion: Organizational and financial considerations continue to be barriers to adoption of OBLs.

INTRODUCTION

• Laryngeal surgery has a very interesting history and in many ways has come full circle. Originally practiced in the office setting1, it was then mostly carried out in the operating room, and recently has come full circle to be performed in the office again.

RESULTS

• 173 persons responded to the survey.
• Majority of participants practiced in a single-specialty physician group.
• Survey results are listed in table 1 and 2.
• The vast majority, One hundred fifty six individuals (92.9% of respondents) did not receive fellowship training in laryngology/bronchoesophaology.
• Availability of lasers for OBLs was cited as a major obstacle by 75% of respondents.
• Reimbursement of disposables and lack of CPT codes for OBLs were the second and third major obstacles (53% and 43%, respectively).
• Reliability of results in the office was the least commonly cited factor (15% of respondents).

CONCLUSIONS

• Barriers to OBLs that were elicited in this survey of the membership of the American Academy of Otolaryngology-Head and Neck Surgery included the availability of laser equipment, reimbursement of disposables products, lack of defined CPT codes and cost of flexible endoscopy equipment, in that order.
• While OBLs offers savings the medical system, the cost of performing these procedures is a large barrier towards widespread adoption.

Table 1: How many of the following procedures do you perform in the office each month?

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Not an Obstacle</th>
<th>Minor Obstacle</th>
<th>Major Obstacle</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vocal fold injection augmentation</td>
<td>147</td>
<td>19</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Laryngeal botulinum toxin injections</td>
<td>148</td>
<td>14</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Esophagoscopy</td>
<td>142</td>
<td>24</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Laser laryngopharyngeal surgery</td>
<td>156</td>
<td>11</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

Table 2: To what extent is the following a barrier to performance of in-office procedures?

• Availability of laser equipment was most commonly cited barrier of OBLs was shown to be a is a large barrier to performance.
• Surgeries are forced to use a 31599 code for different OBLs procedures12. This often requires increased effort on the part of a physician’s staff to bill and collect for services.
• Interestingly the lack of reliability of results during OBLs was not considered a major obstacle.
• This may be due to a number of factors. Given the recent reinvention of laryngology increased effort has been dedicated towards education of physicians in practice. With the barriers elucidated within this study, changes may be made to increase the prevalence of OBLs.
• Recommendations made by Bove et. al and Kuo et. al, to increase the reimbursement for procedures performed in the office will allow surgeons to at least recoup the cost of performing the procedure12,14.

DISCUSSION

METHODS

DISTRIBUTION OF SURVEY

• This study was approved by the University of California, Irvine Health Sciences Review board.
• An AAOMS newsletter requesting participation in an online survey was sent to membership. The questionnaire was administered through the internet and participation was voluntary.
• Participants did not have any financial incentive or disincentive to participate. Survey results were elicited over a two week period in October of 2012.

REFERENCES