

HOW 3D IMAGING HELPED SECURE MY ROLE AS A LOW-COST, HIGH-VALUE PROVIDER

Dr. Kevin Audlin, Mercy Medical Center, Baltimore MD

Dr. Kevin Audlin and his partner, Dr. Fermin Barrueto, of the Endometriosis Center at Mercy Medical Center in Baltimore, MD. They use the Olympus 3D Surgical Imaging platform at their facility to treat patients with complex gynecologic issues. Since the acquisition of the Olympus system, Dr. Audlin has been able to promote himself using hospital marketing, as a high-value, low-cost provider, transitioning the majority of his robotic cases over to the Olympus 3D system. In this way, Dr. Audlin has been able to expand his geographic referral base from regional to national.

Here is his story:



Photo courtesy of Mercy Medical Center

Dr. Kevin Audlin and Dr. Fermin Barrueto, of the Endometriosis Center at Mercy Medical Center in Baltimore, Maryland

HOW WE ACQUIRED THE SYSTEM

My partner Dr. Barrueto read about the Olympus 3D Surgical Imaging Platform in an advertisement in an OB/GYN journal and wanted to learn more about it. We had been using the da Vinci® robotic platform, but the overhead associated with the robot and the lack of tactile feedback presented enough of a disadvantage that we were interested in trying something new. All along, we had wished that there was a non-robotic 3D platform – what we found with the ENDOEYE FLEX 3D was that it offered the depth perception we had from the robot, but maintained tactile feedback during surgery.

Dr. Barrueto and I embrace new technology and said, “We have to have that at our facility.” Once we tried it, the clinical advantages and value were brought to the CEO of the hospital. Dr. Barrueto was able to show that there was a clinical role for this system and that it would be an opportunity for the hospital to differentiate itself from the other hospitals in the area with the latest technology. As a result, we ended up being the first site in the US to buy the 3D tower.

HOW THE PRACTICE CHANGED AFTER ACQUIRING OLYMPUS 3D:

Prior to Mercy’s acquisition of the Olympus system, I was using the da Vinci® surgical robot for 40% of my total surgical cases, and for 80% of my hysterectomies/myomectomies, where the depth perception afforded by the 3D helped me with suturing and performing more complex laparoscopic tasks. However, the lack of tactile feedback was always a challenge.

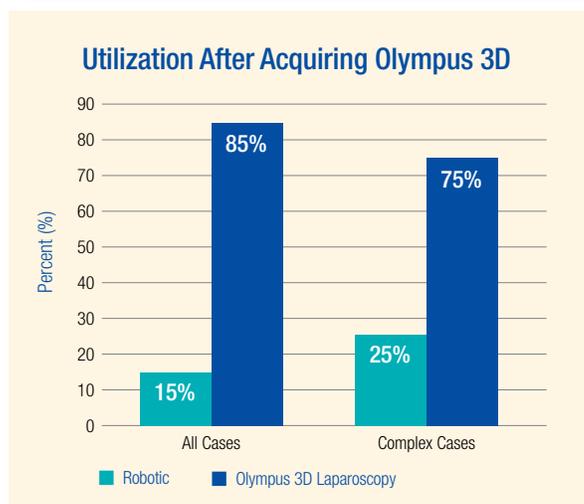
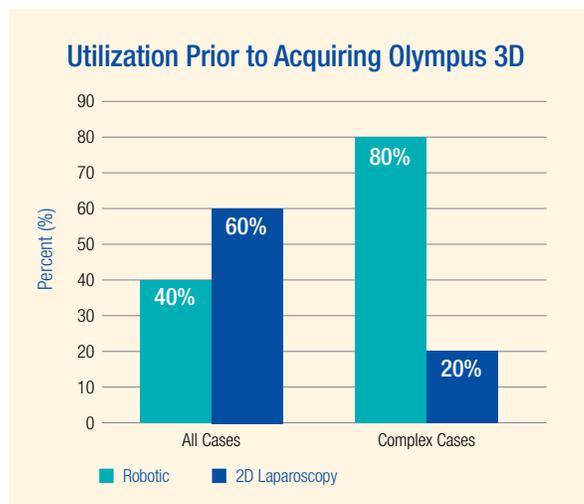
Once the Olympus 3D system was available, it wasn’t necessary to spend the time and incremental cost per procedure of the robot (disposable arms, drapes, etc.), especially for less complicated cases — I was getting everything I needed from the ENDOEYE FLEX 3D

on the Olympus Surgical Imaging Platform. A lot of the cases I used to do robotically, I don't need to do anymore because I have the Olympus 3D — the advantages of the robot but at a lower cost. Thankfully, Mercy has not become so cost conscious that they restrict their surgeons on when we can and can't use specific technologies, so the decision on whether to use the robot or 3D laparoscopy is up to the individual surgeon, based on surgical requirements.

Value-based healthcare is developing. In the near future Medicare will be introducing a Merit-Based Payment system where payment will be adjusted toward quality and clinical practice improvement and resource use. Increasingly, insurance companies will be rating the value and payment schedules of surgeons based on quality indicators as well as cost indicators. Shifting procedures to the Olympus 3D Imaging System away from the da Vinci surgical robot gets me ahead of the curve with the ratings process with insurance providers and referrals. In this way, I won't be flagged as a "high-cost provider." The Olympus 3D system is the perfect hybrid — it's the high-end technology with a lower cost price point per case.

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Now with the Olympus ENDOEYE FLEX 3D at my facility, I use the Olympus 3D Imaging system 85% of the time, and my robotic usage has decreased to 15% of the time. Specifically for hysterectomies and myomectomies, I use Olympus 75% of the time and a surgical robot for 25% of those cases. With increased usage of the 3D system, the need to rely on the robotic system for assistance becomes less and less. All the advantages of the robotic platform, including improved images, depth perception, increased dexterity is just as easy to learn with the ENDOEYE FLEX 3D system at a significant overall cost savings. Savings per case will significantly improve the hospital and insurance company's cost savings and allow the hospital marketing department to highlight their cutting edge surgical equipment and drive patient referrals to your practice. The use of the ENDOEYE FLEX 3D system is a win/win for both the hospital and the cutting edge surgeons using it.



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