

Background

- Endoscopic Ultrasound (EUS) is an advanced endoscopic technique to visualize tissue and organs beyond the reach of traditional endoscopy.
- EUS has traditionally been limited to hospitals due to equipment costs.
- Confining these procedures to hospitals has implications for physicians, patients, and insurers.
- The study aims to evaluate the effect of implementing a novel plug-and-play EUS system (Endosound Vision System™ (EVS™)) utilizing existing endoscopes at an ambulatory surgical center (ASC) on patient access, physician efficiency and capacity, procedural quality, and financials.

Methods

- The EVS (EndoSound®, Inc. Portland OR) is a novel EUS system compatible with standard endoscopes, which was introduced at a high-volume metropolitan ASC over a 4-month period.
- A single experienced echo-endoscopist prospectively performed 42 diagnostic (non-FNA/FNB) EUS examinations at the ASC.
- Indications included:
  - abdominal pain
  - exocrine pancreatic insufficiency
  - pancreatic malignancy screening
  - dilated bile ducts
  - gastric subepithelial lesions
- Procedural data (hospital + ASC) was initially compared to the same 4-month period the prior year when all EUS exams were performed at the hospital.
- Follow-up analysis was performed at the 8.5-month mark after 88 exams were performed to continue to analyze trends.

Results

- EUS exams were successfully and safely completed in all 42 ASC patients without complications. Image quality was judged to be excellent. 50 EUS cases were performed in the hospital setting using an Olympus GF-UCT180 EUS scope over the same period.
- Compared to 71 hospital based EUS cases during the prior year’s same 4-month period, overall case volume increased 29.2% to 92 total cases after ASC adoption.
- This represented a 29.2% reduction in hospital-based EUS exams from 71 to 50 cases, as cases were shifted to the ASC.
- In the follow-up analysis, 88 EUS exams were performed successfully with the EVS system over 8.5 months.
- 96 EUS exams were performed in the hospital during the same period compared with 112 performed at the hospital during the same 8.5-month period.
- Compared to the prior year, total EUS volume grew for a single gastroenterologist 64.2% year-over-year in the same time frame (112→184).

Table 1

	Hospital EUS 4 months	ASC EUS 4 months	Total Volume
2023	71	0	71
2024	50	42	92
% Change	-29.2%		+29.2%

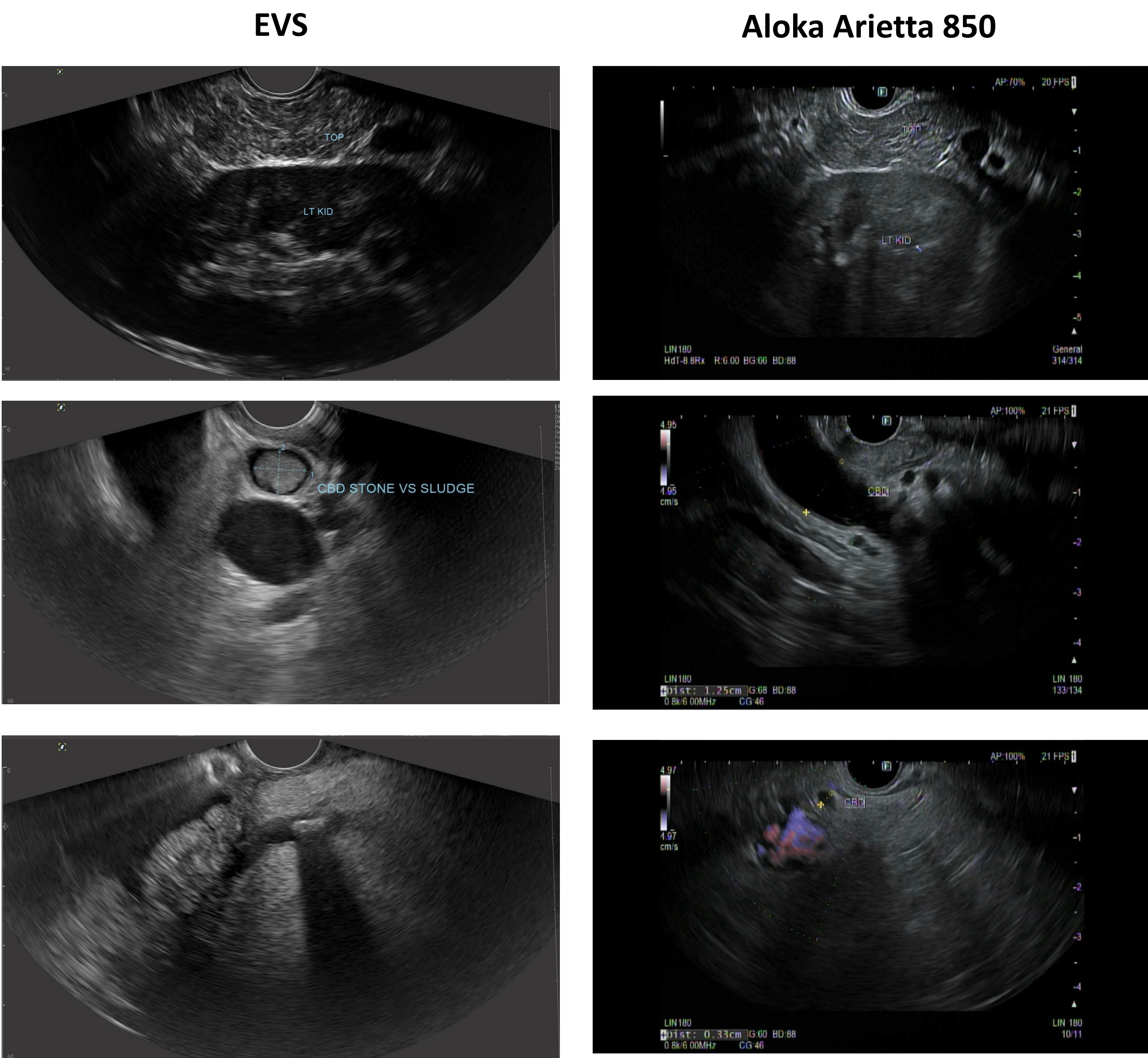
Table 2

	Hospital EUS 8.5 months	ASC EUS 8.5 months	Total Volume
2023	112	0	112
2024	96	88	184
% Change	-14.3%		+64.2%

EndoSound Vision System



Image Quality Comparison



Conclusion / Take-Away Points

- A plug-and-play EUS platform enabled safe and effective adoption of EUS in the ASC setting. This expanded patient access to EUS, resulted in an increase in overall procedural volume, reduced hospital burdens and associated costs, and contributed to an increase in ASC revenue.
- Introduction of the EVS into the ASC allowed for organic growth of an EUS practice for physicians.
- Performing EUS exams at the ASC provided more flexibility for physicians, improved utilization of ASC block time, and increased overall procedure volume.
  - Additional days were taken at the ASC for EUS exams to be performed, which also allowed for scheduling of additional EGD and Colonoscopy cases on those days.

EUS at the ASC

- Increased Accessibility:** EUS in the ASCs enables more patient access to this valuable diagnostic and therapeutic tool closer to home
- Quality:** The EVS ensures that the shift to ASC-based EUS does not compromise on image quality
- Enhanced ASC Profitability:** ASCs can introduce a new, high-value procedure with a solid revenue stream, improving their financial health and ability to serve their communities.
- Physician Work-Life Balance:** Advanced endoscopists work more efficiently in an ASC, reducing stress and burnout associated with hospital-based practice.

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