

UCLA

Health

SMSNA Center of Excellence for Prosthetics



Establishing a prosthetic center of excellence

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Disclosures

Disclosures: proctor/consultant for Boston Scientific, Coloplast

Consultant/speaker for AbbVie, Endo

Objectives

- Defining center of excellence
- Building a practice
- Marketing strategies

Prosthetic Urology Center of Excellence

- Where does the concept come from?
- Center for Medicare Services
 - Cost-based designation, not quality.
- American Association of Orthopedic Surgeons

Center of Excellence: Purpose

- To provide cost-effective high level care with minimal complications.
- To identify high volume surgical centers to funnel cases.

Center of Excellence: Brass Tacks

- There is no governing body designating prosthetic centers of excellence
- Bonus prize for attending lecture today: Call your center a COE!

What should a COE look like in PU?

- High level of surgical experience in implanter
- Subspecialty training
- Encompass a training program
- Engage in clinical research
- Maintain a presence in professional societies and attend meetings
- Have interdisciplinary center with psychologists, therapists
- Referral center for complex cases

Are COE's effective?

- False dichotomy
 - There are high volume prosthetic centers that are not self-designated COEs that likely have great outcomes based on surgeon experience.
 - There are self-designated COEs that functionally don't meet any criteria.

How do you set up a COE in PU?

- Take advantage of the marketing opportunities offered by the implant manufactures.
- Take advantage of the training opportunities offered by SMSNA.
- Identify a mentor.
 - Familiarize yourself with the techniques and figure out which makes more sense to you. Then spend some time with a high volume implanter
- It's not just about the OR

Device reps in your practice and patient advocates in COEs

- Device reps to conduct in office seminars.
 - You can limit your time in the room with your patient but have the reps discuss what the implant entails, what to expect from a financial prospective, patient resources.
- Find a patient advocate:
 - The Goldilocks approach
 - Overly enthusiastic patient
 - Overly complaining patient
 - Just right patient

Pre-op

- Talk with your patient at first visit about the implant in a positive light.
- Never say last resort.
- Discuss the cost of of medications and the lack of satisfaction with injections. Sildenafil at twice a week for 20 years adds up to \$96000.
- ICI data: 47% of men on ICI discontinue therapy, about half from pain, a third because of the hassle and the remainder because it stopped working.

Pre-op

- Emphasize the short OR time.
- Discuss day surgery or 23 h observation.
- Discuss minimal blood loss.
- Discuss minimal pain.
- Distinguish procedure vs operation.

Conclusions

- Offer all aspects of sexual medicine care
 - Low testosterone, injection therapy, sexual therapy
- Establish a great OR with the same crew
- Stay current, don't practice 2016 medicine in 2020



Thank You!