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 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.

Hollander, Urology, 1992
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!