



December 15, 2022

Tackling internal objections to single-use device reprocessing

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Tags: Instrument reprocessing (<https://www.ormanager.com/tag/instrument-reprocessing/>), Surgical Instruments (<https://www.ormanager.com/tag/surgical-instruments/>)

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Many healthcare professionals are aware of single-use device reprocessing and its benefits. According to the Association of Medical Device Reprocessors, the savings generated by such programs can strengthen a facility's financial sustainability and help provide a path for more responsible environmental stewardship.

Sometimes, ambulatory surgery centers (ASCs) may experience situations that prevent or limit their ability to maximize the benefits of reprocessing. For example, some Original Equipment Manufacturer (OEM) contracts may limit and/or prevent a facility from reprocessing; legacy perceptions can prevent staff from discovering new opportunities to drive savings; and surgeon skepticism can be a force that prevents reprocessing from gaining a strong-hold in a facility. Luckily, there are tools that ASCs can use to overcome these and other similar objections.

Contract compliance

Facilities may believe they are unable to engage in a reprocessing initiative because of their OEM contracts. For example, a facility has a contract with an OEM that provided them with power consoles at no charge in exchange for a specific volume of devices. Reprocessing these devices would cause the facility to fall short of their volume expectations, and they would be forced to pay for their power consoles. On the surface, this sounds like an impossible obstacle to overcome.

However, there are two points to consider before giving up on the possibility of implementing a reprocessing initiative due to contract conditions:

OEM scope is limited. There are no device manufacturers that supply all single-use surgical devices that can be reprocessed, or even all the devices used in a facility. Even if an ASC's contract is iron-clad, look for devices that are supplied by other OEMs and begin a reprocessing initiative with those items.

Contract expiration date check. A facility should check the expiration date of its OEM contract. Devices included in an expired contract can be added to reprocessing initiatives.

Similarly, if an ASC's contract is still active, it should not be renewed without exploring the benefits of reprocessing. Based on experience, we estimate that a reprocessed device can help save about 50% of acquisition costs, while the savings received from an OEM on new devices may reach 5% to 15%. In some cases, it might be better to go for a higher price point on devices from an OEM and engage in reprocessing, rather than limit reprocessing to receive a small discount from the OEM.

Processes on autopilot

Thousands of surgical devices are currently cleared by the Food and Drug Administration (FDA) to be reprocessed by licensed surgical device reprocessing companies. However, when analyzing the level of participation in a reprocessing initiative, most facilities often only collect 25% to 50% of the devices that can be reprocessed, leaving potential savings behind.

When asked, most facilities say they have engaged in reprocessing for years and that their programs are now on autopilot. However, such programs should be revisited every so often. While any program that runs smoothly should be celebrated, a program on autopilot is not necessarily being run efficiently or effectively. On average, an ASC that analyzes its level of participation in a reprocessing initiative and adjusts to new opportunities can increase savings by 50% or more based on our experience with converting accounts.

We urge those reading to consider this: When was the last time your reprocessing vendor conducted a thorough business review of your savings and identified any remaining potential opportunities? If it has been years, think of all the new devices that have been added to the product mix of most reprocessing companies since you last discussed potential opportunities.

Today, devices like bipolar sealers and ablation wands can be reprocessed. That was not the case just a few years ago. If you have not added these items to your collection efforts, you are missing a considerable amount of savings. And the list goes on.

Staffing considerations

Another consideration is how COVID-19 and current US economic pressures and challenges have impacted staffing. According to OR Manager's September 2022 article, titled "Survey: ASC leaders see staffing challenges with rising volume" (pp 24-26), the ability to recruit and retain new staff remains a challenge for ASC leaders.

If an ASC had new surgical technicians join the team anytime in the past 2 years, and if they have not been properly educated on the full scope of current opportunities available in reprocessing, they could be disposing thousands of dollars worth of devices that could have been collected as part of a reprocessing program.

To maximize savings opportunities, ASCs should schedule a business review with their reprocessing vendors and distribution partners to review savings trends and to identify new opportunities. ASCs should also schedule in-service training with their OR teams to:

- bring them up to speed on the economic benefits of such a program
- educate them on the full complement of devices that can be reprocessed
- reinforce the vision to ensure collection efforts are realizing the full scope of opportunities available.

A new era

We can all be guilty of allowing our perceptions to distort reality and impact our choices. That is usually the case when surgeons resist reprocessing initiatives because they think the quality of a reprocessed device is not as good as that of a new device.

However, times have changed when it comes to the quality of reprocessed devices. Due to new FDA regulations and requirements for substantiated proof of performance, the barriers to entering this market are significant. And those already in the market must meet higher levels of quality performance than they did 10 to 15 years ago.

Today, reprocessing companies are sophisticated surgical device manufacturing companies with exceptionally high-quality ratings. In fact, a whitepaper from Banner Health in Arizona showed that new devices failed 4.9 times more frequently than reprocessed devices, highlighting the quality that has now been achieved by the reprocessing industry in today's marketplace.

To demonstrate this, facilities should coordinate an evaluation with their reprocessing company on a handful of arthroscopic shavers, ablation wands, or carpal tunnel release blades, and allow the surgeons to evaluate reprocessed devices as they exist today. Surgeons will find that reprocessed devices are just as good as new devices and should be more inclined to embrace efforts to expand their reprocessing initiative.

The flat tire syndrome

We have learned of facilities that had previously engaged in a reprocessing initiative but terminated the program due to a report of a reprocessed device falling short of expectations. While any such report, for either a reprocessed device or a new one, is frustrating, terminating the use of all reprocessed devices over one device not meeting expectations is like wanting to sell a car because of a flat tire.

Similarly, having an issue with a reprocessed device is not a good reason to stop reprocessing altogether. Ask yourselves, "Do I stop using an OEM device when it fails?" The answer is no. You can use these same decision **parameters when a reprocessed device device falls short of expectations. Facilities can report it to their vendors or distribution partners and ask for an evaluation of the device to better understand what could have happened and then manage the results as**

necessary.

Trusted advisors

ASCs can rely on their distributors to act as trusted advisors, not only to provide them with the latest products and services, but also to guide them on device reprocessing best practices that can help maximize savings, increase efficiencies, and enhance patient safety. There are many aspects that go into running an ASC, and being able to call on industry experts who understand their unique needs can help save time and money.

Many field sales representatives are experts on the various devices that can be reprocessed. They can come to an ASC to help train the staff and help facilitate the implementation of such an initiative. Also, because of their strong partnerships, distributors can act as the liaison between a reprocessing vendor and a facility, helping to streamline the process.

The healthcare system is continuing to evolve, so it is important for ASCs to keep up with these changes. Facility administrators should be able to rely on their distribution partners to help them find the best technology, solutions, supplies, and services so they can run a successful ASC. The success of an ASC is highly dependent on providing an outstanding patient experience, and by investing in single-use device reprocessing, ASC leaders can spend more time focusing on patient care.

The bottom line

Life can present obstacles at every turn. Our success is often demonstrated by how we overcome those obstacles. Similarly, obstacles may occur when trying to implement a reprocessing initiative or when trying to expand the scope of that initiative. Contracts with manufacturers may limit a facility's ability to reprocess their devices by introducing clauses that prevent reprocessing.

Be sure to re-educate your OR team on the full scope of devices that can be reprocessed, and do not settle for mediocrity. We urge you to work with your surgeons who may be hesitant to use reprocessed devices. Help them overcome the false perception of the quality of reprocessed devices through an evaluation of selected reprocessed devices. If necessary, conduct a blind study, but do not let a negative perception that may have taken root years ago warp the reality of today.

Finally, work with your reprocessing vendor and distributor partner to help maximize the savings available through a robust reprocessing initiative. The increase in savings generated can help your facility become more financially sustainable. ORM

(https://www.ormanager.com/wp-content/uploads/2023/01/ORM_010123-30authors-ken-and-scott.jpg)—Ken Diebner is vice president of sales and marketing at Provision Device Reprocessing Solutions, and Scott Jackson is vice president of surgical solutions at Henry Schein Medical.



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