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## BACKGROUND & OBJECTIVES

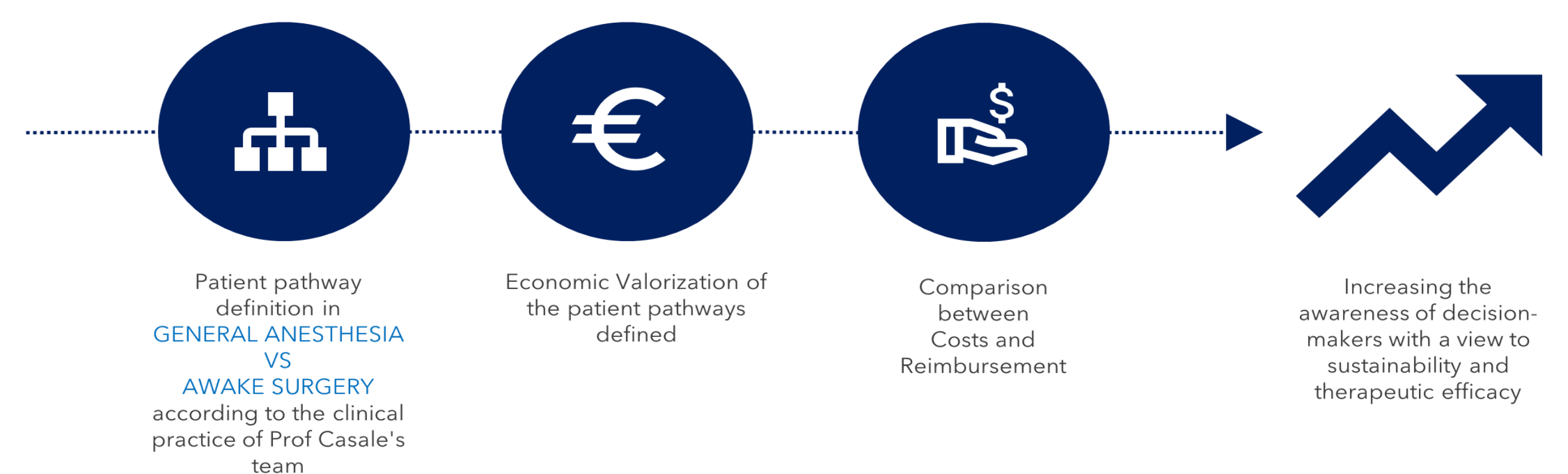
Due to Covid-19 pandemic, the standard surgical otolaryngology activity was impacted in terms of operating room (OR) and staff availability, with a decrease in the number of sinus procedures and a consequential increase in the waiting lists.

The Sinus Rapid Relief Pathway (SRRP) is designed to quickly guarantee patient access to surgical treatment by increasing the number of surgeries performed using the most appropriate care setting. It allows the execution of some procedures, under local anesthesia outside the operating room, without compromising patient safety.<sup>1</sup>

This analysis aimed to show the economic implications of adopting SRRP compared to the use of the Standard of Care (SoC), from the hospital and National HealthCare System (NHS) perspective in Italy.

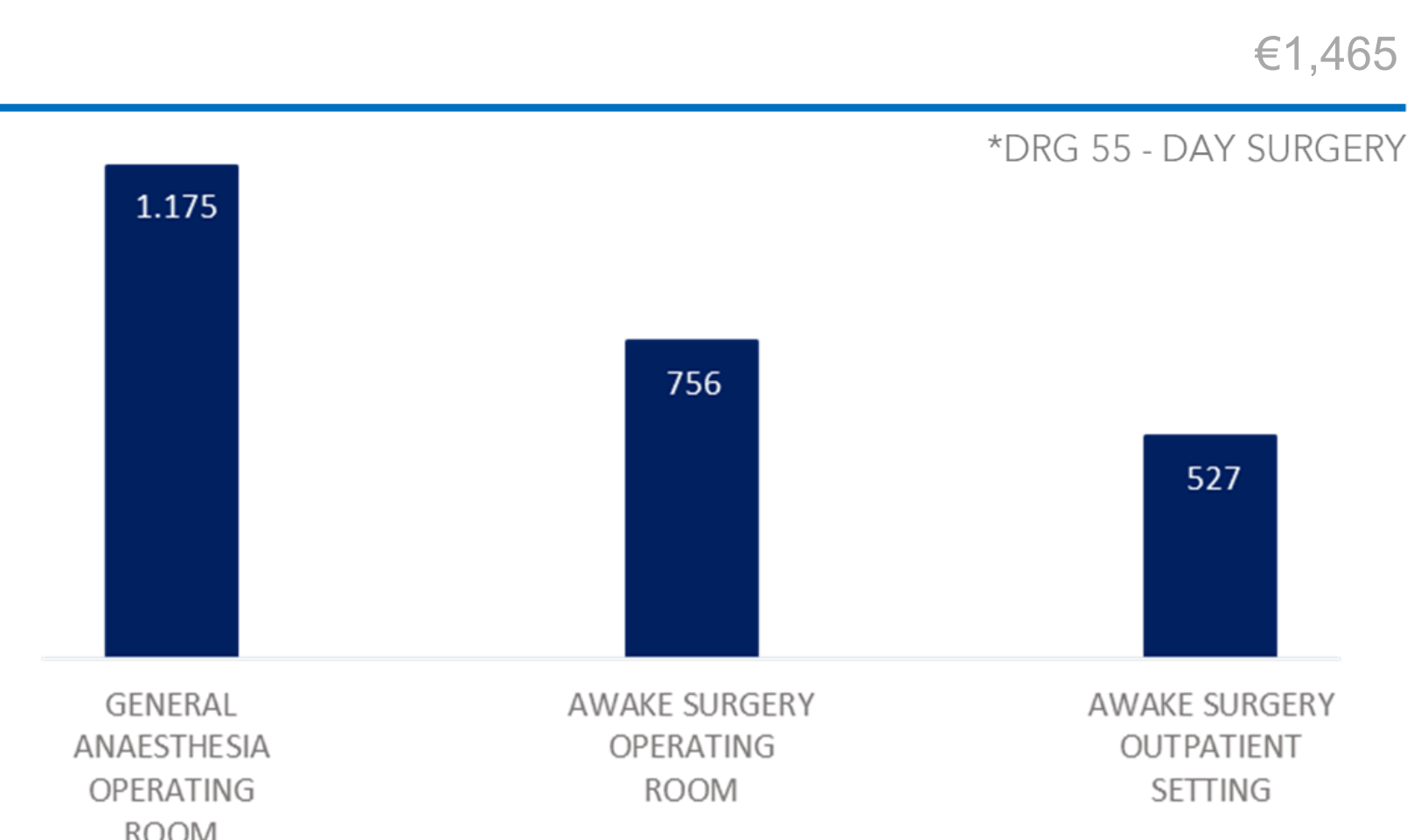
## METHODS

A Microcosting analysis was performed. The patient pathway (PP) and the direct costs were assessed by an Italian Key Opinion Leader from the hospital point of view, and they were associated with three groups of procedures septoplasty, functional endoscopic sinus surgery (FESS), and balloon dilation techniques (BDT) to open up the sinus drainage; three different settings considered: the SoC, that is general anesthesia (GA) performed in the OR, awake surgery (AS) performed in OR and awake surgery performed in the outpatient setting (OS). The last two are both considered part of SRRP. After the economic analysis of each PP, a comparison between costs and reimbursement was done.



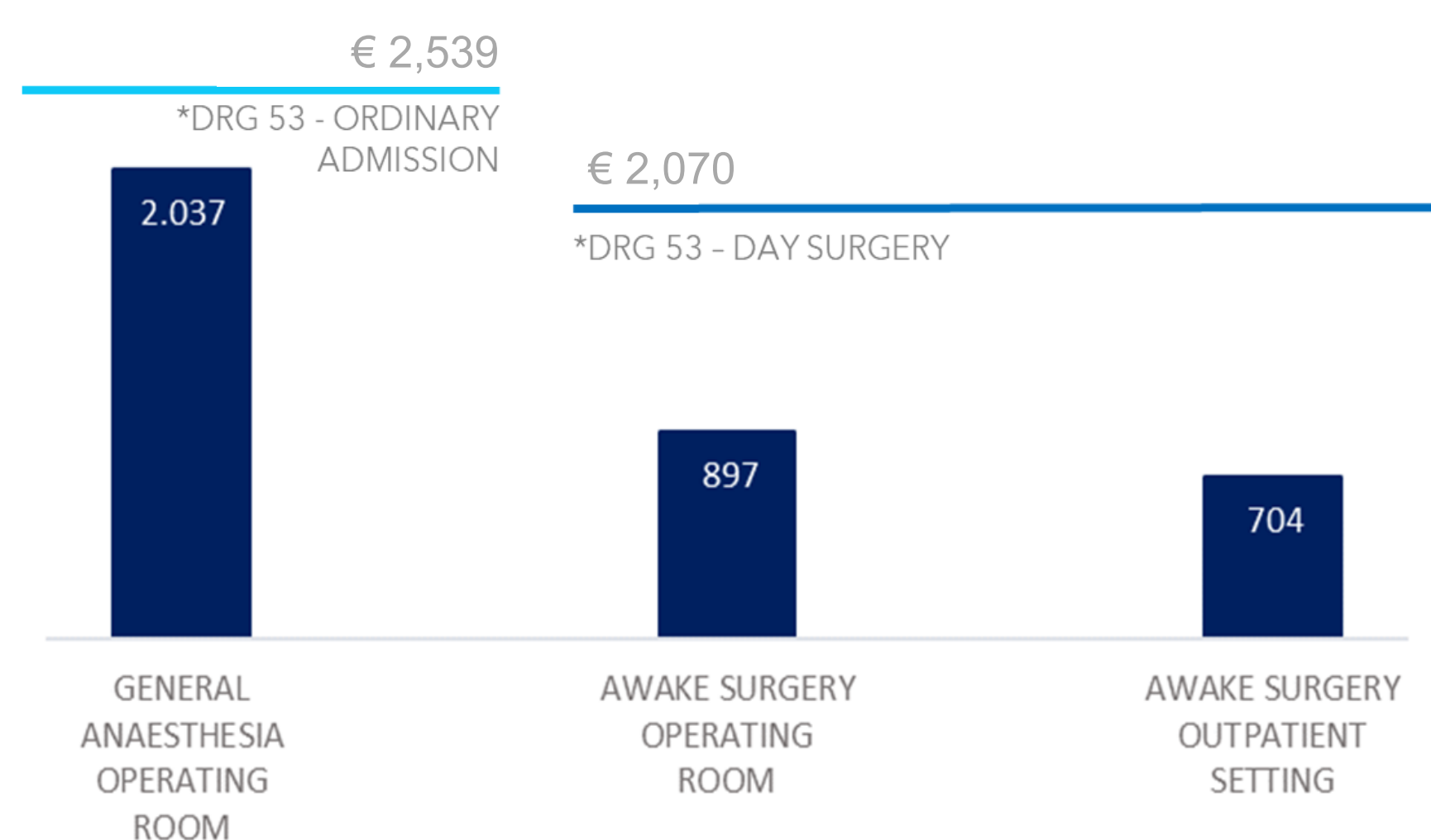
### Septoplasty total costs

The setting is the item with the greatest consumption of resources



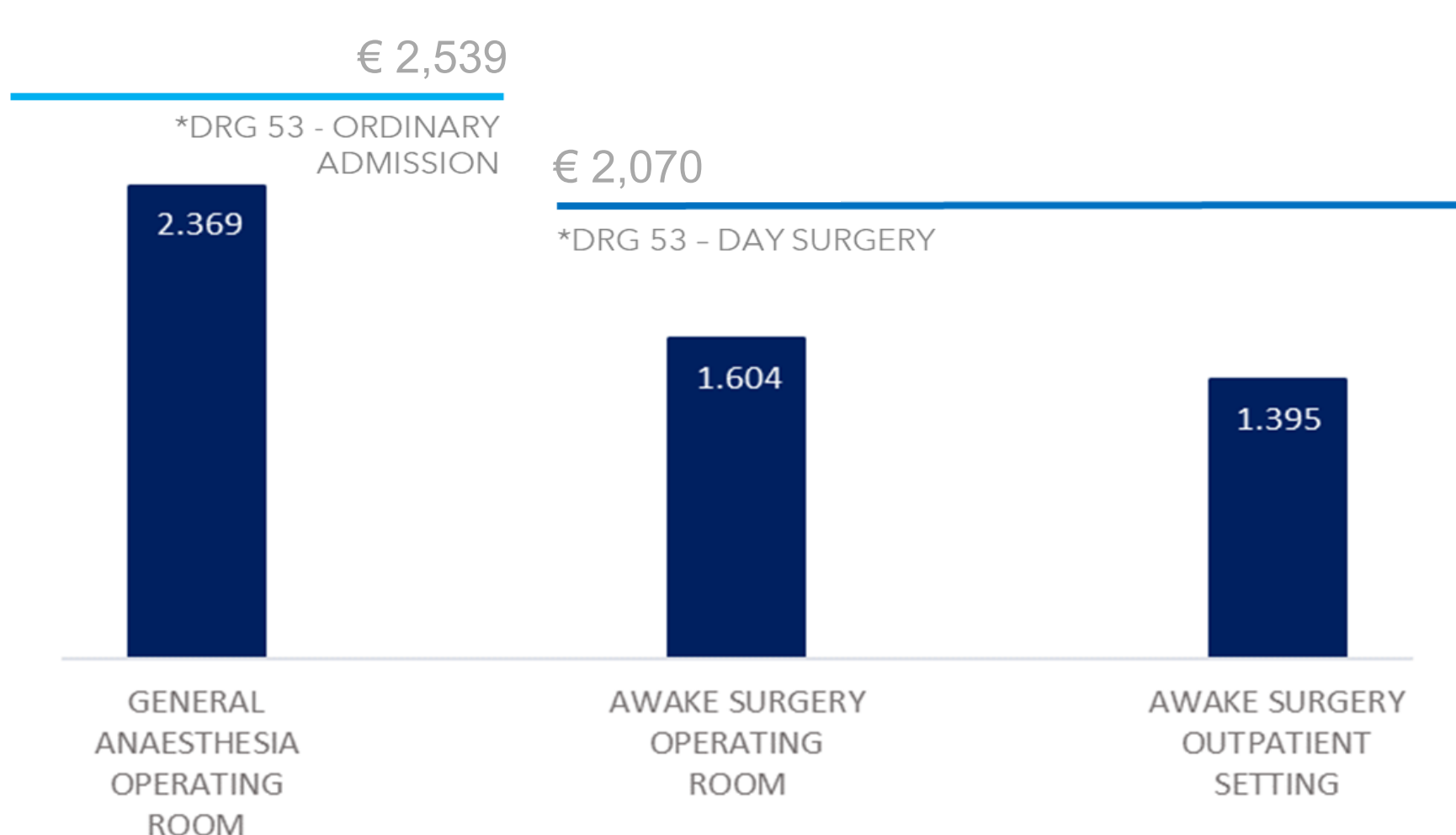
### FESS total costs

The setting is the item with the greatest consumption of resources



### BDT total costs

The materials represent the item with the greatest consumption of resources



## RESULTS

Septoplasty direct costs are: €1,175 in GA-OR; €756 in AS-OR; €527 in AS-OS. It is reimbursed with the DRG 55 with an average national tariff of €1,465 (day-surgery). FESS direct costs are: €2,037 in GA-OR; €897 in AS-OR; €704 in AS-OS. BDT direct costs are: €2,369 in GA-OR; €1,604 in AS-OR; €1,395 in AS-OS. Both FESS and BDT are reimbursed with the DRG 53 with a tariff of €2,539 (ordinary recovery) for the GA-OR, and a tariff of €2,070 (day-surgery) for AS-OR and the AS-OS.<sup>2</sup>

## CONCLUSIONS

AWAKE SURGERY performed on the most appropriate target population:

- Reduces the duration of procedures, improving operating room optimization.
- It reduces hospital length of stay, freeing up beds and relocating them where most needed.
- It reduces waiting lists, accelerating patient access to care.
- Reduces patient management costs by optimizing resource consumption.

The right procedural mix defined according to the intrinsic clinical characteristics of the patient, guides toward a more sustainable and efficient clinical practice.

## REFERENCES

1. Casale M, C. A. S. L. e. a., 2020. Minimally invasive surgery under local anaesthesia for chronic rhinosinusitis with nasal polyps: our experience in older adults. J Laryngol Otol, Volume 1-5
2. Manual Coding ICD-9-CM Version 24 2007. Ministerial Decree 2012 - National Reimbursement Tariffs