# PROCEDURAL & SURGICAL CVA SEPTEMBER 2026 MEETING



# SEPTEMBER AGENDA

- ENTERRA II – Dr. Hsu
- CROSSER IQ – Dr. Cuddy
- HEMOPRO 3 – Dexter Alexander, C-SA





# ENTERRA II GASTRIC NEUROSTIMULATOR

CLINICAL CHAMPION(S):
- DR. HSU

VENDOR: MEDTRONIC
FDA APPROVAL: 07-29-14

THE REQUEST: APPROVAL FOR TRIAL

# ANY CONFLICTS OF INTEREST?

# PRODUCT OVERVIEW



THE UNIVERSITY OF TOLEDO
COLLEGE OF MEDICINE AND LIFE SCIENCES

ACG 2026
OCTOBER 9-14, 2026 | NASHVILLE, TN
AMERICAN COLLEGE OF GASTROENTEROLOGY
CLINICAL • RESEARCH • EDUCATION • BETTER PATIENT CARE

# Population-Level Increase in Gastroparesis Following the COVID-19 Pandemic: An Interrupted Time Series Analysis of 63.8 Million Adults

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## BACKGROUND & OBJECTIVE



Gastroparesis (GP) is a chronic motility disorder linked to diabetes, gastrointestinal surgery, and medications that impair gastric emptying.

Post-viral GP is recognized, but the population-level impact of SARS-CoV-2 remains uncertain.

**Objective:** evaluate temporal changes in GP incidence and prevalence before and after the COVID-19 pandemic.

## METHODS

**Design:** Retrospective interrupted time series
**Data source:** TriNetX Research Network
**Study period:** January 2017 through December 2023
**Population:** 63.8 million adults
**COVID-19 appearance in US**
Time-series cutoff: March 2020
**Model:** Segmented regression of monthly incidence and prevalence trends
**Secondary COVID/idiopathic cohort exclusions**
Diabetes mellitus, diabetic neuropathy, opioids, GLP-1 receptor agonists, prior GI surgery, and vascular causes.

## RESULTS

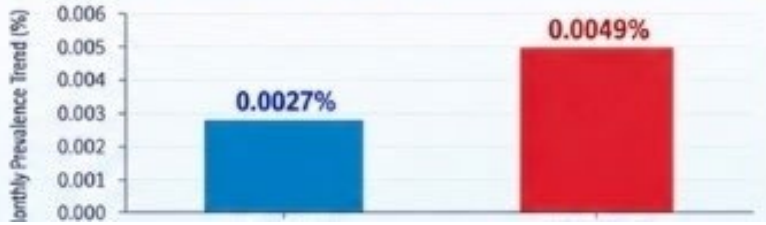
### FIGURE 1. INCIDENCE TREND SHIFT

Pre-COVID slope: −0.12/month, p=0.165 • Post-COVID slope: +1.08/month, p<0.001




### FIGURE 2. PREVALENCE TREND ACCELERATION

Monthly prevalence growth accelerated from +0.0027% to +0.0049% after March 2020; both p<0.001.




## KEY RESULTS

**93,598** pre-COVID GP patients

**129,519** post-COVID GP patients

**−0.12 → +1.08** incidence trend change /100,000 PY/month

**+0.0027% → +0.0049%** monthly prevalence trend

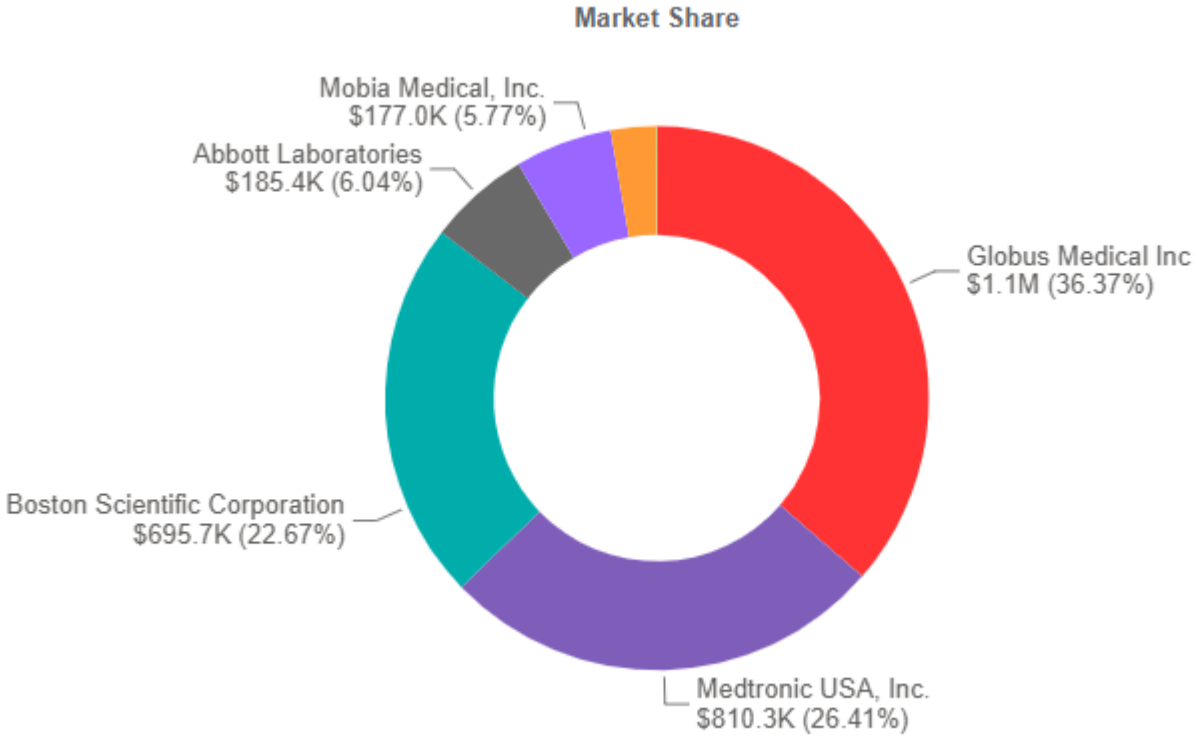
- GP incidence was stable before COVID-19, then increased significantly after pandemic onset.
- GP prevalence was already rising slightly before COVID-19 and accelerated after March 2020.
- Findings persisted in a COVID/idiopathic cohort after excluding traditional GP risk factors.
- This supports a population-level post-pandemic GP signal, not solely explained by diabetes, surgery, opioids, or GLP-1 RA exposure.

**Signal persisted after risk-factor exclusions**

Idiopathic/COVID cohort: incidence +0.48 cases/100,000 PY/month; prevalence +0.00050%/month; both p<0.001.

# SUPPLY CHAIN INFORMATION

## PRODUCT SEGMENT: IMPLANTS - NEUROSTIMULATION




MULTI VENDOR SPACE

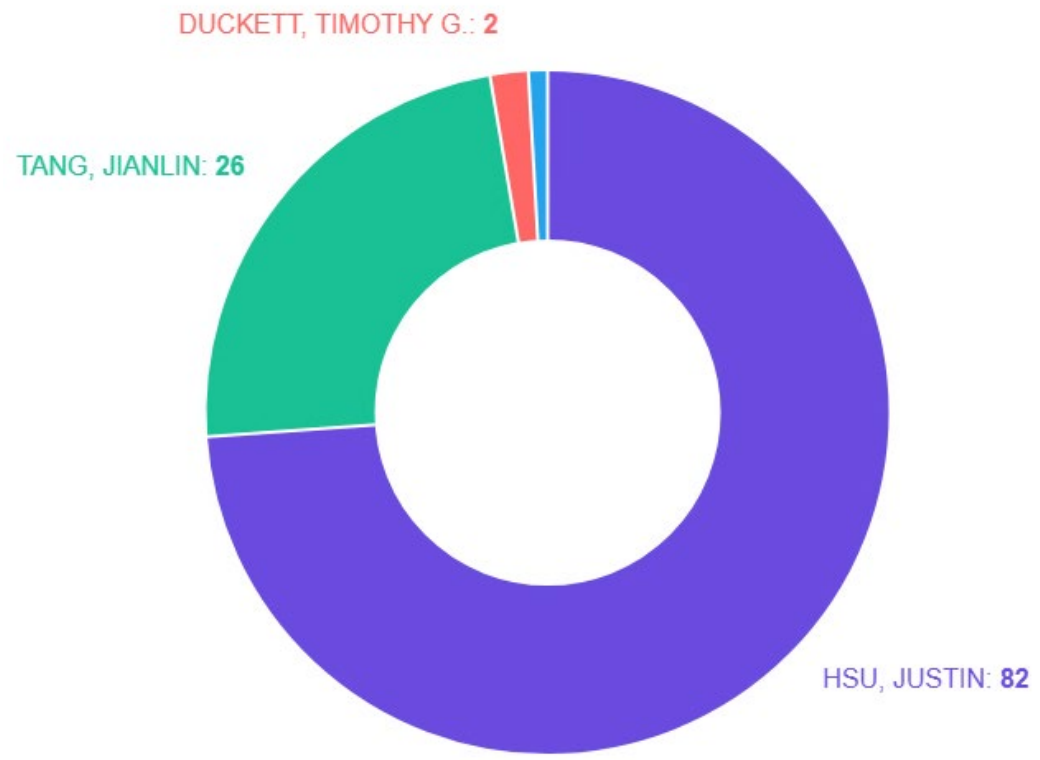
$3.1 MILLION SPEND (ANNUAL)

NO CONTRACT BREACH RISKS

# PHYSICIAN UTILIZATION MIX – ESOPHAGOGASTRODUODENOSCOPY (EGD)

## Data Pull (SEPTEMBER/2025 – SEPTEMBER/2026)

| | Number of Surgeries and Invasive Procedures | All |
|---|---|---|
| **Sep 3, 2025 – Sep 3, 2026** | **111** | |
| HSU, JUSTIN | 82 | |
| TANG, JIANLIN | 26 | |
| DUCKETT, TIMOTHY G. | 2 | |
| TANG, DALUN | 1 | |
| None of the above | 0 | |



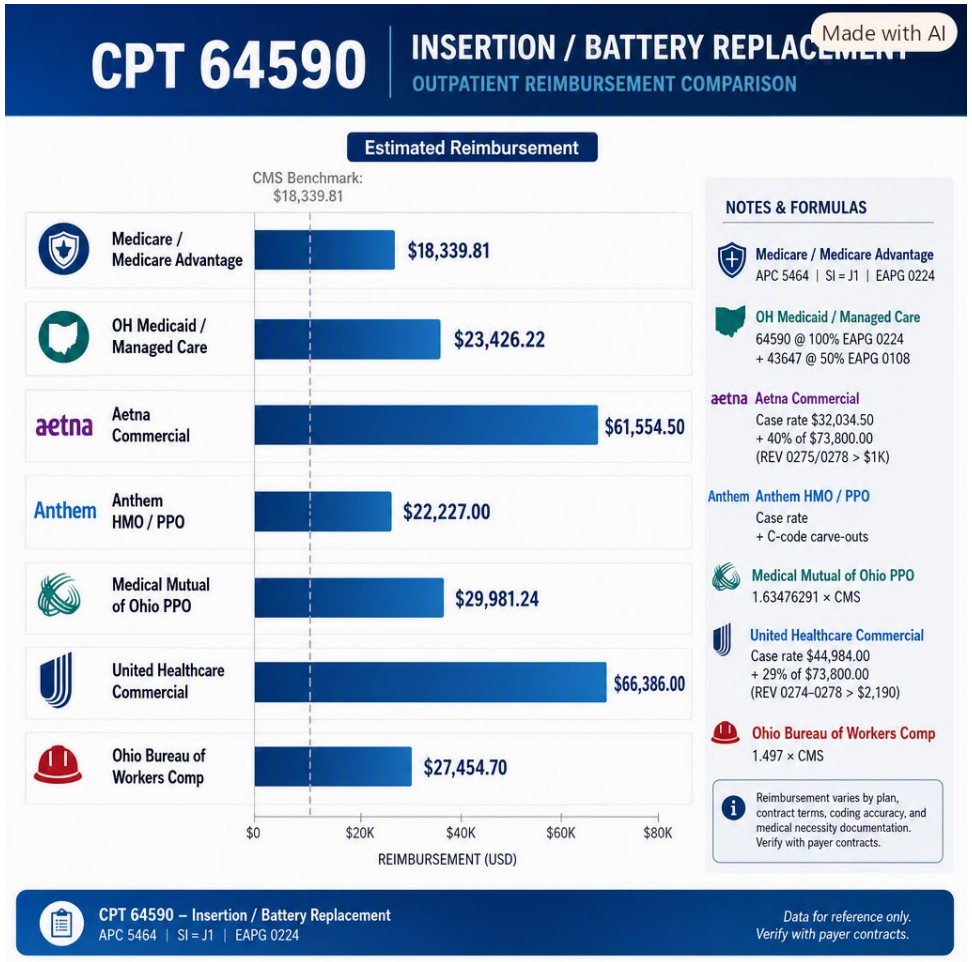
# FINANCIAL CONSIDERATIONS



# REIMBURSEMENT (OUTPATIENT)

## ESOPHAGOGASTRODUODENOSCOPY (EGD)

## Data Pull (SEPTEMBER/2025 – SEPTEMBER/2026)




### Financial Class

| | Number of Surgeries and Invasive Procedures | All |
|---|---|---|
| Sep 3, 2025 – Sep 3, 2026 | 111 | |
| Commercial | 31 | |
| Medicaid | 37 | |
| Medicare/Medicare Advantage | 32 | |
| BCBS | 10 | |
| TRICARE | 1 | |
| None of the above | 0 | |

### Patient Class

| | Number of Surgeries and Invasive Procedures | All |
|---|---|---|
| Sep 3, 2025 – Sep 3, 2026 | 111 | |
| Outpatient Surgery | 107 | |
| Inpatient | 4 | |
| None of the above | 0 | |

# CROSSER IQ



CLINICAL CHAMPION(S):
- DR. CUDDY

VENDOR: BD
FDA APPROVAL: 8-12-21

THE REQUEST: ADOPTION INTO STANDARD CLINICAL PRACTICE

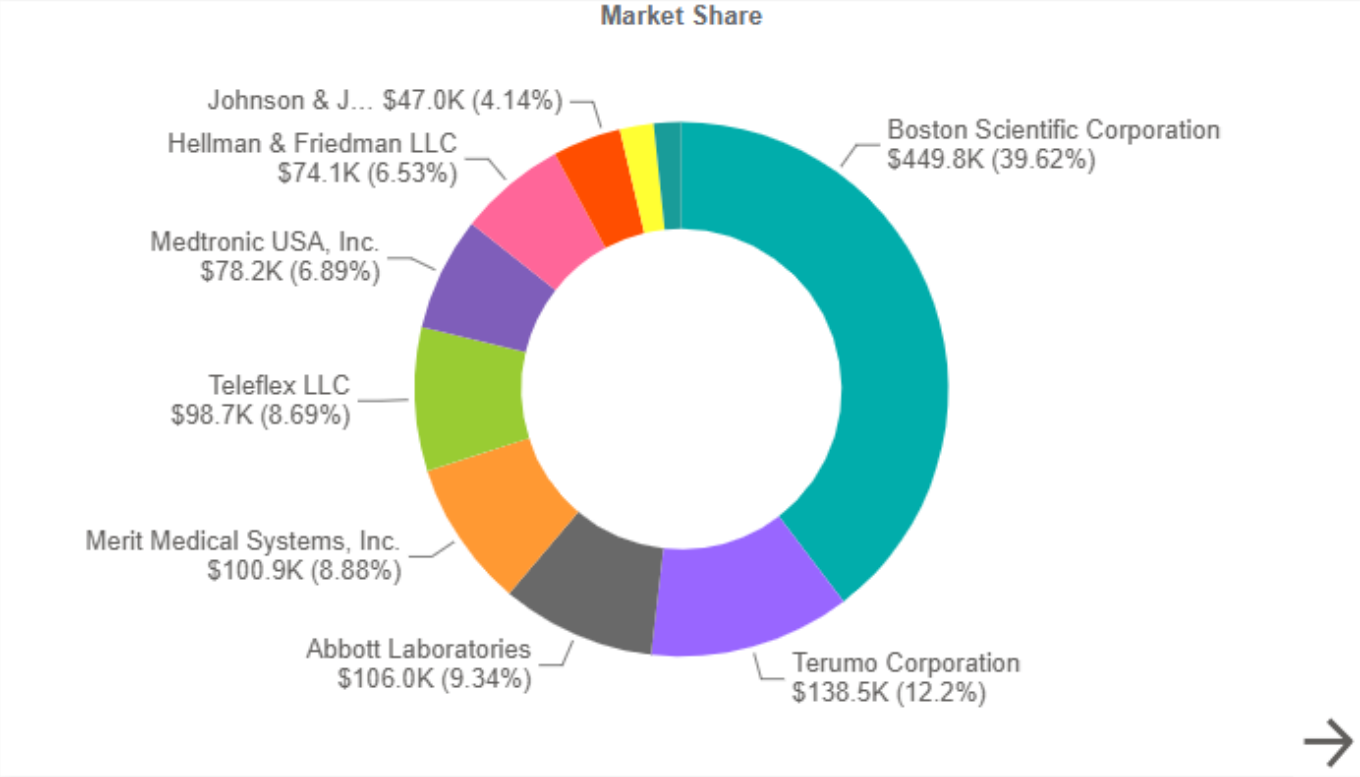
# ANY CONFLICTS OF INTEREST?

# PRODUCT OVERVIEW



# SUPPLY CHAIN INFORMATION

## VIZIENT CONTRACT CATEGORY: CORONARY PRODUCTS & ACCESSORIES

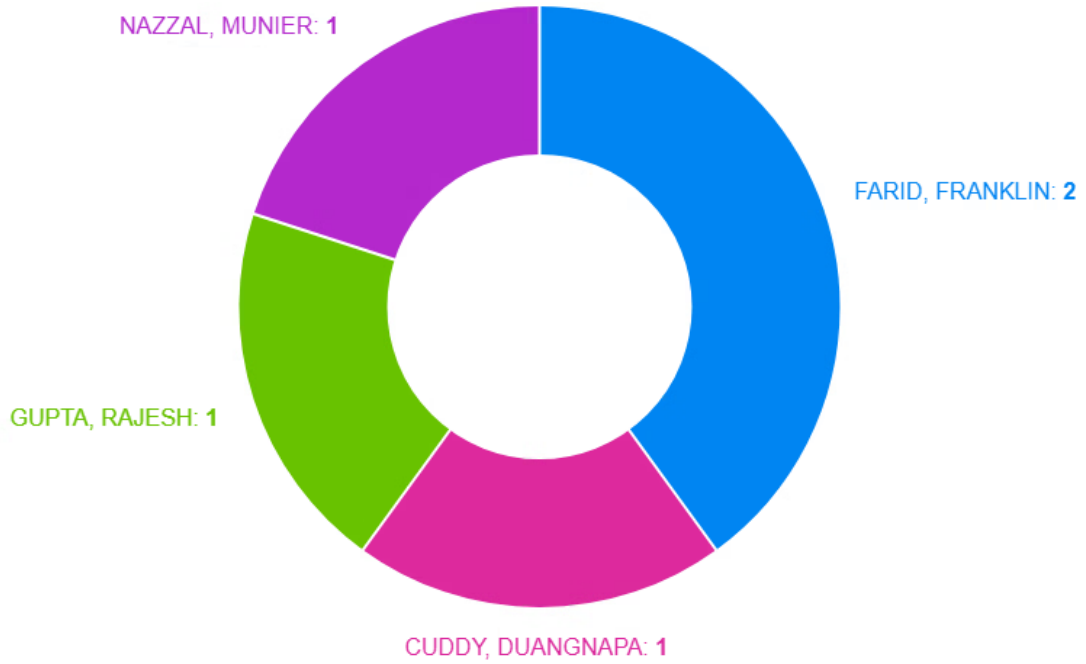



- MULTIVENDOR SPACE
- $1.1 MILLION SPEND (ANNUAL)
- NO CONTRACT BREACH RISKS

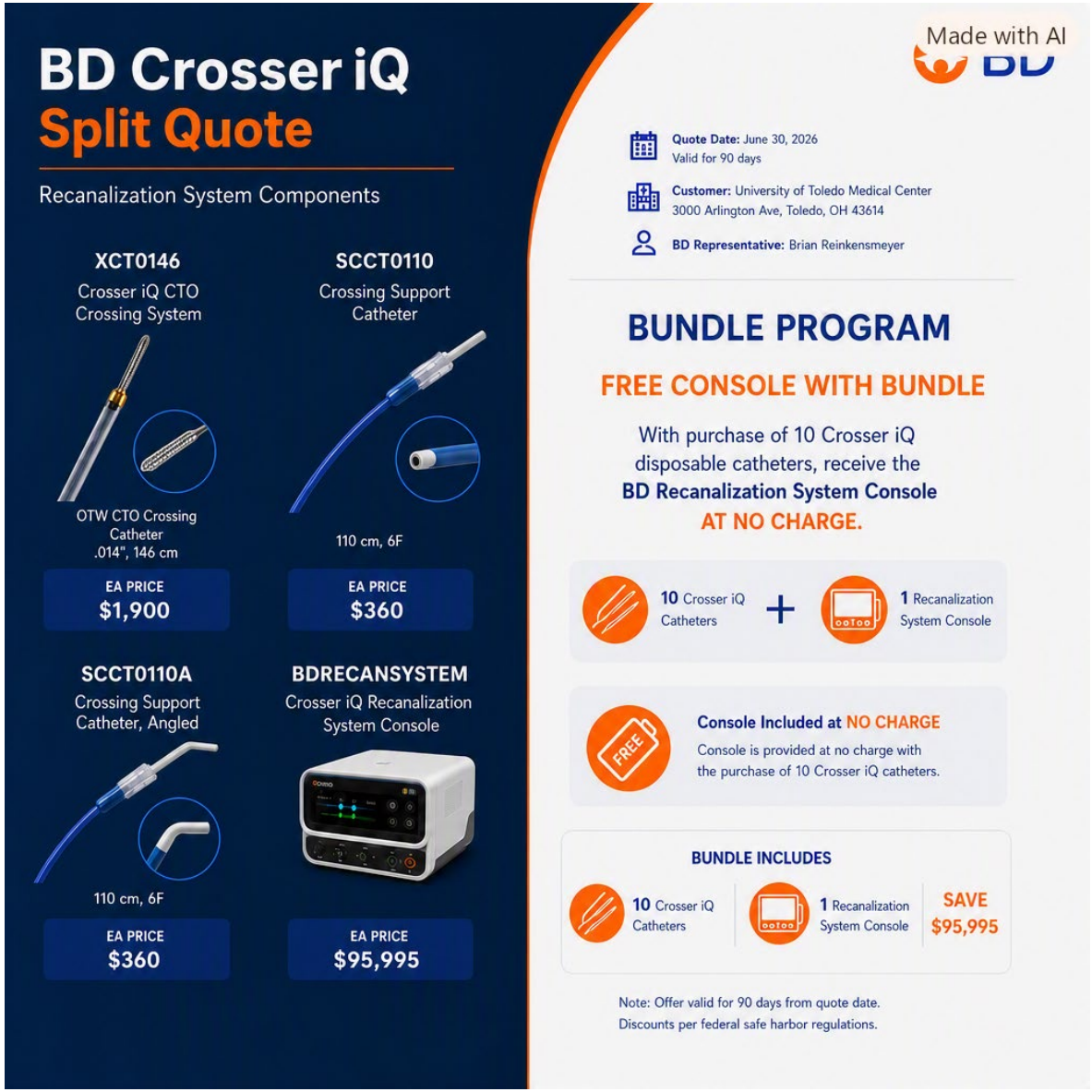
# PHYSICIAN UTILIZATION MIX – LOWER EXTREMITY INTERVENTION

Data Pull (September/2025 – September/2026)

| | Number of Surgeries and Invasive Procedures | All |
|---|---|---|
| Sep 21, 2025 – Sep 21, 2026 | 5 | |
| FARID, FRANKLIN | 2 | |
| CUDDY, DUANGNAPA | 1 | |
| GUPTA, RAJESH | 1 | |
| NAZZAL, MUNIER | 1 | |
| None of the above | 0 | |



# CROSSER IQ COST



# REIMBURSEMENT

## LOWER EXTREMITY INTERVENTION

## Data Pull (SEPTEMBER/2025 – SEPTEMBER/2026)

| PAYER | Iliac Occlusion | Femoral / Popliteal Occlusion | Tibial / Peroneal Occlusion | Inframalleolar Occlusion |
|---|---|---|---|---|
| MEDICARE / ADVANTAGE | PTA (37256): $5,380.49<br>Stent (37260): $10,913.24 | PTA (37265): $5,380.49<br>Stent (37269): $10,913.24<br>Atherectomy (37273/77): $17,329.73 | PTA (37282): $10,913.24<br>Stent (37286): $17,329.73<br>Atherectomy (37290/94): $17,329.73 | PTA (37298): $10,913.24 |
| OH MEDICAID / MNGD CARE | — *need EAPG | — *need EAPG | — *need EAPG | — *need EAPG |

### Financial Class

| | Number of Surgeries and Invasive Procedures | All |
|---|---|---|
| Sep 21, 2025 – Sep 21, 2026 | 5 | |
| Medicare | 4 | |
| Medicaid | 1 | |
| None of the above | 0 | |

### Patient Class

| | Number of Surgeries and Invasive Procedures | All |
|---|---|---|
| Sep 21, 2025 – Sep 21, 2026 | 5 | |
| Outpatient Surgery | 3 | |
| Emergency | 1 | |
| Inpatient | 1 | |
| None of the above | 0 | |



# HEMOPRO 3

CLINICAL CHAMPION(S):
- DEXTER ALEXANDER, C-SA

VENDOR: GETINGE
FDA APPROVAL: 3-30-25

THE REQUEST: NEXT GENERATION HEMOPRO VESSEL HARVESTING SYSTEM

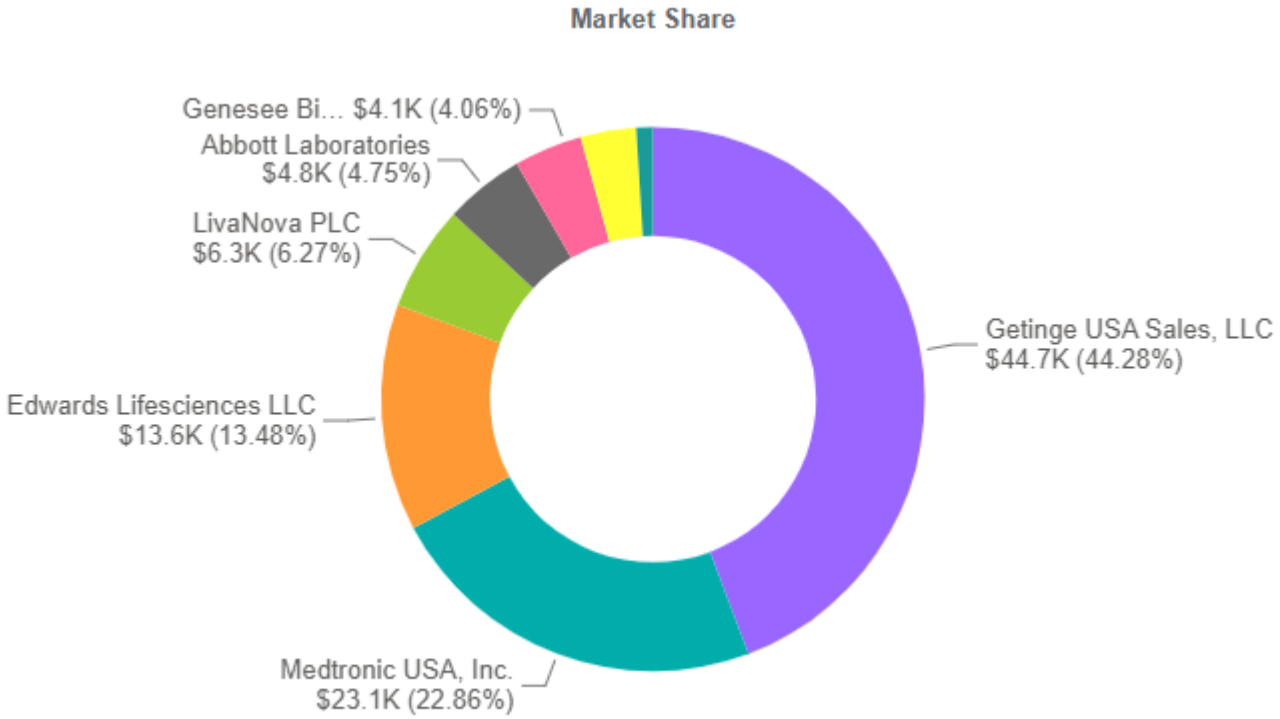
# ANY CONFLICTS OF INTEREST?

# PRODUCT OVERVIEW

https://www.getinge.com/dam/hospital/videos/3.-cardiac-pulmonary--vascular/mcv00112723_hemopro_3_full_video_animation-116115-en.mp4

# SUPPLY CHAIN INFORMATION

## VIZIENT CONTRACT CATEGORY: CORONARY ARTERY BYPASS GRAFT




MULTIVENDOR SPACE

$101K SPEND (ANNUAL)

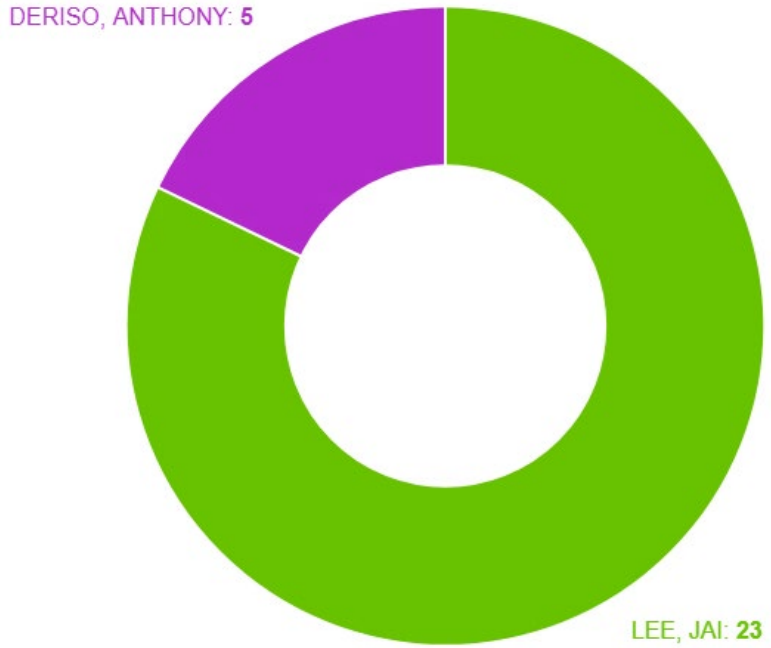
NO CONTRACT BREACH RISKS

# PHYSICIAN UTILIZATION MIX

## HEMOPRO 2 CABG CASES

Data Pull (September/2025 – September/2026)

| | Number of Surgeries and Invasive Procedures | All |
|---|---|---|
| **Sep 23, 2025 – Sep 23, 2026** | **28** | |
| LEE, JAI | 23 | |
| DERISO, ANTHONY | 5 | |
| None of the above | 0 | |



# HEMOPRO 3 COST

Made with AI

## Value Analysis: Hemopro 2 vs. Hemopro 3

### HEMOPRO 2



### HEMOPRO 3

Next Generation Performance



**FEATURE COMPARISON**

| FEATURE | HEMOPRO 2 | HEMOPRO 3 |
|---|---|---|
| Energy Platform | Bipolar RF | Advanced Bipolar + Smart Energy Control |
| Vessel Sealing | Up to 7mm | Up to 7mm with Enhanced Safety |
| Jaw Design | Traditional | Atraumatic, Non-Stick Coating |
| Activation | Footswitch | Footswitch + Handle Buttons |
| Power Supply | External | Integrated Intelligent Power System |
| Ergonomics | Standard Handle | Ergonomic, Balanced Design |
| Cable Management | Basic | Tangle-Free, Optimized Reach |
| Compatibility | Hemopro 2 Generator Only | Hemopro 3 System Optimized |
| Warranty | 1 Year | 2 Years |

**PRICING COMPARISON**

| COMPONENT | HEMOPRO 2 | HEMOPRO 3 |
|---|---|---|
| Device Cost (per unit) | $1,332.56 | $1,505.79 |
| Power Supply / Generator | N/A | $3,803.44 |

# REIMBURSEMENT

## Coronary artery bypass grafting (CABG)

| PAYER | DRG 231 Coronary Bypass w/ PTCA or Thoracotomy w/ MCC (Weight: 8.4299) | DRG 232 Coronary Bypass w/ PTCA w/o MCC (Weight: 6.0626) | DRG 233 Coronary Bypass w/ Cardiac Cath w/o MCC (Weight: 7.6452) | DRG 234 Coronary Bypass w/o Cardiac Cath/PTCA w/ MCC (Weight: 5.4627) | DRG 235 Coronary Bypass w/o Cardiac Cath/PTCA w/o MCC (Weight: 5.8686) | DRG 236 Major Cardiothoracic Repair w/o Pump w/o MCC (Weight: 4.1888) |
|---|---|---|---|---|---|---|
| MEDICARE | $69,809.29 | $50,339.78 | $63,355.63 | $45,405.98 | $48,744.26 | $34,928.98 |
| AETNA | $86,389.62 | $62,129.52 | $78,348.01 | $55,981.75 | $60,141.41 | $42,926.82 |
| ANTHEM | $71,055.63 | $51,101.66 | $64,441.39 | $46,045.10 | $49,466.43 | $35,307.40 |
| MMO | $63,342.27 | $45,554.38 | $57,446.03 | $41,046.73 | $44,096.66 | $31,474.64 |
| UHC | $100,804.74 | $72,496.57 | $91,421.30 | $65,322.97 | $70,176.72 | $50,089.67 |
| OHIO BWC | $91,450.17 + $148.60/day | $65,945.11 + $148.60/day | $82,995.88 + $148.60/day | $59,481.83 + $148.60/day | $63,854.98 + $148.60/day | $45,756.96 + $148.60/day |
| MEDICAID | – | – | – | – | – | – |

## Data Pull (SEPTEMBER/2025 – SEPTEMBER/2026)

### Financial Class

| | Number of Surgeries and Invasive Procedures | All |
|---|---|---|
| Sep 23, 2025 – Sep 23, 2026 | 28 | |
| Medicare/Medicare Advantage | 17 | |
| Commercial | 6 | |
| Medicaid | 4 | |
| OPTUM VETERANS ADMINISTRATION | 1 | |
| None of the above | 0 | |

### Patient Class

| | Number of Surgeries and Invasive Procedures | All |
|---|---|---|
| Sep 23, 2025 – Sep 23, 2026 | 28 | |
| Inpatient | 15 | |
| Surgery Admit | 9 | |
| Emergency | 4 | |
| None of the above | 0 | |