

# New study evaluates national trends in enteral access procedures

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According to a new study by the Harvey L. Neiman Health Policy Institute, the last two decades have seen a substantial decline in new enteral access procedures in the Medicare population. The study, published online in the *Journal of Vascular and Interventional Radiology* (JVIR), also found that maintenance services have increased, with radiologists and emergency physicians surpassing gastroenterologists and surgeons as the leading providers of those procedures.

"Using aggregated Medicare claims data from 1994 through 2012, we evaluated national trends in enteral access procedures in regard to utilization rates, specialty group roles and sites of service," said lead study author and University of Pennsylvania radiology resident Wenshuai Wan, MD.

Wan and his colleagues found that after a prior period of increasing enteral access via both open and percutaneous placement of gastrostomy feeding tubes, procedures to establish new access decreased from 61.6 to 42.3 per 10,000 Medicare Part B beneficiaries. Over 80 percent of those procedures are performed by gastroenterologists and surgeons with 97 percent occurring in the hospital setting. The researchers also found that existing enteral access maintenance procedures such as replacement and salvage services increased from 20.1 to 25.9 during the same time frame.

"The transition of enteral access maintenance services from the hospital to the emergency room setting demonstrates a shift in the provider base while also indicating the urgency or perceived urgency for enteral

feeding access maintenance by patients and their caretakers," noted Richard Duszak, MD, FACR, professor and vice chair for [health policy](#) and practice in the department of radiology and imaging sciences at Emory University and affiliate senior research fellow at the Harvey L. Neiman Health Policy Institute.

While Duszak believes that some of the overall decline in new enteral access procedures is guidelines-driven, he notes that much is probably related to the fact that interventional radiologists are playing an increasing role keeping old access sites patent.

"These findings should help radiologists and their health system provider partners develop integrated practice units and alternative payment models for cost-effective care of conditions requiring enteral [access](#)," added Wan.

**More information:** Wenshuai Wan et al. Enteral Access Procedures: An 18-Year Analysis of Changing Patterns of Utilization in the Medicare Population, *Journal of Vascular and Interventional Radiology* (2016). [DOI: 10.1016/j.jvir.2016.09.018](https://doi.org/10.1016/j.jvir.2016.09.018)

Provided by Harvey L. Neiman Health Policy Institute

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