

# Build Vs. Partner:

## **A STRATEGIC GUIDE TO **LAUNCHING** YOUR ECMO PROGRAM**



## Introduction

ECMO (Extracorporeal Membrane Oxygenation) is one of the most advanced life-saving therapies in critical care today. For patients in shock, cardiac arrest, or respiratory failure, ECMO can mean the difference between life and death, and the outcomes prove it: a 2022 study found 5-year survival rates of 73% for VA-ECMO and 71% for VV-ECMO. <sup>[i]</sup>

Yet this therapy remains confined to a limited number of hospitals, concentrated primarily in major academic medical centers and metropolitan areas—leaving vast regions of the country without access.

To illustrate the scale of underutilization, a 2023 study found that among more than 400 ICU patients with ARDS, 40 patients met criteria for VV-ECMO, yet only **one patient** received it. The others never had the opportunity, due to limited capacity, staffing constraints, expertise gaps, and transport challenges. <sup>[ii]</sup>

The math is clear:

**MORE ECMO ACCESS = MORE LIVES SAVED**

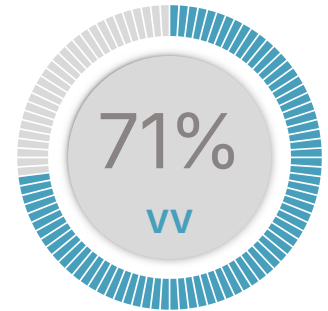
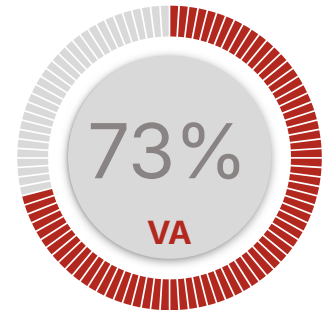
<sup>[iii]</sup>

## Why don't more hospitals offer ECMO?

In most cases, they lack the expertise. Establishing an ECMO program requires specialized knowledge, experienced ECMO specialists, comprehensive protocols, and significant coordination between providers and across the hospital system. For many hospitals, the barriers feel too daunting to tackle.

**But that's changing.** New implementation models have emerged that dramatically reduce the complexity, timeline, and risk of launching an ECMO program. Hospitals that once believed ECMO was out of reach are now going live in as little as 90 days with proven protocols, expert staffing support, and clear pathways to success. The barriers that prevented ECMO expansion are finally being dismantled.

The results speak for themselves: from 2009-2021, **ECMO use increased by more than 2,000%** and continues to grow as more hospitals gain access to the resources and expertise needed to implement these programs successfully. That's because the benefits of establishing an ECMO program extend far beyond saving lives. <sup>[iv]</sup>



**5-year survival  
rates for VA and VV  
ECMO patients <sup>[i]</sup>**

## BENEFITS OF AN ECMO PROGRAM



### Save Lives

ECMO patients can achieve 5-year survival rates of 71-73%—without it, survival is near zero.<sup>[1]</sup>



### Creates Halo Effect

ECMO programs drive referrals across cardiovascular surgery, trauma, critical care, and neonatology service lines



### Generate Significant Revenue

ECMO carries the second-highest DRG reimbursement in healthcare



### Elevates Regional Reputation

Positions hospitals as tertiary care leaders and enhances rankings (including U.S. News & World Report)



### Attracts Top Talent

High-caliber physicians, nurses, and specialists want to work where advanced capabilities exist

## A Framework for Strategic Decision-Making

For hospital leaders considering ECMO, the path forward requires answering two fundamental questions:

### Decision

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### Is Your Hospital Right for ECMO?

Most tertiary care hospitals serving regional populations are already positioned to do ECMO. If you have strong ICU capabilities, cardiovascular services, and serve as a referral center for surrounding communities, you have the foundational infrastructure for ECMO already in place.

# Quick Readiness Assessment

## Clinical Foundation:

- ✓ Level III NICU, PICU, or MICU
- ✓ STEMI program or cath lab capability
- ✓ Transfer or treat 10+ potential ECMO patients annually
- ✓ 24/7 access to blood bank, labs, and imaging



## Organizational Commitment:

- ✓ Physician champion(s)
- ✓ Administrative support for strategic priority

## Infrastructure:

- ✓ ICU space with appropriate monitoring
- ✓ EMR capable of custom documentation

**The Reality:** While these elements represent an ideal foundation, Integration Health has successfully launched programs with hospitals with varying capabilities. What matters most is institutional commitment and patient need—the rest can be built or supplemented through partnership.

## Decision

## Build vs. Partner?



Once you're ready, the next decision is the implementation approach. Both paths can succeed—the right choice depends on your timeline, volume projections, and existing expertise.

Factor	Build In-House	Partner
Time to Go-Live	8-12 months	As little as 90 days
Upfront Capital Required	High (\$500K+)	Low (service-based)
Immediate FTE Requirements	14+ ECMO-trained specialists for <u>24/7</u> coverage	0 (partner provides)
Road to Profitability	2-5 years depending on volume	12 months
Risk Level	High (unproven staff, trial-and-error)	Low (proven model with 50+ program starts)
Volume Capacity	Limited by fixed staffing	Unlimited—staffing scales to meet any census
Staffing Flexibility	Fixed (must maintain ~7 FTEs per ECMO patient)	Scalable based on ECMO census
Path to Independence	N/A (already independent)	Yes, when ready (12-24 months)



# THE **PARTNER** APPROACH

**Many hospitals choose a Partner Approach:** A partner handles initial implementation and core staffing while your team trains and gradually assumes responsibility over 12-24 months.

Hospitals that want the best of both worlds—immediate program launch with minimal risk, expert support during the critical early phase, and a structured transition to independent operations when you're ready.

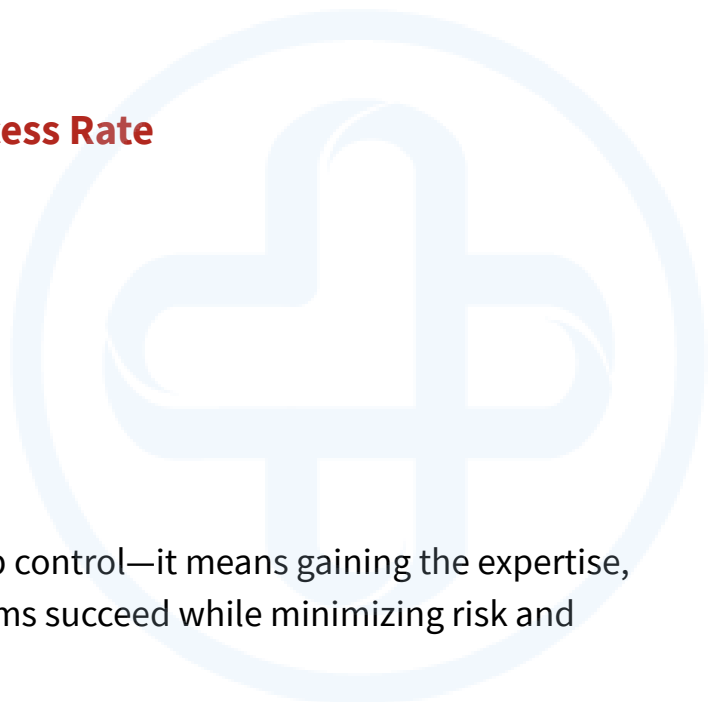
## Why Partner with an Experienced ECMO Provider?

Launching an ECMO program independently means solving problems your hospital has never encountered before, with high stakes and little room for error. Many hospitals that attempt organic program development encounter significant obstacles that stall progress or force complete restarts. These missteps cost substantial time and resources. Partnering with an experienced ECMO partner from the outset eliminates the trial-and-error learning curve and prevents costly false starts and delays.

## Partnership Advantage:

- **Dramatically Improves Program Success Rate**
- **Launch Significantly Faster**
- **Reduce Upfront Investment**
- **Access Immediate Expertise**
- **Maintain Staffing Flexibility**
- **Optimize Financial Performance**
- **Build Internal Capability Over Time**

**The bottom line:** Partnership doesn't mean giving up control—it means gaining the expertise, infrastructure, and support that makes ECMO programs succeed while minimizing risk and accelerating time to impact.



## Case Study

### 90 Days to Launch, One Year to Profitability: Our Lady of the Lake's ECMO Success Story

Our Lady of the Lake Regional Medical Center partnered with Integration Health to launch the first ECMO program in the Baton Rouge region. Leveraging Integration Health's expertise, the program achieved operational readiness in 90 days and achieved profitability in year one—five years ahead of schedule.



#### About the Client

Our Lady of the Lake Regional Medical Center is the largest hospital in Louisiana—a Level 1 trauma center with 96 ICU beds, six cardiac cath labs, and a comprehensive cardiovascular program. Despite having all the infrastructure for advanced care, they lacked one critical piece: an ECMO program.

#### The Challenge

For years, an ECMO program had been on Our Lady of the Lake's radar, but the hospital struggled to make it a reality. Without this critical capability, patients experiencing severe cardiac and respiratory failure were either sent to distant ECMO centers or faced devastating clinical outcomes.

What was missing? A physician champion, operational leadership committed to making it happen, and the specialized expertise to launch quickly and confidently.

## The Solution: *Flexible Partnership & Expert Support*

Integration Health provided adaptable support that evolved with the hospital's needs:

- Complete program development from equipment selection to policy implementation in <90 days
- Revenue cycle optimization with ECMO-specific billing expertise
- Initial full staffing with Integration Health specialists providing complete 24/7 coverage while training the hospital's internal team
- On-site ECMO coordinator provided by Integration Health, then hired directly by the hospital as permanent staff
- Transition to on-demand support with Integration Health providing specialist coverage as needed and ongoing education for the hospital's growing internal team
- Industry network access connecting the hospital to ECMO experts and best practices

## The Results

**Time to Operational Readiness:** 90 days

**Year 1 Volume:** 21 patients treated

**Survival Rate:** 76% (significantly above average)

**Time to Profitability:** 12 months

**Regional Impact:** First & only ECMO program in  
Baton Rouge

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*We were profitable in the first year. We had budgeted for a five-year ramp to profitability, but we got there much faster than expected."*

*— Ryan Landry*

*VP of Clinical Operations, Cardiovascular Services  
Our Lady of the Lake Regional Medical Center*

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## About Integration Health

Integration Health is the nation's largest provider of ECMO program development and support services. Formed through the integration of Innovative ECMO Concepts and ECMO Advantage—the industry's two leading ECMO organizations—Integration Health brings unparalleled expertise and scale to hospital partners.

Currently serving 65+ facilities across 24 states, Integration Health delivers hundreds of thousands of hours of bedside ECMO care annually while training over 1,000 providers each year.

**Our mission:** expand access to life-saving ECMO therapy while helping hospitals achieve clinical excellence and financial sustainability.

## Take the Next Steps

Every day without ECMO capability is another day patients in your community lack access to life-saving care.

### Contact Integration Health to:

- Schedule a readiness assessment
- Review implementation timelines and pricing
- Develop a customized program plan

**Phone**

800-874-3266

**Email**

info@integration.health

**Website**

www.integration.health

## References:

- [i] Rossong H, Debreuil S, Yan W, et. al., Long-term survival and quality of life after extracorporeal membrane oxygenation. J Thorac Cardiovasc Surg. 2023 Aug;166(2):555-566.e2. doi: 10.1016/j.jtcvs.2021.10.077. Epub 2022 Feb 18. PMID: 35346489.
- [ii] Saha, B., Drapak, S., Mailman, J. F., et. al., (2023). Evaluating service needs for Venovenous extracorporeal membrane oxygenation in patients with severe acute respiratory distress syndrome in Saskatchewan. Scientific Reports, 13(1). <https://doi.org/10.1038/s41598-023-45013-6>
- [iii] Munshi, L., Walkey, A., Goligher, E., et. al., (2019). Venovenous extracorporeal membrane oxygenation for acute respiratory distress syndrome: A systematic review and meta-analysis. The Lancet Respiratory Medicine, 7(2), 163-172. [https://doi.org/10.1016/s2213-2600\(18\)30452-1](https://doi.org/10.1016/s2213-2600(18)30452-1)
- [iv] Tonna, J. E., Boonstra, P. S., MacLaren, G., et. al., (2024). Extracorporeal life support organization registry international report 2022: 100,000 survivors. ASAIO Journal, 70(2), 131-143. <https://doi.org/10.1097/mat.0000000000002128>