

CDC

to ✓ Seek
Data ✓ on

ASCs

Selectd ASCs will be asked to participate in a survey being conducted by the federal government this summer. That survey, the National Survey of Ambulatory Surgery (NSAS), is intended to gather and disseminate statistical data about ambulatory surgery services provided by ASCs and hospital outpatient surgery departments. Alongside the results of the National Hospital Discharge Survey (NHDS) that the federal government will also be conducting this year, the NSAS results are expected to provide a more complete picture than has been available in recent years of the surgical procedures being performed in the US today.

Why ASCs Should Participate

By Jack Egnatinsky, MD
FASA President



The National Survey of Ambulatory Surgery that this article describes offers an important opportunity for ASCs. Not only is it a chance for ASCs to give the US Department

of Health and Human Services (HHS) accurate and up-to-date information about the procedures we perform, the excellent outcomes our patients experience and the critical role that ASCs play in meeting America's surgical needs, it is also an opportunity to place that information in a deidentified research file that is accessible to millions in this country and abroad.

The information collected in this survey will likely be used by professional, scientific, academic, commercial, health and government organizations and individuals at many levels. It is also likely to appear in health and medical journals and professional presentations of many kinds. That means that everyone, from your members of Congress and your state and national policy-making and regulatory officials to the members of your local hospital Boards, your potential investment partners, your insurance providers, and certificate of need Boards as well as others, may be using the data the CDC is asking ASCs to provide in this study.

While I am sensitive to the fact that this survey will require some time to complete, aside from providing care to a patient, I can't think of a much more important way for an ASC professional to spend that time. In the face of increasing legislative and regulatory challenges to our industry, our ability to produce the kind of data this survey is

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collecting is growing. When you participate in surveys such as this one, you help the whole ASC industry as well as your own ASC.

On FASA's behalf, I commend HHS, the Centers for Disease Control and Prevention and the National Center for Health Statistics, as well as their partners at the US Census Bureau, for working with FASA and other national health care organizations to design this important survey. I also urge every ASC that is asked to participate to respond promptly and thoughtfully. The data you provide will play a significant role in affecting a great deal of the future planning that will directly affect our industry. If your ASC is selected to participate in this survey and you find you need help in any way, please call on FASA. As always, you can reach us by phone (703.836.8808), fax (703.549.0976) or email (FASA@fasa.org). ♦

Federal Agencies Involved

Centers for Disease Control and Prevention (CDC)

One of the 13 major operating components of the US Department of Health and Human Services (HHS), the CDC is responsible for providing a nationwide health surveillance system, implementing disease prevention strategies and maintaining national health statistics. The CDC will oversee all of the activities related to the survey.

National Center for Health Statistics (NCHS)

NCHS, the division of the CDC that compiles and disseminates statistical health information, is providing the overall coordination of the design, data collection and reporting involved with the survey. This agency will send the letter inviting ASCs to participate.

US Census Bureau

The US Census Bureau, the only federal agency involved with the survey that is not a part of HHS, is actually a division of the US Department of Commerce. As a contract partner of the HHS agencies involved, the Census Bureau will send its officials into the ASCs that agree to be involved to describe the survey process, answer questions, help train staff to participate and, if necessary, actually collect and record the required information contained in the ASCs' files.

Although not all ASCs will be asked to participate in the survey, all ASCs should be on the lookout for a letter that the National Center for Health Statistics (NCHS), a division of the Centers for Disease Control and Prevention (CDC), will be sending. That letter will invite randomly selected ASCs to participate in the survey.

The Process

The NCHS letter that each selected ASC will receive will describe the survey and inform the ASC that representatives of the US Census Bureau, the federal agency that will actually be collecting the data and providing the on-site assistance involved, will be contacting the ASC. Following receipt of the letter, Census Bureau officials will contact the ASC to schedule a mutually convenient time to meet at the ASC to discuss the ASC's participation in the survey. During that initial visit, the Census Bureau officials will spend between 1½ and 2 hours at the ASC explaining the survey process and answering any questions about the procedures the ASC will be expected to follow. Then, in follow-up visits expected to occur once a month or once a quarter during the remainder of the year, depending on the arrangement the ASC and the Census Bureau officials design, Census Bureau representatives will spend about one hour at the ASC collecting data on about 10 to 12 patient records for each month in 2006.

The Questions

Questions that officials from the Census Bureau will ask the ASCs that agree to participate in the survey will be divided into two parts. First, as part of the survey induction process, ASCs will be asked to answer about 25 questions about their facility (see box at right). These questions will focus on topics including licensing, accreditation, the ASC's management structure, the ASC's payer mix, medical staff and specialty breakdowns, and patient discharges and transfers. Some of the questions in this part of the survey will also reflect current government priorities related to issues like the use of electronic medical records or the plans ambulatory surgery facilities have adopted to avoid wrong-site surgery. Still other questions in this section, like some related to the length of time patients remain in the facility following surgery, will reflect the government's desire to get a greater understanding of the ways that ambulatory surgery facilities conduct their operations and are able to offer the services they provide.

The second set of questions ASCs will be asked to answer (see box at far right)—the medical abstract portion of the survey—will focus entirely on the patients who undergo

Sample Questions about your ASC*

This facility (hospital) is owned, operated, or managed by:

- A hospital
- One or more physicians
- A managed care organization
- Another health care provider
- A health care corporation that owns multiple health care facilities (e.g., HCA or HealthSouth)
- Other, Please specify

Does this facility (hospital) use electronic medical records (not including billing records) for ambulatory surgical care?

- Yes, all electronic
- Yes, part paper and part electronic
- No
- Don't know

If yes, are there any features of your electronic medical records system that you do NOT use or have turned off?

Yes Please specify:

- No
- Unknown

In the past month, what percentage of your ambulatory surgery cases remained in your facility (hospital) for post-operative care (include time in the post-anesthesia care unit [PACU] and in observation status):

- Less than 2 hours _____%
- More than 2 but less than 4 hours _____%
- More than 4 but less than 6 hours _____%
- More than 6 but less than 10 hours _____%
- More than 10 but less than 24 hours _____%

* Actual wording may vary

procedures in the ASC and cover topics like patient characteristics, including sex, age, race and ethnicity, as well as details related to diagnoses, procedures performed, the type of anesthesia received, patient follow up, payment providers, the charges for services and patient responses after surgery. All of the information needed to complete this portion of

the survey should be readily available in the patient records selected for use.

To determine which of its patient records the ASC will need to provide, Census Bureau officials will assign each ASC a simple formula such as every fifth case of the month. ASCs will then have the option to complete the survey forms themselves or to turn their records over to the Census Bureau officials who will then extract the information they need. ASCs that elect to complete the survey forms themselves will be reimbursed for the staff time involved.

Confidentiality and HIPAA Compliance

Under federal law, all of the facilities and individuals that participate in NSAS are assured confidentiality, and strict procedures will be used to prevent the disclosure of identifi-

Sample Questions about your Patients*

Did someone attempt to follow up with the patient within 24 hours after the surgery?

- Yes
- No
- Unknown

If yes, what was learned from this follow-up? (Mark all that apply.)

- Patient had a question
- Patient had no problems
- Patient had problem(s) and:
 - Called his/her doctor
 - Called the ambulatory surgery center
 - Called the emergency department
 - Was admitted to the hospital
 - Other, please specify

Expected source of payment

- Government sources
- Private insurance
- Other private sources
- Charity care/write off
- No charge
- Other, please specify:

- No source of payment indicated

* Actual wording may vary

able data. In fact, patient names, addresses, Social Security numbers and other directly identifiable information will not even be collected. In addition, the data collected can only be used for the purpose for which they are supplied, and a felony conviction or \$250,000 fine would be levied on any NCHS staff who breach the confidentiality provisions of the survey. Also, all of the Census Bureau officials involved have taken an oath to abide by the survey's confidentiality policies.

Compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) is also ensured. The HIPAA Privacy Rule provides that ASCs are permitted to disclose protected health information without patient authorization for research that is conducted for public health purposes and NSAS meets that requirement.

FASA's Role

To prepare this survey, federal officials involved FASA in several ways. First, they consulted with FASA staff by phone several times and then they involved FASA's members in a number of ways. With the support of those officials, FASA posted information about the plans for the survey on its web site, distributed a draft copy of the survey to a number of its members for review and asked FASA Board member

Jerry W. Henderson, CASC, of the SurgiCenter of Baltimore in Owings Mills, Maryland, to participate in a briefing of NCHS and Census Bureau officials at FASA's national office. About 20 NCHS and Census Bureau officials attended that briefing to learn more about ASCs from Henderson and FASA Executive Vice President Kathy Bryant, who presented a 40-minute overview of the ASC industry and the role that ASCs play in meeting America's surgical needs. After FASA's representatives delivered their remarks, they responded to specific questions from the officials present that day.

According to Bryant, "The briefing wasn't just a good way for FASA to have some input into the study design and to help those conducting the survey begin to understand the ways that ASCs work and the meaning of the data NSAS will be collecting there. It was also a great opportunity to educate more federal officials about our industry, the benefits ASCs offer their patients and communities and the important role that ASCs play in the entire US health care system today."

"ASCs are now part of the fabric of surgery in America, and we need to get that message out."

- Jerry Henderson, CASC
Administrator, SurgiCenter of Baltimore

Federal officials also sought FASA's input on the survey design and ways of encouraging the participation of ASCs. After asking several of its members with expertise in spe-

Why the National Survey of Ambulatory Surgery Is Important

The National Survey of Ambulatory Surgery data, according to the federal officials who ordered and designed the survey, will provide a wealth of data on the characteristics of users of ambulatory surgery in hospitals and freestanding facilities. Those data are important for many reasons, including

- to complete the picture of surgical care provided in the US
- to track changes in where different types of operations are performed
- to compile national benchmarks for states and regions to compare with their ambulatory surgery data
- to make national and local decisions about the allocation of resources and training of medical personnel
- to conduct research on public health and medical care

The information being assembled is also intended to help health care experts inside and outside the federal government monitor the effects of changes in the US health care system, provide new insights into ambulatory surgery care, and stimulate further research on the use, organization and delivery of ambulatory surgery procedures. Examples of the data collected in 1996 can be found on page 57.

cific areas to comment on specific sections of the survey, FASA made the recommendations it felt necessary. In some cases, the federal officials took FASA's advice, but in others, FASA's suggestions were not incorporated. For example, questions that are now included in the survey that relate to how long patients are staying in ambulatory surgery units following their surgery were included at FASA's suggestion. At the same time, questions related to charges, which FASA had argued were irrelevant in the current health care climate, especially if those questions did not address the total amount the facility was actually paid, were retained. Shortly after the FASA briefing, Henderson opened the doors of her ASC to several of the Census Bureau officials so that they could test their actual survey process at the same time that they learned more about what ASCs are like, how ASCs do business, and how federal officials could best abstract the information they need from an ASC's records. In the end, says Henderson, the final survey "isn't perfect, but it is a very good start."

"It's important that they've given FASA an opportunity to give them input and given us a chance to say things like 'Well, if you're going to ask that, then you have to ask this too,'" adds Henderson. "Now they know more about our side of the story."

Should Your ASC Participate?

According to FASA Executive Vice President Bryant, "Whether your ASC is large or small or multi-specialty or single-specialty, if NCHS sends you an invitation to participate in this study, you probably should. There are many good reasons the federal government wants to assemble this information (see the box at left), and ASCs need to use these kinds of opportunities to help spread the word about the great patient outcomes they report, the great quality of care they provide and the important services they are providing to their patients and communities."

"One of the best things about this survey," adds Bryant, "is that it compiles data on ASCs and hospital outpatient surgery departments using the same methodology, so it presents a rare opportunity to compare those data side by side. Usually, we can't make those comparisons on this kind of an equal footing because the information is collected in different ways."

Bryant also notes that unlike many government surveys that are conducted specifically to demonstrate a predetermined result, the fact that this study is being conducted by a

Statistical Highlights of the 1996 Survey

- In 1996, an estimated 31.5 million surgical and nonsurgical procedures were performed during 20.8 million ambulatory surgery visits.
- The 20.8 million ambulatory surgery visits accounted for about half of the combined total of ambulatory surgery visits and inpatient discharges with surgical and nonsurgical procedures (40.1 million).
- An estimated 17.5 million (84%) of the ambulatory surgery visits occurred in hospitals and 3.3 million (16%) occurred in freestanding centers.
- Females had significantly more ambulatory surgery visits (11.7 million) than males (9.1 million), and a significantly higher rate of visits (86.7 per 1,000 population) compared with males (70.8 per 1,000 population).
- The rate of ambulatory surgery visits per 1,000 population was higher for males (35.1) than for females (25.5) under 15 years of age and higher for females than for males for the 15–44 age group (65.8 versus 40.8), but there was no significant difference in the rates for males and females for the age groups 45–64 years old (100.6 versus 113.4) and 65 years of age and over (219.6 versus 197.7).

In 2006

ASCs need to participate in NSAS this summer to ensure that accurate data will be reported here.

survey division, rather than a payment division, is likely to lead to more impartial data. "The fact that the surveyors are willing to spend two hours at each of the ASCs involved to answer questions in an effort to maximize participation and the government's willingness to reimburse ASCs for the time they invest in data collection," adds Bryant, "is also a good indicator of just how serious the government is about collecting truly valid data in this study."

At the same time that she encourages most ASCs to participate in NSAS, Bryant acknowledges that there are a few ASCs that should probably not participate. As she describes, "If your ASC is hobbled by legislative, regulatory or, possi-

bly, hospital policies that are preventing you from providing even a fraction of the services your ASC could otherwise provide, if your ASC is transitioning from one management structure to another and that transition has seriously skewed the facility and patient data you would otherwise report or if your ASC has opened so recently that you have very little data to contribute, then you may want to consider your decision about whether or not to participate in the survey more carefully. Otherwise, don't let the time involved or your fears about the complexity of the process stand in your way. This is a great opportunity to help direct the future of your ASC and the entire industry.” (For FASA President Jack Egnatinsky's thoughts on ASC participation in this survey, see the box on page 53.)

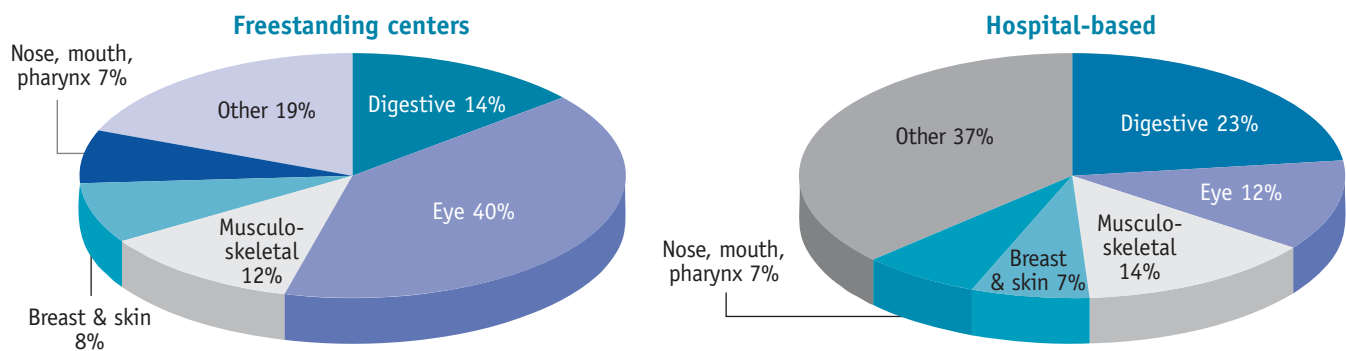
Then and Now

A different version of the NSAS was originally conducted annually between 1994 and 1996 but was discontinued due to a lack of resources. For information collected in the last of those surveys, see the box on page 57 and the illustrations below.

FASA is viewing this attempt to revive those data collection efforts as a positive development for the ASC industry and encouraging all of its member ASCs to participate in NSAS. Participating ASCs that need assistance with the survey are encouraged to contact FASA by phone (703.836.8808), fax (703.549.0976) or email (FASA@fasa.org). As SurgiCenter of Baltimore Administrator Henderson observes, “ASCs are now part of the fabric of surgery in America, and we need to get that message out.” ♦

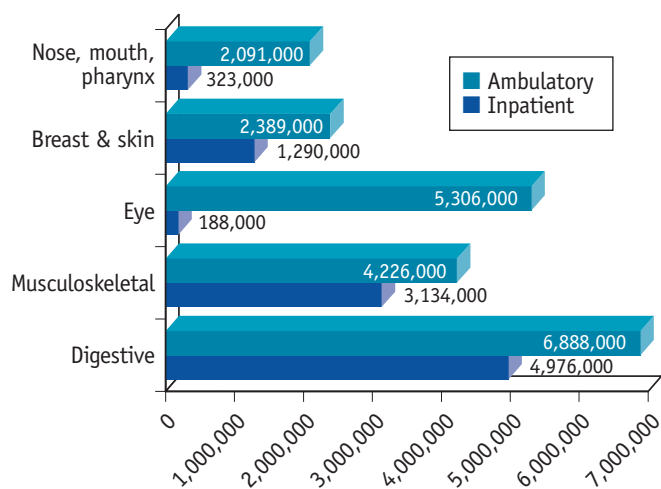
1996 Data Analysis

Types of ambulatory procedures by location, 1996



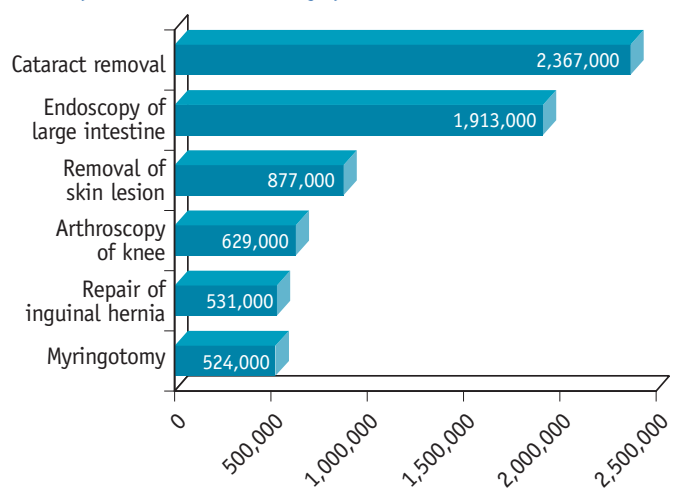
Source: CDC/NCHS, National Survey of Ambulatory Surgery (NSAS).

Examples of types of procedures performed mainly in ambulatory settings, 1996



Source: CDC/NCHS, National Survey of Ambulatory Surgery (NSAS) and National Hospital Discharge Survey (NHDS)

Examples of ambulatory procedures, 1996



Source: CDC/NCHS, National Survey of Ambulatory Surgery (NSAS).