ASC Administrative Experts And Major Federal and Market Changes in ASCs

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OAS CAHPS SURVEY
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Who is responsible for this and What is it??
- The Consumer Assessment of Healthcare Providers and Systems Outpatient and Ambulatory Surgery Survey = OAS CAHPS survey

* Source – CMS website
Why?

- To produce comparable data on the patient’s perspective that allows objective and meaningful comparisons between HOPDs and free-standing ASCs on domains that are important to consumers
- Public reporting will allow consumers to make more informed choices when choosing an HOPD or ASC
- Public reporting of survey results will be used by HOPDs and ASCs for quality improvement initiatives

source: CMS website

When did this start?

- Field test conducted in 2014 to test the reliability of the survey items and implementation procedures.
- The survey received accreditation as a CAHPS survey in February 2015.

When is it required?

- You can participate voluntarily in 2017
- You are required to provide the survey to your patients beginning in January 2018
- Recommend starting as soon as possible
How do we get started?

- You must contract with a certified third party vendor - list as of March 7, 2017
  https://oascahps.org/General-Information/Approved-Survey-Vendors

- You must also go to https://oascahps.org in order to register your facility administrator
  ◦ Click on For Facilities
  ◦ Click on Register for Login Credentials
  ◦ Complete required fields and submit
  ◦ You will be taken to a dashboard and follow instructions to complete the next steps.

Where can I go to get help?

- https://oascahps.org/
- http://www.ascassociation.org/federalregulations/qualityreporting/oascahpssurveyfaqs

What do I need to know before contracting with a vendor?

- Vendor’s pricing model - find one that charges per completed survey, not every survey sent or phone call made
- Terms of contract, any benefits to longer terms?
- Termination fees
- IF you decide to add questions, how does customization cost?
How can this survey effect our center?
- Potential for improved reputation in your area
- Potential for decreased reputation in your area
- May only have one chance to make it right – surveys are issued for 1 encounter every 5 months per patient

What does CMS say is important to consumers?
- Communication and care provided by health care providers and office staff
- Preparation for the surgery or procedure
- Preparation for discharge and recovery
- Overall impression of the facility

How exactly does it measure these?
- 2 questions about experience before the procedure
- 6 questions about facility and staff
- 5 questions about communications regarding the patient’s procedure
- 9 questions about preparations for discharge and recovery
- 2 questions about overall rating of the facility
- 13 questions about the patient

Source: ASCA Association website, OAS CAHPS FAQs
How many questions?
- To support the core ASC Quality Measures reporting requirements (ASC 15 a-e) within the survey, the previous slide represents 37 questions.
- You are allowed to add 15 supplemental questions to measure facility excellence.
- Would you answer that many questions?

Who is going to answer all those questions??
- Your patients
  - Over the age of 18
  - Having at least one outpatient experience
  - Have a procedure code that is considered eligible (any ASC payment code)
  - Who are alive
  - Have a U.S. mailing address or phone number
  - Not under hospice care
  - Who are not residing in institutions such as nursing home or jail
  - Who have not been sampled in the previous 5 months

Who is most likely to answer?
Think about it….

  Time to give
  Energy to put forth effort
  Dedication to tell their story to the masses…
Who? THIS GUY!!

How does the vendor contact our patients?

Only 3 approved methods of contact

- U.S. Mail only
- Telephone interview only
- U.S. Mail with telephone follow up

What can impact the results?

- Any issues within the ASCs that are not in working order (bathroom fixtures, drinking fountains)
- Anything that looks “unclean” to the patient
- Ability of patients to remember their experience after anesthesia, remember 9 questions are about recovery
- Questions that may or may not be applicable to your setting
- Any communication during the patients visit that can be considered vague or argumentative
What can you consider?

- Fix items immediately and encourage communication regarding any issues
- Hire a cleaning service with experience with surgical environments/spot check
- Train staff to “police” all areas, including restrooms
- Adding TV and Wi-Fi to waiting areas
- Add music to patient care areas for privacy and relaxation
- Add anything you might think will make the surgical experience more pleasant

Why should you spend $$$?

Because apparently you’re not just a surgery center anymore!

What else should you worry about?

Everyone has an invisible sign hanging from their neck saying, “Make me feel important!” Never forget this message when working with people.
Who? PHYSICIANS/CLINICS
- The clinical physician and staff must portray confidence in care - explain options
- Must train staff to educate patients well for what to expect – if upgraded services, make certain patient knows exactly what they are paying and why
- Do not overpromise expectations of outcome
- Answer all questions and make certain patients are comfortable with proceeding
- Discussion point with physicians: be the doctor their patients expect

Who? FRONT DESK/CHECK IN
- Must greet patients with smiling delight
- Privately handle any money matters or concerns
- Make sure the patient or family member does not have any questions
- Alert preoperative staff if there are any concerns or questions or special requests

Who? PREOPERATIVE STAFF
- Greet patients with a smile, introduce, and make them feel welcome
- Provide patient focused, calming atmosphere
- Make sure there are no questions
- Explain each step and what comes next – specifically explain anesthesia
- Take time to provide a touch to the patient's shoulder, a reassuring word, or even yet another warm blanket!
Who? INTRAOPERATIVE STAFF

- Greet patients with a smile, introduce, and allow patient to understand they are going to the OR and any special instructions
- Explain each step and what comes next
- Focus conversation with patient interaction
- Perform all duties with serious conviction

- Provide calming atmosphere – operating rooms are scary enough places without all the commotion

Who? POSTOPERATIVE STAFF

- Greet patients with a smile, introduce, and allow patient to understand their surgery is complete
- Explain each step and what comes next

- Make certain responsible adult is involved in postoperative instructions
- Provide written instructions – including what to do if they have any concerns or side effects after surgery
- Address anesthesia side effects, possible signs of infection, and any possible bleeding and what to do
- Make certain the patient and responsible adult have had all questions answered and are comfortable leaving.

Who? ANY STAFF MEMBER

- Even the sterilization technician can occasionally have patient contact
- Make certain all staff members are aware their communication to the patient is key
- Consider online aids and consultants to help train staff in steps to providing outstanding customer service
- There's an art to smiling behind a mask!
Conclusion:
- Start now
- Researching and finding the right vendor for your center can help ease implementation and allow you to track results in real time
- Investing in physician and staff training can increase patient satisfaction = better results = no payment deductions and can increase volume
- There is no choice, as CMS moves away from Fee for Service to a Pay for Performance system….It IS still a Fee for Service…..CUSTOMER SERVICE!

Dan Chambers, MBA, COE
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Private Equity
- Climate: Over Arching Trends for buyers and sellers
  - Practices with ASCs
  - Partnering and Management Control
- Due Diligence
- Valuations & Adjustments
- Focus on Revenue Growth
- Phase 1 and 2
John R. Grant

- Division President, Ophthalmology
- AMSURG, an Envision Healthcare Company
- No other financial disclosures

ASC Management Company Updates

- USPI – Purchased by Tenet – Hospital Joint ventures
- SCA – Purchased by Optum, A United Health primary care group
- Amsurg – Purchased Sheridan and then merged with Envision
- American Surgisite – clinically integrated network formation
- Surgery Partners – Pain management practice acquisitions

Strategies – Consolidation, growth, diversification, rate lift and integration

- Joint Ventures – partnering with hospitals primarily to achieve higher commercial rates
- Consolidation – companies feel the need to get bigger in order to have more relevance to commercial payers as well as seat at the table with CMS/Medicare
- Practice acquisition – Anesthesia, pain management, Ophthalmology (response to private equity)