ASC GUIDE TO PROSPERITY

VOLUME VI

A COLLECTION OF INSIGHTS FROM THE LEADING INDUSTRY EXPERTS

PINNACLE III

ANSWERS FOR ASCs

Contents

ASC Business Strategy: Peering Through a Looking Glass into Your Organization

By: ROBERT CARRERA - PRESIDENT & CEO

I have often told groups who are interested in developing a surgery center, or who already have one, that seeking "professional help" to assist them with ASC business strategy is a smart move. Outside consultation can provide an organization with a fresh, yet experienced, point of view. This year I decided to practice what I preach.

Over the last year, PINNACLE III has been diving deep internally to refine our systems, processes, and strategy. After several months of self-assessment, we decided to seek outside professional help to realize the true benefits of our strategic planning process. We selected a consultation firm that specializes in small businesses experiencing growth. Their task? Provide us with operational, organizational, and cultural input and guidance throughout that growth process. The process of internal review and change has been challenging and rewarding.

I now double down on my original stance – organizations, especially developing or growing businesses such as ASCs, should seek outside professional consultation to assist in building and implementing business strategy.

Taking the Steps

To help you visualize how this process might work in your organization, I've listed the steps I took when seeking outside professional consultation.

- **First**, we made a determination of the strategic initiatives we wanted to accomplish. This gave us an idea of the goals we might need outside help to accomplish.
- **Next**, we chose a strategic consulting firm. To obtain a list of consultants serving businesses like our own, I reached out to people I respected in the business community for recommendations. I discussed with my contacts what I was trying to accomplish. After combining input from trusted colleagues and business associates with my own research, I narrowed my scope to three potential consultants.
- **Third**, I interviewed each firm. The first firm operated under proven, academic-based structure, with a great deal of experience working with institutional organizations.

The second firm was experienced in strategy, but typically worked with companies larger than PINNACLE III. And the third firm, the one I ultimately chose, was a group run by an individual who had started and run several companies and whose experience was geared more towards mid-sized companies. I felt this was the best fit for us.

What I Learned

Since making the decision to go down this road and choosing someone to work with, I have learned several things.

- You must be ready for transparency. Unless you are willing to pull back the curtain on how your business is run and managed, don't take this step. We opened our books and gave our consultant access to our management team, as well as other key members of our organization. We made it clear to our entire team no topic was off the table and all comments would be confidential.
- You must be ready to put your ego aside. If you can't "handle the truth" (remember Jack Nicholson in "A Few Good Men"), don't embark on this journey. Each management team member – especially my partner, Rick DeHart and I – were provided feedback that resulted in small to moderate ego bruising. We were reminded the feedback received, both from the consultant and the team, was meant to improve our organization and meet our established goals.
- Getting a diagnosis is worthless unless your organization is committed to the treatment plan. We went into this exercise committed to addressing the problem areas and taking the time to make changes to ensure our continued success. If you, as the leader, or members of your team are not committed to doing what is necessary to achieve the goals initially identified when the process began, you will only end up wasting valuable time and money.
- Keep the fire burning. We are experiencing what we expected to experience. None of the initiatives are a quick fix – if they were, we would probably already have implemented them. Instead, as an organization, we have to stay committed to our original goals and the long-term benefits of these initiatives. It is up to each leader in our organization to keep us moving forward to reach our goal.

Regardless of how your business measures success, strategic initiatives need to be in place to accomplish your organization's goals. Evaluating your organization's current business strategy and environment relative to where you want to be is the first step toward creating those strategic initiatives. Then, when appropriate, business leaders should have the courage to seek outside consultation to structure the implementation and execution of plans designed to achieve the desired goals. Building a team capable of accomplishing the initiatives and recommendations to move the company forward is an equally important step. Working with an outside consultant can also bring clarity on how to strategically build and refine your team at a rate on pace with your company's growth.

As established leaders, it may be difficult to admit things could be better managed, or that you may not have all the answers. A business that overcomes the ego of its leaders, incorporates input from trusted resources including outside consultants, and grows through internal process review and refinement, is a sign of a truly strong and humble leader.

ASC Case-Costing: Improving the Data Collection Process

By: LORI TAMBURO - DIRECTOR, OPERATIONS

For an ASC leader, understanding the financial impact of each surgery performed in an ASC is critical to the facility's success. To achieve this, you must have detailed, accurate data on surgical costs and reimbursements.

Most facilities have software that produces reports which assist with gathering and modeling data. Depending on the resources available at your facility, the difficulty in gathering and using case-costing data will vary.

Avoiding "Bad" Data

Some management companies employ a data analyst to provide tools to analyze the cost and reimbursement of cases. However, even with the help of a data analyst, the analysis will only be helpful if the data collection process is accurate and thorough. A common saying among data scientists is, "Garbage in equals garbage out." For ASCs, if the person pulling the data does not have accurate data to work with, case-costing will be inaccurate.

Here are a few ways to avoid producing bad data.

- Ensure staff are entering valid data and paying attention to details. Educating staff about the impact of their role in this process is key. Staff mistakes, such as entering equipment cost as supply, can falsely inflate the cost of the case. These mistakes are easily avoided by focused staff members who have received adequate training.
- Update staff compensation. If pay rates aren't current labor costs associated with a case will be incorrect.
- Engage your materials personnel. She or he is vital to keeping information current and accurate. Supply pricing changes must be up-to-date in your software.
- Keep preference cards current. Make sure hold items are not listed as open. Ensure standard items on every surgery are correct. This will avoid waste and reduce errors when accounting for what was used during surgery.
- Don't forget supplies used outside of the OR. The supplies used in pre-op and PACU for a patient can seem insignificant. However, accounting for them with the surgery ensures general supply expenses spread among all cases is reduced. Create a pre/post bundle price for each type of surgery that gets added to the supply used. And don't forget to include anesthesia supplies and drugs, which are often overlooked.
- Include everything with a fee. Often there will be a charge for something, such as rental for a laser or a tray drop-off, that can be easily left out. Educate staff to facilitate understanding about which items carry a fee to ensure those costs are added to the case.
- Accurately capture implants and instrumentation. Avoid including reprocessed items as an expense. Ensure fees are not attached to reprocessed instruments or they could be charged to the case as a supply used. Ensure implants used are logged at the appropriate price in your software.

Final Tips for Case-Costing Analysis

There are obvious costs to capture, however, some items may be overlooked, particularly if you are not utilizing a data analyst. Some things to remember when gathering case-costing data are:

- Include total visit time and OR time. The length of time the patient spends in the facility from admission to discharge is a factor in the overall case cost.
- Use your P&L to tie-in general expenses to be allocated among all cases as an indirect expense.
- Include the payer mix. Payer mix can be a contributing factor to variances among surgeons.
- There is never too much detail. The process is tedious, but the result will benefit the ASC in many ways. The more ways the data can be sorted, the easier it will be to identify inefficiencies, waste, spending variances, long recoveries, and a variety of trends.
- Separate supplies and implants. This will allow you to compare surgeons by case and identify opportunities for savings and standardization.

Once the data is gathered, configure it in a way that will allow you to study it from multiple angles (e.g., via a spreadsheet program). Begin with a broad view - by specialty, CPT, or payer, for example. Then examine subsets - perhaps by specialty/by physician or by physician/by CPT. If you notice significant variances, dig deeper to determine the cause. As you study the data you may find errors. Rather than being frustrated by inaccuracies, use errors as an opportunity to refine your processes and/or systems. Avoid sharing data with surgeons until you are confident it is accurate. Seek their insights when sharing the information; they may be able to point to additional areas to investigate prior to making operational decisions based on the data.

As you refine your processes and systems, keep your staff and surgeons in the feedback loop. Addressing errors as they arise will create a more seamless process that allows you to focus on other improvement opportunities.

Safe Medication Practices: Understanding CMS' Standard for ASCs

By: JOVANNA GRISSOM - REGIONAL VP, OPERATIONS

Highly publicized instances of patient complications associated with compounded sterile preparations (CSPs) have increased scrutiny of safe medication practices in ASCs. Citations are being issued related to safe medication preparation and administration, and there is confusion, even among surveyors, on the use of some multi-dose medications, such as eye drops.

Centers for Medicare and Medicaid Services (CMS) clarifies with CfC 416.48 that we must provide drugs and biologicals in a safe and effective manner, in accordance with accepted professional practice and under the direction of an individual that we have designated responsible for our pharmaceutical services. In addition, CMS adds in the same CfC that drugs must be prepared and administered according to established policies and acceptable standards of practice. Below is a list of safe medication practice guidelines to prepare ASC Clinical Directors to meet the standard set forth in CfC 416.48.

Safe Medications Standards of Practice

1. Designate a licensed staff member to oversee your pharmacy program, and make sure this individual is routinely present in your facility. You must also follow your state regulations as it relates to the need for a registered pharmacist, as regulations vary from state to state. Some states do not require a registered pharmacist and some, like Texas, require a weekly consult.
2. Keep the appropriate records for the ordering, receipt of, and disposition of scheduled II, III, IV, and V drugs.
3. Understand that single-dose medications/vials (SDV) are to be used immediately upon opening, on one patient only, and then discarded. Once opened, they cannot be stored for any period of time.
4. For multiple-dose medications/vials (MDV) – date upon opening with the beyond use date and do not take a MDV into an immediate patient care area; if this occurs, that MDV becomes a SDV for that particular patient.
5. Make sure that staff are aware of the definition of a MDV. "A vial of liquid medication intended for parenteral administration that contains more than one dose of medication". This does not apply to eye drops. Adherence to this guideline will prevent confusion in a survey.
6. Create a policy and procedure for the administration of eye drops and conduct staff training on this process.
7. Review and be knowledgeable of the questions on the CMS infection control surveyor worksheet. Exhibit 351.

United States Pharmacopeia Chapter 797 (USP 797) provides you with guidelines on compounding sterile preparations in your ASC. It is acceptable for a center to compound for immediate use, but the following rules apply:

1. The CSP must be intended for immediate use or an emergency situation.
2. The CSP cannot be stored for the purpose of anticipated need or batch compounding.
3. No more than (3) commercially available sterile products in original container and no more than (2) entries into any container/package/device can occur.
4. Continuous process must be completed within (1) hour.
5. Adhere to aseptic technique.
6. Administer within (1) hour, or discard CSP.

Examples of immediate use CSPs are antibiotic solutions, blocks, irrigating solution, and even dilating solutions may fall into this category. The development of best practices for immediate use CSPs is important and should be included in training and competencies for those licensed staff that are involved in the preparation, transportation, and administration of CSPs.

The area where CSP takes place should be quiet and free from distractions. The designated staff member should disinfect the area, complete proper hand hygiene, and wear appropriate personal protective equipment (PPE). Make sure the entry ports are disinfected and calculations are verified so that accurate mixing takes place. Proper labeling must also be done prior to taking the CSP for administration.

ASC clinical leaders may refer to the lists above to ensure safe medication practices and compound sterile preparations are compliant with CMS regulations. For further information on CMS guidelines, visit the CMS infection control surveyor worksheet referenced above or the CMS website.

Curbing Healthcare Spending: What Health Plans Are Doing to Work Against Out-Of-Network Providers

By: DAN CONNOLLY, VP PAYER RELATIONS & CONTRACTING

As healthcare spending in the United States continues to rise at a seemingly unstoppable pace, healthcare entities are making attempts to curb healthcare spending. This has led to changes in the healthcare marketplace and delivery of care to consumers. For example, health insurers are attempting to rein-in spending by decreasing the use of out-of-network providers.

R ecently, when asked what health insurers are doing to make it more difficult for out-of-network providers to secure patients and collect payment, I responded with "A variety of things depending on what the health plan is trying to prevent."

While health plans are using a variety of measures to thwart out-of-network activity, this blog will focus on three prevention techniques that have perhaps become more prevalent recently:

1. Educating members on the costs of using an out-of-network provider,
2. Imposing penalties on in-network providers for use and/or referral to out-of-network providers.
3. Making it difficult for out-of-network providers to collect payment.

Educating Memebers on the Coasts of Using an Out-of-Network Provider

Health plans offering their members out-of-network benefits/coverage are going to greater lengths to steer their members away from out-of-network providers and to in-network providers through education.

As a first line of defense, health plans are taking steps to re-direct members to in-network providers via posts on their website and/or calls from pre-authorization staff, where the member is being educated on the increased cost associated with care rendered by the out-of-network provider. Some health plans provide an online hypothetical cost comparison tool. The tool helps members better understand the cost differences among doctors, facilities, and laboratories that do not participate in their networks.

Some health plans inform their members the out-of-network provider has no limit on what they can charge for their services, and those provider's fees will not be discounted because they do not participate in the health plan's provider network. Additionally, insurers may inform their members when an out-of-network provider is used, that they will likely end up paying a higher deductible and co-insurance.

Finally, health plans are alerting their members if they use an out-of-network provider, only a portion of the out-of-network charges will get paid by insurance and, absent a state-specific law or regulation, the member will be responsible for paying the remainder of the charges.

> Obstacles for out-of-network providers include persuasive education for plan members on the financial consequences of securing care from an out-of-network provider, the possibility of having penalties imposed on in-network providers, and the risk of chasing patient payments.

Penalizing In-Network Providers for Use of Out-of-Network Providers

When an in-network provider such as a surgical facility or surgeon uses the services of another provider who is not contracted with and participating in the plan's network, the in-network provider may now be putting itself at risk for repercussions from the health plan.

Contracts between health plans and providers may require contracted providers to restrict their use of or referral to other contracted providers within the network. When these contracts are breached, consequences may arise including being served a contract termination notice or experiencing financial penalties. These types of restrictions have recently been extended to anesthesiologists, radiologists, pathologists, and surgical assistants.

These out-of-network referral situations have garnered significant attention because they can create unexpected "surprise bills" and substantial financial burdens for patients. As a result, health plans have started terminating contracts with in-network surgeons that use out-of-network surgical assistants and/or out-of-network facilities.

Some health plans are requiring new facilities seeking in-network status to accept contract provisions that allow the health plans to impose financial penalties on the facility for the use of out-of-network anesthesia, radiology, lab, and pathology providers. Penalties have ranged from a small amount to over half of the negotiated surgical fees. In addition, health plans have begun pressing providers to hold harmless provisions that protect both the payer and member from the added costs of out-of-network providers, including limits or prohibitions on balance billing.

Not Making It Easy to Collect Payment

Rather than reimbursing the out-of-network provider for services rendered, some health plans issue payment directly to the patient. This may occur even if the out-of-network provider has had the patient sign an assignment of benefits form, whereby the patient requests his or her health plan issue payment directly to the provider. And once the payment they've been waiting for has been sent directly to the patient, it may become more difficult for the out-of-network provider to collect payment. If patients have cashed and already spent the insurance reimbursement check, it may be difficult for the out-of-network provider to secure remuneration.

The practice of sending the payment to the patient will continue to be a deterrent to out-of-network providers. While a handful of states have enacted legislation which requires insurers to honor the assignment of benefits, chasing patients for payment will likely remain a labor-intensive administrative burden associated with managing out-of-network claims well into the future.

Making an Informed Decision on Going Out-of-Network

For some providers, the out-of-network strategy may appear to be the best fit for their business. But, facilities and physicians who either currently accept patients on an out-of-network basis or are contemplating doing so should also be aware of the potential obstacles and limitations of this strategy. Obstacles for out-of-network providers include persuasive education for plan members on the financial consequences of securing care from an out-of-network provider, the possibility of having penalties imposed on in-network providers, and the risk of chasing patient payments. If surgery centers do not understand the impact this will have on their business in the long-run, the vitality and long-term success of the center could suffer. It is in each practice's best interest to understand the pros and cons of being an out-of-network provider prior to making an informed decision for the organization.

ASC Billing Office Process Improvement: Conducting a Quarterly Review

By: BETHANY BEUNO - VP, REVENUE CYCLE MANAGEMENT

The saying goes, "Old habits die hard." But in the ASC billing office, repeating the same mistakes costs time, money, and resources. Hence, the process of identifying process inefficiencies and areas of improvement is a constant responsibility for an effective ASC billing office. It is generally good practice to conduct a complete billing office process improvement evaluation and plan implementation at the end of each financial quarter.

A t the close of a quarter, there is enough data to review, identify, and correct negative trends. The start of a new quarter provides a clean slate for tracking the impact of the changes three months from now.

Where to begin?

Start by identifying your weaknesses by analyzing available data. This data can come from your patient accounting system and/or clearinghouse. Error tracking allows you to quantify mistakes that prevent clean claims. Reviewing clearinghouse rejection reports may identify trends. If you regularly find the same rejections, log the incidence as well as the resolution changes you make to help you identify and correct the issue. It may also be beneficial to review adjustment journal codes and ensure they meet your tracking needs in case you need to analyze payment or adjustment trends. These metrics can help you identify training opportunities for your staff at all stages of your billing cycle.

Collaboration

In an efficient billing office, a system of checks and balances establishes itself when billing tasks are departmentalized. The schedulers provide the patient and billing information, verification confirms the feasibility of the case under the provided circumstances, coders translate the visit for delivery to the insurance carrier, data entry qualifies the billing information, and

accounts receivable ensures maximum reimbursement for the team's efforts. Each subsequent person that handles the information relies on the previous person's understanding of healthcare billing. Every individual's work is verified, but not repeated, in the next step in the process. When each of these groups of people are housed in the same location, collaboration is as simple as looking over the cubicle wall. If your ASC billing office is off-site, the frequency and timeliness in which front office errors are communicated may impact the ASC billing office revenue cycle. It is important to have timely and frequent communication in this scenario.

Cross-train

Requests should not be put on hold when someone is out sick! Besides needing backup to cover absences, cross-training allows employees to understand how people in other roles manage their time and contribute to the success of the team. Transparency among departments and roles invites accountability. The quarterly billing office process improvement review is a perfect time to identify areas where cross-training is needed to fill gaps and/or back up a role.

Empower

A billing office's process improvement plan success is dependent on the team's commitment to the improvements. Encourage staff to participate and take charge of change. They perform the tasks that bring the money in the door. Policies and procedures sound good on paper, but execution can reveal unexpected roadblocks. Your team has ideas of how to prevent issues and improve the process. Implement the solutions that will work best for your team and your center.

Re-evaluate

CMS guidelines, fee schedules, CPT/ICD-10/HCPCS codes, pre-certification lists, and coverage policies – this information changes monthly, quarterly, annually. Subscribe to insurance company newsletters and follow medical societies, revenue cycle resources, and vendors. Assign someone to distribute beneficial information to affected groups of people. This may include surgeons,

> **Implement the solutions that will work best for your team and your surgery center.**

their billing office, facility administrators, and insurance verification specialists, in addition to your own revenue cycle team. The information released may force you to take yet another look at your revenue cycle needs and adjust as necessary!

Summary of Tips for ASC Billing Office Process Improvement

Make it regular. ASC billing office process improvement review should take place on a regular basis, whether conducted monthly, quarterly, or on another schedule.

Review the data. Reviewing rejected claims logs and other data allows you to identify trends and billing office inefficiencies.

Promote team collaboration. Billing office roles will naturally back each other up when operating in sync with collaboration.

Incorporate occasional cross-training. A fresh set of eyes can provide valuable insight into simple changes that can increase efficiency or reduce errors.

Don't leave out clinical roles. They have valuable insights that can affect coding and thus reimbursement. Evaluate the use of expensive implants and supplies to ensure you are billing and collecting as your contracts allow.

Re-evaluate and update regulatory information. It is crucial to the essential function of the ASC billing office to maintain accurate and up-to-date records when it comes to CMS guidelines, fee schedules, CPT/ICD-10/HCPCS codes, pre-certification lists, and coverage policies. This should also be a part of the regular ASC billing office process improvement review.

The only constant in the healthcare industry is change. When so many professionals rely on your office for the financial deliverables of their organization, as in the ASC billing office, it is imperative to stay up-to-date with industry changes. Regular review of your internal processes is the best way to keep up.documentation.

What is Your Surgery Center's Online Reputation?

By: TRISTA SANDOVAL - VP, BUSINESS DEVELOPMENT
& PHYSICIAN RELATIONS

Trista Sandoval expands on an excerpt from PINNACLE III's February 2017 White Paper "Looking Ahead: 10 ASC Trends to Watch in 2017." To uncover more ASC Trends, visit **www.pinnacleiii.com/white-papers**.

How is your online reputation management coming along this year? This question may seem intrusive. For those of us who have done nothing, it may seem flat out invasive. Many of us started the year with great intentions, perhaps even creating an initiative to develop an online reputation strategy, launch a program, or reach a target number of views or responses. For many, those objectives have fallen by the wayside, long forgotten whilst putting out day-to-day fires, onboarding new physicians, developing new service lines, or implementing new software.

Unfortunately, allowing online reputation to fall off our radar has negative ramifications. Why? Let's start with what online reputation management is.

Online reputation management is the practice of crafting strategies that shape or influence the public perception of an organization, individual, or entity on the internet. It drives public opinion about businesses and services. Undeniably, it influences, and is influenced by, your overall reputation.

What happens when your reputation is tainted? Simply put, you lose business – and customers. In a market where the competition is high and physicians are known for being highly competent, experienced, certified professionals with proven track records, there is no room for a tainted reputation. Further, healthcare entities are beginning to favor models in which the patient experience is prioritized and continuously enhanced based on patient feedback.

Patients gravitate to their preferred provider through engaging websites, mobile-optimized scheduling features, healthcare portals where they can access their recent visit information, and pay-your-bill online features. With patients more responsible than ever for satisfying upfront co-pays and deductibles, they are more willing to research top healthcare options to obtain the highest quality, most cost-effective care.

In a study from Nielsen Report Global Trust Advertising and Brand Messages, consumers were asked to what extent they trust various forms of advertising. Ninety-two percent (92%) of individuals surveyed indicated they completely trust recommendations from people they know. Seventy percent (70%) responded that they completely trust consumer opinions posted online. This is significant, telling information

on how our consumers perceive our brands and who influences their choices.

Every healthcare entity should be focused on learning how to better communicate with patients and how to better gain their trust when it comes to helping with surgical care needs.

If you find yourself in the category of most individuals who have completed little to no online reputation management efforts this year, all is not lost. Start now!

First, identify what is being said about you. Managing reviews or creating operational changes that enhance your patients' experience requires knowing exactly what your customers are relaying to others. Review top consumer resources – Google, Facebook, Yelp, etc. – to gauge the status of your online reputation. Take a moment to evaluate how your current online reputation differs, and aligns, with your online reputation goals.

Second, identify the platforms on which most of your patient reviews are being posted. This will be helpful in determining which platforms are most utilized and warrant efforts to improve your reputation as well as which platforms are under-utilized. You can then create your strategic initiatives based on how you want to tackle each platform.

Here are some helpful hints to remember when managing your online reputation:

1. Use Google Alerts to notify you when your brand is mentioned on the internet. You can also use the same method to alert you when your competition is mentioned to compare your popularity.

2. Respond timely to any negative reviews. Show customers you care about their experience and you value their input.

3. Remain factual. Ensure you carefully craft your responses.

4. Capitalize on bad reviews by improving your processes.

5. Avoid sharing protected health information (PHI), including pictures of patients or staff members.

6. Monitor your online platforms and identify potential pitfalls. If this is not your area of expertise, reach out to a trusted expert for guidance.

It is important you and/or your third-party advisor understand your market, industry, strategy, and goals. Define these in the early stages of your strategic planning.

Online reputation management is a process. There is no better time than now to start protecting and enhancing your brand in the digital world.
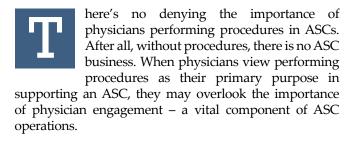
Overcoming ASC Management Nightmares: Physician Engagement

By: LISA AUSTIN, VP FACILITY DEVELOPMENT

This is the third installment in the "Overcoming ASC Management Nightmares" blog series. For Parts 1 and 2, visit our blog at www.pinnacleiii.com/blog.

There's no denying the importance of physicians performing procedures in ASCs. After all, without procedures, there is no ASC business. When physicians view performing procedures as their primary purpose in supporting an ASC, they may overlook the importance of physician engagement – a vital component of ASC operations.

Regulatory bodies expect to see ASC physicians – specifically owners – involved in all aspects of the organization. Compliance issues may arise when physicians fail to take an active role.

In addition, when physician engagement is lacking, financial problems can quickly arise. For example, in the absence of physician oversight, an individual's desire to perform more procedures may lead to the addition of cases or purchasing of equipment that does not deliver a positive return on investment.

When physicians hire ASC management staff, they often intend to pass off the responsibility of running the ASC business. Managers must ensure physicians understand their required role in operations and its critical importance to the ASC's success. This task is typically easier said than done.

Solution

Data is naturally attractive to physicians. Many of them likely chose to pursue a career in health care because it is a data-driven business. Consider statistics like life expectancy, death expectancy, surgical success rate, percentage of risk – physicians are used to sharing this type of information with patients.

To improve our ASC's physician engagement, we're working to cater to their love of empirical decision-making. In the past, we often relied on providing hand-collected and anecdotal data to help physicians make informed decisions regarding business operations. But since this data was not scientifically objective, it was not always effective in achieving our desired results.

To combat this perception, we are implementing computer programs that allow us to refine that data so it's "hard and true." These programs measure numerous data points in areas such as quality, volume, and case costing. We have used this concrete data in presentations to physicians and witnessed an emotional change. They are more willing to accept, assess and respond to the information. Physician engagement in ASC management is shifting from passive to active.

III

Understanding the Administrator's Role in ASC Quality Improvement

By: ROSS ALEXANDER - DIRECTOR, OPERATIONS

A quality assurance performance improvement (QAPI) program has long been the foundation for the delivery of quality care in an ASC. That's because an effective QAPI program helps improve all aspects of an ASC's operations. Despite its longstanding importance, ASC quality improvement has taken on greater significance in recent years.

There are a few reasons why. Physicians, staff, regulatory bodies, payers and even patients are demanding increased transparency concerning quality and quality improvement data. Accreditation organizations are requiring a high-level QAPI process to meet standards. Reimbursement is increasingly tied to quality measures and outcomes. Reports of poor quality tend to make the news and spread like wildfire.

This makes it vital that a QAPI program be an organizational commitment for ASCs. It is the administrator's responsibility to secure such a commitment from employees, management, physicians and the governing board. To do so, an administrator must be an active participant in ASC quality improvement and embrace the steps necessary for success.

10 Steps for Administrator Involvement in ASC Quality Improvement

Here are 10 steps administrators can follow to help ensure effective involvement in their ASC's QAPI program.

1. Understand your program. Allocate the time necessary to learn about your QAPI program, plan, and processes. Without a strong understanding, administrators cannot provide effective oversight and participation.

2. Learn requirements. If your ASC delivers care to Medicare and/or Medicaid patients, you are required to meet the Centers for Medicare & Medicaid Services' (CMS) QAPI requirements. As noted earlier, if your ASC is accredited, your QAPI program must comply with accreditation standards. While there is likely overlap between the

requirements, there may be some differences. Understand what surveyors expect to see when they visit your ASC.

3. Focus on what matters. ASC quality improvement can feel overwhelming when you're unsure what areas of operation to focus on for improvement. Study performance data and identify those measures and benchmarks critical to your success. This will help ensure you measure, track, trend, report on, and improve what is most important to your ASC.

4. Carefully select a program manager. While administrators should be active participants in ASC quality improvement, they do not normally serve as the QAPI program manager. Rather, they select and appoint a responsible individual. This person, who is often a nurse, must have interest, knowledge, and experience in quality improvement. Passion for improving care is vital to your QAPI program manager's success. Also critical: administrative and organizational skills, including using spreadsheets and databases, and developing meaningful presentations for QAPI committee meetings. Note: Maintain a current, clear QAPI program manager job description for guidance and accountability.

5. Establish oversight. Develop a process to ensure effective oversight of the QAPI program. Follow your organizational chart to maintain accountability of the employee responsible for the QAPI program. Include yourself on that chart as you will likely work directly with the QAPI program manager on specific projects.

6. Support the program. A surefire way for a QAPI program to fall short of its potential is lack of support. Provide resources critical to a successful program. These can include time for the manager to work on ASC quality improvement, training, education (e.g., industry conferences, webinars, publications) and software. It also includes authority for the QAPI program manager to hold stakeholders accountable.

7. Be active on committees. Take an active role on your QAPI committee. This will help you provide a comprehensive summary about QAPI activities to your medical advisory committee (MAC) and governing board.

8. Serve as interface. As administrator, you are the interface between staff, physicians, MAC, and the governing board. You are responsible for maintaining an efficient flow of information regarding QAPI activities that help achieve objectives. Work closely with the MAC and governing board to ensure implementation of their directives.

9. Stay involved. QAPI programs are most successful when administrators are continually involved, even when the program is delivering strong results. Such involvement demonstrates commitment and support. It also provides the opportunity to share input on benchmarking and studies appropriate and important to QAPI priorities.

10. Keep current. Healthcare is a dynamic sector, undergoing frequent changes. This extends to ASCs. Administrators must keep abreast of industry changes that impact ASC quality improvement efforts. When changes arise, incorporate revisions to your QAPI process to meet new needs and requirements.

ASC Quality Improvement Quick Tips

The steps outlined above should help define your role in your QAPI program. Here are a few tips that can further boost your ASC quality improvement efforts:

- Rely on your data. Using data helps administration make evidence-based decisions, allocate resources more effectively, and engage in targeted corrective actions.
- Involve many staff in your QAPI program. This will help create a learning organization where ASC quality improvement processes are understood and improvements are sustained and built on.
- Promote your program. Keep QAPI as a top-line item for MAC and governing board meetings. Share program results and explain how they improve your ASC. Provide this information to payers to further demonstrate your ASC's commitment to quality.
- Leverage partner support. If your ASC has a management company and/or hospital partner, its QAPI expertise can be an asset to the manager and program.

The importance of QAPI and ASC quality improvement efforts are likely to magnify as the demand for quality information and data grows. Quality improvement must be an ongoing effort if ASCs want to achieve meaningful results and maintain compliance. By carefully balancing their participation with QAPI program oversight, administrators can play a crucial role in achieving these objectives.

Advancing ASC Technology: The Industry's Next Big Move

By: MICHAELA HALCOMB- DIRECTOR, OPERATIONS

Healthcare is a field that is heavily vested in advancing technology. Physicians and their practice locations, including ASCs, are under great pressure to invest in new technology. Patients are expecting their healthcare facilities not only look modern but deliver an experience that also feels modern. A recent Black Book survey found, for their next healthcare purchase, 83% of consumers will seek providers offering the following four technologies: digital scheduling, online payment options, online portal and engagement capabilities, and results reporting tools.[1]

I t's not just patients who desire healthcare facilities using electronic solutions. Prospective physicians and staff may also find the prospect of using non-electronic solutions unappealing. This is most likely to be true for "digital natives" – those raised during the age of digital technology. Telling them they must use non-electronic solutions or outdated technology may be all it takes to lose physicians and/or job candidates.

Guidance on How to Effectively Add ASC Technology

Despite the growing pressure to add new ASC technology, surgery centers will want to be careful not to try to do too much, too fast. Here is some advice to help you make smart decisions.

Understand your options

As the demand for ASC technology has grown, so have the types of technology available. Our ASC recently implemented two new technologies. One was a texting program managed through an online patient portal vendor (read more about this program in my previous blog). The other was a surgery scheduling application. It allows any authorized personnel logging into the application – whether it be physicians, schedulers, staff or vendor reps – to see our current schedule. The application provides real-time updates when scheduling information changes.

These are just two of the many new technology options to hit the ASC market in recent years. There are also many vendors offering similar technologies. This makes it vital for ASCs to carefully research their technology choices. One way to find

out about new solutions is by attending ASC conferences and visiting the booths of exhibiting vendors. Afterwards, you may find it advantageous to schedule demos and speak with other users of the technology. Remember, you should get all questions answered before moving ahead with an investment.

Resist hype

Refrain from implementing technology just because it is the latest trend. You may choose a solution that fails to fill a need as effectively as another option. Rather, consider developing a technology strategy with target initiatives that support specific organizational goals. Benefits of aligning with goals include stronger process efficiencies, cost savings, added functionality, and increased safety.

Involve end users

To help ensure successful adoption, I involve end users from the beginning of the research process. Users are typically more accepting of a new system when they understand how it will positively impact their jobs.

At our ASC, we focus on providing the appropriate amount of training for the appropriate length of time. We get staff feeling comfortable using the new system and avoid overwhelming them with unnecessary details about functionality. You can always provide additional training once staff grasp basic functions of the system.

Anticipate pushback

Resistance to a change of any sort is almost inevitable. That is true with the addition of new ASC technology, even if the technology has the potential to improve existing processes. Reasons for pushback can vary. Some staff may question changing a process if that process seems to still work well. Others may express concern about their comfort with using technology. Some physician owners may wonder whether the financial investment is worthwhile. Factor in resistance in your technology planning and be prepared to address it (see the tips at the end of this article).

Learn from experiences

Every new ASC technology implementation presents opportunities for learning that can be applied to future implementations. Following an implementation and initial use of a new solution, it can be helpful to assess the experience. What obstacles encountered – internally or with the vendor – could have been avoided? If strong resistance remained even after implementation, what can be done to better address it? If staff struggle to use the technology, where can training be improved? The lessons you learn can help make the addition of your next ASC technology a little easier.

Tips for Overcoming ASC Technology Resistance

As noted, you should expect resistance from at least some staff to the addition of a new ASC technology. I already highlighted the value of involving end users, which can play a critical role in overcoming resistance. Here are some other quick tips:

Be clear. Even before you select a solution, it is helpful to inform staff about your plans for the new technology. You may consider explaining your plan's purpose and the benefits you anticipate achieving and letting staff know the decision has board support. As you move forward with the selection process, keep staff in the loop. This will help secure buy-in and build excitement.

Lean on your champions. When encountering resistance, identify team members most excited about the new technology and ask them to be your champions and cheerleaders for the project. Think about encouraging your champions to speak with peers about why they are excited and why everyone should share this feeling. Peer pressure can be a valuable tool. Adjust training. Your staff will likely need different levels of training to become comfortable with a new solution. Be prepared to adjust training accordingly. Let staff know that training will be individualized, where necessary. You will likely need to spend more time with those less tech-savvy individuals on your staff. Their training should focus on building a basic understanding of and comfort with the solution. This can help alleviate fears of transitioning to the new ASC technology.

Lean on the vendor. You may want to invite vendor representatives to your ASC if they weren't planning to visit already and ask them to present on the benefits of their technology. The vendors should allow staff time to ask questions. Some staff may be less hesitant to ask questions and express concerns to vendor representatives than to ASC leadership.

Celebrate milestones. The more positive energy you can associate with the adding of a new technology, the better. Celebrate significant milestones achieved during the project. These can include choosing a solution, beginning implementation, and go-live. Ways to celebrate include email announcements, posters, snacks, and catered lunches. By building enthusiasm, you may even bring your most rigid naysayers on board.

The addition of technology can transform ASC operations and bring about improvements throughout the organization. But if decisions are rushed, new technology can create significant problems with processes and personnel. Approach potential ASC technology additions with care and purpose. Doing so will better help ensure the solution you choose delivers on its promise.have experienced, the hard work that goes into building and growing a recovery program is truly rewarding.

III

[1]https://blackbookmarketresearch.newswire.com/news/19-recent-healthcare-tech-start-ups-attract-instant-consumer-appeal-20556737

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ANSWERS FOR ASCs

WANT TO KNOW MORE? CONTACT...

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