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Real World Issues and Solutions for Medical Directors

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DISCLOSURES

Conflicts/Commercial Support/Sponsorships:
Arc Medical-Literature Review

**NO INFLUENCE
ON PRESENTATION CONTENT**

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Real World Issues and Solutions for Medical Directors

- **Objectives:**
 - Discuss clinical and administrative friction points currently faced by medical directors in ambulatory surgery facilities
 - Discuss some potential solutions to the issues stated by the attendees

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Real World Issues and Solutions for Medical Directors

- Stipend Agreements for ASCs...
 - What do you know about them? When partnering with ASCs, are stipends based on volume? case complexity? Or a flat amount?
 - Any new ideas/tips on making an Anesthesia group more financially viable?

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Real World Issues and Solutions for Medical Directors

Quality Measures

| | |
|--|---|
| <ul style="list-style-type: none"> ■ Death ■ Cardiac arrest ■ Perioperative myocardial infarction ■ Anaphylaxis ■ Malignant hyperthermia ■ Transfusion reaction ■ Stroke, cerebral vascular accident, or coma following anesthesia ■ Visual loss ■ Operation on incorrect site ■ Operation on incorrect patient ■ Medication error ■ Unplanned ICU admission ■ Intraoperative awareness ■ Unrecognized difficult airway ■ Reintubation ■ Dental trauma | <ul style="list-style-type: none"> ■ Perioperative aspiration ■ Vascular access complication, including vascular injury or pneumothorax ■ Pneumothorax following attempted vascular access or regional anesthesia ■ Infection following epidural or spinal anesthesia ■ Epidural hematoma following spinal or epidural anesthesia ■ High spinal ■ Postdural puncture headache ■ Major systemic local anesthetic toxicity ■ Peripheral neurologic deficit following regional anesthesia ■ Infection following peripheral nerve block |
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Real World Issues and Solutions for Medical Directors

- "Effective marketing for more business"-
- **An ASC marketing plan is an integrated system.**
 - Define your target audience your
 - Define your competition
 - Define the services to promote, cases to attract
 - Define image you want to portray, etc.
- <https://www.jointcommission.org/resources/news-and-multimedia/blogs/ambulatory-buzz/2021/06/creative-ways-to-market-your-surgery-center/>

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- Strategic Categories
 - Internal marketing
 - Branding
 - External advertising: newspapers, broadcast media, internet advertising, direct mail, circulars, posters, billboards
 - Internet marketing
 - Professional Internal Strategies
- Avoid:
 - Spaghetti marketing
 - Wait-and-see
 - Treat marketing as an expense
 - Marketing by Committee

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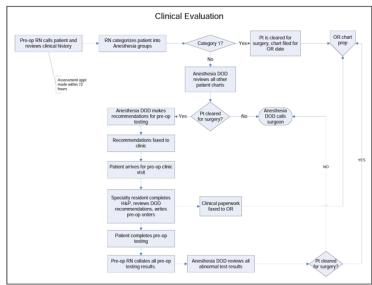
Real World Issues and Solutions for Medical Directors

- "Robust administrative support for PAT staff"
 - What is the exact need?
 - Online preadmission technology
 - Established PAT protocols

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ASC Service Design & Planning Soyring Consulting Case Study

- Preadmission testing process design. One element to the successful start of an patient visit is the preadmission testing process, and with this in mind, Soyring set out to develop a model of the area, with policy and procedures, staffing needs, an intraoperative flow chart, combined preop and intraoperative flow chart and best practice recommendations.



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- How do you protect your business from surgery centers poaching your team?

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- One of the challenges at our surgery center is reminding nurses/techs to check the surgeon's preference cards to make sure they have what they need on the day of surgery. I have two people who do the ordering and are responsible for that, invariably one may be on vacation, and the other person forgets to check OR they think the other person has done so. We even have weekly meetings on Mondays to go over every case, and still it falls through. It may be more for discussion purposes, and tackling it from a systems standpoint.
- Perhaps if anyone has a better system of 1) checking preference cards and doing inventory and 2) reminding staff to contact the surgeon's office regarding cases that may require special instruments or supplies.

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- "My number 1 challenge as a medical director is finding out *who trumps who* regarding regulatory bodies"

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**Regulations vs Standards vs Local Policies vs Advisories
Who Is In Charge??**

Regulatory Bodies

- Department of Health and Human Services
- Center for Medicare and Medicaid Services (CMS)
- Children's Health Insurance Program (CHIP)
- Center for Disease Control & Prevention
- State Departments of Health
- US Department of Labor
- Occupational Safety and Health (OSHA)

Accrediting Bodies

- Joint Commission (JC)³
- Accreditation Association for Ambulatory Healthcare (AAAHC)⁴
- QUADA (Previously known as AAAFS, American Association for Ambulatory Surgery Facilities)³
- Accreditation Canada (AC)⁴
- Det Norske Veritas (DNV)⁵

Clinical Bodies

- Local Governing Boards
- Clinical Departments
- Manufacturers
- Specialty Boards
- Professional Societies

JOINT COMMISSION: INFECTION CONTROL HIERARCHICAL APPROACH

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graph TD
    A[Rules and Regulations] --> B[CoPs and CICs*]
    B --> C[Manufacturers' Instructions for Use]
    C --> D[Evidence-Based Guidelines and National Standards]
    D --> E[Consensus Documents]
    E --> F[Organization's Infection Prevention and Control Policy]
  
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■ "How can I follow how my ASC is performing against other CMS-certified facilities?"

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Ambulatory surgical centers (ASCs)

Quality information on ambulatory surgical centers (ASCs) is available for two categories of data:

- Ambulatory Surgical Center Quality Reporting (ASQR) Program. The ASQR Program reports information about the quality of care provided in ASCs and is implemented by the Centers for Medicare & Medicaid Services (CMS).
- Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OAS CAHPS) survey data. The OAS CAHPS Survey asks patients about important parts of their experience at hospital outpatient departments and ASCs. This comes from a Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey and is not part of the ASQR Program.

ASQ Quality Reporting Program

The ASQR Program is a quality reporting program implemented by CMS. For this program, ASCs providing care to people with Medicare must report data on certain measures of clinical quality. These quality measures reflect CMS priorities including safety, and readmissions to align with National Quality Strategy and CMS Quality Strategy priorities.

• Data collected through the ASQR program is publicly reported to people with Medicare and other consumers and it helps compare the quality of care provided at ambulatory surgical centers. Publishing this data can improve facility performance by providing benchmarks for selected clinical areas and public view of facility data.

Measuring quality

Data reporting periods are located in the downloadable data sets here: <https://data.cms.gov/provider-data/datasets/1464744744>

The following measures are included in the ASQR Program data:

| Measures and update frequency | Measure # | Measure title | Applicable notes |
|--|-----------|---|--|
| Ambulatory surgical centers (ASCs) | ASC-9 | Percentage of patients receiving appropriate recommendation for follow-up screening colonoscopy | All patients are included, not only Medicare patients. Higher rates are better. |
| Complications & deaths | ASC-11 | Percentage of patients who had cataract surgery and had improvement in visual function within 30 days following the surgery | All patients are included, not only Medicare patients. ASCs have the same measure as hospitals. Higher rates are better. |
| Linking quality to payment | ASC-12 | Rate of unorganized hospital visits after an outpatient cataract surgery | Lower rates are better. |
| Maternal health | ASC-13 | Percentage of patients who received treatment who had a body temperature of 38.6 F or greater within 15 minutes of arriving at the emergency room | Higher rates are better. |
| Overall hospital quality star rating | ASC-14 | Percentage of cataract surgeries that had an unperformed additional eye surgery (before discharge) | Lower rates are better. |
| PPS-Exempt Cancer Hospitals (PCH) | ASC-17 | Rate of unorganized hospital visits within 7 days of an in-hospital surgery at an ASC | Lower rates are better. |
| Patient survey results: Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OAS CAHPS) Survey | ASC-18 | Rate of unorganized hospital visits within 7 days of an in-hospital surgery at an ASC | Lower rates are better. |
| Payment and value of care | | | |

* If you are unable to find data for an ASC as identified by a specific facility identifier, click "Back to top" to return to the main page.

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- “How can I follow how my ASC is performing against other CMS-certified facilities?”

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| Real World Issues and Solutions for Medical Directors | |
|---|---|
| <p>About the data</p> <p>Measures and update frequency</p> <p>Ambulatory surgical centers (ASCs)</p> <p>Complications & deaths</p> <p>Linking quality to payment</p> <p>Maternal health</p> <p>Overall hospital quality star rating</p> <p>PPS-Exempt Cancer Hospitals (PCH)</p> <p>Patient survey results: Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (QAs-CAPS) Survey</p> <p>Payment and value of care</p> | <p>Ambulatory surgical centers (ASCs)</p> <p>Quality information on ambulatory surgical centers (ASCs) is available for two categories of data:</p> <ul style="list-style-type: none">• Ambulatory Surgical Center Quality Reporting (ASCQR) Program: The ASCQR Program reports information about the quality of care provided in ASCs as implemented by the Centers for Medicare & Medicaid Services (CMS).• Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (QAs-CAPS) survey data: The QAs-CAPS Survey rates patients about important parts of their experience at hospital outpatient departments and ASCs. This data comes from a Consumer Assessment of Healthcare Providers and Systems (CAPS) survey and is not part of the ASCQR Program. <p>ASC Quality Reporting Program</p> <p>The ASCQR Program is a quality reporting program implemented by CMS. For this program, ASCs providing care to people with Medicare must report data on certain measures of clinical quality. These quality measures reflect CMS priorities including safety, and readmissions to align with National Quality Strategy and CMS Quality Strategy priorities.</p> <p>Data collected through the ASCQR program is publicly reported as people with Medicare and other consumers can find and compare the quality of care provided by ambulatory surgery centers. Publishing this data can improve facility performance by providing benchmarks for selected clinical areas and public view of facility data.</p> <p>Measuring quality</p> <p>Data reporting periods are located in the downloadable data sets here: https://data.cms.gov/provider-data/1000/4462/ysce</p> <p>The following measures are included in the ASCQR Program data:</p> |

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- “We are starting to Total Joints in our ASC in a couple of months. Any good anesthesia recipes?”

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- Public reporting of Facility-Specific Quality Reporting Data:

- CMS Publicly reports ASC Data here:
<https://data.cms.gov/provider-data/>
- Facility Comparison Dashboard:
<https://www.qualityreportingcenter.com/en/facility-compare-dashboard/>

https://www.qualityreportingcenter.com/globalassets/2021/11/asc/facilitycomparetooluserguide_final.pdf

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| Measuring quality | | | |
|---|-----------|--|---|
| About the data | | Data reporting periods are located in the downloadable data sets here: https://data.cms.gov/provider-data-reporting-periods | |
| Measures are update frequency | | The following measures are included in the ASCQR Program data | |
| Ambulatory surgical centers (ASCs) | Measure # | Measure title | Applicable rates |
| Complications & deaths | ASC-9 | Percentage of patients who received a recommendation for follow-up screening colonoscopy | All patients are included, except Medicare patients; higher rates are better. |
| Linking quality to payment | ASC-11 | Percentage of patients who most improved in one or more measures of overall function within 7 days following surgery | All patients are included, less one or more Medicare patients; ASCs have the option to voluntarily submit data for ASC-11; higher rates are better. |
| Maternal health | | | |
| Overall hospital quality star rating | ASC-12 | Rate of unexpired hospital visits after an outpatient colonoscopy | Lower rates are better. |
| PFS-Exempt Cancer Hospitals (PCHs) | Measure # | Measure title | Applicable rates |
| Patient survey results: Outpatient and Inpatient Hospital Quality Survey and Assessment of Healthcare Providers and Systems (HCAHPS) Survey | ASC-13 | Percentage of patients who received a recommendation for follow-up screening colonoscopy within 7 days of discharge or admission in the post-discharge care unit | Higher rates are better. |
| Payment and value of care | ASC-14 | Percentage of selected patients that had an outpatient procedure or surgery after discharge | Lower rates are better. |
| Plastic/skin care services | ASC-15 | Rate of unexpired hospital visits within 7 days of an orthopedic surgery at an ASC | Lower rates are better. |
| Survey of patient experiences (HCAHPS) | ASC-18 | Rate of unexpired hospital visits within 7 days of a orthopedic surgery at an ASC | Lower rates are better. |
| Timely & effective care | | | |

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Anesthesia for Ambulatory Total Joints

Example of Multimodal Approach

PREOPERATIVE

- Immediately prior on upon arrival to Pre-op:
 - Gabapentin 600 po
 - Oxycontin 10mg po
 - Celebrex 400mg po
 - Zofran 4mg IV
 - Dexamethasone 10mg IV
 - Antibiotic prophylaxis (e.g., Cephalosporin vs. Vancomycin vs. Clindamycin)
- For Hemi or Total Knee Arthroplasties:
 - Adductor Canal Block
 - plus IPACK Block
- For Hip Arthroplasty:
 - Fascia Iliaca Block

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Strategies for Severe Pain Control After Hip and Knee Arthroplasty

Intraoperative

- General Anesthesia
- Tranexamic acid 10 mg/kg IV x1 after induction
- Ketamine 10-20 mg IV
- Liposomal bupivacaine periarticular infiltration by surgeon (20cc diluted with 40cc NS); Bupivacaine with Epi for superficial closure
- Toradol 30 mg IV within 30 min prior to wound closure
- IV Tylenol 1000 mg IV within 30 minutes prior to wound closure
- Second dose of Tranexamic acid 10 mg/kg

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Strategies for Severe Pain Control After Hip and Knee Arthroplasty

Post-Operative: Aim for Opioid-Sparing Analgesia

Alternative:

- Fentanyl 25-50 mcg q 5-10 min for moderate pain
- Dilaudid 0.5 mg q 10min for severe pain
- PO Analgesics
 - Mild/Moderate Pain
 - Acetaminophen 325 or 650 mg po q 4 hrs
 - Oxycodone 5-10 mg po q 4 hrs
 - Tylenol #3 (acetaminophen/codine 15-60 mg po q4-6hrs PRN)
 - Percocet (acetaminophen/oxycodone 325mg/2.5-5 mg po q 4-6 hrs PRN)
 - Norco (acetaminophen/hydrocodone: 325 mg/5-10mg po q 4-6 hrs PRN)
 - Lortab (acetaminophen/hydrocodone solution: 300 mg/2.5-10 mg po q 4-6 hrs PRN)
 - Vicodin (acetaminophen/hydrocodone: 300mg/5mg po q 4-6 hrs PRN)

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Strategies for Severe Pain Control After Hip and Knee Arthroplasty

Post-Discharge Analgesia

- Acetaminophen and NSAIDs or COX-2 specific inhibitor around the clock
- Oxycodone as a rescue
- Avoid combinations of acetaminophen and weak steroids (codeine, hydrocodone, oxycodone); Only marginally superior to NSAIDs alone

McQuay, H. et al; *BMJ*. 1997 May 24; 314(7093): 1531-1535

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Real World Issues and Solutions for Medical Directors

- "I have conflicting views from our anesthesia providers on whether or not patients with neuromuscular diseases should be done in ASC's? Any evidence-based guidelines as to who NOT to do?"

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Neuromuscular Disorders in Ambulatory Surgery

- Cardiac Complications of NMDs⁴
 - Variable cardiac involvement
 - Duchenne muscular dystrophy: most severely affected; cardiac disease/myopathy leading cause of death. Similar with several subtypes of limb-girdle muscular dystrophy
 - Becker muscular dystrophy also associated with cardiomyopathy-later onset and slower course
 - Myotonic dystrophies and Emery-Dreifuss muscular dystrophy: primarily associated with conduction defects and may require pacemaker implantation
 - Friedreich ataxia and Pompe disease can be associated with hypertrophic cardiomyopathy

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Neuromuscular Disorders in Ambulatory Surgery

- Sleep Dysfunction and NMDs⁵
 - Sleep dysfunction related mostly to sleep-related breathing disorders or sleep-disordered breathing (SDB); very common in neuromuscular diseases
 - The most common neuromuscular disorders causing SDB and sleep dysfunction consist of:
 - motor neuron disease (amyotrophic lateral sclerosis)
 - poliomyelitis and postpolio syndrome
 - myasthenia gravis including myasthenic syndrome
 - acute inflammatory demyelinating polyradiculoneuropathy (Landry-Guillain-Barré-Strohl syndrome)
 - phrenic neuropathy
 - muscular dystrophies including myotonic dystrophies
 - congenital myopathies

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Neuromuscular Disorders in Ambulatory Surgery

- Gastrointestinal Dysfunction and NMDs
 - May alter intestinal wall muscle or myenteric plexus or both
 - Motor
 - Intestinal Pseudo-obstruction
 - Hollow visceral neuropathy/myopathy
 - Symptoms: chronic unexplained abdominal pain, abdominal distention and bloating, early satiety, nausea, vomiting, and alternating diarrhea and constipation

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Neuromuscular Disorders in Ambulatory Surgery

QUESTIONS STRONGLY ENCOURAGED!
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