Ambulatory Surgical Centers and Recovery Care Centers

A presentation to the House Health Innovation Subcommittee

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Summary

- Overview of ambulatory surgical centers (ASCs)
- ASC literature review
- Overview of recovery care centers (RCCs)
- RCCs in other states
Ambulatory Surgical Centers

- Ambulatory surgery procedures performed in
  - ASCs and
  - Hospital outpatient surgery departments (HOPDs)

- In Florida, ASCs are not part of a hospital and provide same-day elective surgical care

- AHCA licenses and regulates ASCs under the same regulatory framework as hospitals
There were 3 million visits to Florida ASCs and HOPDs in 2015

- **ASCs generally perform low-risk procedures, e.g.,**
  - Gastrointestinal endoscopy
  - Cataract surgery
  - Colonoscopy

- **432 ASCs and 218 HOPDs in Florida**

- **For 2015, AHCA reported 3 million visits to Florida ASCs and HOPDs**
  - ASCs: 53% of total visits
  - HOPDs: 47% of total visits
ASC and HOPD charges total $37.9 billion in 2015

- ASCs 24% of charges; HOPDs 76%
- Charges were primarily paid by:
  - Commercial insurance (41%)
  - Medicare (29%)
  - Medicare Managed Care, Medicaid Managed Care, and self-pay (23%)
- Average charge at HOPDs ($20,444) more than 3x average charge at ASCs ($5,561)
ASC research and literature review

- Review included 29 empirical studies and 1 qualitative study

- Studies grouped into three topic areas
  - Impact of ASCs on hospitals and costs
  - Patient access to services and surgery location
  - Patient safety, clinical outcomes, and satisfaction
Impact of ASCs on hospitals and costs

23 studies compared ASCs to hospitals, including the impact of ASCs on hospitals

- Impact of ACSs on hospitals may be limited; ASCs can save money performing certain procedures
- 7 studies found ASCs had minimal impact on hospitals; hospitals reported overall lower growth rates in outpatient surgery volumes
- 5 studies suggested ASCs save money performing certain low-risk procedures
Patient access to services and surgery location

18 studies addressed ASC patient access to care

- No patterns identified—studies not comparable due to varying types of patients, procedures, and other data

Individual study findings indicated

- ASCs more likely to serve older patients
- ASCs benefit from healthier patients than HOPDs
- ASCs more likely in high population density/urban areas
- Types of procedures varied widely across the two outpatient settings
Patient safety, clinical outcomes, and satisfaction

- 9 studies; ASCs provide more timely service and have low rates of unexpected safety events

- Clinical outcomes for ASC patients compared with hospital patients varied
  - 5 studies found shift in patient volume to ASCs not associated with additional hospital admissions or patient mortality
  - 1 study found ASCs had a higher rate of unexpected hospitalization within 1 week after release than HOPDs, only for certain procedures
Recovery Care Centers

- Health care institutions providing postsurgical and post-diagnostic medical and nursing services for patients not expected to require intensive or critical care services
- Freestanding or attached to hospital or ASC
- Ability to transfer patients to RCCs allows ASCs to treat higher-acuity patients
- Did not identify research or studies on RCCs
Recovery care centers in other states

- **3 states have specific licenses for RCCs**
  - Arizona, Connecticut, and Illinois

- **States typically limit RCCs to patients not expected to need critical care**

- **Length of stay varies**
  - Illinois: 48 hours; Connecticut: 3 days

- **Other states include extended recovery stays in ASC definition; recovery care limited to 24 hours**
  - E.g., Utah: extended recovery care services provided by ASCs not to exceed 24 hours
Questions?
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