Ambulatory Surgical Centers and Recovery Care Centers

A presentation to the House Health Market Reform Subcommittee

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Summary

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

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

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

- AHCA licenses and regulates ASCs under the same regulatory framework as hospitals
Visits to Florida ASCs and HOPDs

- 447 ASCs and 221 HOPDs in Florida (as of January 2019)
- ASCs generally perform low-risk procedures
  - Gastrointestinal endoscopy
  - Cataract surgery
  - Colonoscopy
- For 2017, AHCA reported more than 3 million visits to Florida ASCs and HOPDs
  - ASCs: 53% of total visits
  - HOPDs: 47% of total visits
$44.5 billion in charges
- ASCs 23% of charges; HOPDs 77%

Charges were primarily paid by
- Commercial insurance (41%)
- Medicare (27%)
- Medicare Managed Care, Medicaid Managed Care, and self-pay (24%)

Average charge at HOPDs ($23,951) more than 3x average charge at ASCs ($6,208)

2008 study by AHCA compared average charges for like procedures at ASCs and HOPDs
ASC Research and Literature Review

- During 2015, OPPAGA conducted an ASCs 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 ASCs 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 included
  - 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
- During OPPAGA’s 2015 review, we did not identify research or studies on RCCs
Recovery Care Centers in Other States

- We identified 3 states that 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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