

Procedures Move Toward Ambulatory Surgery Centers

Moderator: John Young, M.D.

Panelists: Richard Heuser, M.D., FACC, FACP, FESC, MSCAI, Christopher Kauffman, M.D. & Tony Taparo

Disclosures / Potential Conflicts of Interest

• The moderator and panelists have no potential conflicts of interest to disclose in regard to content in this presentation

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Learning Objectives

At the end of this session, participants should be able to:

- 1. Identify the general changes to the CMS final rule for 2021 with regard to outpatient procedures
- 2. Discuss physician, CFO and industry perspectives on the CMS changes
- 3. Describe considerations for health systems as movement of procedures to outpatient setting and the ASC space matures



Moderator & Panelists



John Young, M.D., MBA
CMO at HealthTrust



Richard Heuser, M.D., FACC, FACP, FESC, MSCAI Interventional Cardiologist & HealthTrust Physician Advisor



Christopher Kauffman, M.D.
Orthopedic Spine Surgeon &
HealthTrust Physician Advisor



Tony Taparo
Chief Growth Officer at
Surgery Partners



Overview of the Ambulatory Surgery Center Market

- Over 11,000 ASCs in the United States
- About 30% of the 11,000 ASCs are HealthTrust Members
- HealthTrust has the largest ASC membership of any GPO in the United States
- Approximately 25% of ASCs now have hospitals as shareholders
- ASC growth has been significant and is anticipated to continue
 - Annual rate is projected at 6% growth reaching \$36 billion through
 2023
 - Orthopedic, Spine and Cardiology Services are biggest growth areas
- A survey of physicians not currently affiliated with an ASC showed that 60% are interested in practicing in one

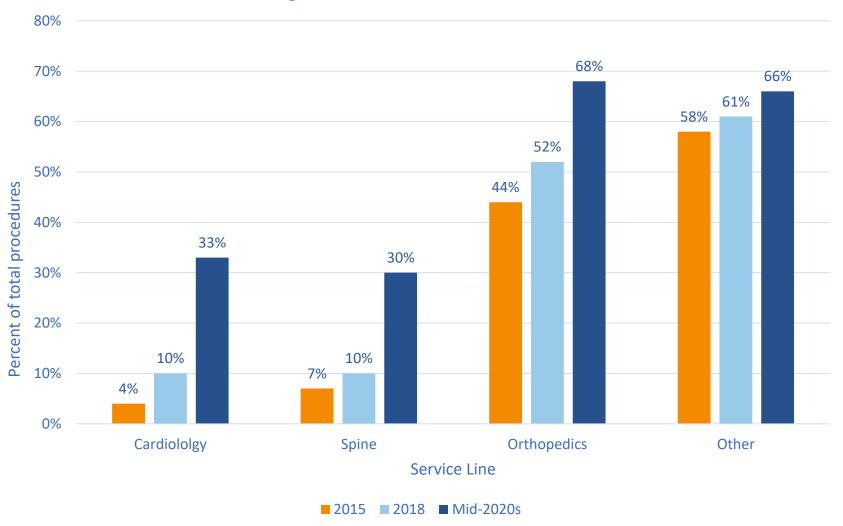
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ASC Growth Noted in Three Key areas

Percentage of Procedures Performed in ASC





Centers for Medicare & Medicaid Services 2021 Final Rule

Outpatient Prospective Payment System & Ambulatory Surgical Center Payment System

- Increase patient choice by making Medicare payment available for more services in different sites of service
- Elimination of the inpatient only (IPO) list by 2024
 - Inpatient procedures can continue
 - Must be on ASC approved list for Medicare reimbursement in ASC setting
- Indefinite exemption from certain medical review activities related to the 2 midnight rule for those procedures removed from IPO list beginning January 1, 2021
- 2.4% average rate update across all covered procedures
- No changes made to the quality reporting measures for ASC





ASC-Covered Procedures List (CPL) Changes

CMS CY 2021 Final Rule

- 11 procedures were added to the ASC-Covered Procedures List
 (CPL) using standard process for review
 - Total hip arthroplasty (THA), open treatment of complex malar fx, implantation of carotid sinus baroreflex activation device (total or pulse generator only), vaginal colpopexy procedures, transcervical uterine fibroid ablation & intravascular lithotripsy
- Revising criteria used to add covered procedures to the ASC-CPL
 - Criteria CMS used to add covered surgical procedures to the ASC-CPL in the past will now be factors for physicians to consider in deciding whether a specific beneficiary should receive a covered surgical procedure in ASC
 - Adoption of a notification process for surgical procedures the public believes can be added to the ASC-CPL under the criteria retained
 - Using this revised criteria, CMS added an additional 267 surgical procedures to the ASC-CPL beginning CY2021



Audience Poll Question: #1 of 2

If you are currently in the ASC community, of the selections below, what is the biggest problem you are trying to solve?

- a. Implementation of an enhanced recovery after surgery program
- b. Infection prevention
- c. Supply chain-value analysis
- d. Expanding service line to orthopedics
- e. Expanding service line to cardiology
- f. Other



If you are currently outside the ASC community, what is the biggest challenge you are trying to solve?

- a. Sepsis care
- b. Infection prevention
- c. Hemodynamic support protocols (Impella, ECMO)
- d. Pain management
- e. Developing an approach to outpatient migration of procedures
- f. Other





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