

ASC VS. OBS

CONSIDERATIONS FOR CATARACT SURGERY

Analysis prepared for Outpatient Ophthalmic Surgery Society (OOSS) based on the evaluation of state laws, CMS ASC Conditions for Coverage and 2020 AAAHC standards. Data subject to change.

ASC CMS Certified/AAHC Accredited	OBS AAHC Accredited
PATIENT SELECTION	
<ul style="list-style-type: none"> Unlimited if the ASC has General Anesthesia (GA) capability. Without GA capability, the rare patient that requires GA is excluded. 	<ul style="list-style-type: none"> Limited to patients who can tolerate cataract surgery with only light oral sedation. Additional comorbidities may present risk factors that make the patient an inappropriate candidate for this setting.
<p>ASCs can serve a much broader patient population, offering dramatically greater opportunity for surgical volume.</p>	
ANESTHESIA	
<ul style="list-style-type: none"> Monitored Anesthesia Care offers sedation titrated to meet individual patient needs. 	<ul style="list-style-type: none"> Anesthesia limited to light oral sedation.
<p>Limited anesthesia options in the OBS limits patient population that can be served.</p>	
ANESTHESIA PROVIDER	
<ul style="list-style-type: none"> Qualified anesthesiologist or CRNA, privileged and credentialed by the ASC 	<ul style="list-style-type: none"> Surgeon is responsible for anesthesia management
<p>Patient risk in the ASC is reduced by the presence of a qualified anesthesia provider. This allows the surgeon to focus on the surgery without distraction and protects the patient with a dedicated provider responsive to patient needs that arise during the procedure.</p> <p>Patient risk is reduced in an emergency in the ASC because a qualified anesthesia professional is present to manage medical emergencies.</p> <p>Surgeon holds all the risk in the OBS with sole responsibility for the patient and the procedure.</p>	
REGULATION	
<ul style="list-style-type: none"> State License in 47 states CMS certification Accreditation (optional) 	<ul style="list-style-type: none"> License required in 4 states Accreditation may be state mandated otherwise optional
<p>Broader regulatory demands and ongoing oversight and enforcement in the ASC, deliver a higher standard of care with more patient safeguards and less patient risk.</p>	

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COMPLIANCE OVERSIGHT AND ENFORCEMENT	
<ul style="list-style-type: none"> • Annual • Ongoing • Unannounced 	<ul style="list-style-type: none"> • Triannual • Scheduled accreditation resurvey
<p>Less emphasis on regulation and oversight in the OBS results in laxity of standards.</p>	
EMERGENCY POWER	
<ul style="list-style-type: none"> • Type 1 Emergency Electrical System (EES) provides back up power to medical equipment, HVAC, OR and path of egress lighting 	<ul style="list-style-type: none"> • No requirement
<p>ASC back up power assures staff and patient safety in an emergency.</p>	
LAYOUT TO ADDRESS INFECTION CONTROL PRINCIPLES, PRIVACY AND CONFIDENTIALITY	
<ul style="list-style-type: none"> • Design standards per state licensure regulations; typically FGI Guidelines for Design and Construction of Healthcare Facilities 	<ul style="list-style-type: none"> • No standard
<p>ASC adherence to state driven design standards optimizes infection control, privacy and confidentiality.</p>	
RN STAFFING	
<ul style="list-style-type: none"> • Nursing service is under the direction of a qualified RN. • Pre and postop assessments are conducted by an RN. • An RN circulator is in the OR. • An ACLS certified RN is in the ASC whenever a patient is present. • A physician remains present until the patient is discharged. 	<ul style="list-style-type: none"> • A healthcare professional, trained in the use of emergency equipment and BLS is present when patients are present • At least one qualified practitioner is present or available by phone
<p>RN staffing in the ASC delivers a higher standard of care responsive to the individual needs of elderly patients with complex medical histories and underlying co-morbidities. The ASC adheres to the AORN Guidelines for an RN circulator/patient advocate in the OR.</p>	
REIMBURSEMENT	
<ul style="list-style-type: none"> • Eligible for facility fee reimbursement from CMS and other Third Party Payers (TPP). 	<ul style="list-style-type: none"> • Not eligible for a facility fee.
<p>OBS is ineligible to capture a facility from CMS. OBS opportunity to negotiate professional reimbursement to cover facility expenses and generate a profit are variable and unproven.</p>	

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PROFESSIONAL LIABILITY	
<ul style="list-style-type: none"> • ASC medical staff bylaws establish liability coverage standards for medical staff members. • ASC maintains professional liability insurance as a facility provider. • Anesthesia provider and surgeon have professional liability insurance consistent with ASC Medical Staff Bylaws. 	<ul style="list-style-type: none"> • Surgeon maintains professional liability insurance. • OBS exposure may not be contemplated in providers' present malpractice coverage and may lead to further underwriting and premium increases or policy exclusions.
<p>ASC mitigates surgeon exposure by spreading risk over ASC, anesthesia provider and surgeon, each covered by its own professional liability policy.</p>	