

The “24 hour” total stay limitation for Oregon ASCs has always been and remains distinct from additional, post-operative recovery care time spent by a patient in a separately licensed recovery facility (i.e. extended stay). Oregon’s state law “24 hour” limitation for ASC care is completely consistent with the current CMS definition of an ASC as specified in the conditions for coverage.

The proposed bill would authorized Extended Stay Recovery Centers to provide an effective, well-regulated environment in which a patient can safely recuperate following surgical or other care, and the system appears to have worked efficiently and well to deliver good quality health care services in the state. This is a model that has been in place in Colorado since 1993, and a handful of states throughout the country. Several other states are considering the adoption of this model, including WA, WY, and VA in the upcoming session.

During the early 1990’s, medical technology progressed and resulting clinical improvements enabled more numerous and complex surgical procedures to be performed safely on an outpatient basis. An Extended Stay Recovery Center enhances the ability of ASCs to treat certain patients, who did not require the trappings of an acute care hospital during their recovery period, on an overnight basis. An ASC can consider factors including patient safety, good health outcomes as well as patient and physician choice when deciding if a patient is suitable for recovery in the Extended Stay Facility.

The Extended Stay model alleviates problems associated with two distinct patient outcomes. When a patient undergoes surgery, an ASC cannot discharge the patient until they can control certain bodily functions (i.e. use the restroom). If the patient is not able to exhibit such control by the 24-hour time limitation, they are discharged using an ambulance to a hospital. With an extended stay recovery center nearby, the patient could be “discharged” from the ASC within the 24 hours and then “admitted” to the extended stay center for recovery. This enables the patient to continue monitoring with professional nursing staff, while avoiding the additional cost of the ambulance ride and hospital admission.

A second example is of the patient that has persistent pain after a surgery. This is not an emergency pain level, but a general discomfort above and beyond that which is expected for recovery. Perhaps this patient doesn’t have any family or friend support in the community to help in their recovery. This patient can then utilize the extended stay facility to have 24/7 access to professional nursing staff that can also help remind them for pain management actions. This can be as simple as a nurse reminding the patient to take their pain medication every few hours, when they might otherwise forget at home (from age or watching a movie). The ideal Extended Stay License model would provide for both on-site and off-site post-operative transfer of ASC patients to Extended Stay Recovery Centers, as separately licensed recovery care facilities, in situations where physicians approve such transfers as clinically appropriate.

Even though Medicare reimbursement does not now encompass extended recovery care treatment, various private insurers are presently reimbursing ASCs in Oregon for overnight stays, at a substantial cost savings when compared with similar care provided in an acute care hospital in patient setting. With the advent of CCOs, this approach would seem to be a crucial component in bending the cost curve. Significantly, quality of care and patient safety issues have not been problematic in connection with post-surgical recovery care provided at licensed Extended Stay Recovery Centers, and there appears to be no publicly reported instances of license revocation or discipline having been imposed upon an Extended Stay Facility located adjacent to a licensed ASC in states that currently have licensed Extended Stay (or Convalescent Care) Recovery Centers.