Testimony of Doug Riggs

Oregon Ambulatory Surgery Center Association

Before the House Committee on Health Care, February 9., 2018

Mr. Chairman, Mr. Vice Chairman, Members of the Committee,

For the record, I am Doug Riggs, here on behalf of OASCA. Today is an exciting day. We hope is the beginning of the end for the three and a half years of the legislative journey of this concept, but the beginning of a many year opportunity to bring excellent patient care and an enhanced patient experience to Oregon's health system.

I am very pleased to be here with my friends and colleagues from the Oregon Association of Hospitals and Health Systems, and especially with our friends from Providence Health Systems, who've been extremely helpful as we've worked to come to this tremendous agreement today. I also want to thank the dozens of groups who have been part of the coalition over the years, including *the Oregon Medical Association, Kaiser Permanente, The Portland Clinic, HSCO, the Oregon Academy of Ophthalmology, Cambia, Cascade Aids Project, the Oregon Association of Orthopaedic Surgeons, Cascade Family Practice, the Oregon Pediatric Medical Association, the Oregon Society of Anesthesiologists,* and many more.

I'd like to answer three questions today. The **What, Why**, and **When** of an ESC.

What?

Extended Stay Centers (ESC) are essentially recovery rooms contiguous to the surgery center. They are there for a patient who might need a little extra time to recover from surgery. They might be on the floor above or below, in the same building, or in a facility right next to the location of the surgery. They are not complicated, and they are not a new concept. Other states, for instance Colorado and Arizona, have had convalescent care centers or recovery centers for many years. More than a decade of data is very clear that an extended recovery center is a key element of the Triple Aim. It is:

1) Patient centered - - With very High Patient Satisfaction Metrics
2) Outcomes driven - - Infection and complication rates are extremely low
3) Cost conscious - - Costs to the patient and the health system are dramatically lower in this system

In many cases, these will be collaborative, joint ventures of an ASC and their local health system partner.

Why?

There is a wave of surgeries about to hit our health system. Knee, hip, shoulder and ankle surgeries have doubled in the past decade. As the boomer population ages, people like you and me who have

been runners, cross fitters, workers, tradesmen and women, bikers, skiers, and exercise enthusiasts will double this number again in the next decade.

Outpatient surgery offers us an opportunity to put these patients into the right portal for them. Some may need just a few extra hours of recovery time, but they don't need to be loaded into an ambulance when the 24 hour alarm clock goes off, and driven across town to a hospital, where costs may be higher, tests might have to be redone, and their doctor might be further away.

The ESC is for a patient who needs a little extra time after a surgery before they are released. For instance, these patients might need a few extra hours for:

1) Pain management
2) Control of bodily functions
3) Or for instance for an elderly patient who has no caregiver at home or who should not be released at 6 a.m. into the wet, dark and cold Oregon rush hour mornings.

What's the central focus of all three of these points? It's all about the patient. And if the patient needs 31.5 or 41.2 hours to be stabilized and be ready to return home – rather than the current 23.59 hour limit - - that is good for the patent (and not to mention, good for Oregon's pocketbook. Initial estimates are that OEBB and PEBB alone could save $12-15 million a biennium, and the private market could save even more).

When?

As I've mentioned, in reality, an ESC is:

1) Not a new concept
2) Not a complicated facility
3) Modeled after existing programs in other states

The bill has a timeline for the Oregon Health Authority to conduct a rule making process. This will ensure that all parties have an opportunity to contribute to sideboards to ensure that every ESC has high quality standards and patient care as its foremost objective.

The rulemaking should not be complicated. The state can draw from the rules that have successfully guided these centers in other states, and from our existing standards that are used already for Oregon facilities. For instance, quality and metrics data are already collected by both Hospitals and ASCs, and we would expect that there will likely initially be a limited number of centers, just due to market forces, perhaps 10 – 12. OASCA and OAHHS stand ready to provide assistance in designing a system that is simple, safe and efficient.

Finally, I want to thank all of you for helping with this process. We must thank the Chair, and also Rep. Nosse who has tenaciously guided us through this process and to the successful collaboration that we have here today.

Today is an exciting time for us. The next few months will be even more exciting. We look forward to working with all of you to take this concept of health reform and turn it into a reality - - giving Oregonians an ESC option for their health care needs.