



**OREGON AMBULATORY
SURGERY CENTER ASSOCIATION**

Our Patients Come First

***Data Collection Tax Efficiency
HB2717***

HB4020: Extended Patient Stay:



- Wave of surgery patients in next decade
- What is the right portal for patient? Outpatient has advantages, and is better option for many (infection rates, outcomes, etc).
- Pain management / Bodily functions / Elderly care

HB4020: Extended Patient Stay:



- **Health Reform / Triple Aim**
- **Extra recovery time** after outpatient surgery
- **Modeled after National Trends / Models**
- **Safeguards**
 - **Life/Safety:** Meet high levels of care for overnight stays.
 - **No “Fly By Night:”** 2 year record by applicant
 - **Etc.**
- **Single License/Reimbursement:** Require that OHA apply for a CMS waiver to allow for systems to be able to see Medicaid patients and operate under a more efficient single license and pay for those patients
- **Rules** Went Into Effect January 1st.



Quality Measures



	2013	2014	2015 (Q1-2, 2015)
Infection rate	0.31%	0.0019%	0.0035%
Complication rate	0.57%	0.002%	0.002%
Patients transferred to hospital	4	5	3
Satisfaction with surgical experience	97%	97%	97%
Satisfaction with Recovery Center experience	98%	97%	97%
Nurse/Patient ratio in Recovery Center	1:3 (4 max)		

Cost Comparisons



ORTHOPEDIC ASC - COLORADO	2013 Average Charge
Knee/Hip Replacement	\$22,000-\$23,000
Major Joint Replacement (MSDRG 470)	2013 Average Hospital Charge
McKee Medical Center	\$46,207
Poudre Valley Hospital	\$54,642
Medical Center of the Rockies	\$66,041
No. Colorado Medical Center	\$61,867
Good Samaritan Medical Center	\$80,164
Kaiser Foundation Health Plan	\$22,423 (average reimbursement)

Bill Created 3 Rule Makings



Data Collection

- 2 Workgroups
- Public Input
- Rules Proposed
 - OHA Required:
 - All ASCs report for all discharges / even those unrelated to extended patient stay (i.e. Eye, pain management, etc.)
 - Tax of up to \$1.50 per discharge
 - Funds used by state to create a new state computer data system run by state employees
 - Duplicative of existing reporting to CMS and OPSC



HB2717

- Use existing data system and streams
- Only focus on data related to extended patient stay
Limit scope to the most important data (exclude repetitive procedures, etc.)
- Use existing template (OAHHS). Third party collects and reports to OHA.
- Charge less



Where Now?



- OHA, OASCA, meeting
- Agreed to discuss: scope / mechanism
- 1-2 Weeks to Present Suggested Alternative
- HB2717 or SB23