Ambulatory surgery centers (ASCs) are asking the Centers for Medicare & Medicaid Services (CMS) to reconsider the next round of quality measures contained in the Calendar Year 2014 Ambulatory Surgical Center Payment Proposed Rule and to revisit the payment update formula.

**Quality Collaboration: Revise measures**

In a memorandum to CMS administrator Marilyn Tavenner, Donna Slosburg, BSN, LHRM, CASC, executive director of the ASC Quality Collaboration (ASCQC), noted that 4 new quality measures in the proposed rule, to be reflected in 2016 payments, may be impractical to implement:

- complications within 30 days following cataract surgery requiring additional surgery
- improvement in vision within 90 days of cataract surgery
- appropriate follow-up interval for normal colonoscopy
- interval between colonoscopies for patients with previous adenomatous polyps.

“Unlike other outpatient surgical settings, such as clinician offices, ambulatory clinics, or hospital outpatient departments, ASCs may not provide postoperative follow-up care after patient discharge,” Slosburg wrote in a memo. Because the measures require tracking of patient treatment following surgery, she added, “From a practical standpoint, it is unclear how ASCs are to consistently obtain the information required.”

She also warned that, should CMS decide to include the measures in its final rule, the proposed timeline for implementation is not realistic. According to the CMS schedule, it will issue a final rule by early November, and ASCs must begin to collect quality data on January 1, 2014 for the CY 2016 payment determination.

During that 2-month period, ASCs would have to develop and implement procedures for collecting and reporting the additional data, including staff training and software modification.

“The proposed timeline is entirely inadequate,” Slosburg concluded.

Slosburg’s memo also proposed that CMS develop additional quality measures for ASCs. These may include surgical site infection, normothermia, venous thromboembolism, hospital admission following discharge, and patient satisfaction.

**Premier: Validate antibiotic use**

Also weighing in during the comment period was the group purchasing organization Premier.

Blair Childs, Premier’s senior vice president for public affairs, wrote a memo to Tavenner stating that CMS should establish a method of validating the quality reports on prophylactic IV antibiotic timing. Unlike most quality measures, which cover “rare events,” administration of antibiotics prior to surgery is common, Childs explained, and is also 1 of the measures that hospitals must report. He suggested using a random selection of ASCs and medical records to verify the reports.
“Because this measure involves a very important aspect of surgical care quality and because the public will rightfully compare performance on this measure to hospital outpatient department (HOPD) performance, we urge CMS to take steps to ensure these comparisons are meaningful,” he said.

ASCA: Align payments
The Ambulatory Surgery Center Association (ASCA) also is calling for changes in the new quality measures and wants to add a measure for patient satisfaction. But ASCA saved its strongest response for the payment update, which is only 0.9% compared to 1.8% for HOPDs. In a statement provided to OR Manager, Kara Newbury, assistant director, government affairs for health policy, urged CMS to use the same formula for payments to ASCs and HOPDs. The statement warns, “Historical progress in moving services into less-intensive settings has slowed or reversed. Investors in new capacity are looking toward the hospital sector, where Medicare pays 78% higher rates, revenue is tax exempt for most hospitals, and new construction can be financed by tax-exempt bonds. Even new market investments in ASC management companies are often focused on organizations that have a strong portfolio of hospital business in addition to ASCs. The proposed rates and other policies in the rule exacerbate these problems and threaten the viability of the ASC community.”

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—Paula DeJohn