A plan for ASC value-based purchasing

The government laid out a roadmap for moving toward value-based purchasing (VBP) for ambulatory surgery centers (ASCs) in an April 2011 report to Congress. The Health and Human Services (HHS) Secretary was required to develop a plan under the Affordable Care Act passed in 2010.

The government sees VBP as a way to move from paying facilities for the volume of services to rewarding them for better value and outcomes.

Steps for setting up VBP

The HHS Secretary outlined 6 steps for setting up VBP for ASCs, a process that could take several years:

1. **Statutory authority.** Congress must pass legislation authorizing VBP for ASCs.
2. **A framework for continuous quality improvement.** The framework would address issues such as developing quality measures that would apply across a variety of types of ASCs and aligning the measures with other quality reporting systems.
3. **Appropriate methods for abstracting and submitting data.** Methods need to be developed to allow ASCs to participate without an undue burden.
4. **An enhanced data infrastructure and validation process.** There needs to be a method of auditing the quality of the data submitted.
5. **A performance scoring and evaluation model.** A scoring methodology is needed to allow the public and payers to distinguish ASCs by their performance and to reward high-performing ASCs while encouraging lower-performing ones to improve.
6. **Transparency and public reporting.** Reporting would give consumers information to allow them to make informed decisions about their health care.

Quality reporting comes first

First, the government needs to implement ASC reporting of quality measures, which it decided not to do for 2011.

The Centers for Medicare and Medicaid Services says it intends to propose rules implementing ASC quality reporting in 2012.

Measures CMS has said it would consider in planning for ASC quality reporting:

- patient fall in the ASC
- patient burn
- hospital transfer/admission
- wrong site, side, patient, procedure, implant
- antibiotic timing
- appropriate hair removal
- surgical site infection
- medical administration variance
- medication reconciliation
- venous thromboembolism (VTE) measures: outcome, assessment, and prophylaxis.

*The HHS Secretary’s report is available at [www.cms.gov/ASCPayment/downloads/C_ASC_RTC%202011.pdf](http://www.cms.gov/ASCPayment/downloads/C_ASC_RTC%202011.pdf)*