



## **Ambulatory Surgical Centers Workgroup Update**

---

**Amber Taylor, MPH  
Office of the Assistant Secretary for Health (OASH)**

**Joe Perz, DrPH  
Centers for Disease Control and Prevention (CDC)**



# Ambulatory Surgical Centers (ASCs)

- Currently, >5,300 ASCs are certified for Medicare participation
  - >54% increase since 2001
  - ~25% are accredited (e.g., AAAHC, AAAASF, or TJC)
  - Heterogeneous re specialties, size, staffing, ownership type, chain or hospital affiliation, electronic health records
- HAI prevention needs recognized following 2008 Las Vegas hepatitis C outbreak, CDC-CMS pilot survey and GAO Report
  - ASCs became a focus of the HHS HAI Action Plan, Phase 2
- ASCs are surveyed to measure compliance with CMS Conditions for Coverage (CfCs)
  - 2008: expanded infection control requirements
  - 2009: infection control worksheet and 3-year cycle implemented
- 2007: >6 million ASC procedures were paid for by Medicare at a cost of nearly \$3 billion
  - >70% of claims are for endoscopy or eye procedures (e.g., cataract removal) and epidural/paraspinal injections



# ASC Chapter Overview and Milestones

- ❑ **Ambulatory surgical centers (ASCs) were selected as a focus area for Phase 2 of the HAI Action Plan**
- ❑ **HHS interagency workgroup was formed, including**
  - Centers for Medicare and Medicaid Services (CMS)
  - Centers for Disease Control and Prevention (CDC)
  - Agency for Healthcare Research and Quality (AHRQ)
  - Indian Health Service (IHS)
- ❑ **Evolution of the ASC Chapter as part of the HAI Action Plan**
  - ❑ Initially released in Sept 2010, with subsequent revisions in response to stakeholder comments
  - ❑ Revision posted April 2012 with another round of comments/revisions
  - ❑ Stakeholder input via series of five meetings hosted between 2010-2012
    - May 2012 Data Summit: data sources and surveillance methods
  - Final ASC chapter has now been published



# ASC Action Plan

## Next Steps, Priority Areas, and Recommended Actions

- ❑ **Unmet needs pertaining to HAI prevention in ASCs fall into three main categories:**
  - Proactive HAI prevention at the clinic level
  - Sustain and expand improvements in oversight and monitoring
  - Develop meaningful HAI surveillance and reporting procedures



# ASC Action Plan: Measurable Goals

By December 31, 2013, HHS, with stakeholder input, will:

1-1. Develop plan for ongoing collection, electronic transmission, and analysis of process measure data that are collected using the Infection Control Worksheet as part of ASC inspections

2-1. Identify existing quality measures (e.g., serious reportable events, SCIP measures) that have been NQF-endorsed and are applicable to ASCs;

2-2. Identify areas where additional quality measures are needed for ASCs; and;

2-3. Establish a timeline and methods for adoption and implementation of select measures within ASCs



## ASC Action Plan: Measurable Goals (cont.)

By December 31, 2013, HHS, with stakeholder input, will:

- 3-1. Identify a set of ASC procedures for which HAI definitions and methods should be developed; and,
- 3-2. Establish a multi-year plan and phased approach to support their routine surveillance in a resource-efficient manner that can be implemented consistently across facility types; and,
- 3-3. Identify requirements and standards for ASCs to report notifiable diseases and potential outbreaks.



# Thank You

[http://www.hhs.gov/ash/initiatives/hai/tier2\\_ambulatory.html](http://www.hhs.gov/ash/initiatives/hai/tier2_ambulatory.html)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.