The Office of the National Coordinator for Health Information Technology

Connecting Ambulatory Surgery Centers

Frameworks for EHRs in ASCs

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The Ambulatory Surgery Center Association (ASCA) is the national membership association that represents ambulatory surgery centers (ASCs) and provides advocacy and resources to assist ASCs in delivering high-quality, cost-effective ambulatory surgery to all the patients they serve.

ASCs and EHRs

- Low EHR penetration compared to other sites of service
- Structural barriers:
  - Diverse specialties
  - Diverse facility sizes, management structures
  - Between sites of service
- Future implications:
  - Value-based payment program participation
  - Need for better data as more complex surgical procedures migrate

21st Century Cures Act (P.L. 114-255)

Section 16003: Treatment of Eligible Professionals in Ambulatory Surgical Centers for Meaningful Use and MIPS

"…no payment adjustment may be made…in the case of an eligible professional with respect to whom substantially all* of covered professional services furnished by such professional are furnished in an ambulatory surgical center."

Sunset Clause:

"shall no longer apply as of the first year that begins more than 3 years after the date on which the Secretary determines…that certified EHR technology applicable to the ambulatory surgical center setting is available."

* "substantially all" defined in FY 2018 IPPS Final Rule as 75 percent or more of covered professional services in POS 24

ASCA EHR Stakeholder Group and Workgroup

- Open, volunteer-driven, vendor agnostic process
- General stakeholder group
  - Open to anyone
  - ASCA staff provides EHR-related regulatory and legislative updates
  - Workgroup updates
  - Education and general discussion
- Volunteer workgroup
  - ASCA members
  - One representative per vendor
  - Towards an ASC-specific EHR certification

ASCA EHR Workgroup Whitepaper [LINK]

ASC-Specific EHR Certification Standards

Executive Summary: A voluntary, Ambulatory Surgery Center (ASC)-specific electronic health record (EHR) certification is essential for effective coordination across the care continuum, and will ensure that ASCs remain providers of high value care for patients. EHR standards and measures adapted for ASCs will facilitate the development of systems that allow ASCs to effectively and efficiently participate in value-driven health care initiatives. This will in turn expand opportunities for patients to take advantage of the convenient, low-cost, high-quality care offered by ASCs.

ASCs are located across every state and offer patients a high-quality, convenient and low-cost choice for outpatient surgical care. Over **65% of all surgery**[1] takes place in an outpatient setting, and **ASCs are expected to handle 60% of outpatient surgical cases by 2020**[2]. ASC utilization will continue to grow[3] thanks to advances in technology, improved anesthesia, and less invasive surgical procedures. Furthermore, prevailing value-based trends and emphasis on effective care coordination will make ASCs an increasingly attractive and beneficial setting for patients, physicians and payers alike.

While ASCs are an integral part of the nation's health care delivery system, they have not been incorporated in federal programs that encourage and incentivize the use of health care information technology (HIT). Notably, ASCs have been excluded from the development of standards that designate HIT systems as certified EHR technology (CEHRT). This has produced several negative externalities, specifically slow product uptake by both ASCs and vendor developers, haphazard physician workflow integration and ultimately impaired patient care coordination.

Stimulating Development

Standards requirements are crucial to guide vendors in creating high-quality, cost-effective systems designed to meet current and future health care needs. An EHR certification specifically designed for the ASC setting would allow vendors to develop systems that include ASC measures that matter. Since ASCs are not included as eligible participants, the standards regarding what constitutes a "certified EHR" were written without considering specific needs in the ASC environment. Although some hospital or provider measures may be adapted to be applicable to outpatient surgery performed in an ASC, additional surgery specific measures are necessary. When standards are set the Healthcare Information Management Systems Society (HIMSS) stages of EHR adoption will elevate quickly and vendor innovation for the ASC setting will thrive.

Standards and incentives provide market drivers that encourage facilities to make the significant financial investment necessary to implement EHR solutions. Conversely, the absence of such standards creates an environment of uncertainty in which facilities are reasonably hesitant to commit resources towards solutions that may be undercut by future regulation. While both vendors and facilities have expressed interest in EHR proliferation, the structural uncertainty caused by the lack of common standards has bred stakeholder hesitation.

[1] VMG Health IntelliMarker ASC Study 2017
[2] https://www.researchandmarkets.com/research/cj83hv/2017_ambulatory?w=4
[3] https://www.advisory.com/research/health-care-industry-committee/the-bridge/2017/06/post-asc-quality-scores

Patient Safety & Quality

Improvements to quality of service and safety of care derived from a certified EHR in the ASC setting cannot be overstated. EHRs aid physicians in diagnostic evaluation, reduce the chance of clerical error, and streamline the overall care delivery process by facilitating care coordination among physicians and other caregivers. While some ASCs have implemented EHRs, access to CEHRT would ensure ASCs can more effectively participate in care coordination, thus creating greater value, convenience, engagement, and satisfaction for patients.

An e-prescribing option within an ASC EHR would alone reduce prescribing errors, improve efficiency and reduce adverse events. Eligible providers could digitally sign and send electronic prescriptions for controlled substances to qualified pharmacies. The added interoperability within the care continuum would ensure that controlled substances, such as opioids, are documented in the longitudinal care record, reducing fraud and over-prescribing.

Certified EHR technology (CEHRT) will also enhance the ability to efficiently document and report quality performance in the ASC. Facilities would have the ability to report a wider range of performance metrics with greater accuracy and transparency. This data could be compared with other care settings to demonstrate quality performance for the benefit of patients and regulators. CEHRT would also facilitate ASC-based physician participation in modern value-based care programs, such as the Merit Based Incentive Payment System (MIPS) which rewards reporting of quality metrics via CEHRT.

Workflow Integration & Interoperability

ASCs are part of an evolving medical neighborhood which requires interoperable HIT for efficient care coordination. The dominant trend for both public and private payers is the decline of fee-for-service (FFS) payments models and greater exploration of alternative payment models such as accountable care organization (ACOs), bundled payments, capitation and shared-savings. As these models continue to evolve, care coordination is paramount and must include high value sites such as ASCs.

ASCs must be included in the coordination of longitudinal care with full participation in interoperable EHR systems. Physicians deliver the highest quality care when they can access patient's longitudinal health record, considering medical history across care settings. However, ambulatory physicians are often forced into inefficient and awkward solutions to access information held in hospital or office software, increasing burden and risk of error. Without access to CEHRT, and the resultant ability to report data associated with the procedures performed, the ability of ASCs to fully participate in the care continuum and collaborative care models has been compromised. Voluntary certification will ultimately result in more meaningful and effective healthcare information exchange (HIE) of data, as well as more fully engaged physicians and other health care professionals participating in the coordination of patient centric care.

ASCA EHR Workgroup Criteria Examination

E41 | Yes

	A	B	D	E	F	G	H	I
1	Regulation Text Citation	Certification Criterion	Jordan Stagg-Parmenter - eClinicalWorks ASC Operation Applicability (Y/N) Functionality Notes	Maura Cash - HST Pathways ASC Operation Applicability (Y/N) Functionality Notes	Mary Brunson - CyramedX ASC Operation Applicability (Y/N) Functionality Notes	Dr. Tom Deas - NTSP ASC Operation Applicability (Y/N) Functionality Notes	Test Tool (None = self-declaration)	
2	§ 170.315(a)(1)	Computerized provider order entry (CPOE) – medications	Yes	Yes	Yes	Yes	None	
3	§ 170.315(a)(2)	CPOE – laboratory	Yes	Yes	No	Yes	None	
4	§ 170.315(a)(3)	CPOE – diagnostic imaging	Yes	Yes	Yes	Yes	None	
5	§ 170.315(a)(4)	Drug-drug, drug-allergy interaction checks for CPOE	Yes	Yes	Yes	Yes	None	
6	§ 170.315(a)(5)	Demographics	Yes	Yes	Yes	Yes	None	
7	§ 170.315(a)(6)	Problem list	Yes	Yes	Yes	Yes	None	
8	§ 170.315(a)(7)	Medication list	Yes	Yes	Yes	Yes	None	
9	§ 170.315(a)(8)	Medication allergy list	Yes	Yes	Yes	Yes	None	
10	§ 170.315(a)(9)	Clinical decision support	Yes	Yes - ASC cases do not often require multiple CDS as they can be short, repettetive procedures with limited value to this type of interaction.	Yes	?	None	
11	§ 170.315(a)(10)	Drug-formulary and preferred drug list checks	Yes	No - Medication formularies in ASCs are already limited to space and cost.	Yes	?	None	
12	§ 170.315(a)(11)	Smoking status	Yes - this is a straightforward criterion and almost ALL vendors would already have this. No sense in getting rid of it and only adds value.	?	Yes	Yes	None	
13	§ 170.315(a)(12)	Family health history	Yes - this is a straightforward criterion and almost ALL vendors would already have this. No sense in getting rid of it and only adds value.	No	No	Yes	None	
14	§ 170.315(a)(13)	Patient-specific education resources	Yes - this is a straightforward criterion and almost ALL vendors would already have this. No sense in getting rid of it and only adds value.	Yes	Yes - specifically for discharge instructions, wound care, etc.	?	None	
15	§ 170.315(a)(14)	Implantable device list	Yes	No	Yes	?	None	
16	§ 170.315(a)(15)	Social, psychological, and behavioral data	No - required for use of the CPC+ program	No	No	No	None	
17	§ 170.315(b)(1)	Transitions of care	Yes	Yes	Yes	Yes	Test Tool	
18	§ 170.315(b)(2)	Clinical information reconciliation and	Yes	?	Yes	Yes	Test Tool	
19	§ 170.315(b)(3)	Electronic prescribing	Yes	Yes	Yes - specifically EPCS	Yes	Test Tool	
20	§ 170.315(b)(4)	Common Clinical Data Set summary record – create	No	Yes	Yes	?	Test Tool	
	§ 170.315(b)(5)	Common Clinical Data Set summary	No	Yes	Yes	?	Test Tool	

MANDATORY (28) | OPTIONAL (15) | REWRITE (11) | Full Criteria List | CRITERIA MASTER LIST

ASCA EHR Workgroup Next Steps

- Feedback on clinical goals
  - Physicians
  - Administrative, clinical staff
- Broader education in the ASC community
- Strategic partnerships (AJRR)
- Advocacy, collaborative work with ONC

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Thank you!

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