



GSASC GAZETTE

www.gsasc.org

A Publication of the Georgia Society of Ambulatory Surgery Centers

WINTER 2010

PRESIDENT'S MESSAGE

By Stanford R. Plavin, MD
GSASC President



Dear Colleagues,

GSASC will continue to play an important role in your future as this past year has demonstrated.

There is always a state of change and how we adapt to this change as a Society will determine the many successes and failures of our industry.

Today's issues and dealings only prepare us for what lies ahead. One of the goals for this upcoming year will be to identify where you, the members of this Society, would like to see us be in 5 years. In addition to this initiative, we will seek to engage the many physician owners in this state and their business partners to become more involved in shaping this process.

The most recent elections have created a slight balance of power but still does not guarantee any positive outcomes for our industry.

As the healthcare debate continues, we must realize that the ball is in motion and we need to acknowledge and create a pathway for GSASC and its membership to flourish and take advantage of opportunities.

The most recent elections have created a slight balance of power but still does not guarantee any positive outcomes for our industry. We are actively engaged with the legislative leaders of this state and will continue to advocate and work on your behalf.

GSASC continues to provide access and information for its members. It

must continue to evolve to suit its members' needs and also broaden its base. To that point, the GSASC web site has started a forum for its members in an attempt to create quality dialogue to discuss any salient issues or concerns. We have tremendous resources both on a state and federal level to be able to respond to your questions and also put you in touch with people that can assist.

We are here to help protect what we have, preserve our future and provide a pathway and an entity which can be

See President's Message on page 10



SAVE THE DATE:

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Looking Back and Looking Ahead: 2010 Election Wrap & 2011 Session Preview

By Travis Lindley & Lasa Joiner

The Elections & GSASC

ASC-GA PAC scores a 95.5% victory!

Because of your support, the ASC-GA PAC was able to contribute substantially to candidates for re-election who stood strong on ASC issues during the 2009 & 2010 legislative sessions. We look forward to working with them again in 2011 as well as with new legislators who joined the ranks of those friendly to medical issues.

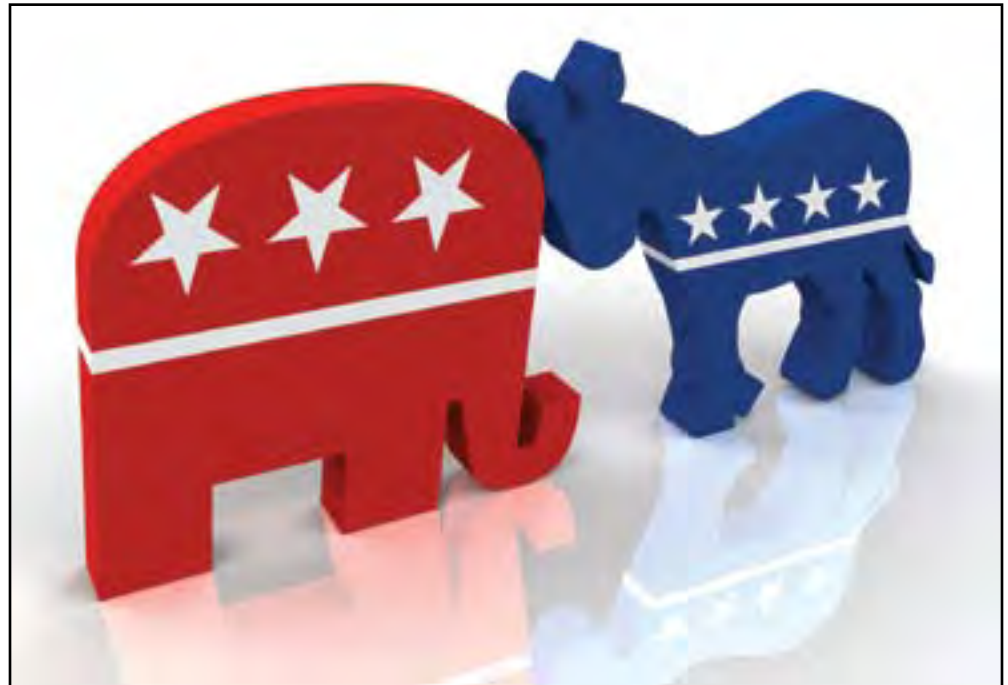
The Georgia 2011 Legislature: What's in it for ASCs

Members of the General Assembly and all Georgia's Constitutional Officers will be sworn in on January 10th and the 2011 session will convene!

The issues we expect to work on for ASCs include insurance reform with a special emphasis on rental networks, revisiting some elements of tort reform, and budget and regulatory issues.

DCH Regulatory Alert: Licensure and X-ray Fees

GSASC will send alerts and updates as the Department of Community Health proceeds with enforcement of licensure fees and facility surveys. Patience and vigilance will be needed



as we monitor the process on the now rescinded X-ray fees. For those who paid the \$300 fee, DCH tells us that refunds will be forthcoming when the state general treasury remits the fees collected in error back to DCH.

Help us keep up to date by letting us know of any notices you receive from the department.

Communication is Key to Success

Your GSASC legislative team will continue providing regular updates from the Capitol and State Agencies. Please call or email us with your questions, we are here to help! The next session is upon us. Stay tuned!

Lasa Joiner

404 299-7700

lasa@gsasc.org

Travis Lindley

770 435-5586

travis@gsasc.org

Owners' Forum Gets GSASC Legal Defense Fund Off to a Great Start

Thank you to the corporate sponsors for supporting the first annual ASC Owners' Forum and a special thanks to those who attended. No one was disappointed - forum speakers included ASC legal experts Scott Becker and Victor Moldovan, USPI Vice President

of Communications, Milla Perry Jones, and Emory University noted political scientist and commentator, Dr Merle Black.

Stay tuned for information so you don't miss the next forum.

ASC-GA PAC

Protecting Georgia's Ambulatory Surgery Centers and Our Patients

Many thanks to all who renewed their 2010 / 2011 PAC membership! If you haven't joined, it's not too late!

Final 2011 Medicare Rates Released

The Centers for Medicare and Medicaid Services (CMS) released the 2011 final payment rule for ambulatory surgery centers and hospital outpatient departments on November 3rd. CMS will continue to use the Consumer Price Index for all Urban Consumers (CPI-U) as the basis of the ASC inflation update. ASCs will receive a 0.2 percent across the board increase in ASC payments next year after taking into account the inflationary increase to the update factor and decrease resulting from the productivity adjustment mandated by health care reform. This is an improvement over the zero percent change that had been proposed because CMS has revised its estimate of the productivity adjustment downward.

Following is a brief overview of a few additional key points.

1. **Wage Index:** CMS continues to use the pre-floor, pre-reclassified wage index to adjust ASC payments for geographic differences in the relative cost of labor.
2. **Quality Reporting:** In spite of the clear imperatives in PPACA to increase transparency and improve the value of care across the health care system, CMS does not plan to even propose a voluntary quality reporting system for ASCs until “the CY2012 proposed rule.” The final rule set an expectation that electronic health records would be part of future quality reporting.

However, CMS agreed to evaluate methods of quality reporting which would not require an EHR; acknowledging that many ASCs have not yet purchased or implemented EHR systems.

3. **Waiver of Beneficiary Cost-sharing for Certain Services:** The health reform law waives the deductible and coinsurance for certain preventive services that are paid under the ASC payment system and have been recommended by the United States Preventive Services Task Force with a grade of A or B for any indication or population. This will affect several HCPCS codes for colonoscopies.

ASC Association and Ambulatory Surgery Foundation Name New Executive Director

The Boards of Directors of the Ambulatory Surgery Foundation and the ASC Association are pleased to announce that William Main Prentice has been named executive director of the two organizations. Prentice began serving in his new role on October 4, 2010.

“With his extensive experience in government affairs, health care and association management, we believe Bill Prentice is the right person at the right time for this key position within the

ASC community,” says ASC Association/Ambulatory Surgery Foundation Board Chair David Shapiro, MD. “With his background, we expect him to be an effective advocate for all of the diverse stakeholder groups represented in the ASC community.”

“I believe the ASC industry offers one of the most significant opportunities to be a leader in the changes that will occur with health care reform,” says Prentice, “and I’m looking forward

to being a part of the industry and the association.”

Prentice has more than 25 years of experience in association management, government affairs, health care advocacy and legislation, and public relations. His professional experience includes more than 17 years working directly with health care organizations and 12 years of experience on Capitol Hill.

US Census Bureau Knocking on ASC Doors

Happy to have completed the 2010 census, the US Census Bureau is now helping the National Center for Health Statistics to gather information on patients in health care settings. Beginning in 2010, the Center has added ambulatory surgery centers to the list of health care facilities it is surveying. The surveyor will ask the ASC to provide medical records for up to five patient encounters each day for a month. The surveyor will then review the records and record items such as the patient’s zip code, DOB, ethnicity, method of payment, diagnosis and procedure codes. The Census Bureau states that it is covered for these surveys under HIPAA and that the survey is for statistical purposes only.

GSASC Establishes Legal Defense Fund



The GSASC Board has officially established a "GSASC Legal Defense Fund" to provide resources to protect the ASC industry in the judicial arena.

Our initial goal of \$10,000 was quickly eclipsed and we have now increased our goal to \$20,000.

We are currently engaged in court action on your behalf through, GSASC v. DCH, in Fulton Superior Court to enjoin the state (DCH) from collecting data on your ASC that includes specific personal and private financial information not mandated in the 2008 CON reform law. Our case has been remanded from the Superior Court to the Supreme Court of Georgia, so that battle continues.

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GSASC has also entered as a party in a class action suit with Urology Center of Georgia, LLC v Blue Cross Blue Shield of GA. The suit alleges that Blue Cross targeted out-of-network non-hospital providers of ambulatory surgical services (ASCs) and unilaterally and intentionally slashed reimbursement for out-of-network surgery to levels far below the UCR charges to prevent or deter its enrollees from receiving out-of-network care at ASC facilities.

I encourage you to join this fight. Help us be as successful on the judicial front as we have been on the legislative front.

Please send your checks, payable to:
 GSASC Legal Defense Fund
 Attention Travis Lindley
 2814 Spring Road, Suite 210
 Atlanta, GA 30339.

And please, contact me personally at drplavin@gsasc.org with any questions.

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The ASC: Year End at a Glance



By Gayle Evans RN, MBA, CNOR, CASC
Continuum Healthcare Consultants, Inc.

As 2010 winds down, many of the pending surveys of the past year are now over. Centers are reviewing and changing processes in order to be prepared for the next survey, whether it is accreditation in 2011 or the Medicare survey that skirted them this year. We all know that next year may be our year and are making plans to be ready. As we close out 2010 and begin preparing for the New Year, ASCs continue to focus on how to create a safe environment for the patient with educated, trained staff and a fully informed governing body. Let's look at some of these key areas while we reflect on 2010.

Infection Control



Review the infection control program. Has the staff had adequate infection control training throughout the year?

The center should also perform an audit on hand washing in the center

to verify the percentage of compliance for the center. Proper medication preparation while maintaining infection control techniques using single use devices, one needle, one syringe, one patient rules are all to be evaluated. Hand washing techniques should be randomly observed by staff and documented as part of the program. Even using the proper hand washing products is important. Recently I have performed mocked surveys in several centers where I have found Dial and Softsoap being used in patient areas. I would refer everyone to the CDC guidelines and research for the types of chemicals to be used in hand hygiene for the medical environment. Home use soaps are not on that list.

Point to be noted when speaking of "all staff". This includes physician, ancillary staff, and contract staff in addition to the regular center personnel.

Staff

Have all staff completed mandatory in-services, competency checklists, and

drills (based on what the center requires them to attend)? Remember, health assessments for staff including TB skin tests and any other medical care are also required at least annually.



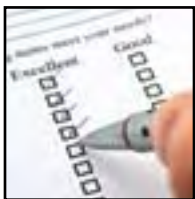
It is also time to evaluate the staffing ratio for the center and to confirm that the staff mix is appropriate for the care given. This is a determination that will be observed and evaluated by the surveyor. Is there a registered nurse that can be available in the event of an emergency in the center as CMS requires? Can the center demonstrate the appropriate staffing levels in the center when asked by the surveyors? Clarification or validation of staffing should be located in the Scope of Services policy. This is not a requirement for full time staff or even part time but a requirement of staff availability when patients are being treated.

As I think of staffing, my greatest

Preparing the center and staff is important for a state of readiness as 2011 is days away. Regulations are stiff. Safety even more scrutinized. Patient satisfaction surveys are speaking to this in the fine print. It is important that the center review activities to meet the requirements of their patients.

concern is the experience of the staff in the ASC related to performance of their role. Centers are using staff with on the job training which is perfectly ok. What is not ok is when centers continue to practice aseptic techniques that are simply passed down from “one generation to another” without any reference to best practice or industry standards. If assistants from the office are used for scrubbing or performing in the surgery center they must have documented training that they have reviewed the accepted practices. Being certified in other specialties does not constitute this requirement.

Governing Body Review



As you prepare for the final governing body meeting that reviews all activities of the center for 2010 you should look at

including the following:

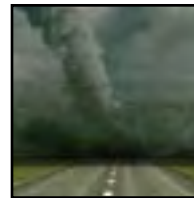
- Review & Update of the centers procedure list. If the center does not perform procedures or does not have certain equipment to perform procedures the procedures should be removed from the list. Procedures can be added at any time but keeping a current list is important.
- Evaluate the center’s infection control program and verify appropriate training and tracking have been achieved.
- Review the costs associated with your top 10 procedures - confirming the profit margin is sufficient or what may need to be considered to reduce costs.

- Review the contracts provided to the center.
- Review of abbreviations, formulary, and staffing structure.
- Annual surgery center performance.
- Develop 2011 goals for the center.
- Determine capital needs. Many centers are operating on shoe-string instruments and equipment and could be violating infection control standards for sterilization.

This is not the entire list of items to be reviewed at year end but some of the items we need to make sure we consider when organizing the meeting’s agenda.

Drills, Disaster Preparedness Plan

The new regulations, and even the old regulations, require that drills be actually performed. Simulation is not an option anymore. Disaster preparedness plans should already be complete for 2010. Medicare will not allow this to be omitted going forward as this standard has been in place for almost 2 years. Checking all emergency lights, fire systems, and generators should be part of the year end closeout if they have not been completed.



Medical Record Review

Reviewing medical records for common errors and identifying how to correct these errors should be performed. Redesigning forms may be necessary to



allow for compliance with documentation of direct supervision by physicians of patient care. Approved abbreviations should also be considered. Recent conversation with Joint Commission staff suggested that instead of having an infinite list of “used” abbreviations, center may find using a reference such as the “Taber’s Dictionary” to be more appropriate. In chart review, often we find no less than 4-5 unapproved abbreviations.

Overall Center Upkeep

Now is the time to paint, buy capital equipment and complete disaster drills. Escaping the grueling surveys and providing good care have been achieved for 2010. What is 2011 going to be like for your center? Preparing the center and staff is important for a state of readiness as 2011 is days away. Regulations are stiff. Safety even more scrutinized. Patient satisfaction surveys are speaking to this in fine print. It is important that the center review activities to meet the requirements of their patients.



GSASC Seeking Board Member Nominations

GSASC is seeking candidates to serve on the Board of Directors. Board members play a crucial role in the guidance of GSASC policy and leadership of the ASC industry in Georgia. GSASC is poised to be a leader in the healthcare debate and needs passionate individuals to work together to protect the interests of all Georgia ASCs.


The primary duties of a board member are to attend Board of Directors meetings, encourage the involvement of surgery centers in GSASC and act as an advocate in promoting and protecting the industry.

Board members hold office for three years following their election at our Annual Meeting, March 10th to be held in Atlanta in conjunction with our semi-annual conference and trade-show at the Intercontinental Buckhead Atlanta.

There are four (4) open seats. Board seats are determined according to the membership class.

Nomination forms will be sent to all members soon. For more information, please contact the GSASC office for more details.

GSASC Launches Online Discussion Board



This fall, GSASC added an online discussion board to the GSASC Website. Members can now access this forum and post questions and topics for other members to respond. The GSASC Forum is a great opportunity to communicate with other GSASC members about issues that affect your center everyday.

To access this forum, go to the GSASC website, www.gsasc.org, choose

the links for the GSASC Forum and set up your username and account to log-in and create a post.

Past webinars now available with On Demand Replay

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Regulatory Surveys - Nightmare to Happy Ending (step by step advice for preparing for a CMS survey)

OSHA- Your Other Infection Control Regulator (reviews OSHA Regulations and frequently cited areas for ASCs)

CMS This Changes Everything: Credentialing and Peer Review (evaluate and review your ASC's program against best practices)

For more details on how to purchase and view these webinars, visit the GSASC website, www.GSASC.org, and click on the ASC Excellence banner.

Visit the Online GSASC Job Board Today!

The Georgia Society of Ambulatory Surgery Centers (GSASC) hosts an interactive job board on the GSASC Website at www.GSASC.org. With its focus on the ambulatory surgery center industry facilities and professionals, the GSASC Job Board offers its members – and the industry at large – an easy-to-use and highly targeted resource for online employment connections.

The GSASC Job Board is also linked with the National Healthcare Career Network so when you post on GSASC, your position posts to over 50 related healthcare association networks increasing your resource pool for healthcare talent.

Both members and non-member can use the GSASC Job Board to reach qualified candidates. Employers can post jobs online, search for qualified candidates based on specific job criteria, and create an online resume agent to email qualified candidates daily. They also benefit from online reporting that provides job activity statistics.

Welcome New Members!

NEW CENTER MEMBERS

*GI Diagnostics Endoscopy Center
Marietta, GA*

*NovaMed Eye Surgery Center
of Atlanta
Atlanta, GA*

Not a member? Join online at www.gsasc.org or call the GSASC office at 888/526-9450 for more information!

Membership Renewal information for 2011 mailed out in October. If you have not received renewal information, please contact the GSASC office.

If contact information for your ASC has changed please let us know. Email Meghan@asc-member.org or call the GSASC office at 888/526-9450 to make changes to your membership information.

Join us in Atlanta



JOIN GSASC IN ATLANTA THIS MARCH!

GSASC/SCASCA MARCH 2011 JOINT SEMI-ANNUAL CONFERENCE

March 10-11 2011
Intercontinental Buckhead
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HOTEL INFORMATION

The InterContinental Buckhead sets new standards of quality with international flair and southern hospitality. A Peachtree Road address puts you close to Buckhead's thriving business and shopping districts and provides easy access to attractions such as the Georgia Aquarium, the High Museum of Art, the New World of Coca-Cola and the CNN Studio Tour.

For hotel reservations, call 877-422-8254 and ask for the GSASC/SCASCA group rate of \$159.

Make your plans today!

TENTATIVE SCHEDULE OF EVENTS*

THURSDAY, MARCH 10TH

12:00 p.m.	Attendee Registration
12:30 p.m. – 12:45 p.m.	Welcome & Introductory Remarks
12:45 p.m. – 1:45 p.m.	Disaster Preparedness
1:45 p.m. – 2:45 p.m.	Preparing for a Fire Marshall Inspection
2:45 p.m. - 3:00 p.m.	Refreshment Break
3:00 p.m. – 4:00 p.m.	Putting the EMR Puzzle Together
4:00 p.m. – 5:00 p.m.	GSASC Membership Meeting and Legislative Update
	Georgia Medical Care Foundation: CMS Survey Presentation
5:00 p.m. – 6:30 p.m.	Welcome Reception with Exhibitors

FRIDAY, MARCH 11TH

7:30 a.m. – 8:00 a.m.	Registration & Continental Breakfast
8:00 a.m. – 9:15 a.m.	Keynote – Andrew Hayek
9:15 a.m. – 10:30 a.m.	Refreshment Break in Exhibit
10:30 a.m. – 11:30 a.m.	Hot Topics in the ASC Industry
11:30 a.m. – 12:45 p.m.	Buffet Lunch in Exhibit Hall
12:45 p.m. – 1:45 p.m.	Successful Managed Care Contracting
1:45 p.m. – 2:45 p.m.	Risk Management in the ASC

**all topics subject to change*

Full Registration Materials Available Soon! Check the GSASC Web site at www.gsasc.org for more details!

PRESIDENT'S MESSAGE

continued from page 1

nimble and represent the goals of you, the membership.

This year the Society had a number of important issues it was engaging and there was a drastic need to create additional resources for our legal fees. The Legal Defense Fund was established and an Owner's event was recently held as a kickoff to this fund. We raised close to \$14,000 from this one event. The monies will be used to ensure that legal fees which are directly related to our Society fighting on your behalf, will be available. This will be a fund that will continue to be part of the GSASC moving forward and I urge your commitment to it.

The establishment of this fund will assist us with the fiscal responsibility that every organization must have without relying on budgeted monies to pay for excessive legal expenses as they arise.

As we move towards the end of the year and the start of 2011, I would like to ask each of you to try and give a little of your time educating the people around you about the value of this organization and consider becoming a more active participant. We are looking for board members and committee members who are willing to serve.

May you all have a safe and happy holiday season.

Please don't forget to sponsor and be part of a terrific meeting that is being planned for March 2011.

Kindest regards,
Stanford Plavin MD

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GSASC is pleased to announce the support of the following companies who are participating in the GSASC Business Partner Program:

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