Office-Based Surgery Provides Greater Autonomy to Physicians

Office-based outpatient surgeries have significantly increased in recent years, with a growing number of specialists electing to perform surgeries in their own offices rather than at outpatient hospitals or ambulatory surgery centers.1 Over a ten-year period from 1995 to 2005, the number of office-based surgeries (OBS) performed doubled, with 10 million procedures being performed in physician offices in 2010.2 The popularity of OBS has been driven by the potential benefits to provider autonomy, but despite these potential benefits, commentators are concerned that the in-office setting has yet to be thoroughly regulated as to the quality of care received.

Several drivers have allowed for, and accelerated growth, in OBS. The developments of minimally-invasive surgical techniques and new forms of anesthesia have permitted physicians to provide a broader scope of services in their offices. Further, many insurers no longer pay for extended hospital stays following surgery, promoting the use of OBS and similar outpatient procedural settings, which may not be subject to such restrictions.3 Patients have been drawn to the office-based surgical setting for the numerous advantages it offers, including lower costs and increased convenience and comfort. Additionally, OBS offers physicians a greater degree of control over the administrative aspects of their practice and their patients’ surgical outcomes.4

Though proponents of this surgical setting boast that OBSs offer lower risk for infections, there is still relatively little oversight of OBS procedures. In fact, only half of the states explicitly regulate OBS, prompting some in the industry to refer to this practice setting as the “wild west of healthcare.”5 In a 2003 report on surgical procedures performed in Florida physicians’ offices, the risk of adverse events or death was estimated to be ten times the risk for surgeries performed in ambulatory surgical centers.6 Today, the 2003 study’s primary author states that the risks associated with OBS have been largely diminished due to improved regulation by the state, adding that OBSs save significantly on costs and now play a critical role in healthcare.7 However, with currently no federal, and often minimal state, regulation of this practice area, non-profit organizations or accrediting bodies have become the main source of guidance for physicians aiming to ensure patient safety and quality of care.8

In order to direct practitioners on the use of anesthesia in OBS, the American Medical Association developed a list of ten core principles. Further, the Federation of State Medical Boards convened a Special Committee to design several options for state medical boards seeking to begin regulating OBS.9 Most recently, the Accreditation Association for Ambulatory Health Care announced the launch of an accreditation program designed specifically for practices performing OBS.10 Additionally, the Institute for Safety in Office-Based Surgery (Institute) developed a “safety checklist” to assist physicians’ offices in becoming adequately prepared to address patient emergencies that may arise in OBSs and to thoroughly instruct patients with discharge instructions and information on follow-up care.11 With its checklist, the Institute’s leadership hopes to replicate recent research findings, which indicate that checklists can help reduce costs and complications, as well as improve safety and quality.12

In addition to the potential for certain patient satisfaction benefits, physicians who have been performing OBSs for years have found the practice to be an efficient way to control surgical case volumes, revenues, costs, and to secure better control over their patients’ care, particularly in the rehabilitative period following surgery.13 When performing OBS at their own practices, physicians are able to: select their staff; set treatment policies; and, establish a practice culture, which may translate to improved patient satisfaction.14 On the administrative side, physicians can dictate the office’s surgical schedule and staff it accordingly, which allows for the most efficient use of resources at a time when the economy has not fully recovered from the recent recession and the industry is struggling to adjust to various changes implemented under healthcare reform.15

Though traditional ambulatory surgery centers and outpatient hospital facilities still maintain higher numbers of outpatient surgeries, the number of OBSs is expected to continue its rapid growth as surgical techniques and anesthesia practices continue to evolve.16 Physicians seeking greater autonomy in their surgical practice and the flexibility of an alternative business model are likely to consider joining this shift away from the hospital and into the physician office setting.17

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Letitia Stein, July 5, 2011.


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Robert James Cimasi, MHA, ASA, FRICS, MCBA, AVA, CM&AA, serves as President of HEALTH CAPITAL CONSULTANTS (HCC), a nationally recognized healthcare financial and economic consulting firm headquartered in St. Louis, MO, serving clients in 49 states since 1993. Mr. Cimasi has over thirty years of experience in serving clients, with a professional focus on the financial and economic aspects of healthcare service sector entities including: valuation consulting and capital formation services; healthcare industry transactions including joint ventures, mergers, acquisitions, and divestitures; litigation support & expert testimony; and, certificate-of-need and other regulatory and policy planning consulting.

Mr. Cimasi holds a Masters in Health Administration from the University of Maryland, as well as several professional designations: Accredited Senior Appraiser (ASA – American Society of Appraisers); Fellow Royal Intuition of Chartered Surveyors (FRICS – Royal Institute of Chartered Surveyors); Master Certified Business Appraiser (MCBA – Institute of Business Appraisers); Accredited Valuation Analyst (AVA – National Association of Certified Valuators and Analysts); and, Certified Merger & Acquisition Advisor (CM&AA – Alliance of Merger & Acquisition Advisors). He has served as an expert witness on cases in numerous courts, and has provided testimony before federal and state legislative committees. He is a nationally known speaker on healthcare industry topics, the author of several books, the latest of which include: “The U.S. Healthcare Certificate of Need Sourcebook” [2005 – Beard Books], “An Exciting Insight into the Healthcare Industry and Medical Practice Valuation” [2002 – AICPA], and “A Guide to Consulting Services for Emerging Healthcare Organizations” [1999 John Wiley and Sons].

Mr. Cimasi is the author of numerous additional chapters in anthologies, books, and legal treatises; published articles in peer reviewed and industry trade journals; research papers and case studies; and, is often quoted by healthcare industry press. In 2006, Mr. Cimasi was honored with the prestigious “Shannon Pratt Award in Business Valuation” conferred by the Institute of Business Appraisers. Mr. Cimasi serves on the Editorial Board of the Appraisals Practice of the Institute of Business Appraisers, of which he is a member of the College of Fellows.

Todd A. Zigrang, MBA, MHA, ASA, FACHE, is the Senior Vice President of HEALTH CAPITAL CONSULTANTS (HCC), where he focuses on the areas valuation and financial analysis for hospitals and other healthcare enterprises. Mr. Zigrang has significant physician integration and financial analysis experience, and has participated in the development of a physician-owned multi-specialty MSO and networks involving a wide range of specialties; physician-owned hospitals, as well as several limited liability companies for the purpose of acquiring acute care and specialty hospitals, ASCs and other ancillary facilities; participated in the evaluation and negotiation of managed care contracts, performed and assisted in the valuation of various healthcare entities and related litigation support engagements; created pro-forma financials; written business plans; conducted a range of industry research; completed due diligence practice analysis; overseen the selection process for vendors, contractors, and architects; and, worked on the arrangement of financing.

Mr. Zigrang holds a Master of Science in Health Administration and a Masters in Business Administration from the University of Missouri at Columbia, and is a Fellow of the American College of Healthcare Executives. He has co-authored “Research and Financial Benchmarking in the Healthcare Industry” (STP Financial Management) and “Healthcare Industry Research and its Application in Financial Consulting” (Aspen Publishers). He has additionally taught before the Institute of Business Appraisers and CPA Leadership Institute, and has presented healthcare industry valuation related research papers before the Healthcare Financial Management Association; the National CPA Health Care Adviser’s Association; Association for Corporate Growth; Infocast Executive Education Series; the St. Louis Business Valuation Roundtable; and, Physician Hospitals of America.

Anne P. Sharamitaro, Esq., is the Vice President of HEALTH CAPITAL CONSULTANTS (HCC), where she focuses on the areas of Certificate of Need (CON); regulatory compliance, managed care, and antitrust consulting. Ms. Sharamitaro is a member of the Missouri Bar and holds a J.D. and Health Law Certificate from Saint Louis University School of Law, where she served as an editor for the Journal of Health Law, published by the American Health Lawyers Association. She has presented healthcare industry related research papers before Physician Hospitals of America and the National Association of Certified Valuation Analysts and co-authored chapters in “Healthcare Organizations: Financial Management Strategies,” published in 2008.