

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 OBSs 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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- 14 Ibid.
- 15 Ibid.
- 16 Letitia Stein, July 5, 2011.
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