

Key Tips for Success: Orthopedics in ASC's What Works & What Doesn't

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Syllabus

- Surgeons
- Equipment/Supplies
- Staffing
- Anesthesia
- Scheduling
- Contracts
- Management
- Financial Keys

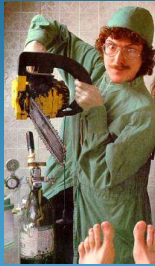


Success

- Financial
 - Profit margins: 25-40%
- Clinical
 - Excellent surgical outcomes
 - High patient satisfaction
 - High surgeon satisfaction



Surgeons



Efficiency

- Time
- Costs
- Attitude



Efficient Surgeons- Time

- Good use of their time
- "The Routine"
- Pre-surgical routine
 - Surgical questions fully fielded in office
 - Consents completed pre-operatively
 - Pre-op orders completed pre-operatively
- Consistency in patient preparation & H&A
- On-line pre-op screening programs



Efficient Surgeons- Time

- Day-of-surgery routine
 - Small dictation area & smaller lounge
 - In the room for positioning/set-up
 - Computers in room for viewing imaging
 - Ensure cases are booked for appropriate time & with appropriate equipment
 - May need to get them help (PA/RNFA)

Efficient Surgeons- Time

- Post-surgery routine:
 - Pre-op next patient
 - See current patient's family/resp. adult
 - See last patient in PACU
 - Dictate if time or 'to the room'
- Following this routine is CRITICAL!



How can I be more successful?

- Recruit them & let them fill your rooms
- Find out who and where they are from other docs, anesthesia or other staff
- If you are stuck with them:
 - Case cost – emphasizing cost/minute
 - Educate them on methods of improvement
 - Clinical Leaders
 - Other docs/partners
 - Staff



Efficient Surgeons- Costs

- Use less materials
 - Inherent- may need to change their practice pattern
 - Need to be receptive to change (ownership)
 - Case costing
 - Education/persuasion methods – constant if need be
 - Participate in trials
 - Have staff lead the charge
- Educate non-owners- it may help

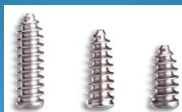


Efficient Surgeons- Attitude

- Kindness
- Willingness to change
- Desire for improvement
- Keep the lines of communication open
- Get to know the staff



Equipment & Supplies



Equipment

- Invest in a Materials Manager if you have volume
- Involve physicians & staff (techs!) in the buying process
- Use your GPO to the fullest ability
- Trial equipment
- Ask if they have any demos to sell you
- Take advantage of creative purchasing methods
 - Promotions
 - Fee per disposable
 - Rebate Programs +/-



Equipment

- Rule of 3's is no longer applicable with avoiding flashing
- Limit instrumentation: Standardization
- Basic kit for:
 - Arthroscopy
 - Hand/Foot & Ankle
 - Ortho Kit
- Additional kits for:
 - Shoulder repair
 - ACL
 - Small Joint
 - "Specials"



Equipment

- Wrap everything else separate
 - Requires:
 - Accurate preference cards
 - Staff stays one case ahead
 - Staff (including per-diems) to be educated on kits
 - Active process of modification
- Over time this will preserve equipment



Supplies

- Same rules apply
- GPO more of a necessity
- Standardization
- Trials constantly
 - Will always win: savings or price wars
- Standardization: Custom Packs
 - Savings
 - Saves time
 - Easy to order
- Technology may save time overall



Case Costing

- Accurate preference cards essential (invest the time)
- Two ways:
 1. Pick a CPT code and compare preference cards
 - Be sure to incorporate time & cost/minute
 2. Look at every case- total cost compared to revenue for that case
 - Advanced Practice
 - Can be an active process
 - Software usually can produce

Implants

- Need a committee to evaluate:
 - Relevant quality data
 - Price
 - Physician must participate
- Need awareness of reimbursement methodology
 1. Your scheduler
 2. Your surgeon's scheduler
 3. Your surgeons
 4. Your managers
 5. Your staff- (make note on schedule)
- Need management approval on ALL cases



Implants

- Stock *preferred* products (> 2 surgeons use)
- If < 2 surgeons use, or little volume, get on consignment
 - Many benefits
 - Ensure they create invoice before they leave the facility
- Outsource implant management



Vendor Relationships

- Changing industry- they want YOUR business
- Educate them on your types of reimbursement
- Create vendor policies:
 - Crowd control- minimize influencing
 - Monitor stock & equipment
 - Educating staff
 - Delivery management
 - Pricing levels they must meet
 - Accuracy in billing



Staffing



Staffing

- Ensure they have the right qualities
 - Check references!!
 - Multiple interviews
- Ensure they know your needs
 - Qualities & "how it works in your Center"
- Ensure they have experience
 - Don't blow off the interview
- Constant training- don't lapse
 - Efficiency/TOT/OR flow/picking

Staffing

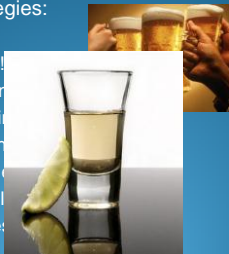
- Staff Mix
 - FT vs. PT
 - Department staffing for efficiency
 - NA's/MA's/core tech
 - Instrument tech
 - Materials Manager (1st tech)
 - LPN's
 - Cross-train
 - Each employee has another "job"



Staffing

- Additional strategies:

- Pay them!
- Pay the techs!!
- Have great ben
- Revenue sharin
- Involve them in
- Communicate c
- No job to small
- Facilitate cohe



The screenshot displays a Microsoft Project Gantt chart for a task named "M3 - Scheduling (2016)". The timeline spans from 1:00 pm on Tuesday, 10/10/2016, to 11:00 pm on Wednesday, 10/11/2016. The chart shows a sequence of tasks represented by horizontal bars. The tasks are color-coded: yellow for "DETECT BLANK", red for "ANALYZE", and green for "REPAIR". The tasks are organized into a hierarchy, with "DETECT BLANK" being the primary task. The right side of the chart shows a list of tasks with their names, durations, and start/end times.

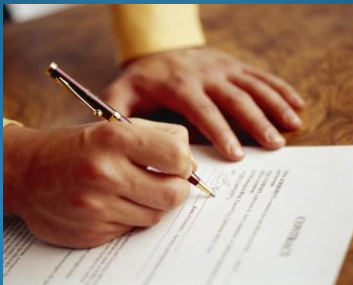
Task Name	Duration	Start Time	End Time
DETECT BLANK	1:00:00	1:00:00 PM	2:00:00 PM
ANALYZE	1:00:00	2:00:00 PM	3:00:00 PM
REPAIR	1:00:00	3:00:00 PM	4:00:00 PM
RECOVER	1:00:00	4:00:00 PM	5:00:00 PM
DETECT BLANK	1:00:00	5:00:00 PM	6:00:00 PM
ANALYZE	1:00:00	6:00:00 PM	7:00:00 PM
REPAIR	1:00:00	7:00:00 PM	8:00:00 PM
RECOVER	1:00:00	8:00:00 PM	9:00:00 PM
DETECT BLANK	1:00:00	9:00:00 PM	10:00:00 PM
ANALYZE	1:00:00	10:00:00 PM	11:00:00 PM
REPAIR	1:00:00	11:00:00 PM	12:00:00 AM
RECOVER	1:00:00	12:00:00 AM	1:00:00 AM
DETECT BLANK	1:00:00	1:00:00 AM	2:00:00 AM
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Scheduling

- Do bigger cases earlier
- Same sides in a row
- Swing room when available and only with "good bouncers"
- Equipment awareness of scheduler essential
- Realistic booking times and with correct equipment
- Excellent relationship with office scheduler
- Ensure they will always strive to accept cases



Contracts

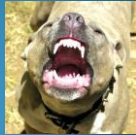


Contracts

- Don't try and do it all yourself – hire a worthy consultant
- If you negotiate yourself- be prepared
- Use Medicare increases/HOPD costs as a reference
- Strive for carve-outs (even just scope codes!)
- MUST get paid for implants
- Don't be afraid to go OON
- Aggressively negotiate OON & Work Comp (how...)
- Surgeon awareness

Business Office Misc.

- Effective A/R policies for aggressive personnel
- Accurate pre-certs
- Dictations complete & turned-around within 24 hrs
 - Superbills/dictation templates
- Educated coder- billing multiple procedures
- Implants on initial bill
- Aggressive follow-through on denials



Management



Management

- Must have a strong Administrator
- Effective communication style
 - Board Meetings
 - Face time with ALL staff members
- Management Team
 - Nurse Mgr.
 - Business Office Manager



Board Meetings

- PRN
- Content:
 - Be brief
 - No paper
 - Specifics:
 - Staffing update: summary/needs
 - Equipment/Supply Update
 - Contracting
 - Committee reports (QAPI)
 - Patient Satisfaction
 - Legislative & Compliance Issues



Board Meetings

- Financials:
 - Volume (include specialty/ownership breakdown)
 - P & L
 - Balance sheet
 - Debt Analysis
 - AP, A/R, days out, % over 90/current claims
- Benchmarking
- Case Costing
- Recruitment

Staff Meetings

- Volume & potential changes (recruitment/block)
- Staffing Update
- Legislative Update
- Equipment/Materials/Medication Update
- Committee reports
 - QAPI Issues
 - Pt. Satisfaction & opportunities for improvement
- Misc: benefit changes, outings, etc.
- Surgeon vacations (so they can plan)

Consulting

- Don't reinvent the wheel
 - Management Company
 - Consultants for everything!
- Start-up vs. ongoing
- Ensure they have experience
 - References



Financial Keys



Volume



Volume

- More cases = more \$\$\$
- Once you cover overhead, with good contracts, the rest is profits
- Audit your owners

Case Mix

- Case types: Knee arthroscopy → shoulder arthroscopy
- Payor-based
 - Implants
 - Multiple procedures
 - Reimbursement rates
- Communicate this to your docs/schedule
- Surgeon dependent
 - Time
 - Often Can't Control







Questions?

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