

## 5 Key Steps to Improve Profits in Orthopedic-Driven ASC's

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### The Steps...

1. Focus on your Surgeons
2. Analyze your equipment, implants & supplies
3. Get the most out of your staff
4. Boost your business office
5. Make Anesthesia part of the TEAM

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### #1-Focus on the Surgeons

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## Go and get 'em

- Ensure your quickest surgeons maximize utilization at the facility
  - Utilization audit
  - Case audit
- Recruit fast surgeons
  - Do some research
    - Anesthesia
    - Per-diems
    - New Fellowship Graduates
  - Owners must be involved

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## Increase their efficiency

- "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&P's
- On-line pre-op screening programs

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## Increase their efficiency

- 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)

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## Increase their efficiency

- 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!

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## Educate them

- Case cost as often as you can
  - Various methods
  - Emphasizing cost/minute
- Educate them on methods of improvement
  - Clinical Leaders
  - Other docs/partners
  - Staff
- Educate non-owners, it may help

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## Step # 2- Analyze your Equipment, Implants & Supplies

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## Equipment

- If need new equipment:
  - 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 +/-

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## Equipment

- Organize, Consolidate & Standardize
- Basic kit for:
  - Arthroscopy
  - Hand/Foot & Ankle
  - Ortho Kit
- Additional kits for:
  - Shoulder repair
  - ACL
  - Small Joint
  - "Specials"
- Wrap everything else separate

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## Supplies

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

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## “Disposables”

- Efforts must be made to reduce these costs
  - Educate reps.
- Creative pricing methods
- Inform the surgeons
- Implant “kits”
- Staff educated and have “do not open until needed” policy
- Can item be replaced by piece of

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## Implants

- Attempt to standardize
- Educate physicians, their office, your staff on reimbursement methodology:
- Need management approval on ALL cases
- Stock preferred products
- Everything else on consignment

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## 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

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## Step # 3- Get the most out of your staff

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### Staffing

- Constantly educate the staff
  - Efficiency
  - TOT
  - Supply costs
- Involve them in processes/decisions
- Reward them
- Pay your tech's

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### Staffing

- Staff Mix
  - Value of FT staff
  - Department staffing for efficiency
  - NA's/MA's/core tech
  - Instrument tech
  - Materials Manager (1<sup>st</sup> tech)
  - LPN's
  - Cross-train
  - Each employee has another "job"

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## # 4- Boost your Business Office

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### Business Office

- 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/appeals

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### Scheduling

- Create blocks and fill them first
- 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 schedulers
- Ensure they will always strive to accept cases

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## 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
- Surgeon awareness

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## Step # 5- Make Anesthesia part of the T-E-A-M

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## Anesthesia

- Limit # of providers to efficient ones- critical
- Staffing- CRNA's vs. "extra" anesthesiologist
  - Blocks
- Ensure they know "the routine"
- Involve them in decisions/ownership
- Ensure nursing staff knows how to assist them

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## Anesthesia

- Regional Nerve Blocks
  - Absolutely eliminate PACU L.O.S. and increase pt. satisfaction (particularly when done pre-operatively)
  - Get an ultrasound machine
  - Ensure you have a good system for consents, disclosure of potential side effects & good discharge instructions
- Bill for the blocks!
  - Proper Dictation

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## Financial Keys

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## Volume

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## Volume

- Full blocks (with fast surgeons)
- Improve their efficiency
- Eliminate obstacles to volume
- Do every case you can
  - Lowers overhead
  - Take “add-ons”

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## Case Mix

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

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## Questions?

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