


How much benchmarking is enough? 

- **Benchmarking is the process of identifying, measuring and analyzing data ...**
 - ✓ Clinical information– quality indicators, infection rates
 - ✓ Operational – staffing, utilization, patient satisfaction
 - ✓ Financial – profitability, patient volume ... case level metrics
- **... and using this data to improve your services.**
 - ✓ What are you currently tracking?
 - ✓ What do you already (think you) know?
 - ✓ What is everyone else doing?
 - ✓ Where should you spend more time?

What are the data elements? 

- **Clinical Information**
 - ✓ Quality Indicators
 - ✓ On-time Start Rates
 - ✓ Post-Op Follow-up Calls
 - ✓ Adverse Events
- **Operational**
 - ✓ Patient Volume
 - ✓ Utilization Rates by Doctor, by Room, by Day
 - ✓ Staffing Levels and Requirements
 - ✓ Patient Satisfaction

...and there are more data elements



▪ **Financial – Totals and Cost-per-Procedure Information**

- ✓ Net Revenue
- ✓ Net Earnings
- ✓ Total Expenses
- ✓ Salaries and Benefits – clinical and non-clinical, OT
- ✓ Medical Supplies and Drugs
- ✓ Accounts receivable - days and %, write-offs, rejections
- ✓ Repairs and Maintenance

Is there enough focus on patient satisfaction?



▪ **Do your patients recommend you and your facility?**

- ✓ What do your nursing and surgeon measures say?
- ✓ What is the appearance of your facility from a patients' perspective?
- ✓ How did the patients' companion rate the waiting experience?
- ✓ How did the patient rate the overall experience?

▪ **Do you share these results with your referring doctors?**

- ✓ How do you communicate with your referral base?
- ✓ How often do you communicate with your referral base?
- ✓ How do you benchmark referring physician patterns?
- ✓ And, do you share this with the center and practice staff?

How do you share the data?



▪ **Establish the plans and areas of concentration**

- ✓ Separate the ongoing vs. the areas for improvement
- ✓ Should you and/or do you you utilize a benchmark service organization?

▪ **Include all ASC staff in their respective roles**

- ✓ Solicit program input ... commitment to success
- ✓ Are there training requirements as a result of the study?

▪ **Share the results and identify next steps**

- ✓ Staff motivation and pride in their contribution.
- ✓ What facts can be used to market the center?

How do you use the data?



▪ Findings

- ✓ Prioritize improvement opportunities
- ✓ Develop new processes to improve efficiencies and profitability
- ✓ Correct and make changes to existing processes
- ✓ Reward employees for their contributions

▪ How does your data compare to other ASC's?

- ✓ National benchmarking data comparisons for:
 - ✓ Expenses and profitability
 - ✓ Quality indicators
 - ✓ Time studies

How does this fit with Pay-for-Performance?



▪ What are the considerations for changes in compensation?

- ✓ Progress towards Medicare Value Based Purchasing System (VBP) for ASC's begins with reliable, voluntary quality reporting
- ✓ This will include measure for:
 - ✓ Efficiency, outcomes and patient satisfaction scores
 - ✓ Comparisons of Quality and Costs in ASC's vs. HOPD's
 - ✓ Improvements to the quality of care

▪ The Patient Protection and Affordable Care Act

- ✓ Directs CMS to report to Congress on how Medicare could incorporate value-based strategies in ASC's
- ✓ The ASC program is designed to reward facilities for achieving specific performance measures and quality reporting
- ✓ Which supports Pay-for-Performance

So, how much benchmarking is enough?




▪ Medicare's VBP for ASC's should encourage widespread participation

- ✓ This will require public disclosure of quality information reporting
- ✓ Standardization will provide comparisons in ASC settings
- ✓ Recommendations for payment differentials will be based on quality measurements

▪ ASC's that attain high quality or make substantial improvements should be rewarded

- ✓ Centers that have applied evidenced based guidelines
- ✓ Centers that have ensured patient safety and quality outcomes
- ✓ Reward ASCs that achieve high rankings or exceed national thresholds

From: The ASC Advocacy Committee letter to the U.S. Department of Health and Human Services



Thank You

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