

Talking Points – Kaiser Health News-Gannett Story

Ambulatory surgery centers, or ASCs, are highly specialized, modern healthcare facilities that provide surgical care to tens of millions of Americans each year. The care provided in ASCs is identical to the care provided by hospital outpatient departments or HOPDs. And the physicians, nurses and other professionals who work in ASCs have the same education and training as healthcare providers employed by hospitals.

ASCs and HOPDs have been a vital part of our healthcare delivery system for decades. They came about as a result of major medical advancements in anesthesia, surgical techniques and post-operative pain management that not only made it possible for many surgical patients to go home the same day, it made it advantageous for them to do so.

Yet a recent news story, “As Surgery Centers Boom, Patients Are Paying With Their Lives” written by Christina Jewett and Mark Alesia and released on March 2, 2018, has attempted to paint a very negative picture of ASCs and the care they provide, using mostly anecdotal information and allegations from ongoing litigation.

Despite repeated attempts by my organization and many of our medical professional members to provide the authors information that would refute many, if not all, of their allegations, they chose instead to ignore most of the data and contextual references we provided.

As anyone who has been on the receiving end of a one-sided story knows, it’s extremely difficult to undo the damage that kind of information can cause. All we asked for, but did not receive, was a fair hearing of the facts. Here are just a few that were left out of the story:

Context. The story uses anecdotal reports to imply there are risks associated with ASCs, without giving any/appropriate context for those risks. For instance, something as common as a colonoscopy that is performed on approximately 13 million American adults each year has a 1 in 10,000 chance of fatality due to either internal perforations or aspiration problems that can have more to do with a patient’s medical profile than the procedure or provider. Using that math, in ten years’ time there could be 1,300 fatalities. In contrast, millions of lives are saved by early detection of disease and other complications. And that’s why the context missing from this story is so important.

Adverse event reporting. A great deal of this story is based on adverse event reports originating in ASCs. And while we would acknowledge adverse events do occur in ASCs, the relative number of adverse events (total number of treatments versus total number of adverse events) is extraordinarily small. As healthcare providers, we also deeply regret every single adverse event and have great sympathy for those patients and family. At the same time, we think enormous credit is due to the hundreds of thousands of men and women working in ASCs who follow a myriad of laws, regulations and medical protocols to make their healthcare facilities as safe or safer than hospitals and other sites of care. Equally as important, the story fails to mention/adequately report that adverse event data exists for ASCs is because ASCs asked the government for a reporting system that provides much more data than is available for care provided in other sites of service, including hospitals.

Transfers to emergency rooms. The authors use highly selective information about the transfer of patients from ambulatory surgery centers to hospital outpatient departments to allege that ASCs are harming patients when nothing could be further from the truth. Patients are transferred from ASCs to

emergency departments for a wide range of issues and this cautionary step leads to more positive than negative outcomes for patients. For instance, it is not uncommon for a pre-surgical exam to reveal a serious, urgent health concern unrelated to the scheduled surgery or procedure that should be seen in a hospital. Sometimes every protocol and procedure is followed properly but a rare patient does not respond as expected. And sometimes surgery reveals a degree of disease and other complications that were only detectable by the surgery itself. Moreover, calling emergency personnel and moving patients to emergency departments is exactly the protocol that is followed in hospital outpatient departments because that is the protocol that is indisputably in the best interest of the patient.

Comparisons to other sites of care. Time and again, this news report fails to make any attempt to compare the level of safety, care and outcomes in ASCs with other sites of care, particularly hospitals. It also implies that outpatient services performed in ASCs could or should be reclassified as inpatient and moved back into hospitals. That is not in anybody's interest and neither the medical community nor the government regulatory community share that view. Consequently, the only fair comparison is to HOPDs. Had the authors made that comparison, they would have been compelled to conclude that ASCs operate under the same level of regulation, follow the same protocols, employ the same highly qualified health professionals and, most importantly, provide high quality outcomes for patients that match or exceed those achieved in either hospital outpatient departments.

There is so much more that could be said to answer the false and misleading representations made in this story, but space does not allow. So instead, we offer one final thought.

To anyone considering or in need of surgery we say: talk to your doctor, talk to your friends and talk to your family. Get the facts. Learn what is best for you. We are confident that the more you know about ASCs the more you will agree they are the right choice for most patients.