

FEDERATED AMBULATORY SURGERY ASSOCIATION

NEWS RELEASE

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FASA RELEASES RECOVERY CARE STUDY

The Federated Ambulatory Surgery Association (FASA) has released its 2000 survey of post-surgical recovery care. Building upon a similar survey conducted in 1996, the survey shows a 7.6% expansion in the number of ambulatory surgery centers (ASCs) that provide post-surgical recovery care. Although 35 states have some recovery care centers, the availability varies widely, with 50% of all centers providing recovery care being in one of four states - California, Texas, Colorado and Indiana. The most significant growth occurred in recovery care centers providing care beyond 24 hours. Susan Hollander, Chair of FASA's Recovery Care Committee notes that "State laws that limit the duration of recovery care are a major impediment to the expansion of this benefit and the geographic variations." Ms. Hollander goes on to note that "We are encouraged by states like Arkansas where the Health Department is studying modifying the state regulations to allow recovery care."

Post surgical recovery care is care provided to patients following surgery and the normal immediate post surgery recovery room care. FASA's Board of Directors adopted the following definition of recovery care centers in 1999: "FASA defines a recovery care center (RCC) as a facility that provides post-surgical care of the patient discharged from the post-anesthesia care unit with a defined length of stay based on each state regulation. Examples of this type of care include, but are not limited to Post Surgical Care, Extended Recovery, Recovery Care, and 23-Hour Care."

According to FASA President Robert Williams of Flagstaff, Arizona, "We are delighted to be able to demonstrate that recovery care is a service that patients want and ASCs can provide. We hope this evidence will help us to convince insurers to pay for this service, saving significant health care dollars, and state legislatures to remove impediments to its use." Mr. Williams also believes that "the study will be of use to ASCs that are considering establishing recovery care centers and by existing recovery care providers to benchmark their facilities against the national averages."

The average charge is \$565.70. Self pay continues to be the predominant source of payment for recovery care, although it decreased from 32% to 29% between 1995 and 1999. Cases paid for by HMOs dropped from 22% to 13%, while PPO increased from 19% to 28%. The share paid for by indemnity plans increased from 12% to 16%.

The survey also shows a shift in the type of procedures that result in recovery care stays, orthopedic procedures while continuing to be the leading reason for recovery care stays dropped from almost 36% of procedures to 29% and general surgery and ear, nose and throat procedures increased from just under 9% to more than 14%.

The survey also includes a review of the ASC market, demographic data on recovery care, and information on staffing practices. Copies of the survey are available from FASA for \$50 members and \$75 for nonmembers and can be ordered online at www.fasa.org or by faxing ordering information including credit card information to 703-549-0976 or emailing it to ASC@ascassociation.org. Checks for orders may be sent to FASA at 700 N. Fairfax, Suite 306, Alexandria, VA 22314.