

ASC-Specific EHR Certification Standards

Executive Summary: A voluntary, Ambulatory Surgery Center (ASC)-specific electronic health record (EHR) certification is essential for effective coordination across the care continuum, and will ensure that ASCs remain providers of high value care for patients. EHR standards and measures adapted for ASCs will facilitate the development of systems that allow ASCs to effectively and efficiently participate in value-driven health care initiatives. This will in turn expand opportunities for patients to take advantage of the convenient, low-cost, high-quality care offered by ASCs.

ASCs are located across every state and offer patients a high-quality, convenient and low-cost choice for outpatient surgical care. Over **65% of all surgery**¹ takes place in an outpatient setting, and **ASCs are expected to handle 60% of outpatient surgical cases by 2020**². ASC utilization will continue to grow³ thanks to advances in technology, improved anesthesia, and less invasive surgical procedures. Furthermore, prevailing value-based trends and emphasis on effective care coordination will make ASCs an increasingly attractive and beneficial setting for patients, physicians and payers alike.

While ASCs are an integral part of the nation's health care delivery system, they have not been incorporated in federal programs that encourage and incentivize the use of health care information technology (HIT). Notably, ASCs have been excluded from the development of standards that designate HIT systems as certified EHR technology (CEHRT). This has produced several negative externalities, specifically slow product uptake by both ASCs and vendor developers, haphazard physician workflow integration and ultimately impaired patient care coordination.

Stimulating Development

Standards requirements are crucial to guide vendors in creating high-quality, cost-effective systems designed to meet current and future health care needs. An EHR certification specifically designed for the ASC setting would allow vendors to develop systems that include ASC measures that matter. Since ASCs are not included as eligible participants, the standards regarding what constitutes a "certified EHR" were written without considering specific needs in the ASC environment. Although some hospital or provider measures may be adapted to be applicable to outpatient surgery performed in an ASC, additional surgery specific measures are necessary. When standards are set the Healthcare Information Management Systems Society (HIMSS) stages of EHR adoption will elevate quickly and vendor innovation for the ASC setting will thrive.

Standards and incentives provide market drivers that encourage facilities to make the significant financial investment necessary to implement EHR solutions. Conversely, the absence of such standards creates an environment of uncertainty in which facilities are reasonably hesitant to commit resources towards solutions that may be undercut by future regulation. While both

¹ VMG Health Intellimarker ASC Study 2917

² https://www.researchandmarkets.com/research/cj93tv/2017_ambulatory?w=4

³ <https://www.advisory.com/research/health-care-industry-committee/the-bridge/2017/06/post-asc-quality-scores>

vendors and facilities have expressed interest in EHR proliferation, the structural uncertainty caused by the lack of common standards has bred stakeholder hesitation.

Patient Safety & Quality

Improvements to quality of service and safety of care derived from a certified EHR in the ASC setting cannot be overstated. EHRs aid physicians in diagnostic evaluation, reduce the chance of clerical error, and streamline the overall care delivery process by facilitating care coordination among physicians and other caregivers. While some ASCs have implemented EHRs, access to CEHRT would ensure ASCs can more effectively participate in care coordination, thus creating greater value, convenience, engagement, and satisfaction for patients.

An e-prescribing option within an ASC EHR would alone reduce prescribing errors, improve efficiency and reduce adverse events. Eligible providers could digitally sign and send electronic prescriptions for controlled substances to qualified pharmacies. The added interoperability within the care continuum would ensure that controlled substances, such as opioids, are documented in the longitudinal care record, reducing fraud and over-prescribing.

Certified EHR technology (CEHRT) will also enhance the ability to efficiently document and report quality performance in the ASC. Facilities would have the ability to report a wider range of performance metrics with greater accuracy and transparency. This data could be compared with other care settings to demonstrate quality performance for the benefit of patients and regulators. CEHRT would also facilitate ASC-based physician participation in modern value-based care programs, such as the Merit Based Incentive Payment System (MIPS) which rewards reporting of quality metrics via CEHRT.

Workflow Integration & Interoperability

ASCs are part of an evolving medical neighborhood which requires interoperable HIT for efficient care coordination. The dominant trend for both public and private payers is the decline of fee-for-service (FFS) payments models and greater exploration of alternative payment models such as accountable care organization (ACOs), bundled payments, capitation and shared-savings. As these models continue to evolve, care coordination is paramount and must include high value sites such as ASCs.

ASCs must be included in the coordination of longitudinal care with full participation in interoperable EHR systems. Physicians deliver the highest quality care when they can access patient's longitudinal health record, considering medical history across care settings. However, ambulatory physicians are often forced into inefficient and awkward solutions to access information held in hospital or office software, increasing burden and risk of error. Without access to CEHRT, and the resultant ability to report data associated with the procedures performed, the ability of ASCs to fully participate in the care continuum and collaborative care models has been compromised. Voluntary certification will ultimately result in more meaningful and effective healthcare information exchange (HIE) of data, as well as more fully engaged physicians and other health care professionals participating in the coordination of patient centric care.