



CALIFORNIA HEALTHCARE FOUNDATION

Outpatient Surgery Services in California

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Report Summary & Findings
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Scope of Report

- What do we know about the oversight, transparency, and quality of outpatient surgery settings?
- How does California compare to other states?
- What are the opportunities for optimizing care and increasing transparency of outpatient surgery?

Oversight

Outpatient settings are classified in state law based on the level of anesthesia administered during the procedure, with multiple agencies playing different roles in oversight:

- California Department of Public Health (CDPH)
- Medical Board of California (MBC)
- Dental Board of California (permits to dentists for various types of anesthesia)
- Board of Podiatric Medicine (oversight of individual practitioners but not facilities)

Oversight

California Department of Public Health (CDPH)

CDPH has oversight responsibility for particular outpatient settings that may perform surgery:

- Surgical clinics
- Ambulatory surgery centers seeking federal certification to bill Medicare/Medi-Cal
- Hospital-based outpatient surgery
- Other clinics: primary care, rural health

Oversight

Medical Board of California (MBC)

MBC has responsibility for accredited outpatient settings that are not required to be licensed/certified as another type of setting.

- Some settings may also be licensed and/or certified by CDPH in addition to being accredited under authority of the MBC
- Not all accredited settings owned by physicians – some owned by dentists, podiatrists, or others
- Except for Board of Pharmacy, MBC is only professional licensing board with responsibility for regulating settings

Oversight

Other State Entities

- Dental Board of California
 - Does not regulate outpatient settings
 - Issues various types of anesthesia permits to individual dentists
- Board of Podiatric Medicine
 - Does not regulate outpatient settings
 - Does regulate profession, including ordering and administering anesthesia. Podiatrists can order any level of anesthesia, but can only administer moderate or conscious sedation

Oversight

Scope of Oversight

Type of setting depends on ownership and interest in Medicare/Medi-Cal certification:

- Licensing vs. Certification
- Deemed status vs. Non-deemed status
- Accredited vs. Non-accredited

Oversight

Significant Changes: *Capen v. Shewry*

- Court challenge to CDPH's historical position that partially physician-owned surgical settings be licensed as a surgical clinic
- In 2007, the court ruled that CDPH did not have the authority to require surgical clinic licensure, for settings with any level of physician ownership
- Approx. 400 physician-owned clinics were moved under the authority of MBC
- These 400 clinics are no longer required to report patient encounter or utilization data to the Office of Statewide Health Planning & Development (OSHDP)

Oversight

Significant Changes: Federal Medicare Rules

- In 2008, a cluster of Hepatitis C virus infections were traced to two Nevada ASCs
- Approximately 100 patients developed Hep-C from these ASCs
- CMS piloted a more stringent (and lengthier) survey process that focused on infection control and other quality measures
- The revised survey protocols were implemented in 2010

Oversight

Differing Standards for Same Procedures

- Licensing
- Certification (non-deemed)
- Certification (deemed by meeting accreditation standards)
- Accreditation under MBC
- Some question oversight by different state entities and differing standards

Quality of Care

Multiple Approaches to Quality

- Professional Associations/Collaboratives
 - Promoting benchmarking/quality indicators
 - Publishing best practices/research
- Oversight Entities: Compliance with minimum state/federal standards or accreditation standards
- Transparency: Information on quality of care can be a catalyst for improvement

Transparency

Information available to the public

- CDPH
 - No listing of outpatient surgery settings posted
 - State licensing and non-deemed certifications surveys and complaints of ASCs/hospitals public – not posted online
 - Surveys of ASCs/hospitals w/deemed status - not public or provided to CDPH
 - Complaints against ASCs/hospitals w/deemed status – not public or provided to CDPH
 - Adverse events – public, not posted

Transparency

Medical Board of California

- Accreditation surveys public – posted online
- Corrective action plans public – posted online
- Type of specialty – posted online
- Accreditation status – posted online
- Complaints filed against accredited outpatient settings – not public/posted
- Adverse events reported by settings – not public/posted

Quality of Care

Limited Public Information about Quality

- MBC makes copies of some surveys available online
- Other surveys are considered public information but are not available online (CDPH)
- However, there are no data about overall compliance or to compare with other settings available to the public

Quality of Care

Compliance Data for ASCs (CDPH)

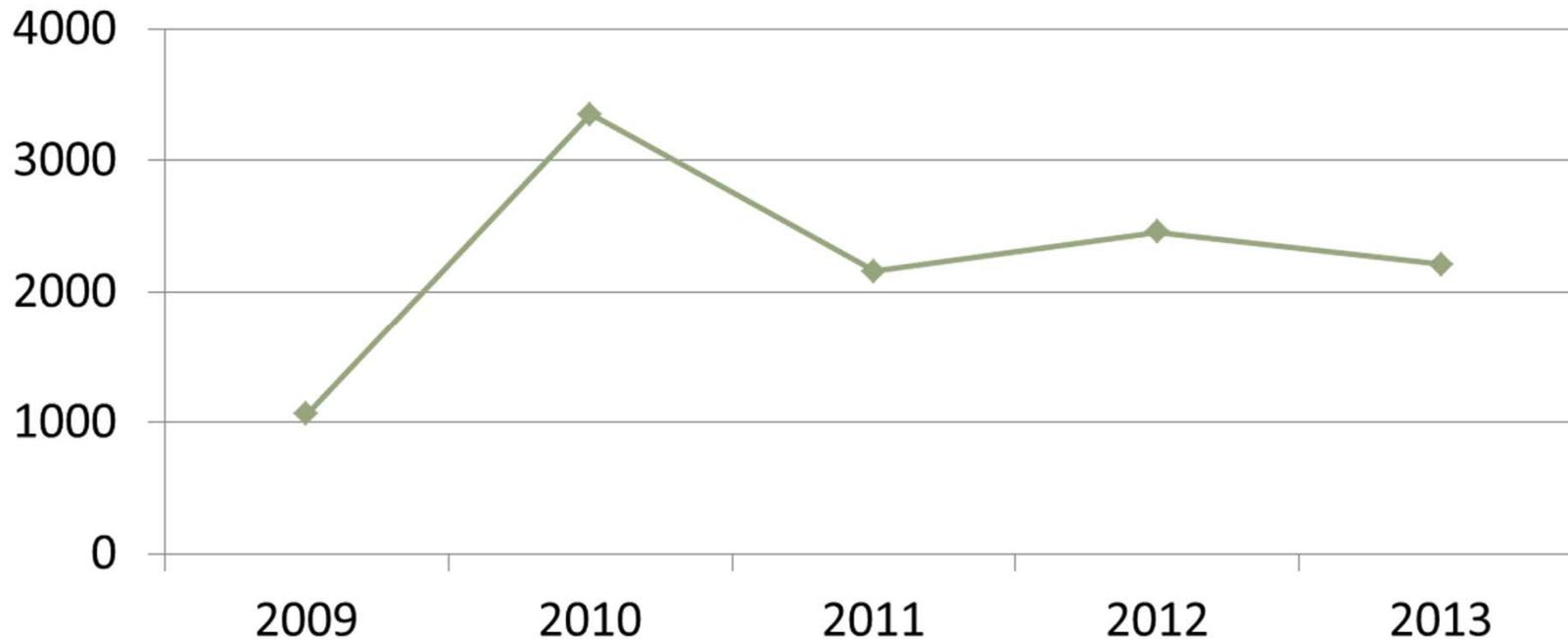
CDPH issues a higher average number of deficiencies per survey than the national average

	CA	US
2011	8.4	5.3
2012	9.5	5.2
2013	7.5	5.2

Quality of Care

Compliance Data for ASCs (CDPH)

California issued federal deficiencies for all categories of surveys/investigations



Quality of Care

Compliance Data for ASCs (CDPH)

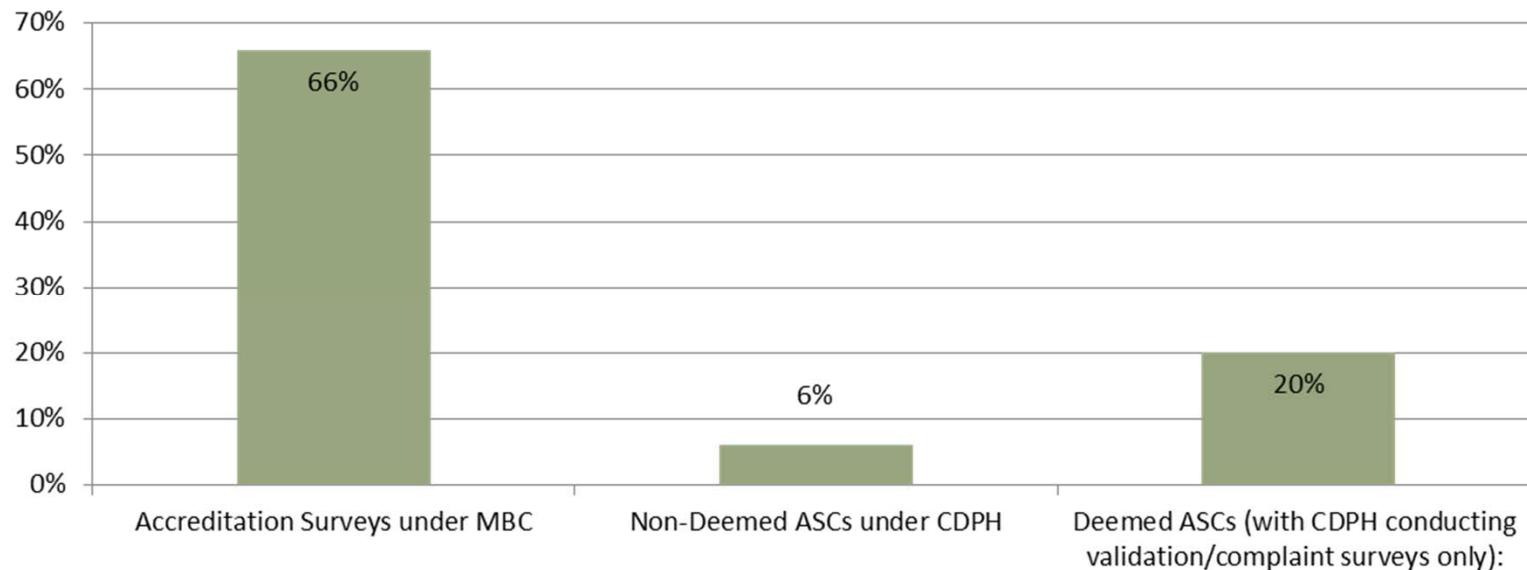
- The most-frequently cited types of deficiencies are (in descending order):
 - Fire/Life Safety Code Violations
 - Drug Administration
 - Infection Control Program
 - Sanitary Environment
 - Organization and Staffing
- Between 2011 and 2013, there were 16 ASCs that had certification terminated for health and safety reasons in California

Quality of Care

Deficiency-Free Surveys

Although survey standards and protocols differ, the percentage of deficiency-free (D/F) surveys does raise questions:

Deficiency-free surveys



Note: Deemed ASCs (periodic accreditation surveys): Unknown number of D/F surveys

Other States

- California's MBC is one of 13 state medical boards that regulate surgical settings
- MBC is the only state medical board that posts accreditation survey reports
- CDPH is the only state survey agency that does not post a list of outpatient surgery settings
- Even though most dental boards do not regulate settings, 38 states require adverse event reports (California does not require)

Quality of Care

Mandated Reports

- Some outpatient surgery settings are required to report specific adverse events, infection rates, or other measures related to quality
- Settings regulated by MBC report adverse events, but not infection rates
- Hospitals (including hospital-based outpatient surgery), and settings accredited by the MBC are required to report adverse events and infection rates
- ASCs, clinics, and dental offices that are not also accredited by MBC are not required to report adverse events

Highlighted Opportunities

- Provide a list of all settings online, with specialties
- Provide copies of all licensing, certification, and accreditation surveys/investigation reports online for all settings
- Require all settings to report data to OSHPD
- Require all settings to report adverse events (including dental offices)
- Require MBC to post information/reports on complaints filed against settings