Inside: 9th Annual Orthopedic, Spine and Pain Management-Driven ASC Conference Brochure (p. 39)

BECKER'S
ASC REVIEW
Practical Business, Legal and Clinical Guidance for Ambulatory Surgery Centers
May/June 2011 • Vol. 2011 No. 4

INSIDE

Physician Lists:
- **100 of the Best Spine Surgeons & Specialists** p. 49
- **70 of the Best Pain Management Physicians** p. 59
- **70 of the Best Knee Surgeons** p. 70

Physician-Owned Device Companies: A New Warning Bell is Rung p. 14

What Can Surgery Center Physicians be Paid for Co-Management p. 46

135 Great ASC Administrators to Know p. 73

INDEX

Executive Brief — De Novo ASC Development p. 15

Turnarounds: Ideas to Improve Performance p. 45

Transaction and Valuations Issues p. 46

Executive Brief — Physician/Hospital Joint-Venture ASCs p. 53

Executive Brief — Drug Management p. 62

Anesthesia and Anesthesia-Related Issues p. 68

Gastroenterology & Endoscopy p. 72

Coding, Billing & Collections p. 84

ASC Supply Chain & Materials Management p. 85

50 Things to Know About the Proposed ACO Regulations

By Scott Becker, JD, CPA, R. Brent Rawlings, JD, Barton Walker, JD, and Lindsey Dunn

This article briefly outlines 50 things to know about the Medicare Shared Savings Program proposed rule (www.ofr.gov/OFRUpload/OFRData/2011-07880_PI.pdf) — which established Medicare accountable care organizations — released by the U.S. Department of Health and Human Services on March 31. The article begins with a summary of key 45 provisions included in the proposed regulations

continued on page 9

6 Ambulatory Surgery Center Reimbursement Trends for 2011

By Caryl A. Serbin, RN, BSN, LHRM, Executive Vice President and Chief Strategy Officer, SourceMedical

Although most financial analysts are forecasting a continuing slow economic recovery in 2011, some healthcare prognosticators are predicting a less-than-optimistic 2011 for ambulatory surgery centers. They reference the overall changes in the healthcare environment such as decreasing reimbursement, increasing complexity in the reimbursement process, physician employment by hospitals, the changing face of single-specialty ASCs, an overall decrease in elective surgery case volume and the emergence of accountable care organizations.

continued on page 13

100 Best Places to Work in Healthcare

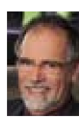
Becker's ASC Review/Becker's Hospital Review has announced its list of the "100 Best Places to Work in Healthcare." The 2011 list was developed through nominations and research, and the following organizations were selected for their demonstrated excellence in providing a work environment that promotes teamwork, professional development and quality patient care.

For a variety of reasons, the editors ultimately determined to focus the list on hospitals, health systems, surgery centers and large physician practices. The list excludes advertisers. Companies do not pay and cannot pay to be selected as a best place to work. All organizations that are placed on the list undergo a substantial review with other peers and through our own research. *Editor's note:* Organizations are listed in alphabetical order by name. To view the complete profiles of these organizations, visit www.beckersasc.com/bestplacestowork2011.

continued on page 18

REGISTER TODAY

9th Annual Orthopedic, Spine and Pain Management-Driven ASC Conference
June 9-11, 2011 • Chicago
To register, call (703) 836-5904
or e-mail registration@ascassociation.org
Featuring Keynote Speakers Coach Mike Ditka, legendary NFL football player and coach, and Healthcare Futurist
Joe Flower, CEO, The Change Project

Register online:
https://www.ascassociation.org/june2011.cfm

For exhibiting or sponsorship opportunities, call (800) 417-2035.
To learn more, visit: www.beckersasc.com

Infection Prevention for Ambulatory Surgery Centers:

Meeting CMS Conditions for Coverage

Don’t Miss Out — Register Today!

Learn from active surveyors in this two-day course that helps your ASC develop an effective infection control program that meets regulatory requirements.

August 5-6 **San Francisco, CA**	October 21-22 **Miami, FL**

Visit **www.apic.org/ASCcourse** for details.

Are you still preparing charts manually?

Hospital Joint Ventures, Turnarounds and De-Novo Surgery Centers.

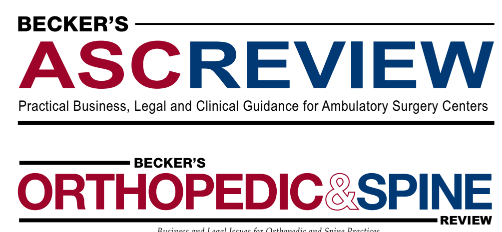
Murphy Healthcare Group was founded in 1990 and is headquartered in Montvale, New Jersey and New York City.

We are one of the oldest and largest ambulatory surgery center developers in the country. We have developed over 30 successful ASC's.

Murphy Healthcare Group is a family run business, not a faceless corporation. We forge successful partnerships based on transparency and trust. That's what sets us apart from the rest, because it's not just all about the numbers.

We invite you to contact us at **212-937-4911** or at **www.surgerycenters.com** and see how **Murphy Healthcare Group** can help you develop or manage your ASC.

410 Park Avenue, 15th Floor New York, NY 10022 • (212) 937-4911 • www.SurgeryCenters.com



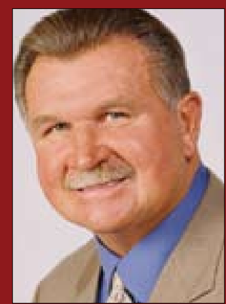
9th Annual Orthopedic, Spine and Pain Management-Driven ASC Conference

Improving Profitability and Business and Legal Issues

THE 9TH ANNUAL CONFERENCE FROM ASC COMMUNICATIONS AND THE AMBULATORY SURGERY FOUNDATION

June 9-11, 2011

Westin Hotel • North Michigan Avenue • Chicago, Illinois



Coach Mike Ditka

Joe Flower

- Keynote Coach Mike Ditka, Legendary NFL Player and Football Coach
- Keynote Joe Flower, Healthcare Futurist, CEO, The Change Project, Inc.
- Improve Your Profits Monday Morning
- Great topics and speakers focused on key business, financial, clinical and legal issues facing Orthopedic, Spine and Pain Management-Driven ASCs
- 101 Sessions, 134 Speakers
- 30 Physician Leaders as Speakers, 29 CEOs as Speakers
- Focused on Orthopedic Surgeons, Orthopedic Spine Surgeons, Neurosurgeons and Pain Management Physicians, ASC Physician Owners, Administrators and Others
- Immediately useful guidance plus great keynote speakers
- Learn How to Immediately Improve Your Golf Swing
- New and Advanced Procedures for ASCs — Spine, Total Joints, Uniknees and More
- Have an outstanding time in Chicago
- Earn Your CME, CASC, CEU Credits - 15.25 CASC credits and 15 CME and CEU credits
- Big Thoughts Combined with Practical Guidance
- Legal Issues for ASCs and Physician Owned Hospitals
- Great Networking
- Understand the Impact of Healthcare Reform on ASCs
- Orthopedics, Spine and Pain Management
- Benchmarking, Cost Cutting, Safe Harbors, Billing and Coding, Revenue Growth and more

For more information, call (703) 836-5904 or (800) 417-2035
If you would like to sponsor or exhibit at this event, please call (800) 417-2035

To register, contact the Ambulatory Surgery Foundation (703) 836-5904 or fax (703) 836-2090 • registration@ascassociation.org
Register online: https://www.ascassociation.org/june2011.cfm

March/April 2011 Vol. 2011 No. 3

EDITORIAL

Rob Kurtz
Editor in Chief
800-417-2035 / rob@beckersasc.com

Lindsey Dunn
Editor in Chief: Becker's Hospital Review
800-417-2035 / lindsey@beckersasc.com

Rachel Fields
Associate Editor
800-417-2035 / rachel@beckersasc.com

Laura Miller
Assistant Editor
800-417-2035 / laura@beckersasc.com

Molly Gamble
Writer/Editor
800-417-2035 / molly@beckersasc.com

Jaimie Oh
Writer/Reporter
800-417-2035 / jaimie@beckersasc.com

Leigh Page
Writer/Reporter
800-417-2035 / leigh@beckersasc.com

Sabrina Rodak
Writer/Reporter
800-417-2035 / sabrina@beckersasc.com

SALES & PUBLISHING

Jessica Cole
President & CEO
800-417-2035 / jessica@beckersasc.com

Ally Jung
Asst. Account Manager
800-417-2035 / ally@beckersasc.com

Austin Strajack
Asst. Account Manager
800-417-2035 / austin@beckersasc.com

Cathy Brett
Conference Coordinator
800-417-2035 / cathy@beckersasc.com

Katie Cameron
Client Relations/Circulation Manager
800-417-2035 / katie@beckersasc.com

Scott Becker
Publisher
800-417-2035 / sbecker@mcguirewoods.com

Becker's ASC Review is published by ASC Communications. All rights reserved. Reproduction in whole or in part of the contents without the express written permission is prohibited. For reprint or subscription requests, please contact (800) 417-2035 or e-mail sbecker@mcguirewoods.com.

For information regarding *Becker's ASC Review*, *Becker's Hospital Review* or *Becker's Orthopedic & Spine Practice Review*, please call (800) 417-2035.

FEATURES

7 Publisher's Letter

14 Physician-Owned Device Companies: A New Warning Bell is Rung

Executive Brief — De Novo ASC Development

15 9 Areas of Focus When Developing a De Novo Surgery Center

17 8 Issues When Converting Existing Space Into a Surgery Center

17 Actual vs. Rentable ASC Space

38 Lawsuits Over OON Charges in New Jersey an Alarming Trend for Providers

39 9th Annual Orthopedic, Spine and Pain Management-Driven ASC Conference Brochure

Turnarounds: Ideas to Improve Performance

45 6 Ways to Save Money on Supplies in a Surgery Center

Transactions & Valuation Issues

46 What Can Surgery Center Physicians be Paid for Co-Management: Q&A With Jen Johnson of VMG Health

49 100 of the Best Spine Surgeons & Specialists in America

Executive Brief — Physician/Hospital Joint-Venture ASCs

53 7 Critical Areas of Focus for a Successful Turnaround of a Physician/Hospital Joint-Venture ASC

54 5 Steps Surgery Centers Should Take Before Selling to a Hospital

56 4 Ways to Ease the Transition to Hospital Ownership of a Surgery Center

59 70 of the Best Pain Management Physicians in America

Executive Brief — Drug Management

62 Best Practices for Working With Pharmaceutical Distributors: Q&A With Joan Eliasek of McKesson Medical-Surgical

64 6 Strategies for Surgery Centers to Address Drug Shortages

66 8 Ways for Surgery Centers to Reduce Look-Alike/Sound-Alike Drug Errors

66 3 Areas of Focus for Safe Drug Management

Anesthesia and Anesthesia-Related Issues

68 Rules for Beyond Use Dating of Medications Drawn Into Syringes: Q&A With Anesthesiologist Dr. Clifford Gevirtz

70 70 of the Best Knee Surgeons in America

Gastroenterology & Endoscopy

72 10 Considerations for Automated Endoscope Reprocessor Selection

73 135 Great Surgery Center Administrators to Know

Coding, Billing & Collections

84 7 Strategies to Negotiate In-Network Carve-Outs for Outpatient Spine

ASC Supply Chain & Materials Management

85 5 Ways ASCs Can Maximize the Benefits of Their Membership With a GPO

86 Advertising Index

Publisher's Letter

Accountable Care Organizations: 10 Observations - Orthopedic, Spine and Pain Management-Driven ASC Conference (June 9-11; Chicago) How Can ASCs and Practices Thrive in Changing Times; How Can Hospitals and ASCs Align?; Meet Every ASC Buyer; What Will ACOs Mean for ASCs and Specialists? Deduct $200 from the Registration Fee

I. ACOs - 10 Observations. We have studied closely the accountable care organization proposed rule, which was released at the end of March. 10 of our core observations are as follows:

1. The ACO regulations place a large administrative burden on CMS and related federal agencies. The regulations articulate, notwithstanding the very substantial regulatory framework CMS and federal agencies must put in place, that the Department of Health and Human Services expects approximately 5 million Medicare beneficiaries to enroll in ACOs.

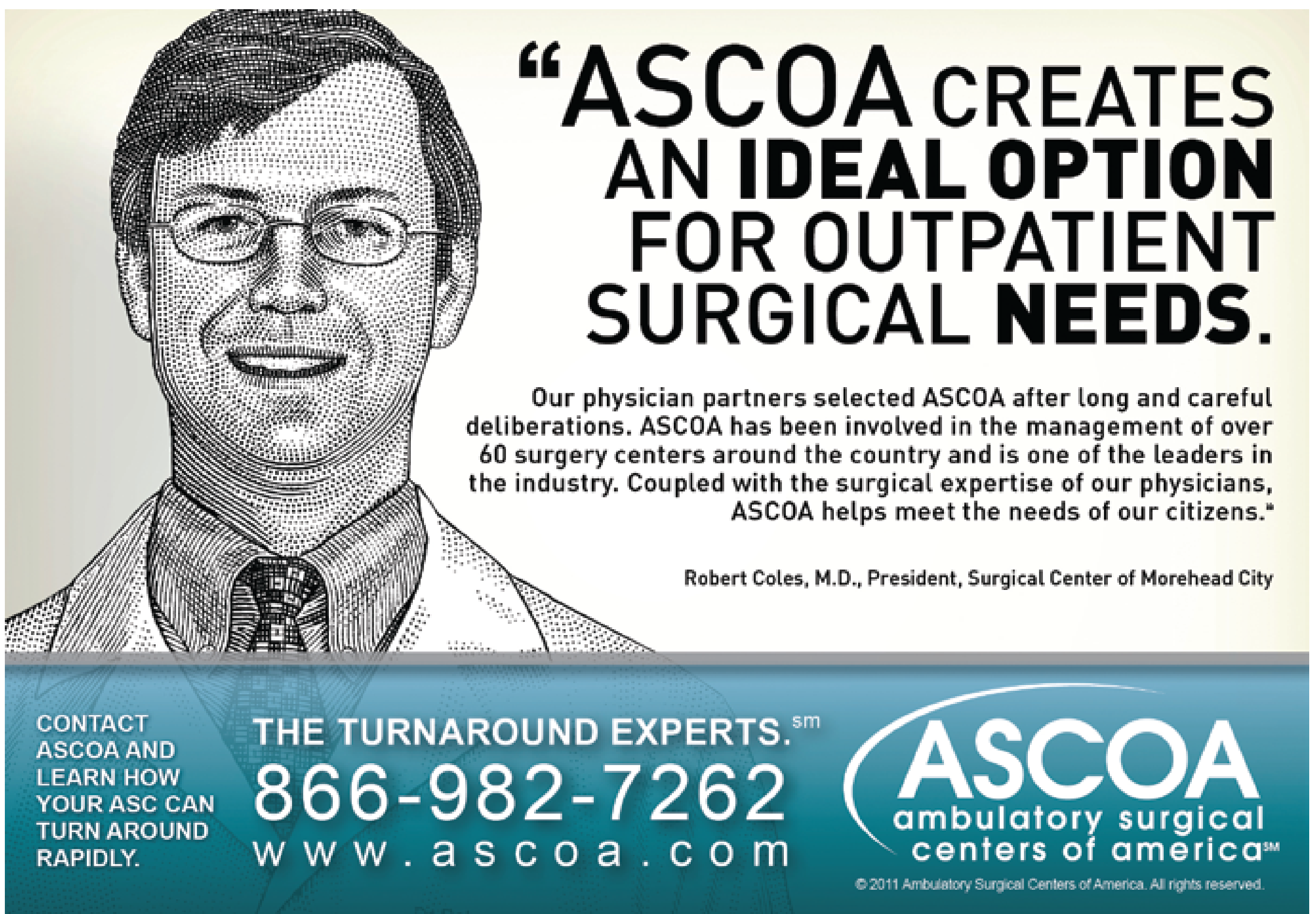
2. It will take a substantial amount of operational leadership, information technology and overall know-how to establish and operate an ACO. CMS estimates it will cost $1.7 million to establish an ACO. We believe, however, that this far underestimates the actual costs that will be required to put all of the parts in place to operate, and have a chance of succeeding, as an ACO. In reality, the amount of real cost to build out an integrated system or a network that can handle an ACO will require a great deal more money and expenditure than the $1.7 million projected.

3. The first ACOs will be enrolled beginning Jan. 1, 2012. Because this date is fast-approaching and so few organizations are really prepared for this, we believe that many will not be able to enroll in the first effort and will wait and see how the process plays out for at least a year or more.

4. Large integrated delivery systems will be the beachhead of ACOs. They are much better prepared to enter into this type of arrangement, take the risk, measure the risk and possibly succeed as an ACO. In both the short- and long-term, it will be very hard to cobble together networks to operate as ACOs without a serious IDS as the beachhead. The overall advantage, in terms of the new regulations and the evolving system, weighs strongly in favor of large and heavily integrated delivery systems. However, the flip side is that many of these heavily integrated systems are accumulating large carrying costs in physicians and others. It is unclear whether they will be able to sustain those costs.

5. A handful of systems, some of which have already gotten out in front of ACO development, will be the most successful in first entering into ACO contracts. There is a great deal of uncertainty about how payments will be made and how much benefit there will be from being a Medicare ACO. Thus, as stated above, until CMS issues more information, many healthcare organizations will likely remain quite cautious about engaging as ACOs.

6. Given the former history with PHOs and multi-provider networks and the fact that CMS estimates that only 5 million people will enroll, a core question that many systems, surgery centers and individuals will ask is, "Can you ignore this development? — i.e., ACOs." Generally, we think the



risk is too great that ACOs will become key healthcare entities for Medicare or for commercial payors to ignore them. Further it will continue to impact how healthcare is delivered and how pieces are put together. Historically, when Medicare funds a program, it often becomes a significant driving force as to provider initiatives and efforts.

7. The ACO dialogue places a tremendous amount of faith in a care management model. However, there are still great questions about whether there are sufficient primary care physicians engaged to be able to really handle what is expected under the ACO regulations, as well as whether they have the drive, desire and skills to fulfill those expectations.

8. The ACO regulations appear to view specialists, surgery centers and business interests as necessary evils at best. The regulations limit the percentage of interest that business interests can have in an ACO and, essentially, state that ACOs are aimed at reducing the use of specialists.

9. Many of the ACO concepts are quite aspirational in nature. The regulatory dialogue is very negative toward the current system and idealistic as to how ACO-driven case management can work and how ACOs can offset the fragmenting of care.

10. In terms of pursuing success in this new mode of delivery, most systems have to work through competing agendas. They still must profit in the fee for service world but have to be prepared to also live in a managed care environment. This can create conflicting motives, particularly as fee for services is still relied on to keep the lights on.

II. 9th Annual Orthopedic, Spine and Pain-Management Driven ASC Conference - How should ASCs, hospitals and orthopedic, spine and pain practices align?; How can ASCs and practices thrive in the next few years?; What will ACOs Mean for specialists? Meet every ASC buyer; June 9-11, Chicago, Michigan Avenue.

This year's Orthopedic, Spine and Pain Management-Driven ASC Conference will focus on several issues that are emerging as critical for orthopedic physicians, spine specialists and pain management physicians. These include issues such as:

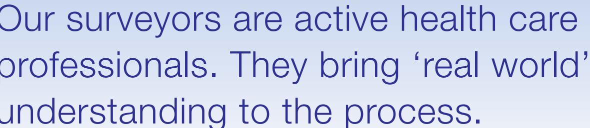
- Should you sell your ASC and/or practice or not? How should you align with ACOs? How should ASCs, specialists and hospitals align?
- How can independent surgery centers and practices thrive?
- What is and is not legal with respect to a wide range of issues, including out of network issues, anti-kickback safe harbors, recruiting and more.
- What ancillaries can your practice profit from? What are the best practices for co-management arrangements?

If you are joining us, please register by May 1, 2011 and take a discount of $200. Please note "discount per Scott Becker" on the registration.

We look forward to speaking with you soon. Should you have any questions, please contact me at (312) 750-6016 or e-mail sbecker@mcguirewoods.com.

Very truly yours,

Scott Becker



Our surveyors are active health care professionals. They bring 'real world' understanding to the process.

Frank Chapman
Chair
AAAHC Standards Committee

Choose the Leader in Ambulatory Health Care Accreditation.

- We accredit almost 5,000 facilities
- Our standards are nationally recognized and reviewed annually
- Our surveys are collaborative, not a check list
- We match our surveyors' credentials and experience as closely as possible to your specialty

For more information, contact us at 847/853.6060, by email at info@aaahc.org or log on to www.aaahc.org/basc.

Improving Health Care Quality through Accreditation

9th Annual Orthopedic, Spine and Pain Management-Driven ASC Conference

Improving Profitability and Business and Legal Issues

Register Today!
Great topics and speakers focused on key business, clinical and legal issues - 101 sessions, 134 speakers.
Featuring Keynote Speakers Coach Mike Ditka, legendary NFL football player and coach, and Healthcare Futurist Joe Flower, CEO, The Change Project
June 9-11, 2011 • Chicago
To register, call (703) 836-5904
or e-mail registration@ascassociation.org
Register online:
https://www.ascassociation.org/june2011.cfm
For exhibiting or sponsorship opportunities, call (800) 417-2035.To learn more, visit: www.beckersasc.com

50 Things to Know About the Proposed ACO Regulations **(continued from page 1)**

and then provides five general observations regarding the ACO program, as established by the regulations.

45 key provisions in the proposed ACO regulations

1. ACO Participants cannot participate in other Medicare shared savings programs. A Medicare provider cannot participate in the Shared Saving Program as an ACO participant if it also participates in the independence at home medical practice pilot program or other Medicare programs that include shared savings.

2. An ACO may include the following types of groups of providers:

- ACO professionals (i.e., physicians and hospitals meeting the statutory definition in a group practice arrangement);
- Networks of individuals practices of ACO professionals;
- Partnership or joint venture arrangements between hospitals and ACO professionals;
- Hospital employing ACO professionals; and
- Other Medicare providers and suppliers as determined by the HHS Secretary.

3. The regulations provide for a once-a-year start date of Jan. 1. Under the proposed rule, ACOs would apply for the three-year program and, if accepted, would be part of a cohort of ACOs joining the Shared Savings Program every Jan. 1.

4. ACO agreements will be for three years with one-year performance measurement periods.

5. Medicare fee-for-service beneficiaries will be retroactively assigned to ACOs based on primary care utilization during a performance year. "We are proposing to assign beneficiaries for purposes of the Shared Savings Program to an ACO if they receive a plurality of their primary care services from primary care physicians within that ACO."

6. Beneficiaries will not be assigned to more than one ACO.

7. Beneficiaries will not receive advance notice of their ACO assignment. However, providers participating in ACOs will be required to post signs in their facilities indicating their participation in the program and to make available standardized written information to Medicare fee-for-service beneficiaries whom they serve. Additionally, all Medicare patients treated by participating providers must receive a standardized written notice of the provider's participation in the program and a data use opt-out form.

8. CMS expects 5 million Medicare beneficiaries to receive care from providers participating in a shared savings program.

9. An ACO must have at least 5,000 beneficiaries. If an ACO accepted into the program falls short of the 5,000 requirement, it will be placed on a corrective action plan.

10. The board of an ACO must include some Medicare beneficiaries. "Another of the proposed patient-centered criteria discussed previously is the requirement that ACOs provide for patient involvement in their governing processes. We are proposing that, in order to satisfy this criterion, ACOs will be required to demonstrate a partnership with Medicare FFS beneficiaries by having representation by a Medicare beneficiary serviced by the ACO, in the ACO governing body."

11. The ACO board must include representation from all ACO participants. CMS

Cygnus Medical Tray Belts – an effective solution for protecting the integrity of CSR wraps. Tray Belts can be used inside and/or outside the wrapping. Unlike corner guards or liners that only focus on tears caused by the tray, Tray Belts also prevent abrasion marks and damage caused by dragging and sliding the tray as well as the many sharp objects a tray may come in contact with.

- Available in re-usable and disposable styles.
- Can be used between the tray and the wrapping to protect against the edges of tray, protruding tray feet and latches.
- Can be used on the outside of a wrapped set to protect against abrasion caused by dragging.
- Protects outside of wrapping from rips caused by shelving in case carts, sterilization racks and storage shelving.

Contact Cygnus Medical today to learn more about our innovative sterile processing products.
1.800.990.7489 ext.110 | www.cygnusmedical.com | sales@cygnusmedical.com

requires this in order ensure all ACO participants are provided "an appropriate proportionate control over the ACO's decision-making process."

12. No more than 25 percent of board seats can be held by non-ACO participants such as entrepreneurial companies. "In order to be eligible for participation in the Shared Savings Program, the ACO participants must have at least 75 percent control of the ACO's governing body."

13. The proposed regulations do not require an ACO to become a separate legal entity with a separate Tax Identification Number. However, CMS recognized not requiring this could make it more difficult for CMS to audit ACO performance. Thus, it is seeking comment on whether all ACOs should be required to be formed as separate legal entities.

14. The ACO can enter into a one-sided or two-sided shared savings agreement. Under the first, "one-sided" risk model, an ACO that creates a savings of at least 2 percent would get 50 percent of the money above that threshold, but it would have no penalty if it spent more in the first and second year. Under the "two-sided" model, an ACO could receive 60 percent of the money above the threshold but also would be penalized if it led to higher costs. By the third year of the program, all ACOs would become responsible for losses.

15. Cost targets, from which savings will be calculated, will be based on retrospective review of aggregate beneficiary-level data for the assigned population. Spending targets will be compared to actual spending and any savings above the ACO's minimum savings rate (generally 2 percent), will be shared between CMS and the ACO.

16. CMS will set spending benchmarks based on three years of data. These will be set with a higher weighting on the most recent year and the lowest weighting on the year three years ago (i.e., a 60, 30, and 10 rating). There are several adjustments to the benchmarking.

17. Generally there is no savings shared or costs to be borne unless savings are at least 2 percent above or below the benchmark. The higher the number of beneficiaries, the lower the minimum savings rate. For smaller populations (e.g., 5,000 beneficiaries), the minimum savings rate can be higher (i.e., up to 3.9 percent). However, there are exceptions to the rule for rural ACOs.

18. The ACO entity is responsible for distributing savings to participating entities. Medicare will pay the savings to the ACO, which will distribute it to participants in the ACO.

19. ACOs will be subject to a withhold of shared savings to offset possible future losses. "The ACO will be subject to a 25 percent withhold of shared savings in order to offset any future losses under the two-sided model." If an ACO completes its three-year agreement, it can recoup the 25-percent withhold. If an ACO terminates its agreement before the three-year requirement, CMS will retain any portion of shared savings withheld.

20. To be eligible to receive shared savings, the ACO must also meet certain quality standards. There are five standard measures for quality or areas. These include patient care giver experience, care coordination, patient safety, preventive health and at risk population/ frail elderly health. CMS will designate scoring and measurement concepts. "Each of the [five] domains is equally weighted in determining an ACO's overall quality performance score, regardless of whether the ACO is in Track 1 or Track 2."

21. An ACO must develop a process to promote evidence-based medicine, patient engagement and coordination of care.

22. ACOs must have a patient survey tool in place.

23. ACOs must have a process for evaluation the health needs of the population it serves.

24. ACOs must have systems to identify high risk beneficiaries and develop individual care plans for target populations.

25. An ACO must report and maintain a database of all ACO participants and their National Provider Identifiers.

26. ACOs must have a compliance plan and conflicts of interest policies and means to screen ACO participants.

27. ACOs must get approval for any changes in ACO participants (i.e., providers) during the three-year contract period.

28. Where an ACO's structure or participants changes during a term, CMS has five different ways it may respond. In some cases, the ACO will be allowed to move forward in the program. In others, it would be required to start over with a new three-year agreement. In some cases, the ACO would no longer be eligible for the Shared Savings Program. (See page 137 of the proposed regulations for the full list of CMS responses.)

29. Primary care providers may only participate in one ACO. However, a hospital can participate in more than one ACO, as can non-primary care medical and surgical providers.

30. Physicians eligible for primary care provider status include internal medicine, general practice, family practice and geriatric medicine specialists.

31. At least 50 percent of an ACO's primary care physicians must be meaningful EHR users as defined by the HITECH Act and subsequent Medicare regulations.

32. Each ACO will have significant public reporting requirements in a standardized format. Name; location; contact; participating providers; identification of participants in joint-ventures between ACO professionals and hospitals; identification of representatives on the governing body; associated committees and leadership; quality performance standard scores; shared savings information, total proportion of savings distributed to participants; and total used to support quality performance will be reported publicly.

33. ACOs must have a data-use agreement with CMS. However, Medicare beneficiaries assigned to ACOs can opt-out of data sharing. The ACO must supply beneficiaries with a form that allows them to opt-out.

34. CMS will share aggregate population data regarding the ACO's population several times per year. Data from CMS will include financial performance; quality performance scores; aggregate metrics on the assigned beneficiary population; utilization data at the start of the agreement period based on historical beneficiaries; and identification of historically assigned beneficiaries used to calculate the benchmark.

35. CMS may monitor to ensure they are not avoiding at-risk beneficiaries or distributing unapproved marketing materials in addition to a whole range of other issues. In regards to marketing materials, CMS must approve any marketing materials or other communications promoting the ACO.

36. ACOs must agree to be open wholly to audits. "We further propose that, if such data are generated by ACO participants or another individual or entity, or a contractor, or subcontractor of the ACO or the ACO participants, such ACO participant, individual, entity, contractor, or subcontractor must similarly certify the accuracy, completeness, and truthfulness of the data and provide the government with access to such data for audit, evaluation, and inspection."

37. The regulations set forth 16 grounds for termination of an ACO's shared savings agreement with CMS. Examples of these grounds include failure to report quality standards or failure to meet quality thresholds and avoidance of at-risk beneficiaries. (A full list of the 16 grounds can be found on pg. 409 of the proposed regulations.)

38. There are several concepts which are not subject to appeal by an ACO if it

is terminated from the program by CMS. (A list of these can be found on pg. 412 of the proposed regulations). ACOs may appeal an initial determination if it is not prohibited for administrative or judicial review.

39. CMS can change the program during a contract term, but can't change the rules regarding the eligibility requirements of an ACO, calculation of the shared savings rate and beneficiary assignment.

40. CMS and the OIG have proposed waivers with regard to Civil Monetary Penalty, Antikickback and Stark laws solely as to relationships wholly related to an ACO. For Stark and Antikickback, the waiver applies only to distributions of shared savings (not any other financial relationships).

41. Preliminary guidance from IRS available. The IRS has issued preliminary guidance to provide tax-exempt entities information on participating in ACOs.

42. Preliminary guidance from antitrust agencies available. The FTC and DOJ have also issued a proposed statement of antitrust enforcement policy as to ACOs. According to the guidance, ACO participants will not be challenged if they have a combined share of less than 30 percent of the common service in each area. If outside the safe zone it can still proceed if less than 50 percent. If more than 50 percent it must receive an approval to participate. If less than 50 percent, it doesn't need a review, but can request one.

43. The core concepts of the ACO program are to achieve better care for individuals, better health for populations and lower growth for Medicare expenditures.

44. Comments on the proposed rule will be accepted for 60 days after the proposed rule is published in the Federal Register (expected April 7, 2011, so until June 6, 2011).

45. The ACO program is scheduled to go into effect on Jan. 1, 2012.

General observations on the ACO program

46. Will require massive bureaucracy. Given the scope of the regulations and the number of actions and approvals to qualify and participate and be accountable as an ACO, the ACO regulations likely will require the establishment a massive bureaucracy. In some ways, it's a different form with much more integration than providers that manage a Medicare advantage plan system but with arguably even more complexity.

47. Regulations are idealistic. The regulations in many ways speak of what is viewed by CMS as ideal concepts in healthcare, concepts used as platitudes such as "patient-centered care," "patient engagement" and many other terms. It will be fascinating to see how the actual practical hard-nosed implementation meshes with such ideals.

Further, the regulations speak of the kind of leadership expected in ACOs as though government can choose leaders or dictate what they look like in what we know is an imperfect world and where the reality of capitalism and a free market. In reality, who leads such organizations is never going to be as clean and clear as the regulations seem to believe and the leaders won't fit a certain stereotype.

48. Regulations limit business involvement. The program set forth the kind of negative attitude that one might expect from CMS towards business and further tends to reflect CMS' demonization of business and insurance. For example, while some might think business involvement is needed to drive this, the regulations specifically require that business interests cannot make-up more than 25 percent of the board in ACOs.

49. Regulations require beneficiary representation in ACO governance. The program requires a means for equal and shared governance in ACOs and requires beneficiaries to have a say in the ACO governance. Specifically, the proposed regulations require the ACO governing body to include including "a Medicare beneficiary serviced by the ACO."

50. Regulations favor PCPs. The ACO regulations — much like intended reform in the 90s — view the primary care physician as the leader of patients' healthcare and really relegates many other parties to being cost centers. Language regarding PCP roles is somewhat glowing, further suggesting this perspective. ■

Contact Scott Becker at sbecker@mcguirewoods.com.

Focused.
Experienced.
Trusted.
Sun National Bank's healthcare group offers a full spectrum of financing, treasury management and advisory solutions for hospitals, surgical centers and practices. Find out how we can build a healthy partnership and a strong future together.
800-SUN-9066
www.sunnb.com/healthcare
Sun National Bank
Recognized by Forbes as one of America's most trustworthy companies – 5 years running.

Improve Bottom-Line Profits
With Better Sofware Results!
• Revenue Cycle Management
• Automated Collections
• Anesthesia Billing

1-800-595-2020 www.experior.com

6 Ambulatory Surgery Center Reimbursement Trends for 2011
(continued from page 1)

While agreeing that the economy and healthcare industry are currently in turmoil, most of us who have been in this industry long-term agree that the ASC industry has had a long and successful run since its inception in the 1970s. These achievements were not accomplished by naysayers. Perhaps we should take the time to examine how some of the pessimistic predictions can be effectively turned around.

1. Increase in the number of single-specialty ASCs converting to multi-specialty ASCs. This activity is primarily being seen in areas where there is an over-abundance of surgery centers. Although this is probably an accurate prediction, it is not necessarily a negative trend. A perfect example of the shift to multi-specialty is illustrated by the reduction in the number of single-specialty GI centers nationwide. Because of the lower reimbursement from Medicare and other third-party payors, many of these centers are expanding to include other specialties. If these centers choose compatible specialties and physician partners, these expanded ASCs should be more efficient and profitable.

2. Because of economic reasons, it is predicted that more physicians are choosing the stability of hospital employment, resulting in a loss of potential physician investors and case volumes. In our experience, this trend is not appreciably affecting the surgical specialties that use ASCs. This trend appears to primarily involve family practitioners and cardiologists. In our specific locale, a few years ago there was a big push by the local hospital organization to own physician practices. This trend only lasted a few years and apparently did not work well for either party and was reversed.

3. Insufficient surgical volume. The number of ASCs in the United States has increased annually, with the number of cases being performed in ASCs increasing exponentially since ASCs were allowed Medicare participation in 1982 (VMG Health's *Multi-Specialty ASC Intellimarker 2010*). According to VMG, 2010 was the first year that a decrease was noted; there was an approximate 4-5 percent decrease in average cases per center between 2009 and 2010. However, because of the greater variety and complexity of cases being covered in ASCs by Medicare and other payors, overall reimbursement did not decrease accordingly.

4. Decreasing reimbursement. The weakened economy and the sweeping reforms in how Medicare pays ASCs has resulted in decreased reimbursement in some specialties. However according to VMG Health's *Multi-Specialty ASC Intellimarker 2010*, there has been an overall average increase in net revenue of $42.50 per case. Looking forward to 2011, the ASC Association (www.ascassociation.org) advises that the ASC industry will see an increase in Medicare reimbursement of 0.2 percent (inflationary increase of 1.5 percent less 1.3 percent from a mandated productivity adjustment). As a general rule, private payors often attempt to follow governmental payors. While each state and even each market is different, in our client base, we have seen private payor's rates either remaining flat or increasing slightly. While there are specific payor decreases in some states such as out-of-network changes in New Jersey and workers' compensation changes in several states, we are not seeing an overall call for decreases from private payors.

5. Increasing complexity in obtaining reimbursement. As an ASC billing company, we are in a good position to evaluate the changes in billing requirements. Both government and private payors have increased in specific requirements and denying payments based on non-compliance with these requirements. To be properly and adequately paid, an ASC first needs optimized but compliant coding. This requires the ability to fully interpret the operative report and request additional information from the provider when necessary. It also requires knowledge of different payor's requirements to receive payment on implants and high-ticket supplies.

There is a growing trend for private payors to partner with implant suppliers and pay directly for the implant, allowing the ASC to avoid having to purchase the implant. Also, some private payors are following Medicare's inclusion of implant cost with the reimbursement for the procedure. The ability of your staff to interpret denials and payment errors quickly and accurately is extremely important in turning your accounts receivable into spendable dollars. Submitting clean claims using clearinghouses and direct billing sites has increased at least tenfold in complexity over the years. Collections are an art form in persistence and understanding the lingo of the insurance industry. All of these complexities have resulted in an increase in ASCs outsourcing coding and billing to experts.

6. Accountable care organizations and healthcare reform may leave ASCs out of the healthcare chain. "In the era of reform, physician alignment, and accountable care organizations, only time will reveal the specifics as to where ASCs will fall in the healthcare delivery system," says Vivek Taparia, Director of Business Development, Regent Surgical Health. "As long as we continue to offer improved access to care, superior outcomes and greater patient satisfaction, all at a lower cost, we are optimistic that the next four decades will offer as much excitement and opportunity for the industry as have the past four decades."

The main focus of ACOs appears to be reduction of overall healthcare expenditures, with a specific objective appearing to be lowering costs for long term and chronic patient care. Even though surgery does not appear to be a primary target, ASCs already provide quality surgical care at a lesser cost than hospitals. We have spoken to a number of hospital and ASC administrators who feel certain that ASCs will play an important role in ACOs and healthcare reform by demonstrating their quality patient care and cost-effective practices.

Overall, the outlook for the future of the ASC industry is positive. VMG reports that of all the surgery cases performed in the United States in 2008, approximately 65 percent were performed in the outpatient setting (combined hospital outpatient centers and ASCs). We have almost 6,000 ASCs nationwide, with over 80 percent of them Medicare-certified. As long as we continue to provide a more cost-effective approach to outpatient surgery while providing quality patient care and satisfaction, then ASCs will continue to be an important provider of healthcare services. ■

Learn more about SourceMedical at www.sourcemed.net.

9th Annual Orthopedic, Spine and Pain Management-Driven ASC Conference

Improving Profitability and Business and Legal Issues

Register Today!
Great topics and speakers focused on key business, clinical and legal issues - 101 sessions, 134 speakers.
Featuring Keynote Speakers Coach Mike Ditka, legendary NFL football player and coach, and Healthcare Futurist Joe Flower, CEO, The Change Project
June 9-11, 2011 • Chicago
To register, call (703) 836-5904
or e-mail registration@ascassociation.org
Register online: https://www.ascassociation.org/june2011.cfm
For exhibiting or sponsorship opportunities, call (800) 417-2035.
To learn more, visit: www.beckersasc.com

Physician-Owned Device Companies: A New Warning Bell is Rung

By Rob Kurtz

The *Wall Street Journal* has extensively covered the case of a Portland, Ore., neurosurgeon alleged to be overperforming spine surgery. As a sidebar discussion, the *WSJ* has commented on the increased physician involvement in physician-owned distribution ROI device companies.

There the physician owns part of a firm which sells devices or implants to the ambulatory surgery center or hospital the physician works at. He then profits when he or the company he is a partner in sells the device or implant to the ASC or hospital.

Scott Becker, JD, CPA, of McGuireWoods, has long warned people of the risk of such relationships, i.e., even though they may fit an exception under the Stark Act, they do not meet an Anti-kickback Safe Harbor and he perceives significant risk in many of these structures.

According to a recent *WSJ* report, "The Office of Inspector General of the Department of Health and the Centers for Medicare and Medicaid Services have both warned that PODs (physician-owned distributorships) may violate federal antikickback statutes and laws governing patient referrals." ["Hospital Bars Surgeon From Operating Room," *WSJ*, 4/13/11]

To learn more about such issues, register for the 9th Annual Orthopedic, Spine and Pain Management-Driven ASC Conference (June 9-11; Chicago) by visiting www.beckersasc.com. ■

Contact Rob Kurtz at rob@beckersasc.com.

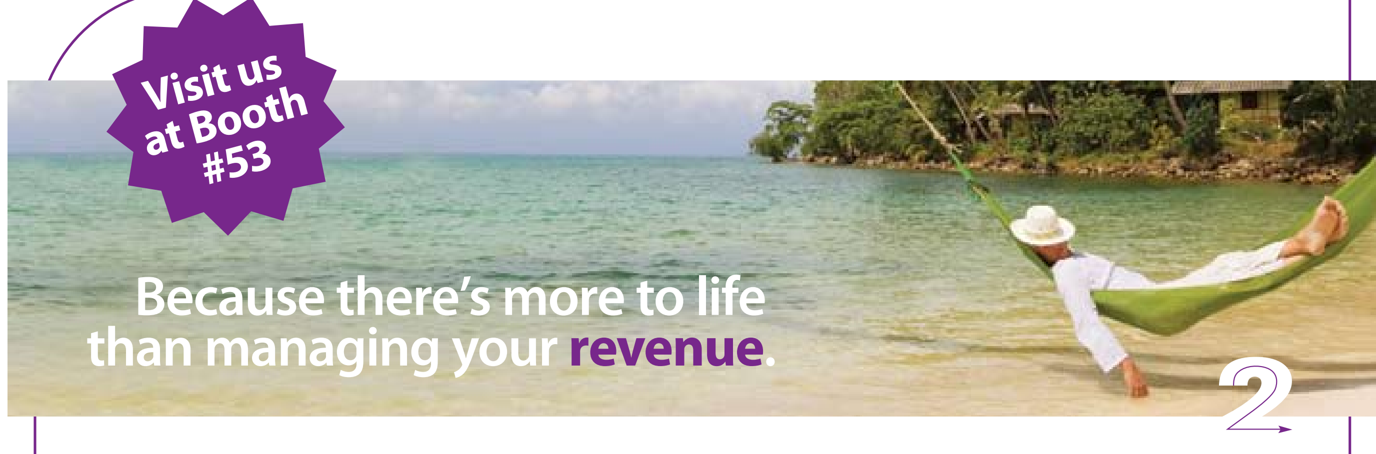
REGISTER TODAY

9th Annual Orthopedic, Spine and Pain Management-Driven ASC Conference

June 9-11, 2011 • Chicago • See Brochure on page 39
To register, call (703) 836-5904
or e-mail registration@ascassociation.org

info@vmghealth.com
www.vmghealth.com

214-369-4888 Dallas, TX
615-777-7300 Nashville, TN



Partner with in2itive Business Solutions.
It's the perfect balance of financial power and financial control.

in2itive Business Solutions offers:

- Fully integrated revenue management and consulting services
- Total access to revenue management information–24/7/365
- Customized, highly personalized services
- Knowledgeable, intuitive professionals who anticipate challenges and provide solutions
- Industry-leading expertise

913-344-7850
www.in2itive.org

9 Areas of Focus When Developing a De Novo Surgery Center

By Rob Kurtz

Here are nine areas physician-investors should focus on when developing a new ambulatory surgery center as identified by the leadership team of Meridian Surgical Partners.

1. Financial projections. If you take a very conservative approach to budgeting a project, you can move forward with the confidence of knowing the scope is driven by accurate data, says Buddy Bacon, CEO of Meridian Surgical Partners. "For example, too many financial forecasts are built with the attitude of 'if we build it, they will come.' Base your financial projections on the physicians that are committed to the project and the cases they can realistically transfer to the ASC," he says. "If the project is viable at that point, then you can move forward to syndication, with a strong sense of confidence."

2. Real estate. As with all real estate, location plays a key role for the success of an ASC. A new surgery center would be well-served to find a location which provides good visibility along with easy access to the facility. In addition, it is wise to locate the facility only a few miles from a hospital and other physician offices for added convenience for patients and physicians.

3. Property development. Selecting an architect with ASC experience can help ensure your facility is designed properly and will meet state and federal guidelines. The architect can serve as a good source for construction firm suggestions, but you may still want to contact other ASCs for their input and do your own research to identify options. Take an active role in the decision-making to help streamline the development process.

One important thing to remember is to make sure not to overbuild the facility. "The best way to avoid doing this is to let the case volume drive the scope of the project," says Mr. Bacon. "Depending on the specialty mix, an efficient and effective ASC can perform in an 8,500-square-foot facility."

They say it's lonely at the top.

Let's meet!
Ortho, Spine, and Pain
ASC Conference
Chicago - June 9-11

Not when you have the right partner.

Meridian Surgical Partners can help you plan, develop and manage your own surgery center. We also acquire partnership interests for those seeking a return on investment. We have the expertise and capital to get you there. We realize not every journey to the top is the same. That's why we tailor each facility based on the partnership's definition of success. It's how we help physicians reach the top – the meridian – of a partnership. Call us today at 615-301-8142 to begin your journey!

Performance, Efficiency, Achievement, Knowledge

www.meridiansurgicalpartners.com 615-301-8142

Once the project is underway, you should make sure the architect and construction firm keep you well-informed throughout each phase of development. Try to schedule weekly meetings where all key members of the project are briefed to ensure milestones are met.

4. Marketing. Promoting the future opening of the ASC to the community is important. Consider holding a construction site event a few months prior to opening. This can help identify additional physician and staff recruits.

Send out press releases to the media and invitations to a select group to help spread the word about the event. Hold an open house one week prior to performing cases. Additionally, develop a corporate identity that includes a logo, letterhead, literature and website to further help spread awareness of the new ASC and grow brand recognition.

5. Human resources/staffing. Identifying and hiring an experienced ASC administrator should be the first step in staffing the facility. With the leadership of an experienced administrator on board months before the your center opens, you can develop a ramp-up plan, designing initial staffing around a condensed schedule, opening only enough days to accommodate early volume, then expanding to run a full schedule and staff as volume dictates.

6. Equipment planning. Working closely with an equipment planner with specific ASC experience can help to streamline the process of designing, purchasing and placing the equipment in the ASC. Try to find a reputable equipment planner with established working relationships with regional and national manufacturers, as well as someone with the ability to work seamlessly alongside your architect and construction teams.

7. Licensing. Start the licensing process early. Gathering all the necessary information from physician-partners and submit it as soon as possible. If you plan to treat and receive reimbursement for the treatment of Medicare patients, it is worthwhile to complete this application early as well. The other option you can consider is whether you want your ASC to apply for deemed status through one of the ASC accreditors. If you pass this survey, which combines Medicare's requirements and the accreditor's standards, your ASC will be Medicare-certified and accredited.

8. Managed care. Reimbursement is the lifeline of an ASC. Start the discussions and negotiations with third-party payors early. Do not approach payors in an adversarial manner. Understand what they are looking for and convey your needs. Prepare to make some compromises but do not sign any contracts that do not make financial sense, even if you are eager to start seeing cases and receiving reimbursement for them. Do not expect to make money off of a poorly reimbursing contract through volume. Also, it is harder to rectify a bad contract than it is to continue negotiating until you receive a contract that makes sense for you and the payor.

The absolute best tactic that generates optimal outcomes is to negotiate in person, says Kevin Dowdy, vice president of managed care for Meridian Surgical Partners. "This may not be cost-effective or practical for all negotiations, but try to make this a priority for the larger payors," he says. "Being able to have face-to-face discussions allows for improved discussions and dialogue with the payor representative."

9. Inventory management. In order to effectively manage inventory and supply costs, create preferences cards and standardize them among the physicians. Carefully consider the products you choose to ensure the highest level of quality at the most cost-efficient price. It is worthwhile for physicians to be active participants in the early decision making points around supplies and costs. ■

Learn more about Meridian Surgical Partners at www.meridiansurgicalpartners.com.

Acquisition • Development • Management

www.meridiansurgicalpartners.com 615-301-8142

8 Issues When Converting Existing Space Into a Surgery Center

By Leigh Page

When carving out space for an ambulatory surgery center from an existing building, designers need to be aware of a variety of needs, both regulatory and practical, says John Marasco, president of Marasco & Associates in Denver, Colo. Here he cites eight issues. "This list is not all-inclusive but should give a basic idea of some of the requirements," he says.

1. Fire protection. The entire building must meet construction requirements of the National Fire Protection Association, indicated in NFPA 101, 20.1.6.3. "Basically this means a proper fire separation must be provided between the ASC and any adjacent suites on each side, above and below," Mr. Marasco says. Installing a fire sprinkler system as well will significantly decrease fire rating requirements. "A sprinkler system is essential to the layout and functionality of a successful ASC," Mr. Marasco says.

2. Provide proper exiting. Proper exiting from the ASC space includes at least one exit directly from the ASC space through a 4 foot-wide door to the communicating corridor. If an elevator is used for access, it must measure at least 5 feet clear in each direction to comply with the Americans with Disabilities Act.

3. Allow for weather protection. An outside canopy or other protection against inclement weather should be provided at the patient pick-up area. It is also highly recommended to provide a canopy for patient drop-off as well, Mr. Marasco says.

4. Install pad for emergency generator. ASCs require use of an emergency generator, which means providing a pad location on the site for the generator. "Locate this pad as close as possible to the main transfer switches in the electrical room, because the wiring from the generator to the transfer switches is costly," Mr. Marasco says.

5. Maintain 13 feet between floors. The floor-to-floor span between the finish floor of the suite to the structural bearing point of the floor above should be at least 13 feet. "Anything less than that makes it difficult to coordinate ductwork, electrical and other components that have to be located in the plenum space," Mr. Marasco says. "This could add significant cost to the project."

6. Put in more exterior doors. It is highly beneficial, though not required, to have several other doors from the exterior of the facility providing access to spaces such as the gases room, mechanical room, electrical room, soiled holding room.

7. Provide a loading area. Building a loading area on the site for deliveries is highly beneficial though again, not required. Put in an exterior door near the loading area to gain access for deliveries into the receiving room.

8. Higher-grade HVAC needed. Requirements for the heating, ventilation and air conditioning unit is more stringent for most ASCs than for a medical office building. A surgery center needs specific ranges for temperature, humidity, air changes and double filtration, for example. HVAC units can be located either on the roof or on the site. If the unit is on the roof, you'll be required to install mechanical chases for ductwork through the upper floors. ■

Learn more about Marasco & Associates at www.mahca.com.

Actual vs. Rentable ASC Space

By Rob Kurtz

Richard (Dick) Hardaway is founder of Hardaway Associates, an architecture firm serving principally ASCs and other healthcare clients.

Q: We are looking at renting space for a new surgery center and are considering several properties. We have been told they are all around the same square footage but seem very different in terms of the actual usable space. Why is this the case?

Dick Hardaway: When our firm refers to floor area for architectural purposes, we always talk in terms of actual floor area, sometimes called "net" or "usable". This is the actual area of the space measured to the insides of all surrounding walls. When we quote construction cost per square foot, it is always per square foot of actual area. When we say we need 8,500 square feet, we mean actual floor area.

When brokers and landlords talk about floor area, they almost always mean rentable floor area. This will be measured to the outside of exterior walls and to the centerline of demising walls between tenants, and will include a "common area factor". This factor is the percentage of the building's floor area occupied by common elements, such as stairs, corridors, elevators and sometimes mechanical and electrical space. The normal practice is to take this common area and distribute it proportionally among the tenants to arrive at rentable floor area. For example, if our space takes up 40 percent of the building's usable floor area, then 40 percent of the building's common area would be added to our actual floor area to get the rentable area. Depending on the type of building, this common area factor could vary from nothing, in the case of a strip mall, to over 20 percent of actual in some office buildings. You will also probably have to deduct the area occupied by the exterior walls, which averages around 3 percent of the rentable area.

If you are inquiring about prevailing rental rates in a particular market, you should find out what a representative common area factor should be to go along with those rental rates. You should also ask whether that factor is a "loss factor" or an "add-on factor", because it can be quoted in either way. If the factor is a loss factor of 18 percent, you subtract 18 percent from the rentable to get the actual. If it's an add-on, you add 18 percent to the actual area to get the rentable area. It is done in both ways. You should add another 3 percent to account for the area of the walls around the space.

Here are the formulas:

If the common area factor is a "loss factor":

Rentable = Actual x 1.03 / (1 - loss factor)

If the common area factor is an "add-on factor":

Rentable = Actual x (1 + Add-on factor) x 1.03 ■

Learn more about Hardaway Associates at www.hardawayassociates.com.

Meridian Surgical Partners is a Brentwood, Tenn.-based company which partners with physicians on ASC acquisitions and development projects. Meridian was founded by three healthcare industry veterans and is currently led by CEO David "Buddy" F. Bacon Jr. Meridian's management team also includes Kenneth Hancock, president and chief development officer; Catherine W. Kowalski, executive vice president and chief operating officer former; and John C. Wilson Jr., executive vice president and chief financial officer. The company currently has 15 surgery center partnerships throughout the United States.

100 Best Places to Work in Healthcare
(continued from page 1)

ACMH Hospital (Kittanning, Pa.)

Type of facility: Hospital/health system

What makes it a Best Place to Work: ACMH Hospital is a 174-bed non-profit facility that leads Armstrong County employment with approximately 857 full-time employees. The hospital's benefits program includes the usual — health, dental, short/long-term disability and retirement — as well as the creative — free parking, discounts at area businesses, employee recognition dinners for years of service and personal days. Along with benefits, staff members are encouraged to pursue professional development through continuing education opportunities and tuition reimbursement. The ACMH Hospital School of Radiology, which offers a 24-month certification program, recently celebrated its 50th graduating class.

Advocate Health Care (Oak Brook, Ill.)

Type of facility: Hospital/health system

What makes it a Best Place to Work: Advocate Health Care is one of Chicagoland's largest employers, with more than 30,000 associates, including 6,000 affiliated physicians and 9,000 nurses. Every year, the system holds an Associate Appreciation Week with a variety of activities to thank employees for their work. For employees and covered spouses who participate in the Advocate Medical Plan, the system provides incentives to improve health and manage healthcare expenses. In terms of employee development, Advocate provides 100 percent reimbursement for pursuing specific certification, degrees and licensure in high-demand areas, as well as in-house education.

Agnesian HealthCare (Fond du Lac, Wis.)

Type of facility: Hospital/health system

What makes it a Best Place to Work: As an integrated, comprehensive, non-profit healthcare delivery system, Agnesian HealthCare is comprised of 2,750 employees and six ministries. The system's new benefits plan includes an on-site child care center, a fitness facility staffed with personal trainers and a wellness program that encourages smoking cessation, exercise and healthy food choices. Agnesian also helps employees build their skills through career ladders with corresponding pay increases, increased tuition assistance benefits, cross-training between entities and partnerships with several colleges and training programs in the area. Since 2000, overall employee turnover at the health system has declined by 50 percent to a favorable nine percent overall turnover rate.

Akron General Medical Center (Akron, Ohio)

Type of facility: Hospital/health system

What makes it a Best Place to Work: Akron General serves more than 1.2 million people in five Ohio counties and has been named one of the 99 best places to work in Northeast Ohio by the Employers Resource Council. In addition to benefits such as adoption assistance, tuition reimbursement, dependent life insurance and retirement plans, Akron General offers a host of perks. Employees can use on-site dry cleaning pick-up, as well as film developing and discounts on local family entertainment and area businesses.

Ambulatory Endoscopy Center of Dallas (Dallas, Texas)

Type of facility: Ambulatory surgery center

What makes it a Best Place to Work: Employees at Ambulatory Endoscopy Clinic of Dallas reap the benefits of the ambulatory surgery center's partnership with HCA, now in its 15th year. Staff members receive many benefits, including health, dental and vision insurance, a 401k plan and tuition reimbursement, according to Jennifer Cahill, business office manager for the ASC. The ASC employs a very tight-knit group of 21 people who often share lunch together and offer support to one another, which has translated into happy employees, says Ms. Cahill.

Ambulatory Surgery Center of Stevens Point (Stevens Point, Wis.)

Type of facility: Ambulatory surgery center

What makes it a Best Place to Work: Since the Ambulatory Surgery Center of Stevens Point opened in 2006, the owners have been committed to choosing the right team for the center's success, says administrator Becky Ziegler-Otis. Since 2006, the Ambulatory Surgery Center of Stevens Point has seen only one employee resign. In 2010, the center developed a wellness committee and has seen nearly 100 percent employee participation in various fitness and wellness campaigns. In addition to health, dental and other "usual" benefits, the center also provides less typical benefits, such as a monthly recognition lunch, free soda and cookies, ergonomic assessments to prevent workplace injuries and an annual Christmas party.

Andrews Institute Ambulatory Surgery Center (Gulf Breeze, Fla.)

Type of facility: Ambulatory surgery center

What makes it a Best Place to Work: Andrews Institute Ambulatory Surgery Center opened in 2007. Like many ASCs, Andrews Institute provides flexible scheduling for its employees, and staff never has to work holidays or weekends. Employees are encouraged to submit their ideas in staff forums, department meetings and daily stand-up meetings. According to Barbara Holder, RN, QA coordinator, benefits at AIASC include a generous PTO package, an employer-matched 401(k) plan, various medical, dental, vision and flexible spending plans, short- and long-term disability and an employee bonus plan.

Animas Surgical Hospital (Durango, Colo.)

Type of facility: Hospital/health system

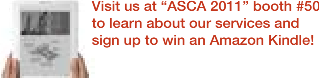
What makes it a Best Place to Work: This multi-specialty hospital and its physician owners strive to provide surgical excellence, an effort recognized by Consumer Reports, which ranked the hospital as the best in the state of Colorado. Animas offers competitive benefits, including health and dental insurance, vision benefits, paid vacation for full and part-time employees and a 401(k) plan. The hospital maintains a low

We assist ambulatory health care organizations prepare for accreditation, licensure and certification.

HEALTHCARE CONSULTANTS INTERNATIONAL, INC.

Consulting services include:

+ Accreditation Preparation
+ Medicare Certification Preparation
+ Quality Improvement and Infection Control
+ Comprehensive Policies and Procedures
+ Regulatory Assessment & Compliance
+ Customized New Facility Development


Visit us at "ASCA 2011" booth #507 to learn about our services and sign up to win an Amazon Kindle!

888-982-6060 | info@hciconsultants.com | www.hciconsultants.com

A FOR-PROFIT SUBSIDIARY OF THE ACCREDITATION ASSOCIATION FOR AMBULATORY HEALTH CARE (AAAHC)

WHY DO OUR CLIENTS LOVE US?

BECAUSE THEIR PATIENTS DO.

Every day, Beryl helps hundreds of hospitals improve the patient experience. We're ready to do the same for you.

More than 500 hospitals have chosen Beryl to dramatically improve the patient experience. We deliver outstanding services at multiple touchpoints, helping to build your brand, increase patient satisfaction and boost your bottom line.

Beryl helps patients connect to your physicians, register for classes, schedule appointments, understand post-discharge instructions and learn more about the services you offer. By providing your patients with easy access to care and information, we help drive hospital revenue, reduce medical errors and lower readmission rates.

For more than 25 years, healthcare has been our sole focus – so we know the industry like no other company. Beryl's responsive people, combined with our sophisticated technology infrastructure, help you develop lasting relationships, leading to lasting revenue growth.

Connecting People to Healthcare.

www.beryl.net | 817.785.5028

employee turnover rate due to its competitive salaries and family environment, employees says. The hospital touts a high nurse-to-patient coverage ratio and high employee satisfaction, which administrators attribute to the lack of bureaucracy present in a physician-owned hospital.

AtlantiCare (Egg Harbor Township, N.J.)

Type of facility: Hospital/health system

What makes it a Best Place to Work: Employees at AtlantiCare join a system of 5,000 staff members contributing to the health of Southeastern New Jersey. The system offers a wide array of complimentary development opportunities for staff, including hundreds of e-learning courses and several "tracks" designed to turn staff members into organization leaders. The AtlantiCare LifeCenter features exercise equipment and spa-like amenities, and benefits such as an employee assistance program, an on-site day care center and 104 hours of annual personal time encourage employees to pursue a healthy work-life balance.

Bailey Medical Center (Owasso, Okla.)

Type of facility: Hospital/health system

What makes it a Best Place to Work: Bailey Medical Center is a 73-bed acute-care hospital that is owned by Ardent Health Services and physicians. In its most recent employee satisfaction survey, 94 percent of employees said they were "satisfied" or "very satisfied" with their employment, and 95 percent said they would recommend employment at the hospital. Bailey has installed a variety of activities to build employee engagement, including employee lunches, an employee activities committee and an "Above and Beyond" program that recognizes fellow employees. BMC's employee benefits include medical insurance plans, paid time off, tuition reimbursement, extended illness compensation and life insurance.

Baptist Health South Florida (South Miami, Fla.)

Type of facility: Hospital/health system

What makes it a Best Place to Work: Baptist Health South Florida was created in 1990, bringing the region's top non-profit hospitals under one name for the first time. Baptist practices a "promote-from-within policy," meaning existing employees will always be considered for open positions if they possess the qualifications and experience appropriate for the job. To help employees become qualified for those coveted positions, Baptist directs its employees to Baptist Health University, which offers more than 1,000 online courses and 500 classroom courses.

Barnes-Jewish Hospital (St. Louis, Mo.)

Type of facility: Hospital/health system

What makes it a Best Place to Work: Barnes-Jewish Hospital, a member of the BJC HealthCare system, is one of the largest employers in St. Louis. Hospital employees receive competitive compensation packages as well as medical, dental and vision coverage. The hospital also provides benefits for employee spouses, including domestic partners for same-sex couples. Employees can participate in merit pay programs and employee recognition for staff members who exhibit exemplary performance. For example, the Health Hall of Fame recognizes achievements in lifestyle that improve overall health and well-being, and the Excellence in Leadership Award honors one member of management for demonstration of exceptional leadership.

Jon Vick, President
Tel 760-751-0250
jonvick@ascs-inc.com

Since 1984: over 200 ASC partnership transactions

Specializing in ASC sales & strategic partnering

Want to sell your ASC?

Want competitive bids?
Want the best price and terms?
Want to partner with a hospital?
Which of the 40 ASC companies is best for you?
Want to sell your ASC real estate?

www.ascs-inc.com

ASCs Inc.

BayCare Clinic (Green Bay, Wis.)

Type of facility: Specialty clinic

What makes it a Best Place to Work: BayCare Clinic is the largest specialty healthcare clinic in Northeast Wisconsin and Michigan's Upper Peninsula. BayCare is well on its way to meeting its stated goal of being "the most fit company in Brown County." More than a year into its Healthy Lifestyles Premium Discount Program — intended to improve employee health while bringing down costs in BayCare's self-funded health plan — employees have seen marked improvements in health and fitness. Upon the program's inception, 21 percent of participants tested at an "excellent" level of body composition and fitness; one year later, the number jumped to 58 percent, with obesity dropping dramatically.

BayCare Health System (Tampa Bay, Fla.)

Type of facility: Hospital/health system

What makes it a Best Place to Work: Composed of 10 non-profit hospitals and 20 ambulatory and outpatient centers, BayCare Health System is a leading community-based health system in the Tampa Bay area. In 2010, the organization approved pay raises for every employee, despite the struggle of running a non-profit hospital in a community that is up to 21 percent uninsured. BayCare also distributed annual performance payments for employees who met pre-determined goals. The organization's benefits include wellness programs with incentives for improving employee health, discounts for non-smokers, college tuition programs, online education opportunities and financial assistance for employee hardship.

Baylor Health Care System (Dallas/Fort Worth, Texas)

Type of facility: Hospital/health system

What makes it a Best Place to Work: Twenty-six hospitals, 23 ambulatory surgery centers and 50 outpatient facilities are owned, operated, joint ventured or affiliated with Baylor Health Care System in Dallas. To help employees achieve promotions, raises and job satisfaction, Baylor provides tuition reimbursement for any employee working on a degree in healthcare. The system also owns a gym in downtown Dallas, where employees can go to exercise and work with trainers for free. Baylor Garland will hold special mammography screenings during March and April for employees. Any employee who schedules a mammogram will be given a free box lunch.

Beaumont Hospitals (Royal Oak, Mich.)

Type of facility: Hospital/health system

What makes it a Best Place to Work: Beaumont encourages and supports the career and educational advancement of its employees with a variety of programs. Its internal job bidding program helps employees transfer to different departments and apply for promotions within the organization, and educational assistance provides up to $1,200 a year for full-time employees. Staff can also take advantage of Beaumont University, which offers numerous courses to help employees maintain existing credentials or advance their careers. The system also offers nursing internships to graduate nurses or those looking for a new specialty.

Beebe Medical Center (Lewis, Del.)

Type of facility: Hospital/health system

What makes it a Best Place to Work: Founded in 1916 by two physician brothers, Beebe Medical Center is a 210-bed non-profit seaside community hospital. Employees receive competitive and generous shift differential as well as generous salaries. An extra nine percent for evening shift, 14 percent for night shift and nine percent for weekend shift is paid for all hourly employees, with an additional 18 percent for weekend evening and 23 percent for weekend night. Regular full-time employees accrue 25 days per year in paid time off, and the center recognizes eight holidays annually.

Berkshire Medical Center (Pittsfield, Mass.)

Type of facility: Hospital/health system

What makes it a Best Place to Work: Berkshire Medical Center, a 302-bed community hospital in Pittsfield, Mass., is a teaching facility affiliated with the University of Massachusetts Medical School. BMC has established numerous programs to reward employees for their hard work. In addition to generous earned time and holiday benefits, employees receive both paid educational time and tuition reimbursement benefits and enjoy an annual employee recognition and awards dinner. The hospital's 2010 Fourth of July float was constructed by employees and voted the community's "most outstanding float" for the year.

Black Hills Surgical Hospital (Rapid City, S.D.)

Type of facility: Specialty hospital

What makes it a Best Place to Work: Black Hills Surgical Hospital is an 11-OR specialty hospital that staffs in-house hospitalists and maintains a 3:1 patient to nurse ratio. The hospital offers sizeable discounts on all services provided at BHSH, training and education assistance, holiday cash gifts, frequent catered lunches and a floating paid day off on each birthday as well as a gift certificate to a local restaurant. The hospital's wellness program offers free flu shots and screenings, smoking cessation assistance, CPR training, weight management assistance and a wellness newsletter that provides recipes and exercise tips. Employees are encouraged to submit ideas and concerns to hospital administration via a suggestion hotline and boxes found throughout the facility.

Brigham and Women's Hospital (Boston, Mass.)

Type of facility: Hospital/health system

What makes it a Best Place to Work: The 777-bed Brigham and Women's Hospital, known affectionately as "The Brigham," is a teaching affiliate of Harvard Medical School and part of Partners HealthCare, a 10-hospital network in Massachusetts. Employees are entitled to subsidized memberships at a fully equipped fitness center at a variety of locations in the city and suburbs, and the hospital provides two types of backup child care services for emergencies. The hospital's transportation program applies to all Brigham employees and offers a 50 percent subsidy on all Massachusetts Bay Transportation Authority passes.

Carson City Hospital (Carson City, Mich.)

Type of facility: Hospital/health system

What makes it a Best Place to Work: Carson City Hospital is a 77-bed acute-care facility affiliated with Sparrow Health System. Employees say that the hospital's tight-knit community is evident when colleagues join together for special occasions. Administrators and managers served a special Christmas meal on Dec. 21, 2010 to over 300 associates on all three shifts, and the hospital's "brown bag" lunchtime series allows hospital associates to watch audio-visual presentations of their colleagues' recent projects. The hospital's human resources department and executive team regularly monitor the market to maintain a comparable benefit program. An annual benefits fair brings benefit vendors to the hospital to increase awareness of available services.

117 Medical Projects and 99 Operating Rooms

As a Medical Design/Builder, **Irmscher Construction** is large enough to know the intricate details of designing and building a beautiful and efficient Ambulatory Surgery Center/Hospital, but we're not too big to care. We will give your project our personal attention and a guaranteed contract price so you can concentrate on what you do best, delivering great health care.

Irmscher Construction has been a trusted commercial builder since 1892. Call or email John Kessen today at (260) 422-5572 or JKessen@irmscherinc.com for more information. We are excited about getting you started on a facility that we will both be proud of completing.

Catholic Healthcare West (San Francisco, Calif.)

Type of facility: Hospital/health system

What makes it a Best Place to Work: Catholic Healthcare West links 60,000 caregivers across Arizona, California and Nevada. Recognizing that compensation is an important aspect of a great job, Catholic Healthcare West strives to offer competitive base salaries as well as performance-based cash awards. The system also conducts an annual review of pay and offers professional growth and development opportunities to employees looking to move up the career ladder. Employees can take advantage of the CHW Learning Institute and benefit from tuition reimbursement for various degrees. The system's wellness program includes healthy eating options in the cafeteria and healthy lifestyles programs that focus on exercise and nutrition.

Cedars-Sinai Medical Center (Los Angeles, Calif.)

Type of facility: Hospital/health system

What makes it a Best Place to Work: Cedars-Sinai Medical Center offers employees a competitive compensation and benefits program that allows employees to choose between a defined contribution plan and defined benefit plan retirement programs. The hospital's "Work 'n' Life Matters Program" provides employees with additional support, resources and education as needed. Childcare resource services, including referrals to public or private schools and access to parenting specialists, are available for hospital employees. CSMC also participates in the environmentally-friendly Rideshare Incentives program that incentivizes employees to ride to work with coworkers.

Centegra Health System (Crystal Lake, Ill.)

Type of facility: Hospital/health system

What makes it a Best Place to Work: Centegra Health System was formed in 1995, when Memorial Medical Center in Woodstock, Ill., and North Illinois Medical Center in McHenry, Ill., combined their facilities and staff. Today, Centegra is the community's largest employer, with nearly 4,000 associates and 500 volunteers. The system's wellness program has introduced a $20 incentive for health risk assessments, as well as complimentary mammograms, colonoscopies and PSA screenings, a weight management program and a smoking cessation program. Employees can take advantage of nutrition lectures, meditation exercises and activity classes on campus too.

Centennial Surgery Center (Voorhees, N.J.)

Type of facility: Ambulatory surgery center

What makes it a Best Place to Work: Centennial Surgery Center houses four surgical suites, two endoscopy suites, two short procedures rooms and features state-of-the-art surgical equipment and technology to help deliver excellent patient care. The 100 percent physician-owned center maintains a high level of employee satisfaction. This is achieved by top-to-bottom prioritization of employee satisfaction. The physician-owners also express their appreciation of employees by dedicating a week every year in September as the "Centennial Employee Appreciation Week." During this time, employees enjoy food, annual gifts and a "blow-out" catered lunch at the end of the week.

Central DuPage Hospital (Winfield, Ill.)

Type of facility: Hospital/health system

What makes it a Best Place to Work: This 313-bed hospital's incentive plan promotes employee engagement by rewarding collective achievement: Goals are established at the beginning of each fiscal year and are funded through improved financial performance. CDH's fitness challenge program offers a cash incentive to employees for regular attendance at select

centers, and five area health centers offer discounts to employees who join the facilities. For employees joining the hospital from a graduate program, CDH's loan forgiveness program offers reimbursement for tuition paid during the last year of nursing school.

Central Park ENT & Surgery Center (Arlington, Texas)

Type of facility: Ambulatory surgery center

What makes it a Best Place to Work: Central Park ENT & Surgery Center's seven board-certified physicians provide adult ear, nose, throat, head, neck and allergy care to the Arlington community. The center aims to treat its employees as a family, hosting regular events that encourage employee unity and build a family-friendly environment. Last year, the ASC held a picnic at a local park, where the organization's CEO grilled burgers, brats and chicken to celebrate the Texas Rangers' reaching the World Series. Over the Christmas holidays, the employees took part in a toy drive for a local family shelter. The center features an on-site gym and frequently provides lunch to enable a more efficient focus on patient care.

Children's Healthcare of Atlanta (Atlanta, Ga.)

Type of facility: Hospital/health system

What makes it a Best Place to Work: Children's Healthcare operates three hospitals and 17 neighborhood locations across the state of Georgia. Every other month, Children's hosts a baby shower where employees who are expectant parents can receive gifts, prizes and information about childcare, Family Medical Leave Act and benefits. The hospital also offers up to $5,000 in reimbursement every year for expenses related to adoption or infertility, and various wellness initiatives — including onsite Weight Watchers meetings, memberships at various fitness facilities and onsite massage therapy — keep employees happy and healthy.

Children's Medical Center Dallas (Dallas, Texas)

Type of facility: Hospital/health system

What makes it a Best Place to Work: The only pediatric academic healthcare facility in North Texas, Children's Medical Center is a 559-bed non-profit hospital that serves as a major pediatric kidney, liver, intestine, heart and bone marrow transplant center. In its 2010 employee survey, employees listed the most improved areas as employees' perception of work unit staff levels, communication between different levels of the organization and perception of fairness of pay. On a scale from 1-5, Children's employee commitment score sits at a healthy 4.27, above the National Healthcare average of 4.14.

Children's Memorial Hospital (Chicago)

Type of facility: Hospital/health system

What makes it a Best Place to Work: Along with competitive salaries, health insurance and tuition reimbursement, Children's offers new employees 29 days of paid time off accrued per year as well as concierge services to improve employees' work/life balance. Employees also receive 50 percent off hospital charges after insurance has been applied and are eligible for adoption assistance reimbursement of $5,000 per child. Shuttle service is available to the hospital from all major train stations for a discounted fee, and the hospital offers a payroll loan deduction option for the purchase of computer products.

ProVation® MD

We can't say you won't have to lift a finger to implement ICD-10.

But clicking "update" seems reasonable.

Be ICD-10 ready — ProVation MD software provides compliant procedure documentation and coding, quicker reimbursement and a simple ICD-10 transition.

ProVation® Medical

provationmedical.com

Christiana Care Health System (Wilmington, Del.)

Type of facility: Hospital/health system

What makes it a Best Place to Work: Christiana Care Health System, headquartered in Delaware, is one of the country's largest healthcare providers and serves as a major teaching hospital. The system is deeply committed to its nursing population, offering paid nurse internship programs and nursing scholarships to eligible employees. Christiana Care partners with Bright Horizons Family Solutions for operational management of an on-site child care center and also hosts a fitness center on-site.

CHRISTUS St. Michael Health System (Texarkana, Texas)

Type of company: Hospital/health system

What makes it a Best Place to Work: CHRISTUS St. Michael Health System includes a 312-bed acute-care hospital, 50-bed rehabilitation hospital, an outpatient rehabilitation center and an outpatient imaging center. The campus also includes a health and fitness center with an outdoor lap pool. CHRISTUS St. Michael encourages staff members to develop leadership skills through a mentorship program that pairs administrators or CHRISTUS Academy graduates with associates to provide them with tools and support. The health system also has a School at Work program that allows entry-level staff to advance and continue their careers in healthcare by continuing their education through their jobs.

Cleveland Clinic

Type of facility: Hospital/health system

What makes it a Best Place to Work: With 2,000 physicians and scientists and over 4.2 million patient visits a year, Cleveland Clinic is one of the country's most prominent hospitals. Aside from exceptional medical, vision and dental coverage that pays for nearly 100 percent of all costs, the Cleveland Clinic offers free membership to Weight Watchers, Curves and other local workout facilities, employee discounts to sporting events, theaters and restaurants, free courses at the Cleveland Clinic Academy and an employer-contributed pension plan. Since CEO Delos "Toby" Cosgrove, MD, developed a partnership with Weight Watchers in an effort to improve employee health, Cleveland Clinic's employees have lost over 110,000 pounds.

Deaconess Health System (Evansville, Ind.)

Type of facility: Hospital/health system

What makes it a Best Place to Work: Deaconess Health System is a system of five hospitals in southwestern Indiana. Deaconess' nursing services division aims to be a regional leader among community hospitals in the area. Employees can also take advantage of Deaconess RN OnCall, which staffs a registered nurse 24 hours a day to answer questions regarding acute illness or injury. The system provides incentives to employees for working straight evening or night shifts in designated areas, as well as incentives for working straight weekends in certain areas. Staff can enjoy a plethora of information at three on-site libraries: the health science library, the holistic resources library and the lighter side library — the latter of which provides books and videos on non-healthcare topics.

Ephrata Community Hospital (Ephrata, Pa.)

Type of facility: Hospital/health system

What makes it a Best Place to work: Ephrata Community Hospital has been serving the community of north Lancaster County, Pa., for over 65 years. Reduced-cost health, wellness and educational programs are available to all employees through the ECH Wellness Center and Center for Women's Health, including CPR training, diabetes programs, smoking cessation assistance, nutrition consults, yoga, pilates, self-defense and massage therapy. Employees also have free use of exercise equipment at any ECH rehab center location across Lancaster County. The hospital will absorb 70 percent of inpatient and outpatient hospital charges not covered by insurance up to a $300 discount per bill, for which employees, spouses and dependents are eligible upon the employee's hire date.

The Everett Clinic (Everett, Wash.)

Type of facility: Physician practice

What makes it a Best Place to Work: The Everett Clinic is the largest medical group in Washington state, with 315 physicians and 40 specialty services. The company is very invested in maintaining an excellent staff. Staff at Everett can take advantage of tuition reimbursement up to $2,000 per calendar year, starting on their date of hire, and the clinic also pays all costs associated with approved continuing education programs. Each quarter, the clinic updates its wellness program with new goals; for each goal an employee meets, he or she is entered into a drawing for prizes. To support work/life balance and encourage staff to take advantage of the Puget Sound area, Everett offers discounts on cultural arts and sporting events, as well as at amusement parks through Magic Kingdom Club/Great America Club. Employees and their dependents can also apply discounts to certain Everett Clinic services not covered by the benefits on their health plans.

The Eye Surgery Center of Michigan (Troy, Mich.)

Type of facility: Ambulatory surgery center

What makes it a Best Place to Work: The Eye Surgery Center of Michigan was developed by local physicians in partnership with St. John Providence Health System. The center features 10 physicians specializing in eye surgery and ophthalmology. When employees notice a staff member going above and beyond in their work, they can write the person a "star" to be placed in the "star employee reward box." Every month, administration holds a draw-

INTERVENTIONAL MANAGEMENT SERVICES

Interventional Management Services is not your traditional ASC management company. Specializing in development and management solutions for single-specialty, multi-specialty, and hospital joint-venture facilities. We provide the knowledge and experience necessary to ensure the successful development and ongoing operations for our centers. What sets us apart is our emphasis on physician control and our no-nonsense approach.

LESS RED TAPE.
MORE TIME FOR WHAT MATTERS.

IMS

Contact us now. kspitler@physiciancontrol.com or call 404-920-4950
www.physiciancontrol.com

ing and the chosen employee receives a gift card. "That is just one way they show the staff their appreciation for a job well done," employee Rachel Blaszyk says. The Eye Surgery Center is also focused on wellness. Every few months, the center holds a weight loss competition to promote healthy habits. The facility also recycles every bottle to promote going green. "We are all veterans in the healthcare industry and recognize The Eye Surgery Center of Michigan's work ethic is hard to come by," Ms. Blaszyk says. "The continuous dedication of the administration and staff makes it the best place to work in the healthcare field."

Fleming Island Surgery Center (Orange Park, Fla.)

Type of facility: Ambulatory surgery center

What makes it a Best Place to Work: Fleming Island Surgery Center is keenly aware that the only way to achieve success is to build a strong core of employees. Lindsay Allen, operations assistant for managing partner Borland-Groover Clinic, says FISC is driven to involve employees in the work that affects them and empowers them to take ownership. One recent project employees spearheaded was updating all preference cards to ensure each physician's satisfaction during their tenure at FISC. When BGC took over managing FISC in 2008, new employee benefits were introduced that were previously unavailable, such as an employee incentive program to reward employees for working above and beyond expectations.

Fremont Surgical Center (Fremont, Neb.)

Type of facility: Ambulatory surgery center

What makes it a Best Place to Work: Fremont Surgical Center sees an average of 3,800 cases annually with specialties including gastroenterology, pulmonology, orthopedics, pain management, ophthalmology and dental. The center includes two operating rooms. Steve Henry, FSC administrator, ensures that each physician and staff member has clearly outlined duties and responsibilities to make the surgery center run efficiently. The culture of teamwork at FSC is apparent in the results of the center's 2010 patient satisfaction survey: The patient satisfaction rating is 95 percent. The center's employees are also able to enjoy good benefits, including health, dental and life insurance and 401 (k).

Geisinger Health System (Danville, Pa.)

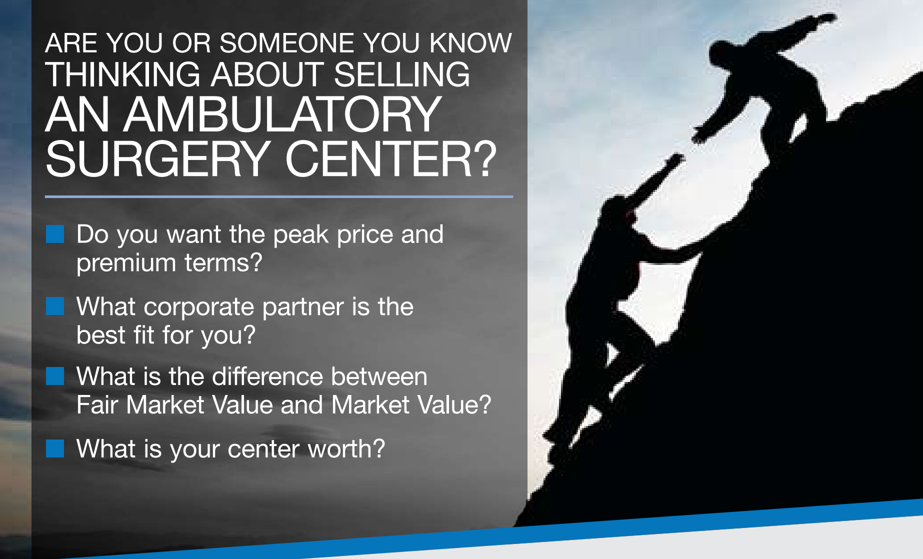
Type of facility: Hospital/health system

What makes it a Best Place to Work: Founded in 1915, Geisinger is a physician-led health system, providing service spanning 43 counties of 20,000 square miles and serving 2.6 million people. Geisinger partners with 20 organizations and institutions, including Thomas Jefferson University, Penn State University and King's College, to provide educational opportunities for its employees. Staff members can apply for educational loans from the system. The Geisinger MyHealth Rewards Program is designed to encourage employees to better their health. The program includes a confidential health risk assessment; free medications for hypertension, high cholesterol and diabetes; a wellness program to help employees lose weight, stop smoking and eat better; and an enrollment incentive payment of $200.

Golden Ridge Surgery Center (Golden, Colo.)

Type of facility: Ambulatory surgery center

What makes it a Best Place to Work: Golden Ridge Surgery Center is an AAAHC-accredited surgery center that began operations in June 2010 and has since provided care to over 20,000 patients. Melodie Garrobo, the center's administrator, supervises 10 staff members who have been with her center for over seven years, demonstrating the facility's commitment to employee retention. Ms. Garrobo credits the staff's longevity to the bond between physicians and staff members and the center's "bottoms up" approach to governance. This year, the physician owners and ASC leadership decided to focus on



Call today for answers or to get a free analysis of your unique situation.

We use our experience and expertise to solicit competitive bid proposals for your center, we then leverage those bids to help you obtain the peak price and premium terms.

Blayne Rush is the President of Ambulatory Alliances, LLC and is a SEC/FINRA Registered Investment Banker and Texas real estate broker. He specializes in acquisitions, alliances and access to capital markets for surgery centers and radiation oncology centers. Rush holds a masters degree in Health Promotions and a MBA, and has over 15 years of experience in the health care industry; he's worked with over 250 different healthcare organizations. Ambulatory Alliances uses a two stage negotiated bid process to help obtain the premium price for your center.
Contact Blayne Rush today! Blayne@AmbulatoryAlliances.com or 469-385-7792

4718 Druid Hills Drive, Frisco, TX 75034
469-385-7792
www.AmbulatoryAlliances.com

NASD/FINRA Rule 1032(i) requires a person to register as an investment banker with FINRA and pass a corresponding qualification examination if such persons' activities involve advising on or otherwise facilitate securities offerings – whether through a public offering or private placement –, as well as professionals who advise on or facilitate mergers and acquisitions, asset sales, divestitures, or other corporate reorganizations or business combination transactions. Securities offered through Bedminster Financial Group, LTD. member FINRA, SIPC, 4920 York Rd., Ste 2DD1. P.O.Box 295, Holicong, PA 18928. Ph (215) 794. 9016

developing and maintaining quality relationships, and the center held its first office party with the main physician group. Staff members are also asked to decide their own benchmarks to increase accountability and give employees a voice in the center's improvement.

Griffin Hospital (Derby, Conn.)

Type of facility: Hospital/health system

What makes it a Best Place to Work: This 160-bed hospital has received national recognition for its unique work environment. Griffin's 1,200 employees attend a week-long orientation with the hospital's CEO and receive a monetary incentive to reach departmental and institutional goals through the hospital's Success Reward program, which has been in place since 1999, and its Spot Recognition program, which rewards exceptional work on-the-spot with small gifts. New employees are required to attend a two-day retreat in Madison, Conn., to learn about the hospital's philosophy of care and partake in team building exercises.

Hackensack University Medical Center (Hackensack, N.J.)

Type of facility: Hospital/health system

What makes it a Best Place to Work: Hackensack University Medical Center is a private, non-profit academic medical center serving northern New Jersey and the New York metropolitan area. With nearly 8,000 staff members, the center is the largest employer in the city of Hackensack. For a bustling hospital, HUMC's voluntary turnover rate is shockingly low — just two percent in 2009. On the hospital's 2010 employee survey, 90 percent of responding employees agreed with the statement, "I would recommend employment at this organization to a friend." Another 91 percent agreed that they like their coworkers, and 93 percent agreed that they like the work they do.

Hancock Regional Hospital (Greenfield, Ind.)

Type of facility: Hospital/health system

What makes it a Best Place to Work: Hancock Regional Hospital was founded in 1951 and has expanded considerably since then, including a 33,000-square-foot fitness facility in 2000. Employees are incentivized to bring more talent to the hospital every year. Associates can receive up to $1,000 for each successful referral, as well as a $25 thank-you gift card on the referred associate's first day. If HRH nurses wish to live in a local apartment community, Greenfield Crossing Apartments will offer $300 off the first month's rent and waive the move-in fee.

Harborside Surgery Center (Punta Gorda, Fla.)

Type of facility: Ambulatory surgery center

What makes it a Best Place to Work: Harborside Surgery Center, a triangular joint venture between Interventional Management Services and the local HMA hospital Charlotte Regional Medical Center, strives to never stray from its mission. The ASC's commitment to patient satisfaction is a critical reason why Charlene Gorrill, RN, director of nurses for HSC, says HSC is an outstanding place to work. The ASC experiences very little turnover and some personnel have worked there more than 15 years. Staff members receive comprehensive benefits packages that include health insurance, 410(k), group life insurance and long-term disability insurance.

Head & Neck Surgery Center (Hattiesburg, Miss.)

Type of facility: Ambulatory surgery center

What makes it a Best Place to Work: Head & Neck Surgery Center is Medicare-certified and AAAHC-accredited and has undergone an extensive two-year makeover that was completed last year. It is still undergoing some ventilation updating to improve the air quality, says Chas Pierce, MPH, administrator. To express appreciation to its employees, the center distributes a Christmas bonus and other offerings, such as employee lunches and an "Employee of the Month" award. ENT Properties, of which Head & Neck is a subsidiary, also plans to establish an "Employee Appreciation Week" starting this year.

Henrico Doctors' Hospital (Richmond, Va.)

Type of facility: Hospital/health system

What makes it a Best Place to Work: This 540-bed hospital, part of the HCA Virginia Health System, was called Henrico Doctors' Hospital-Forest until Feb. 2009, when the name was simplified. In addition to health, dental, life insurance and other basic benefits, Henrico Doctors' gives employees complimentary fitness club memberships, massage therapy, yoga classes, phone service and discounts on purchases in the hospital pharmacy and cafeteria. The hospital's Parham campus includes Children's Choice, an onsite child care center for hospital employees that promotes a literacy based curriculum. Part of the facility is also dedicated to the Sniffles & Snuggles program where employees' mildly ill children can come while sick so employees don't have to miss work.

West Coast Medical Resources, Inc.

Proudly serving the surgical community since 1997

www.westcmr.com

Managing your unwanted disposable surgical inventory wasn't part of your job description... So put our fourteen years of experience to work and let us do what we do best.

Every year your facility experiences product conversions from new contracts, surgeon preference changes, and many other factors. OEMs and distributors simply don't take most inventory back. So how do you maximize your return and minimize wasting your time dealing with it?

CALL THE SURPLUS SPECIALISTS ... WCMR !!!

Randy Ware, President / Founder

Toll Free: 800-565-6385

Phone: 727-392-2800

Fax: 407-386-9555

westcstmed@westcmr.com

High Plains Surgery Center, LP (Lubbock, Texas)

Type of facility: Ambulatory surgery center

What makes it a Best Place to Work: Partnered with Laurus Healthcare, High Plains Surgery Center features a center designed collaboratively by physicians and staff members. Chad Southard, administrator of High Plains Surgery Center, says while the center is currently working on several projects to improve cost-containment and patient care, input from staff members and physicians is a priority throughout each process. One recent project included making improvements to the facility's layout for improved efficiency and patient satisfaction. Employee turnover at High Plains Surgery Center has been less than 2 percent annually. Not only are employees rewarded with quarterly bonuses and Christmas bonuses, but employees can also enjoy health, dental and vision benefits, life insurance, retirement benefits and a daily lunch provided by the center.

Indiana Regional Medical Center (Indiana, Pa.)

Type of facility: Hospital/health system

What makes it a Best Place to Work: Indiana Regional Medical Center opened to the public in 1914 as a 40-bed facility with 13 private rooms. To encourage health and wellness among employees, the hospital offers an annual wellness screening, a financial incentive for improving health, free flu shots and health services to encourage weight management and good eating habits. IRMC encourages employees to seek promotions inside the organization; job openings are posted internally so qualified employees have the opportunity to apply, and continuing education is provided on-site. The hospital also offers a leadership development program to "grow its own" future executives, as well as scholarship and loan forgiveness, certification reimbursement and web-based learning opportunities.

Inova Health System (Vienna, Va.)

Type of facility: Hospital/health system

What makes it a Best Place to Work: Inova Health System is one of Northern Virginia's leading non-profit healthcare providers, serving more than 1 million patients every year. In 2008 — for the seventh year in a row — Inova was named one of *Working Mother* magazine's "100 Best companies for Working Mothers." Inova provides generous flextime, before- and after-school care, training through the Inova Leadership Institute and benefits for adoptive parents. In addition to scholarships and tuition assistance for employees, Inova offers awards for employees' children who plan to pursue post-secondary education in college or vocational programs. For employees who seek professional development but cannot commit to graduate programs, the Inova Learning Network offers ongoing classes in various hospital fields.

The Institute for Orthopaedic Surgery (Lima, Ohio)

Type of facility: Hospital/health system

What makes it a Best Place to Work: Established by the physicians of Desert Orthopaedic Center, The Institute for Orthopaedic Surgery provides care for every orthopedic subspecialty. The center has established specific discharge standing orders in a "step-down binder" to make instructions precise for each patient and simplify the post-surgical process. "We tend to make patients feel very comfortable because the atmosphere is relaxing and the staff is cheerful," says Paul F. Jarrett II. "The flow of the surgical process is outstanding!" According to employees, the center is small enough to provide a familial atmosphere and large enough to offer generous benefits.

Managing the Art of the Deal

Having completed over 250 joint ventures raising over $100,000,000 from physician investors, The Securities Group specializes in the formation and funding of healthcare partnerships.

TSG

THE SECURITIES GROUP, LLC

The Securities Group. Solid Strategies, Proven Results.

6465 North Quail Hollow Road #400 • Memphis, Tennessee 38120

901.328.4814 • www.thesecuritiesgroup.com

Iowa Health System (Des Moines, Iowa)

Type of facility: Hospital/health system

What makes it a Best Place to Work: Iowa Health System entities employ the state's largest non-profit workforce, with nearly 20,000 employees. Employees have the opportunity to develop skills through the system's Management Leadership Academy and Physician Leadership Academy; upon completion of the latter, graduation physicians will be close to earning their master's degree. The system remains focused on creating a healthy workforce: The employee health plan includes annual health risk appraisals, and employees can take advantage of an internal mail order pharmacy. Iowa Health System employees are currently participating in a statewide 100-day wellness challenge called Live Health Iowa, an initiative that provides a team-based physician activity, nutrition and weight loss program to staff.

IU Health Goshen Hospital (Goshen, Ind.)

Type of facility: Hospital/health system

What makes it a Best Place to Work: IU Health Goshen Hospital is a community hospital with 150 physicians in almost 20 specialties. For four consecutive years, the hospital has been recognized as one of the best places to work in Indiana by the Indiana Chamber of Commerce. Goshen employees receive their choice of three medical insurance plans, dental and vision coverage and long-term care coverage options. Retirement benefits include 401(k) savings plan where the employer matches up to 2 percent of the employee's contributions. Goshen's more creative employee benefits include a child care voucher program, designed to help colleagues pay for child care related to their work schedule, and a 529 college savings plan. The hospital offers legal coverage and financial guidance for family and domestic matters when purchasing a home and preparing a will.

Jersey Shore University Medical Center (Neptune City, N.J.)

Type of facility: Hospital/health system

What makes it a Best Place to Work: Jersey Shore University Medical Center, a non-profit academic medical center, is an affiliate of UMDNJ – Robert Wood Johnson Medical School. The hospital has been named one of the "Best Places to Work in New Jersey" for seven consecutive years by *NJBiz* and one of *Fortune's* "100 Best Companies to Work For" in 2010 and 2011. Like other Meridian Health facilities, JSUMC distinguishes itself with a set of generous employee benefits that focus on work/life balance, learning and development and work environment. Busy parents can use the hospital's Early Childhood Education Center, accredited by the National Association for the Education of Young Children. Team members and their family members receive discounted memberships at Meridian's three fully-equipped fitness centers, and a resource and referral service provides professional counseling to help manage family and personal issues.

Johns Hopkins Hospital (Baltimore, Md.)

Type of facility: Hospital/health system

What makes it a Best Place to Work: Johns Hopkins Hospital is home to more than 10,000 employees, positioning it among Maryland's largest private employers and the largest employer in Baltimore. For example, employees at Johns Hopkins Hospital can receive tuition reimbursement of up to $5,000 annually and support for a dependent's undergraduate tuition, up to 50 percent of The John Hopkins University's freshman undergraduate tuition and reimbursement for children of employees at any college.

Lehigh Valley Health Network (Allentown, Pa.)

Type of facility: Hospital/health system

What makes it a Best Place to Work: Lehigh Valley Health Network is made up of 1,100 primary care and specialty physicians, including 400 employed by the health network. The system offers free health insurance to full-time employees, and eligible employees and their dependents receive $700 to use for exercise and fitness programs, weight loss programs and massage therapy. Employee compensation is tied to the organization's performance, so employees receive cash rewards when patient satisfaction and financial goals are achieved.

LifeBridge Health (Baltimore)

Type of facility: Hospital/health system

What makes it a Best Place to Work: Two-hospital system LifeBridge Health, which also includes a geriatric hospital, nursing home and wellness division, was featured both on *Fortune's* list of "100 Best Companies to Work For" and *Baltimore Magazine's* "25 Best Places to Work" for 2010. The health system offers a variety of activity committees that host events for employees; past events have included LifeBridge Idol singing competitions, bowling and basketball tournaments and dance contests. The system also sponsors regular trips to New York City for employees, and the Department of Pastoral Care and Chaplaincy Services sponsors an annual religious trip abroad. The system's 10-week fitness program encourages employees to get in shape with a health assessment and trial membership at LifeBridge Health & Fitness. Employees can also receive up to $5,000 annual reimbursement for higher education courses.

Lowell (Mass.) General Hospital

Type of facility: Hospital/health system

What makes it a Best Place to Work: This 217-bed community hospital offers a particularly healthy work environment. It was recently recognized by the American Heart Association as a 2010 gold level company, meaning the hospital met AHA criteria for employee fitness and is a tobacco-free campus that offers an American Lung Association smoking cessation program. The LGH Earned Time Program allows employees flexibility in scheduling time off, which they accrue through years of services and the number of hours worked. The hospital offers employees a comprehensive medical plan, dental coverage and life insurance. Additional benefits include forgiveness loans for nursing students, dry cleaning services, child care services and discounted tickets for area movies, museums and amusement parks. Appreciation for Lowell employees is voiced through national appreciation weeks for various departments, an employee awards dinner and retirement teas for departing staff.

Massachusetts General Hospital (Boston, Mass.)

Type of facility: Hospital/health system

What makes it a Best Place to Work: Massachusetts General Hospital is a 900-bed medical center that includes five multidisciplinary care centers. In 2008, Mass General was honored by multiple organizations for its dedication to employee engagement. In 2010, DiversityInc named the hospital one of the top 50 companies for diversity; Mass General provides numerous programs and support to help promote women and minority scientists and physicians, including the Association of Multicultural Members of Partners, the Office for Women's Affairs and the Massachusetts General Hospital Lesbian, Gay, Bisexual and Transgender Employee Resource Group. Work/life benefits at Mass General include earned time based on years of service and standard hours, access to a full-service fitness center directly behind the hospital's main campus and tuition reimbursement up to $2,000 per fiscal year for degreed program courses.

Mayo Clinic (Rochester, Minn.)

Type of facility: Hospital/health system

What makes it a Best Place to Work: Mayo Clinic is the first and largest integrated, not-for-profit group practice in the world. In 2009, U.S. college students named Mayo Clinic as an "ideal employer" for the sixth straight

year, according to a Universum survey of more than 56,000 undergraduates. The system has also been ranked a top employer for healthy lifestyles by National Business Group on Health due to its on-site fitness facilities, healthy weight program, nicotine dependence center and LiveWell program, aimed at helping employees find programs to improve health. The system also hosts 25 employee leagues, clubs and events centered on sports and recreation.

Memorial Healthcare System (Broward and Palm Beach County, Fla.)

Type of facility: Hospital/health system

What makes it a Best Place to Work: Since its inception in 1953, Memorial Healthcare System has strived to provide high-quality care to South Florida patients. It is currently the fifth-largest public healthcare system in the nation and employs more than 10,000 workers. The hospital's 2010 employee satisfaction survey ranked it in the 96th percentile nationwide, while the physician satisfaction survey placed the hospital in the 97th percentile. Once employees accept a job at Memorial Healthcare System, they are eligible for an attractive sign-on bonus: up to $6,000 for qualified full-time and part-time positions. In addition to generous compensation, the system offers off-site fitness centers, cafeteria discounts, a day care center and premium pay for holiday work.

Methodist Health System (Dallas, Texas).

Type of facility: Hospital/health system

What makes it a Best Place to Work: Methodist Health System is one of North Texas' oldest non-profit health systems. The system's "Team Care = Team Share" incentive program rewards employees $300-$1,000 for meeting organizational goals. The "You Rock" day-to-day recognition program lets employees give a note to any co-worker, volunteer or physician to recognize their positive behavior. Methodist's RN refresher program tackles provider shortages by encouraging experienced nurses who have left the profession to return.

Missoula Bone & Joint and Surgery Center (Missoula, Mont.)

Type of facility: Physician practice and ambulatory surgery center

What makes it a Best Place to Work: Missoula Bone & Joint Surgery Center has been providing the Missoula community with orthopedics services for 50 years. The center has an extremely low turnover rate — just 3.5 percent — and receives high ratings from staff on every aspect of employment at the center. Employees are invited to join several different committees focused on center improvement, including the process improvement committee and the expense committee, which gives employees input on cost reductions.. In addition to involving employees in process improvement, the center holds regular outings and events to encourage staff bonding. In Dec. 2010, the center held a craft fair for employees to display their work; in Nov. 2010, a barbecue provided a free lunch for employees. Benefits at Missoula Bone & Joint include health insurance paid at 100 percent, a $750 yearly allowance towards dental/vision and other medical expenses, paid time off, life insurance and long-term disability paid by the company and annual continuing education benefits.

Monongalia General Hospital (Morgantown, W.V.)

Type of facility: Hospital/health system

What makes it a Best Place to Work: Mon General Hospital, a 189-bed community hospital, is the cornerstone of the Mon Health System. The hospital recently completed a considerable expansion project, upon completion of which, the facility provided a celebration for staff and families. The hospital's "department of the quarter" program recognizes a winning department with an engraved plaque, recognition from administration and small reception for department members. Employees can participate in a wellness program that grants employees points for participation throughout the year. At the end of the year, those who meet the point requirements in three categories are eligible for a wellness cash payout. Staff and their spouses and children can also take part in biometric wellness screenings.

Nanticoke Health Services (Seaford, Del.)

Type of facility: Hospital/health system

What makes it a Best Place to Work: Employing 1,100 employees across three entities, Nanticoke Health Services runs a full-service community hospital, a long-term care facility and a network of employed physicians. The system has implemented several tools to communicate with its many providers, including a monthly newsletter, required staff meetings, quarterly town halls and a CEO blog posted on the employee intranet. An objective online performance evaluation tool was introduced to give evaluations a shorter turnaround time and provide clearer, standardized feedback. NHS' active employee activities committee plans regular events to promote staff bonding: Past events have included a bus trip to New York, a Halloween bowling party and employee walk teams at the AHA, ACS and Alzheimer's walks.

Northeast Surgical Care (Newington, N.H.)

Type of facility: Ambulatory surgery center

What makes it a Best Place to Work: Northeast Surgical Care, a free standing ASC, recently celebrated its tenth anniversary. Despite a busy schedule, the center maintains a high level of employee satisfaction through growth opportunities as well as benefits, including 401(k) with employer-matched contributions, an annual holiday party and a family summer outing, says

9th Annual Orthopedic, Spine and Pain Management-Driven ASC Conference

Improving Profitability and Business and Legal Issues

Register Today!

Great topics and speakers focused on key business, clinical and legal issues - 101 sessions, 134 speakers.
Featuring Keynote Speakers Coach Mike Ditka, legendary NFL football player and coach, and Healthcare Futurist Joe Flower, CEO, The Change Project
June 9-11, 2011 • Chicago

To register, call (703) 836-5904
or e-mail registration@ascassociation.org
Register online:
https://www.ascassociation.org/june2011.cfm
For exhibiting or sponsorship opportunities,
call (800) 417-2035.
To learn more, visit: www.beckersasc.com

Cyndi Harris, administrator at Northeast Surgical Care. Physicians and staff members also make it a priority to give back to the community through frequent service opportunities such as blood drives, road races, golf tournaments, Coats for Kids, Toys for Tots and charity food collections..

North Shore-LIJ Health System (Great Neck, N.Y.)

Type of facility: Hospital/health system

What makes it a Best Place to Work: North Shore-LIJ Health System is the nation's second-largest, non-profit, secular healthcare system, with more than 42,000 team members serving 15 hospitals, ambulatory facilities and physician practices. To encourage employee innovation and creativity, North Shore-LIJ established an "idea forum" that received more than 1,000 ideas from employees over the course of one year. The best ideas were chosen for recognition, and selected employees received $500 and a plaque. North-Shore LIJ offers a host of employee benefits, including a medical plan that covers 100 percent of health services provided at any North Shore-LIJ hospital and facility. The system was recently profiled as a leader in employee engagement in *Closing the Engagement Gap,* a book that highlights exceptional organizations in talent management.

NorthShore University HealthSystem (Skokie, Ill.)

Type of facility: Hospital/health system

What makes it a Best Place to Work: A growing system in the prosperous North Shore suburbs of Chicago, NorthShore has annual revenue of over $1.5 billion and a staff of nearly 9,000. In 2003, it was one of the first hospital systems in the country to successfully launch a system-wide EMR. Since the implementation of the hospital's EMR, NorthShore has invested numerous resources in ensuring employee competency. One-on-one PC coaching and courses in Epic, Kronos and Quantros systems are offered to maintain software skills and increase employee comfort. Good food is never lacking at NorthShore: The system's guest chef program invites famous chefs from P.F. Changs, Wolfgang Puck Café and Maggiano's to work the grill at the hospital cafeteria.

NorthStar Surgical Center (Lubbock, Texas)

Type of facility: Ambulatory surgery center

What makes it a Best Place to Work: NorthStar Surgical Center prioritizes service by giving back to the local community and world at large. A number of NorthStar employees volunteer as mentors for local high school students interested in a career in healthcare through the Groundhog Day Shadow Program, and staff members can take medical mission trips with their colleagues to Mexico, Honduras, Africa and Thailand. "This is where I want to end my nursing career," says Vicki Ball, RN, director of nursing. "In my seven years here, I've found this to be the one facility where I can be the best nurse that I can be because at NorthStar we are empowered to be the best we can be."

Northwest Michigan Surgery Center (Traverse City, Mich.)

Type of facility: Ambulatory surgery center

What makes it a Best Place to Work: Developed by local physicians in partnership with Munson Medical Center, Northwest Michigan Surgery Center offers a host of services, including orthopedics, plastic surgery, ophthalmology, GI and ENT. According to clinical director Tina Piotrowski, RN, BSN, the physician-owners and Munson Medical Center instituted a 401(k) profit-sharing plan that, in essence, makes each employee a stakeholder in the cen-

Providing Custom Solutions

Consulting, Outsourced Services or Management

At SMP we work with you to understand your issues and give you just the help you need. We are a physician owned company and have dealt with all of the issues you may be facing.

- Administrative Services
  - Leadership
  - Mergers & acquisitions
  - Feasibility studies
- Financial Services
  - Coding
  - Billing & collecting
  - Managed care contracting
  - Accounting
- Clinical/Operational Services
  - Assess flow & function of facility
  - Compliance, accreditation, licensure
  - Quality assurance
  - Materials management

Contact us today and put your mind at ease.

605.335.4207

smpsd.com

Daren Smith - Director of Clinical Services

Rod Olson - Director of Accounting

ter's success. To maintain a close-knit team and a comfortable atmosphere, the center staff regularly participates in local events as a team. In 2010, many staff members were involved in community activities such as the National Cherry Festival Run, the YMCA board, career fairs and volunteer events at the State Theatre. "The word is getting out that NMSC is both a top-notch center to receive care and a great place to work," Gayle Bultsma, RN, CAPA, says.

Northwestern Memorial Hospital (Chicago, Ill.)

Type of facility: Hospital/health system

What makes it a Best Place to Work: Northwestern Memorial Hospital serves as the primary teaching hospital for Northwestern University Feinberg School of Medicine. The Northwestern Memorial Mentoring Program, launched in 2002 for managers, began with a minority focus and has since expanded to include both minorities and non-minorities. Career development is facilitated through tuition assistance and discounts for full-time employees who attend certain Northwestern University classes. Through the system's training center, NM Academy, employees can take advantage of training sessions, conferences and professional development. Employee health is supported through wellness programs and offerings — such as incentives for successful completion of Weight Watchers — and a confidential disease management program for employees struggling with illness.

OrthoCarolina (Charlotte, N.C.)

Type of facility: Orthopedic practice

What makes it a Best Place to Work: With more than 11 practice locations, OrthoCarolina provides plenty of opportunity for clinical and non-clinical healthcare professionals. The company encourages employees to continue education and pursue career advancement opportunities. OrthoCarolina employees have the opportunity to participate in a 401(k) and profit sharing plan. The practice has been recognized as a Platinum-Level Start! Fit-Friendly Company by the American Heart Association's Start! Movement for healthy employee lifestyles and was honored in 2010 as one of the best places to work by the *Charlotte Business Journal*.

OrthoIndy (Indianapolis)

Type of facility: Orthopedic practice

What makes it a Best Place to Work: OrthoIndy has 14 locations around Indiana and is focused on providing quality bone, joint, spine and muscle care. The practice environment fosters a team approach to providing care and provides opportunities for personal and professional growth for employees. OrthoIndy provides employees with employer-sponsored health insurance, dental insurance and vision discount programs. Employees can also expect a 401(k) pension and profit sharing with matching program, paid time off, life insurance and disability insurance. To promote growth among employees, OrthoIndy offers a clinical ladder program, paid license renewal and other paid continuing education opportunities for full-time employees.

Plastic Surgical Associates of Johnstown (Johnstown, Pa.)

Type of facility: Ambulatory surgery center

What makes it a Best Place to Work: Plastic Surgical Associates of Johnson focuses on soft tissue and cancer reconstruction, vein treatment, hand surgery, trauma, skin care and laser hair removal. The center staffs only 18 employees, and each staff member has direct responsibilities and can receive rewards

For an assessment of how Vision EHR can help your facility lower costs and improve care, please call Patrick Doyle at 866-675-3546, or visit us at http://www.sourcemed.net/vision.

SOURCEMEDICAL™
Leading Source for Outpatient Solutions™
SC6210

for providing high-quality care. High-performing employees receive quarterly bonuses that equal a 20 percent increase in salary, and base pay scale is above average for all positions to ensure staff continuity. Lunch is provided on all employees' birthdays, and staff members are sent on yearly retreats to improve business practices and strengthen teamwork. Regular company parties involve employees, staff and children and foster a family atmosphere at the center.

Palo Alto Medical Foundation (Palo Alto, Calif.)

Type of facility: Medical foundation

What makes it a Best Place to Work: Since its humble beginnings as a small clinic in downtown Palo Alto in the 1930s, the Palo Alto Medical Foundation has merged three distinct medical groups and currently employs more than 900 physicians. In 2010, PAMF was ranked one of the top 10 places to work in the Bay Area, in the first employee-based survey of Bay Area companies conducted by Workplace Dynamics and published in the June edition of the Bay Area News Group. PAMF placed first as the top non-profit workplace and sixth in the top 10 large companies to work for. The physicians and employees of PAMF organize, support and participate in a wide range of events that promote community health, including community blood pressure screenings, childhood obesity initiatives and parent education programs in local schools.

Poudre Valley Health System (Fort Collins, Colo.)

Type of facility: Hospital/health system

What makes it a Best Place to Work: Poudre Valley Health System is a regional healthcare system in northern Colorado consisting of two large hospitals — Poudre Valley Hospital and Medical Center of the Rockies. Poudre Valley Health System prides itself on a low voluntary turnover rate and rewards employee work with a variety of benefits, including birthday gift certificates, on-site massage therapy, a free on-site gym and special employee events. Throughout the year, employees can gather and celebrate PVHS' success at summer picnics, holiday parties, movies, a week recognizing nurses and hospital employees, grill days and themed dress days. If PVHS reaches certain objectives, employees receive a performance bonus tied to the financial and operational success of the system. A reward and recognition program was established to acknowledge employees' individual efforts to improve patient care.

Renown Health (Reno, Nev.)

Type of facility: Hospital/health system

What makes it a Best Place to Work: Renown Health is northern Nevada's largest integrated health network, serving a 17-county region and operating four hospitals. The health network's recent expansion features a new child care center for employees and new employee housing to provide convenient living for qualified clinical professionals. Employees are also encouraged to pursue professional development through online learning modules, computer skills training, postgraduate internships and continuing education workshops. Shops at Renown include Starbucks and FreshBerry, and a workplace wellness program and fitness centers help employees stay active and healthy. Staff can also receive public transportation discounts and benefit from a 401(k) savings plan with employer match and a 529 College Savings Plan.

Rex Hospital (Raleigh, N.C.)

Type of facility: Hospital/health system

What makes it a Best Place to Work: Part of UNC Healthcare, Rex Hospital has 4,600 employees and more than 1,100 physicians on staff. Rex offers a comprehensive wellness program that tests employee muscular endurance,

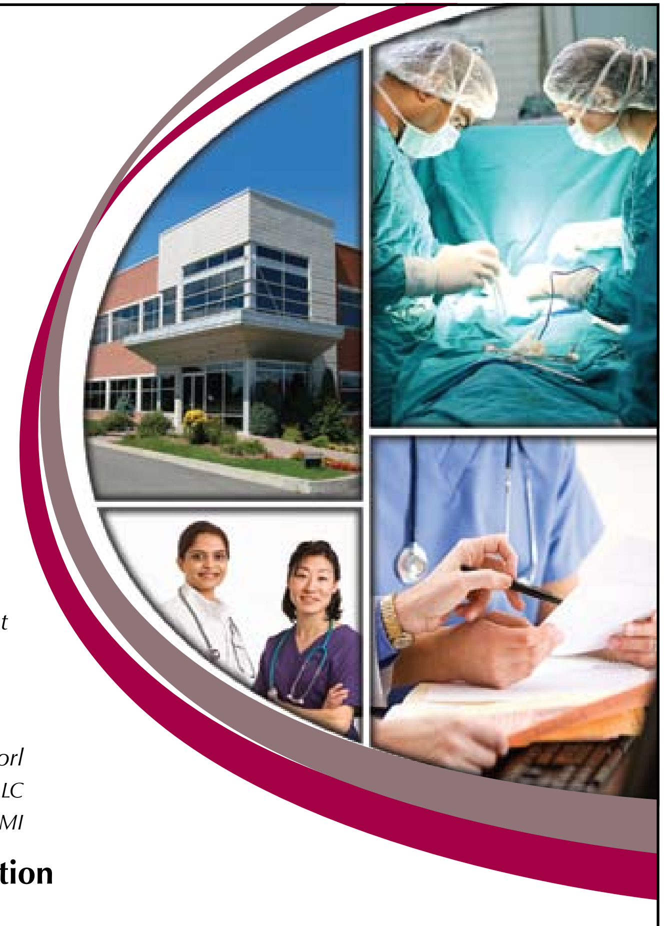
Confirm Your Excellence.

Improve Patient Safety and Quality of Care.

Ambulatory Surgical Center Accreditation
- Quality Assessment/Improvement
- Patient Rights/Safety
- Facility Management
- Governance/Administration

"The HFAP survey process is straightforward. Mackinaw Surgery Center knows exactly what the regulatory expectations are without the guess work. This allows our Center to be consistent in its operations and at the same time challenges our team to strive to be the best at what we do."

-Steve Corl
Administrator, Mackinaw Surgery Center, LLC
Saginaw, MI



Visit our Web site www.hfap.org for more information or email info@hfap.org

functional movement, blood pressure and heart rate and personal wellness before designing a personalized plan. Amenities in the wellness facilities would not be out of place in a four-star hotel: whirlpools, indoor tracks, aerobic studios and steam rooms are included. Rex also offers services to manage employee stress, including massage, yoga and stress management. Enrollment at on-site child care is provided by the Rex Child Development Center.

Rothman Institute (Philadelphia)

Type of facility: Orthopedic practice

What makes it a Best Place to Work: In 2010, Rothman Institute was ranked as one of the top places to work in Pennsylvania by *Central PA Business Journal.* The company offers competitive compensation for employees to join its rapidly growing environment. To makes sure each employee knows the importance of their role at Rothman Institute, the company holds superior employee appreciation events throughout the year. This year, 184 team members at Rothman Institute participated in the Arthritis Foundation's Jingle Ball Run/Walk 5K and raised more than $25,000, making the organization the top fundraiser nationwide for the event.

Rush University Medical Center (Chicago, Ill.)

Type of facility: Hospital/health system

What makes it a Best Place to Work: Named a top hospital by *U.S. News & World Report,* Rush University Medical Center remains one of Chicago's highest-ranked hospitals. An academic medical center that encompasses a 613-bed hospital, Rush University Medical Center prides itself on a "culture of inclusion," meaning the hospital makes significant effort to promote diversity. Seventy-two percent of employees are women, and 50 percent are minorities, reflecting the diversity of the Chicago neighborhood where Rush is located. The partner and child of any full-time Rush employee is eligible to receive pre-paid tuition for up to nine credit hours in any degree program at the Rush College of Nursing or Rush University.

Sacred Heart Hospital (Eau Claire, Wis.)

Type of facility: Hospital/health system

What makes it a Best Place to Work: Sacred Heart Hospital, an affiliate of Hospital Sisters Health System, is a 344-licensed bed acute-care hospital that provides trauma center and regional cancer center services. Each year, the hospital distributes a free frozen turkey to each colleague on staff in the week before Thanksgiving, and each staff member also receives a gift at the hospital's annual Christmas dinner. August means the annual colleague appreciation picnic, where hospital staff and families gather on the hospital's back lawn for ribs, chicken and live music. Each month, the hospital holds a 20-minute recognition ceremony where leaders recognize teams and individuals who have exceeded expectations; one star member is awarded the "employee of the month" special parking space, and others are given certificates and gift cards.

Saint Thomas Health Services (Nashville, Tenn.)

Type of facility: Hospital/health system

What makes it a Best Place to Work: Saint Thomas Health Services is a leading faith-based healthcare system in Tennessee and is part of Ascension Health, one of the largest non-profit healthcare systems in the country. Employees at Saint Thomas Health Services benefit from money management assistance in addition to other benefits. The system's partnership with First Tennessee Bank offers an innovative "work perks" program that includes workplace banking, personal services, financial planning advice and free workshops. The system also grants employees free credit consultation and debt counseling. Saving for retirement can start on the first day of employment at Saint Thomas; after one year, STHS begins contributing too.

Scripps Health (San Diego, Calif.)

Type of facility: Hospital/health system

What makes it a Best Place to Work: This five-hospital, non-profit system has more than 12,000 employees and offers unique benefits and employment perks, including phased retirement and flexible scheduling. Along with a wellness program and medical coverage, Scripps offers extensive benefits to its employees, including identity theft protection, pet insurance and career advancement services offered at its Center for Learning and Innovation. More than 25 percent of Scripps employees have been with the health system for more than 20 years, and approximately 10 percent have worked with Scripps for more than 20 years. The health system is also a great fit for older employees, as 28 percent of the Scripps workforce is age 50 or older.

South Nassau Communities Hospital (Oceanside, N.Y.)

Type of facility: Hospital/health system

What makes it a Best Place to Work: South Nassau Communities Hospital is one of the region's largest hospitals, with 435 beds, 2,800 employees and more than 875 physicians. Feedback is encouraged throughout employees' tenure at South Nassau: Every year, the hospital holds an administrative town hall meeting where staff members are invited for a Q&A forum. In 2010, over 1,600 employees participated in South Nas-

Ask about our free trial program. (888) 546-3650 www.medtegrity.us

Trade Financial Pain for Financial Gain

At Access MediQuip, we alleviate financial pain points for surgical facilities by:

- Reducing accounts receivable days
- Improving cash flow
- Increasing case volume
- Achieving better overall profitability

Learn more about how Access MediQuip can turn financial pain into financial gain.

Contact **Access MediQuip** today at **877.985.4850**,
email to **info@accessmediquip.com** or visit us at **accessmediquip.com**

255 Primera Blvd., Suite 230, Lake Mary, FL 32746

sau's employee satisfaction survey. The results indicated that 83 percent were generally or extremely satisfied with working at the hospital. On employee birthdays, employees receive birthday cards signed by the president and CEO. The hospital will reimburse full-time employees with up to $2,500 of tuition each calendar year; in 2010, South Nassau provided reimbursement for education to employees in the amount of approximately $251,000.

Stanford Hospitals & Clinics (Palo Alto, Calif.)

Type of facility: Hospital/health system

What makes it a Best Place to Work: Stanford Hospitals & Clinics supports and empowers its employees to maintain a healthy balance between work and non-work activities. Employees are given a free VTA Eco Pass to use the VTA buses and light rail, access to the system's Health Improvement Program and onsite elder care and child care consultation and programs. The Stanford Center for Education and Professional Development also offers continuing educational courses throughout the year for physicians, nurses and other healthcare professionals with the goal of creating an environment that promotes excellence in patient care.

St. Cloud Hospital (St. Cloud, Minn.)

Type of facility: Hospital/health system

What makes it a Best Place to Work: Founded in 1886 by the Sisters of the Order of St. Benedict, St. Cloud Hospital serves a population of more than 650,000 and employs more than 4,300 staff members. The average length of service of nurses at the hospital is 11 years. The clinical nursing ladder program at St. Cloud is designed to empower nurses who want to pursue leadership roles; the program is self-governed by a registered nurse from each hospital area and has been successful in appointing nurse leaders for 15 years. The hospital also promotes nursing research by holding journal clubs, hosting brown bag research presentations featuring hospital RNs and faculty and providing assistance from librarians with literature reviews.

St. Joseph's Healthcare System (Paterson, N.J.)

Type of facility: Hospital/health system

What makes it a Best Place to Work: St. Joseph's Healthcare System is an integrated, multi-disciplinary healthcare system that employs more people than any other organization in Passiac County. The hospital's retention rate sits at 9.8 percent, two percent better the national average of 11.7 percent, and its nursing vacancy rate is less than one percent. In 2011, St. Joseph's employees and their dependents are forecast to pay only 15 percent of their healthcare expenses. The system's Wellness at Work Committee sponsors monthly wellness programs, educational fairs, free screenings and vaccinations. The system's generous tuition assistance program benefitted over 200 employees in 2009-2010, with each receiving an average tuition benefit of $2,000.

St. Jude Children's Research Hospital (Memphis, Tenn.)

Type of facility: Hospital/health system

What makes it a Best Place to Work: Ranked the number one children's cancer hospital by *U.S. News & World Report* for the last two years, St. Jude is the first and only National Cancer Institute-designated Comprehensive Cancer Center devoted solely to children. The hospital was ranked one of the 100 best companies to work for by Fortune in 2011. Nursing at St. Jude is particularly well-regarded; nursing benefits include low nurse-to-patient ratios in all units, three weeks paid vacation, a 10-12 week orientation and a four-step clinical ladder advancement program. According to nurse employees, St. Jude's policy of shared decision making gives a voice to every

Many consulting firms offer FMV analysis...
We are focused exclusively on healthcare.

HealthCare Appraisers INCORPORATED

Experts in *Healthcare* FMV

www.HealthCareAppraisers.com | info@hcfmv.com | (561) 330-3488

Delray Beach | Denver | Dallas | Chicago | Philadelphia

HealthCare Appraisers provides a full spectrum of valuation services and Fair Market Value ("FMV") solutions ***exclusively*** for the healthcare industry:

Business Valuation
- ASCs
- Specialty Hospitals
- Long-Term Acute Care Hospitals
- Physician Practices
- Imaging Centers
- Dialysis Centers
- Radiation Oncology Centers
- CON & Other Intangible Assets

Compensation & Service Arrangements

Consulting & Advisory Services

Litigation Support

employee by the patient's bedside, rather than giving managers unilateral decision on clinical care. Nurses can contribute opinions by attending staff meetings and serving on support, steering or their particular unit councils.

St. Luke's Hospital (St. Louis)

Type of facility: Hospital/health system

What makes it a Best Place to Work: The employees of St. Luke's are immersed in what they call a FACES Culture: Friendly, Available, Caring, Efficient and Safe. The 493-bed hospital offers competitive and flexible benefit packages, including loan forgiveness for select positions and an employee crisis fund. With a mission to improve the health of the community, St. Luke's has adopted a smoke-free hospital campus and offers smoking cessation classes. It has received recognition for its outstanding employee engagement and job satisfaction scores by HR Solutions, an international management consulting firm, and was also named as a best place to work by the *St. Louis Business Journal* in 2010.

Summit Ambulatory Surgical Centers (Central Maryland)

Type of facility: Ambulatory surgery center

What makes it a Best Place to Work: Summit Ambulatory Surgical Centers is the 14-ASC arm of Chesapeake Urology Associates, the largest urologic practice in Maryland and the Mid-Atlantic Region. Chesapeake Urology has just a six percent turnover rate, well below industry averages. This is unsurprising considering the generous employee perks in addition to regular benefits. Employees who pitch ideas which are integrated into operations receive rewards. Offices which exceed patient expectations earn special breakfasts. Employees receive awards for milestone anniversaries with the organization. There's an annual Christmas bonus program and ongoing training and development for staff.

Sutter Alhambra Surgery Center (Sacramento, Calif.)

Type of facility: Ambulatory surgery center

What makes it great: Sutter Alhambra Surgery Center, which is partnered with Surgical Care Affiliates and Sutter Health, has recently achieved re-accreditation by the AAAHC, houses three ORs and has more than 20 orthopedic surgeons using the facility. Staff members attribute their pleasure in working at SASC to the clinical expertise of their colleagues and the surgeons' concern and care for their staff members. SASC ensures employees receive a full package of benefits, including medical, dental and vision benefits and 401(k). Other staff members says the management company's professionalism and willingness to be a "hands-on" company has been another factor in making SASC a great place to work for its staff members.

Texas Back Institute (Plano, Texas)

Type of facility: Specialty clinic

What makes it a Best Place to Work: Texas Back Institute is one of the largest free-standing spine specialty clinics in the United States, offering a range of services to treat back and neck pain. TBI prides itself on its ability to offer flexible hours, allowing employees to take time off work for school activities or sporting events. The facility also attempts to promote from within whenever possible and provide its employees with a strong support system. In Aug. 2008, the facility welcomed its first female spine surgeon, one of the only women to practice spine in the Dallas/Fort Worth area. TBI actively seeks out opportunities to bring team members together: in Aug. 2010, TBI leaders encouraged staff to come together and collect items for victims of domestic violence at a local shelter.

Tulsa Spine & Specialty Hospital (Tulsa, Okla.)

Type of facility: Hospital/health system

What makes it a Best Place to Work: Tulsa Spine & Specialty Hospital, a physician-owned specialty hospital, is coming up on its 10th anniversary year. In early Feb. 2011, the facility came together during a record snowstorm and freezing temperatures. Individuals stayed at the hospital for several days without going home, performing duties they had never done before in the absence of food, linen and supply delivery. Employees are invited to participate in profit-sharing, spring and fall cookouts for employee families, assistance with scrub purchases, payroll deductions for cafeteria purchases and an annual Christmas Party. Fundraisers, such as chili cook-offs and raffles, are held throughout the year to raise money for the fund; the earnings are then given to employees who experience financial difficulties such as the death of a family member, extensive car repairs or long-term illness.

Thomas Jefferson University Hospitals (Philadelphia)

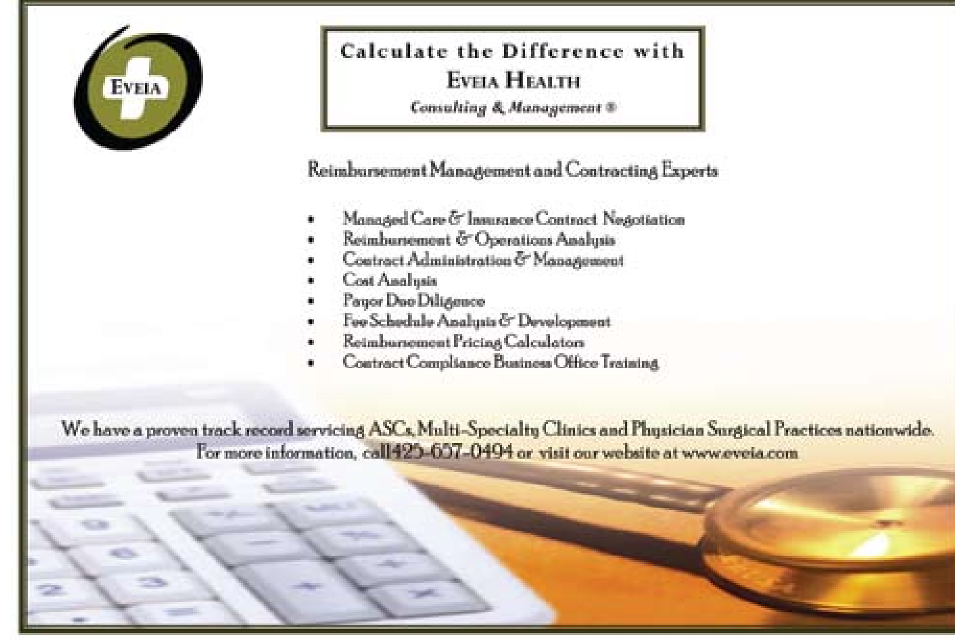
Type of facility: Hospital/health system

What makes it a Best Place to Work: Thomas Jefferson University Hospitals, a 957-bed academic medical center within the Jefferson Health System, services patients in Philadelphia and the surrounding area. The hospital holds the prestigious MAGNET recognition for nursing excellence from the American Nurses Credentialing Center and provides numerous opportunities for nurses seeking credentialing or higher education. The hospital also offers discounted mass transit passes, a cafeteria meal plan, prescription drug benefits and — perhaps best of all — a farmer's market. The hospital also offers a 12-month administrative fellowship program to individuals pursuing leadership roles. Fellows in the program work side-by-side with senior leaders at the hospital to develop management skills and implement innovative approaches for delivering high-quality care.

UnaSource Surgery Center (Troy, Mich.)

Type of facility: Ambulatory surgery center

What makes it a Best Place to Work: UnaSource Surgery Center is a multi-specialty outpatient facility that offers physicians specializing in cardiology, GI, general surgery, gynecology, otolaryngology, orthopedics, plastics/reconstructive surgery, podiatry and urology. USC was named the 2010 #1 Small Business Top Workplace by the *Detroit Free*



Press, marking the third consecutive year USC has made the list. In 2008, the center landed the number two spot on the list; in 2009, it reached number one for the first time. For the past two holiday seasons, the USC staff has taken up a collection and made a donation to a charitable organization and the family of a deceased team member.

University of Chicago Medical Center (Chicago, Ill.)

Type of facility: Hospital/health system

What makes it a Best Place to Work: Affiliated with the University of Chicago Pritzker School of Medicine, the University of Chicago Medical Center has 532 beds, more than 9,500 employees and more than 700 attending physicians. Nurses at UCMC earn among the highest salaries in the greater Chicago area, and employees are encouraged to pursue educational opportunities — everything from safety seminars to the award-winning UCMC Academy to onsite degree completion programs. New full-time employees receive up to three weeks paid vacation per year, plus five paid personal holidays, adding up to essentially four weeks of vacation time. Employees also receive 10 sick days per year.

University of Washington Medical Center (Seattle, Wash.)

Type of facility: Hospital/health system

What makes it a Best Place to Work: UW Medical Center is the flagship of UW Medicine, which owns or operates three hospitals and is affiliated with the University of Washington School of Medicine. UW Medical Center employees can take advantage of a variety of wellness services under the umbrella of the UWellness program. For a workout, employees can visit the on-campus health club, golf driving range, waterfront activities center and other facilities; to increase control over their own health, staff can take advantage of counseling and support, classes and educational materials, smoking cessation services and weight management. UWMC also gives its employees free, confidential counseling, financial and legal services, and the Hometown Home Loan Project gives staff assistance with home-buying.

West Bloomfield Surgery Center, d.b.a. Lake Surgery Center (West Bloomfield, Mich.)

Type of facility: Ambulatory surgery center

What makes it a Best Place to Work: West Bloomfield Surgery Center, which services the Detroit metropolitan area, is the highest ranked ASC for employee satisfaction in the National Surgical Hospital family of surgery centers, and was ranked first overall for all of NSH's facilities, according to Anne Hargrave-Thomas, administrator/CEO of the ASC. This high level of satisfaction is reflected in year-over-year improvement in physician satisfaction and the facility's turnover rate, which is below the national average. The leadership team of West Bloomfield Surgery Center, which has four ORs and two procedure rooms, provides numerous opportunities for staff members to share their observations and suggestions through the use of general staff meetings, rounding, departmental meetings and a suggestion box.

The Virginia Spine Institute (Reston, Va.)

Type of facility: Spine center

What makes it a Great Place to Work: The Virginia Spine Institute is a 26,000-square-foot center for spinal healthcare in the Washington, D.C. metro area. To increase its reach in the local community, VSI has developed a formal volunteer program for employees, which encourages the entire staff to donate items and participate in events with the local YMCA, the public school system, little league teams and many other local charities. In 2010, VSI took steps to turn its core values into an integral part of the employee experience, rather than simply "words on a wall." To do so, VSI asked employees to share stories about how the facility's core values — caring, excellence, leadership, teamwork, innovation and comprehensive care — affect day-to-day life in the workplace. Employee benefits include an onsite fitness facility, Pilates classes, personal training and discounted on-site nutritionist and massage therapists.

Yale-New Haven Hospital (New Haven, Conn.).

Type of facility: Hospital/health system

What makes it a Best Place to Work: Yale-New Haven Hospital is the 944-bed flagship of three-hospital Yale-New Haven Health System, which commands a 20.5 percent market share for the whole state. The hospital has been named one of the 100 best companies for working mothers by *Working Mother* magazine, one of the top 30 companies for executive women by the National Association of Female Executives and one of the best employers for workers over 50 by AARP. The Yale-New Haven Hospital Daycare Center is available to employees with children aged three months to five years, and employees who work 24 hours or more per week are eligible for adoption assistance of up to $6,000 per child. Employees who refer a nursing or allied professional — who is subsequently hired — to YNHH are eligible for a referring bonus of up to $3,000. ■

*To view the complete profiles of these organizations, visit **www.beckersasc.com/bestplacestowork2011**.*

How Do You Find
The Best ASC Talent?
Start With The Best Search Partner!
Executive Search and Recruitment Since 1981
▪ Administrators
▪ Directors of Nursing
▪ ASC Corporate Executives
For a comprehensive client-focused approach, call or email:
Greg Zoch
972-931-5242
gnz@kbic.com
• ASCA (FASA) Member Since 2002
• Ranked #1 Largest Retained Executive Search Firm by Dallas Business Journal
• Recognized as an Industry Expert by Becker's ASC Review, Wall Street Journal, Fortune, Business Week, USA Today, Fox, & others

Lawsuits Over OON Charges in New Jersey an Alarming Trend for Providers

By Rob Kurtz

In two separately filed lawsuits in New Jersey over the last two years, insurers have attacked hospitals and physicians for out-of-network claims. In 2009, Horizon Blue Cross Blue Shield of New Jersey filed two lawsuits against two separate hospitals — Bayonne (N.J.) Medical Center and Newton (N.J.) Memorial Hospital — over billing practices at the facilities. In March of this year, Aetna filed suit against six New Jersey out-of-network physicians, alleging that charges for services provided were unconscionable and excessive.

Jacqueline B. Penrod, Esq., of Semanoff Ormsby Greenberg & Torchia in Huntingdon Valley, Pa., has been following and commenting on the Aetna lawsuit. She discusses the importance of this latest lawsuit over out-of-network charges on New Jersey and national providers.

Q: What is the significance of this lawsuit on New Jersey and national providers, and consumers?

Jacqueline Penrod: The case is worth some attention for all providers because, if it proceeds to discovery and/or there are motions argued, it will offer some additional guidance about the manner in which out-of-network claims are billed and paid.

Out-of-network legal issues have been bubbling up in New Jersey, as your publication noted in its coverage of *HealthNet v. Garcia*. This case is a bit different because it appears to focus on provider charges, as opposed to a waiver of patient coinsurance/deductibles; it alleges some common law theories in addition to statutory assertions. The excessive charges alleged in this case may bring renewed attention to the waiver issue, however, becuase if a provider can waive coinsurance, charges for services could be increased with less concern about having to bill patients.

For consumers, it could serve to call attention to a difficult problem: Even if you choose an in-network facility, you could be placed in a position to pay at an out-of-network rate for some of the physician charges. Typically, physicians do disclose their status (at least for elective admissions), but it can present a difficult choice for patients.

Q: Considering these lawsuits, how would you advise providers address out-of-network billing?

JP: Non-participation is a decision that must be assessed on a case-by-case basis and legal advice would be correspondingly tailored. As a general rule, I encourage providers to try and work with a payor before making the decision to withdraw from a provider network. If that is not possible, providers must consider their payor mix and where they fit as a provider within the network. If the decision to drop out of a network is made, providers should inform patients that they are out-of-network before the services are rendered.

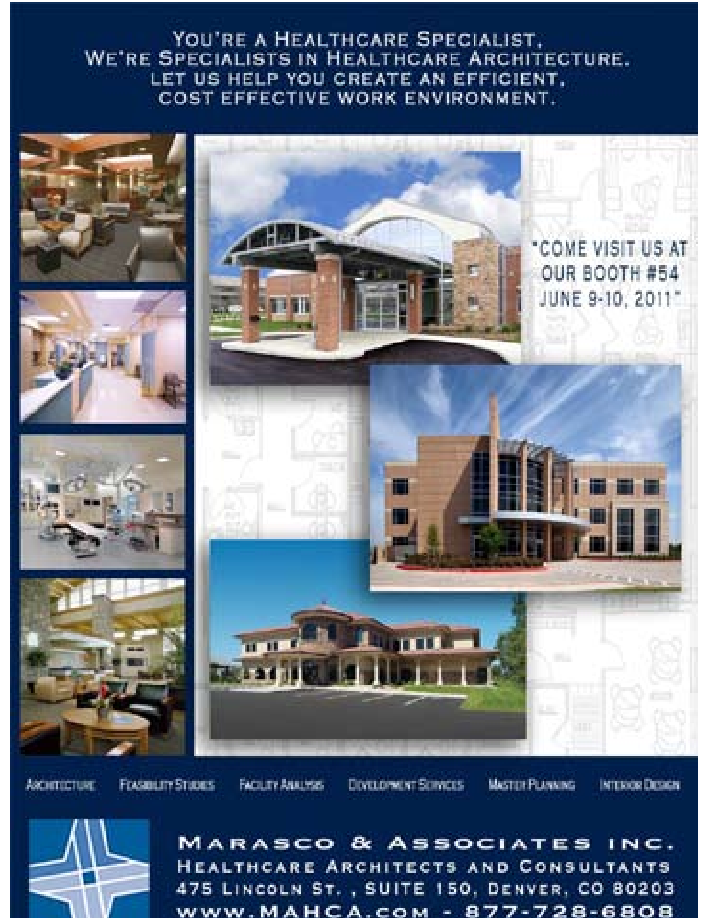
An additional concern is the contract between the health insurer and its subscriber. These contracts may include a provision that services where co-insurance/deductibles are waived will not be considered covered services. When patients are informed about the provider's status, they should also be advised that they will be required to pay their share, pursuant to their health plan's requirements.

Providers should seek legal guidance before making the decision to drop out of network.

Q: Do you anticipate seeing more lawsuits like the Aetna case?

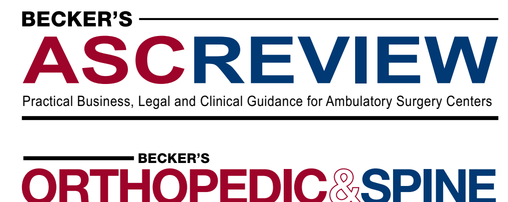
JP: That's a difficult call. Each state's insurance laws may differ slightly, so payors would likely evaluate the market before proceeding. I would not be surprised to see more cases in New Jersey, given past activity. ■

Contact Rob Kurtz at rob@beckersasc.com.



Best practices.
Success stories.
Expert analysis.

513-561-8900



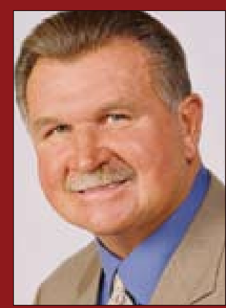
9th Annual Orthopedic, Spine and Pain Management-Driven ASC Conference

Improving Profitability and Business and Legal Issues

THE 9TH ANNUAL CONFERENCE FROM ASC COMMUNICATIONS AND THE AMBULATORY SURGERY FOUNDATION

June 9-11, 2011

Westin Hotel • North Michigan Avenue • Chicago, Illinois



Coach Mike Ditka

Joe Flower

- Keynote Coach Mike Ditka, Legendary NFL Player and Football Coach
- Keynote Joe Flower, Healthcare Futurist, CEO, The Change Project, Inc.
- Improve Your Profits Monday Morning
- Great topics and speakers focused on key business, financial, clinical and legal issues facing Orthopedic, Spine and Pain Management-Driven ASCs
- 101 Sessions, 134 Speakers
- 30 Physician Leaders as Speakers, 29 CEOs as Speakers
- Focused on Orthopedic Surgeons, Orthopedic Spine Surgeons, Neurosurgeons and Pain Management Physicians, ASC Physician Owners, Administrators and Others
- Immediately useful guidance plus great keynote speakers
- Learn How to Immediately Improve Your Golf Swing
- New and Advanced Procedures for ASCs — Spine, Total Joints, Uniknees and More
- Have an outstanding time in Chicago
- Earn Your CME, CASC, CEU Credits - 15.25 CASC credits and 15 CME and CEU credits
- Big Thoughts Combined with Practical Guidance
- Legal Issues for ASCs and Physician Owned Hospitals
- Great Networking
- Understand the Impact of Healthcare Reform on ASCs
- Orthopedics, Spine and Pain Management
- Benchmarking, Cost Cutting, Safe Harbors, Billing and Coding, Revenue Growth and more

For more information, call (703) 836-5904 or (800) 417-2035
If you would like to sponsor or exhibit at this event, please call (800) 417-2035

To register, contact the Ambulatory Surgery Foundation (703) 836-5904
or fax (703) 836-2090 • registration@ascassociation.org
Register online: https://www.ascassociation.org/june2011.cfm

Improving the Profitability of Your Orthopedic, Spine and Pain Management-Driven ASC – Thrive Now and in the Future

This exclusive orthopedic, spine and pain-focused ASC conference brings together surgeons, physician leaders, administrators and ASC business and clinical leaders to discuss how to improve your ASC and its bottom line and how to manage challenging clinical, business and financial issues.

- 101 Sessions
- 134 Speakers
- 25 CEOs as Speakers
- 30 Physician Leaders as Speakers
- Mike Ditka, Legendary NFL Football Player and Coach, and Joe Flower, Healthcare Futurist, CEO, The Change Project
- Great Participants From All Over the Country
- Business, Clinical and Legal Issues

The Becker's ASC Review/ASC Communications – Ambulatory Surgery Foundation difference:

1) Benefit from the combined efforts of Becker's ASC Review/ASC Communications and the Ambulatory Surgery Foundation to attract attendees and speakers that are among the smartest people in the ASC industry today.

2) Take discussion and thinking to the highest levels, focusing on the physician-owners, medical directors, ASC administrators and business minded directors of nursing.

3) Access expert views from all sides of the ASC world.

PROGRAM SCHEDULE

Pre Conference – Thursday, June 9, 2011

11:30am – 1:00pm	Registration
12:00pm – 4:30pm	Exhibitor Set-Up
1:00pm – 5:40pm	Pre-Conference Workshop • Concurrent Sessions A, B, C, D, E, F
5:40pm - 7:00pm	Reception, Cash Raffles and Exhibits

Main Conference – Friday, June 10, 2011

7:00am – 8:00am	Continental Breakfast and Registration
8:00am – 5:20pm	Main conference, Including Lunch and Exhibit Hall Breaks
5:20pm – 7:00pm	Reception, Cash Raffles, Exhibit Hall

Conference – Saturday, June 11, 2011

7:00am – 8:00am	Continental Breakfast and Registration
8:10am – 1:00pm	Conference

Thursday, June 9, 2011

Track A – Turning Around ASCs, Ideas to Improve Performance, and Benchmarking

1:00 – 1:40 pm
Key Concepts to Fixing Physician Hospital Joint Ventures Gone South - Brent W. Lambert, MD, FACS, Principal & Founder, and Luke Lambert, CFA, CASC, CEO, ASCOA

1:45 – 2:15 pm
How to Determine When to go In Network vs. Out of Network, Thomas J. Bombardier, MD, FACS, Principal & Founder, ASCOA

2:20 – 2:50 pm
How to Add Spine and Orthopedics to an Existing ASC - Best Practices - Mike McKevitt, Senior Vice President, Business Development and Bo Hjorth, Vice President Business Development, Regent Surgical Health

2:55 – 3:25 pm
10 Statistics Your ASC Should Review Each Day, Week, and Month and What to do About Them - Brian Brown, Regional Vice President, Operations, Meridian Surgical Partners

3:30 – 4:00 pm
Grow Your ASC's Profits 10% or Greater in 1 Year - Chris Bishop, Senior Vice President, Acquisitions & Business Development, Blue Chip Surgical Center Partners, Introduced by Melissa Szabad, Partner, McGuireWoods LLP

4:05 – 4:35 pm
ASC Turnarounds - 5 Key Steps for Success - Kenny Spitler, SVP Development and Robin Fowler, MD, Founder, Interventional Management Services, Introduced by Barton C. Walker, Partner, McGuireWoods LLP

4:40 – 5:40 pm - Keynote
Leadership and Management in 2011 - Mike Ditka, Legendary NFL Player and Football Coach

Track B – Spine and Orthopedics

1:00 – 1:40 pm
Business Planning for Orthopedic and Spine Driven Centers - Jeff Leland, CEO, Blue Chip Surgical Center Partners

1:45 – 2:15 pm
Key Tips for Success - Orthopedics in ASCs - What Works and What Doesn't - Greg Deconciliis, Administrator, Boston Out-Patient Surgical Suites

2:20 – 2:50 pm
Navigating an Orthopedic Practice and its ASCs Through a Changing Healthcare Environment - David Fitzgerald, CEO, Proliance Surgeons, Inc.

2:55 – 3:25 pm
Minimally Invasive Spine Surgery in ASCs - Greg Poulter, MD, Peak One Surgery Center, and Lisa Austin, RN, CASC, Vice President of Operations, Pinnacle III

3:30 – 4:00 pm
Keys to Successfully Establishing and Growing a Premier Spine Center - Why Partner With a Management Company, Why Partner With a Hospital, Challenges and Opportunities - William Tobler, MD, The Christ Hospital Spine Surgery Center, and Michael Stroup, Vice President Development, United Surgical Partners International, Inc.

4:05 – 4:35 pm
Key Thoughts on Hand and Knee Surgery in ASCs - What Makes Sense Financially - David J. Raab, MD, President, Board of Managers, and Jeffrey L. Visotsky, MD, Member, Board of Managers, Illinois Sports Medicine & Orthopedic Surgery Center

Track C – Pain Management, Joint Ventures, Legal Issues

1:00 – 1:40 pm
Managing Pain Practice-Protocols, Branding and Other Tips to Improve Profitability - Vishal Lal, CEO, Advanced Pain Management

1:45 – 2:15 pm
Pain Management, The Best Practices in Office and ASCs - Nameer R. Haider, MD, Spinal & Skeletal Pain Medicine

2:20 – 2:50 pm
Best Practices for Pain Management in ASCs - Business and Clinical Issues - Marsha Thiel, RN, MA, CEO, Medical Advanced Pain Specialists

2:55 – 3:25 pm
Interventional Pain Management - New Concepts to Reduce ER Visits, Hospitalizations and Re-Admissions - Scott Glaser, MD, DABIPP, Pain Specialists of Greater Chicago

3:30 – 4:00 pm
Successful Three Party Joint Ventures - Christian D. Ellison, Vice President, Health Inventures

4:05 – 4:35 pm
6 Top Legal Issues for ASCs - Scott Becker, JD, CPA, Partner, and Melissa Szabad, Partner, McGuireWoods LLP

TO REGISTER, CALL (703) 836-5904 • FAX (703) 836-2090 • EMAIL registration@ascassociation.org
Register Online at https://www.ascassociation.org/june2011.cfm

Track D – Valuation and Transaction Issues

1:00 – 1:40 pm
ASC Transactions, Current Market Analysis and Valuations - Greg Koonsman, Senior Partner, VMG Health

1:45 – 2:15 pm
A Step by Step Plan for Selling Your ASC - How to Maximize the Price, Terms and Results and How to Handle the Process - Luke Lambert, CFA, MBA, CASC, CEO, ASCOA, Introduced by Scott Downing, Partner, McGuireWoods LLP

2:20 – 2:50 pm
Co-Management Relationships With HOPDs - Scott Safriet, MBA, AVA, Principal, Healthcare Appraisers, and Kristian Werling, JD, Partner, McGuireWoods LLP

2:55 – 4:00 pm
Selling Your ASC - A Process and Plan - What Can you Expect? - Evelyn Miller, CPA, Vice President, Mergers & Acquisitions, United Surgical Partners International, Michael Weaver, Vice President Acquisitions & Development, Symbion, Inc., Thomas J. Chirillo, Senior Vice President, Corporate Development, NovaMed, Inc., Jon O'Sullivan, Senior Partner, VMG Health, and Moderated by Scott Becker, JD, CPA, Partner, McGuireWoods LLP

4:05 – 4:35 pm
ASC and Healthcare Transactions - The Year in Review - Todd J.Mello, ASA, AVA, MBA, Principal & Founder, Healthcare Appraisers

Track E – Billing, Coding and Contracting for ASCs

1:00 – 1:40 pm
Keys to Transforming Surgery Centers Into a Profitable Business - Jim Freund, Senior Vice President, GENASCIS and Matt Searles, Managing Partner, Merritt Healthcare

1:45 – 2:15 pm
Operational Best Practices - Sarah Martin, MBA, RN, CASC, Regional Vice President, Operations, Meridian Surgical Partners

2:20 – 2:50 pm
Coding Tools to Capture, Code and Improve Billings in the High Volume Orthopedic Center - W. Harwood Runner, CEO, Kerlan-Jobe

2:55 – 3:25 pm
Supply Chain Management - How to Work with Suppliers - Scott McDade, Vice President, Surgery Center Sales McKesson Medical, Jim Ricchini, Marketing Manager, Ambulatory Surgery & Oncology Markets, B. Braun

3:30 – 4:00 pm
How to Combine in Network and Out of Network Reimbursement, Caryl Serbin, RN, BSN, LHRM, Executive Vice President and Chief Strategy Officer, Source Medical Solutions, Inc. and Nancy Easley-Mack LPN, Business Office Manager, Short Hills Surgery Center

4:05 – 4:35 pm
Value Priced Implants for Orthopedic and Spine Surgery - Richard A. Kube, MD, CEO, Founder & Owner, Prairie Spine & Pain Institute, and Blair A. Rhode, MD, Orland Park Orthopedics

Track F – Quality, Infection Control, Accreditation, Management

1:00 – 1:40 pm
Dealing with Difficult Physicians - Michael R. Redler, MD, The OSM Center, Introduced by Holly Ramey, Vice President of Operations, Surgical Care Affiliates

1:45 – 2:15 pm
How to Effectively Measure and Track Patient Quality - David Shapiro, MD, CHC, CHCQM, CHPRM, LHRM, CASC, Partner, Ambulatory Surgery Company, LLC

2:20 – 2:50 pm
Most Common Accreditation Problems in Orthopedic, Spine and Pain-Driven ASCs - Raymond E. Grundman, MSN, MPA, Senior Director, External Relations, Accreditation Surveyor, AAAHC

2:55 – 3:25 pm
Infection Control in ASCs - Best Practices and Current Ideas - Cassandra Speier, Senior Vice President of Operations, NovaMed, Inc.

3:30 – 4:00 pm
TBD

4:05 – 4:35 pm
TBD

5:40 - 7:00 pm
Cocktail Reception, Cash Raffles and Exhibits

Friday, June 10, 2011

7:00 – 8:00 am
REGISTRATION and CONTINENTAL BREAKFAST

GENERAL SESSION

8:00 am
Introductions – Scott Becker, JD, CPA, Partner – McGuireWoods LLP

8:15 – 8:55 am - Keynote
The Changing Face of Healthcare Delivery - What to Expect Over the Next Ten Years - Joe Flower, CEO, The Change Project

9:00 – 9:35 am
The State of The ASC Industry - Andrew Hayek, CEO, Surgical Care Affiliates and Chairman of the ASC Advocacy Committee

9:40 – 10:15 am
The Best Ideas for Orthopedic, Spine and Pain Management-Driven ASCs - Kenny Hancock, President and Chief Development Officer, Meridian Surgical Partners, Larry Taylor, President & CEO, Practice Partners in Healthcare, Jeff Leland, CEO, Blue Chip Surgical Center Partners, Moderated by Scott Becker, JD, CPA, Partner, McGuireWoods LLP

10:15 – 11:00 am
Networking Break & Exhibits

Track A

11:00 – 11:40 am
Key Priorities for the ASC Association - William Prentice, JD, Executive Director, ASC Association

11:45 – 12:30 pm
Healthcare Reform and Its Impact on ASCs and Healthcare Delivery - Paul Savoca, M.D., Fairfax Colon & Rectal Surgery, Brent W. Lambert, MD, FACS, Principal & Founder, ASCOA, William Prentice, JD, Executive Director, ASC Association, Moderated by Scott Becker, JD, CPA, Partner, McGuireWoods LLP

Track B

11:00 – 11:40 am
Spine Surgery - The Next Five Years - James Lynch, MD, Surgery Center of Reno, Introduced by Chris Zorn, Vice President, Sales, Spine Surgical Innovation

11:45 – 12:30 pm
Key Concepts to Improve the Profitability of Spine Programs - John Caruso, MD, FACS, Neurosurgeon, Parkway Surgery Center and Jeff Leland, CEO, Blue Chip Surgical Partners

Track C

11:00 – 11:40 am
Orthopedics - The Next Five Years - John Cherf, MD, MPH, MBA, President, OrthoIndex

11:45 – 12:30 pm
ACO's - An Overview of What to Expect and How to Prepare - Andrew Hayek, CEO, Surgical Care Affiliates and Chairman of the ASC Advocacy Committee

Track D

11:00 – 11:40 am
Keys to a Successful Turnaround of a Physician/Hospital Joint Venture ASC - Robert Carrera, President, PINNACLE III, Peggy Price, Vice President & Chief Operations Officer, Exempla Lutheran Medical Center, Diane Lampron, RN, BSN, CNOR, Administrator, Lutheran Campus ASC, and Director of Operations, PINNACLE III, Nelson Mozia, MD, President, Board of Managers, Lutheran Campus Ambulatory Surgery Center

11:45 – 12:30 pm
Hospital Within A Hospital Joint Venture - Case Study - Dennis Martin, Senior Vice President of Health Systems, Health Inventures, LLC and, Eric Burke, VP Business Development, Health Inventures, LLC, and Troy P. Stockman, CEO, Nebraska Spine Hospital, LLC

Track E

11:00 – 12:30 pm
A 90 Minute Workshop - Cost Reduction and Benchmarking - 10 Key Steps to Immediately Improve Profits - Robert Westergard, CPA, CFO, Cathy Rudisill, RN, MHA, CNOR, CASC, BSN, Senior Vice President of Operations, and Ann Geier, Senior Vice President of Operations, RN, MS, CNOR, CASC, ASCOA

12:30 – 1:30 PM
Networking Lunch & Exhibits

Concurrent Sessions A, B, C, D, E, F

Track A – Orthopedics and Spine

1:30 – 2:00 pm
Assessing the Profitability of Orthopedics and Spine Cases - Vivek Taparia, Director of Business Development, and Matt Lau, Director of Financial Analysis, Regent Surgical Health

2:05 – 2:35 pm
The Future of Minimally Invastive Spine Surgery - Why a Spine-Focused ASC is Important - Richard Hynes, MD, Orthopedic Surgeon, Melbourne, FL

2:40 – 3:10 pm
Everything You Need to Know to Successfully Perform Spine Surgery in an ASC - Kenneth A. Pettine, MD, Founder, The Spine Institute and Loveland Surgery Center

3:10 – 3:40 pm
Networking Break & Exhibits

3:40 – 4:10 pm
How To Achieve Great Results for Spine Surgery/Neurosurgery in an ASC - Joan F. O'Shea, MD, Neurosurgeon & Orthopedic Spine Surgeon, The Spine Institute of New Jersey

4:15 – 4:45 pm
Minimally Invasive Outpatient Lumbar Fusions and Multi-Level Outpatient Cervical Disk Replacements - Robert Nucci, MD, Citrus Park Surgery Center, Tampa, FL

4:50 – 5:20 pm
Is There a Place for Orthopedics in ACOs? - Michael Redler, MD, The OSM Clinic

Track B – Orthopedic and Spine ASC and Clinical Issues

1:30 – 2:00 pm
Current Issues in Orthopedics and ASCs - Michael Redler, MD, The OSM Clinic, and John Cherf, MD, MPH, MBA, President, OrthoIndex

2:05 – 2:35 pm
Establishing and Operating Successfully in a Small Market - Robert Zasa, MSHHA FACMPE, Founder, ASD Management

2:40 – 3:10 pm
Handling Complex Spine Cases in an ASC, Clinical and Financial Issues - Marcus Williamson, President, Neospine Division, Symbion, Inc.

3:10 – 3:40 pm
Networking Break & Exhibits

3:40 – 4:10 pm
Key Developments in Cartilage Restructuring - Brian Cole, MD, MBA, Professor, Department of Orthopedics, Department of Anatomy and Cell Biology Section Head, Cartilage Restoration Center at Rush Division of Sports Medicine, Rush University Medical Center

4:15 – 4:45 pm
Biologic Joint Replacement: The Future of Joint Replacement Surgery Using Stem Cells Paste Grafting, Meniscus Allografts, Shell Grafting and Allo and Xenograft Ligaments - Kevin R. Stone, MD, The Stone Clinic

4:50 – 5:20 pm
Hand Surgery in ASCs - Key Concepts for Clinical and Financial Success - R. Blake Curd, MD, Board Chairman, Surgical Management Professionals

Track C – Joint Ventures, Co-Management, Orthopedic and Pain Management

1:30 – 2:00 pm
Role of Workers' Compensation in a Spine Focused ASC - John DiPaola, MD, Orthopedist, Oregon, and Scott Gibbs, MD, Neurosurgeon, Cape Girardeau, MO

2:05 – 2:35 pm
Developing a Spine Driven ASC: The Essentials for Success- Kenny Hancock, President & Chief Development Officer, Meridian Surgical Partners

2:40 – 3:10 pm
Getting Started with Endoscopic Spine Surgery: Mitigating the Learning Curve and Risk - Bryan Massoud, MD, Spine Centers of America

3:10 – 3:40 pm
Exhibit Hall Break

3:40 – 4:10 pm
Co-Management Arrangements - Stuart Katz, Executive Director, FACHE, CASC, Tucson Orthopedic Surgery Center

4:15 – 4:45 pm
A Roundtable on Joint Ventures - Allen Fine, Senior Vice President, Chief Strategy and Operations Officer, The New York Eye & Ear Infirmary, and Brandon Frazier, Vice President Development & Acquisitions, ASCOA

4:50 – 5:20 pm
Business and Financial Relationships with Hospitals - Co-Management, Joint Ventures and Employment - Ed Hetrick, President & CEO, Facility Development Management

Track D – Physician Owned Hospitals, Orthopedic Practices

1:30 – 2:00 pm
The Best Ideas Now; 3 Ways to Improve Physician Owned Hospital Profits - Tom Mallon, CEO, Regent Surgical Health, Paul Kerens, Senior Executive Officer, Kansas City Orthopaedic Institute, Michael J. Lipomi, Surgical Management Professionals

2:05 – 2:35 pm
Reducing Implant Costs - Terry L. Woodbeck, CEO Tulsa Spine and Specialty Hospital

2:40 – 3:10 pm
Physician Owned Hospitals - A Prognosis and Plan for the Next Four Years - Brett Gosney, CEO, Animas Surgical Hospital

3:10 – 3:40 pm
Exhibit Hall Break

3:40 – 4:10 pm
Key Legal Issues Facing Physician-Owned Hospitals - Scott Becker, JD, CPA, Partner, and Amber Walsh, Partner, McGuireWoods LLP

4:15 – 4:45 pm
Key Ideas for Improving Orthopedic Practice Profits - David Wold, Chief Operating Officer, Illinois Joint & Bone Institute

4:50 – 5:20 pm
Orthopedic Practices - How to Explore Strategic Options - Stay the Course or Sell - Marshall Steele, MD, CEO, Marshall Steele

Track E – Managed Care, Reimbursement and Syndication Issues

1:30 – 2:00 pm
Orthopedic and Spine Contracting - A Review of Cost Analysis for Orthopedic and Spine and How to Present and Negotiate with Payors - I. Naya Kehayes, MPH, Managing Principal and CEO, and Matt Kilton, MBA, MHA, Princpal and Chief Operating Officer, Eveia Health Consulting & Management

2:05 – 2:35 pm
Best Practices in Physician Syndication - Michelle Trammell, President, and Chase Neal, Vice President, The Securities Group, Larry Taylor, President & CEO, Practice Partners in Healthcare

2:40 – 3:10 pm
Key Concepts for Conducting Internal Investigations - Scott Becker, JD, CPA, Partner, David J. Pivnick, Associate, and Lainey Gilmer, Associate, McGuireWoods LLP

3:10 – 3:40 pm
Exhibit Hall Break

3:40 – 4:10 pm
Improving Managed Care, Contracting Results - A Case Study Step by Step Approach - I. Naya Kehayes, MPH, Managing Principal and CEO, and Matt Kilton, MBA, MHA, Princpal and Chief Operating Officer, Eveia Health Consulting and Management

4:15 – 4:45 pm
Billing Process Improvement 101 - Bill Gilbert, Vice President Marketing, AdvantEdge Healthcare Solutions

4:50 – 5:20 pm
10 Ways to Improve an ASCs Coding - Document Deficiencies, Financial Impacts and How to Work with Physicians, - Kelly Webb, Director, ASC Billing

Track F – Reducing Costs, Market Consolidation, Hiring, and Golf

1:30 – 2:00 pm
Avoiding Critical ASC Mistakes: Hiring Great Staff, Reducing Hours Per Case, Physician Utilization - Joyce Deno Thomas, RN, BSN, Senior Vice President, Operations, and Robert Welti, MD, Senior Vice President, Operations, Regent Surgical Health

2:05 – 2:35 pm
Can an ASC Improve Profits Through Market Consolidation - William J. L. Kennedy, MBA, SVP Business Development, NovaMed, Inc., and Michael Weaver, Vice President, Symbion, Inc.

2:40 – 3:10 pm
Three Ideas to Streamline Costs and Improve Profits - Jeff Blankinship, President, Surgical Notes, Tom Jacobs, President & CEO, MedHQ, Jon Hamrick, Executive Vice President, Networking and Sourcing, Access MediQuip

3:10 – 3:40 pm
Exhibit Hall Break

3:40 – 4:10 pm
Top Traits of ASC Leaders and How to Recognize Them - Greg Zoch, Partner, Kaye-Bassman

4:15 – 4:45 pm
How to Immediately Improve Your Golf Swing, Aaron Bergman, PGA Golf Pro

4:50 – 5:20 pm
Hiring Winners Not Whiners - Tracy Hoeft-Hoffman, Administrator, Hastings Surgical Center

5:20 – 7:00 PM
Cocktail Reception, Cash Raffles and Exhibits

Saturday, June 11, 2011

7:00 – 8:10 am – Continental Breakfast
General Session

8:10 – 8:55 am
Leveraging Ideas from Other Industries to Improve ASC Profits - W. Michael Karnes, Chief Financial Officer, Regent Surgical Health, and Michael Rucker, EVP and COO, Surgical Care Affiliates

Track A

9:00 – 9:45 am
Buying and Selling ASCs - HOPDs and National Companies, Co Management and ACOs - Current Market Trends - Scott Becker, JD, CPA, Partner, Scott Downing, JD, Partner, and Amber Walsh, Partner, McGuireWoods LLP

9:50 – 10:50 am
How and Why Might Orthopedists and Neurosurgeons Team and Partner to Create Musculoskeletal Centers of Excellence - John Caruso, MD, Neurosurgeon, Parkway Surgery Center

10:55 – 11:55 am
Lessons Learned - What Did I Do Right and What Might I Do Differently When Creating a Spine ASC? - John Caruso, MD, Neurosurgeon, Parkway Surgery Center, Scott Gibbs, MD, Neurosurgeon, Cape Girardeau, MO, Richard Hynes, MD, Orthopedic Spine Surgeon, Melbourne, FL, and John DiPaola, MD, Orthopedist, Oregon, Moderated by Jeff Leland, CEO, Blue Chip Surgical Center Partners

Track B

9:00 – 9:45 am
New Advances in Sacroiliac Joint Problems - Richard A. Kube, MD, CEO, Founder & Owner, Prairie Spine & Pain Institute

9:50 – 10:50 am
Pain Management in ASCs - Current Ideas to Increase Profits - Amy Mowles, President & CEO, Mowles Medical Practice Management

10:55 – 11:55 am
Threats to Physicians and Strategies to Protect Your Practice and Investment - Robert M. Schwartz, Executive Director, Proliance Surgeons, Inc.

Track C

9:00 – 9:45 am
Clinical Excellence Every day: Director of Nursing 101; Lesson Learned from Overseeing 100 Plus Centers - Linda Lansing, Senior Vice President of Clinical Services, Surgical Care Affiliates

9:50 – 10:50 am
Accrediation, A 60 Minute Workshop – HFAP

10:55 – 11:55 am
Given the Economic Downturn, Why Now is Actually a Great Time to Develop a Facility - John Marasco, AIA, NCARB, Principal & Owner, Marasco & Associates

Track D

9:00 – 9:45 am
The Best Ideas to Immediately Improve ASC Profits - Sandra Jones, MBA, MS, CASC, FHFMA, Chief Executive Officer, Executive Vice President, ASD Management, Monica Ziegler, Administrator, Physicians Surgical Center, Susan Glendon-Bealieu, RN, LHRM, Administrator, Surgical Center for Excellence, Kara Vittetoe, Administrator, Thomas Johnson Surgery Center, ASCOA

9:50 – 10:50 am
Physicians, Hospitals, and Management Companies - What it Takes to Make a Winning Partnership and ASC - Jeff Simmons, Chief Development Officer, and Nap Gary, Chief Operating Officer, Regent Surgical Health

10:55 – 11:55 am
Short and Long Term Strategic Planning and Setting Annual Goals and Objectives - John Goehle, CASC MBA CPA, Ambulatory Healthcare Strategies, LLC

Track E

9:00 – 9:45 am
Information Technology for Surgery Centers – Achieving Positive Outcomes and Avoiding Complications - Marion Jenkins, PhD, Founder & CEO, QSE Technologies, Inc., Todd Logan, Vice President Sales - Western Region, and Ron Pelletier, Vice President, SourceMedical

9:50 – 10:50 am
ASC Litigation, Non Competition, Employee Litigation and Other Kinds of Litigation, Key Thoughts - Jeffrey C. Clark, Partner, and David J. Pivnick, Associate, McGuireWoods LLP

10:55 – 11:55 am
Coding Inaccuracies That May Put an ASC or Practice at Risk With the OIG and RACs - Pain Management Medical Necessity/Over-Reporting, Orthopedic Incorrect Reporting on Knees and Shoulders, Spine Overstating Work/Unbundling - Cristina Bentin, CCS-P CPC-H CMA, President Coding Compliance Management

GENERAL SESSION

12:00 – 1:00 pm
ASC Safe Harbor Redemptions, Physician Compensation Compliance, Internal Investigations, and Increased Government Investigations - Scott Becker, JD, CPA, Partner, Gretchen Townshend, Associate

1:00 pm - Meeting Adjourns

Register by May 1, 2011 and SAVE!

9th Annual Orthopedic, Spine and Pain Management-Driven ASC Conference

Improving Profitability and Business and Legal Issues

Great topics and speakers focused on key business, clinical and legal issues facing ASCs –
- 101 Sessions
- 134 Speakers

To register, contact the Ambulatory Surgery Foundation
(703) 836-5904 • Fax (703) 836-2090
registration@ascassociation.org

Register Online:
https://www.ascassociation.org/june2011.cfm

Improving the Profitability of Orthopedic, Spine and Pain Management-Driven ASC – Thrive Now and in the Future

- Coach Mike Ditka, Legendary NFL Player and Football Coach
- Brent Lambert, MD, Founder Ambulatory Surgical Centers of America
- Kenny Hancock, President & Chief Development Officer, Meridian Surgical Partners
- Tom Mallon, CEO, Regent Surgical Health
- Scott Gibbs, MD, Neurosurgeon, Cape Girardeau, MO
- Jeff Leland, CEO Blue Chip Surgical Center Partners
- David Shapiro, MD, Partner, Ambulatory Surgery Company
- Joan F. O'Shea, MD, Neurosurgeon & Orthopedic Spine Surgeon, The Spine Institute of New Jersey• John Caruso, MD, Neurosurgeon, Parkway Surgery Center
- I. Naya Kehayes, CEO, Eveia Health Consulting and Management
- Robin Fowler, MD, Medical Director, Interventional Management Services
- Kevin R. Stone, MD, The Stone Clinic
- Joe Flower, Healthcare Futurist, CEO, The Change Project, Inc.
- Richard Hynes, MD, Orthopedic Spine Surgeon, Melbourne, FL
- Larry Taylor, CEO, Practice Partners in Healthcare
- Andrew Hayek, President and CEO, Surgical Care Affiliates and Chairman of the ASC Advocacy Committee
- Brett Gosney, MD, CEO, Animas Surgical Hospital
- John Cherf, MD, MPH, President, OrthoIndex, Clinical Advisor, Sg2, Orthopedic Surgeon, Chicago Institute of Orthopedics
- Michael R. Redler, MD, The OSM Center
- Brian Cole, MD, MBA, Professor, Dept. of Orthopedics, Dept. of Anatomy and Cell Biology, Section Head, Cartilage Restoration-Center at Rush Division of Sports Medicine, Rush University Medical Center
- Terry Woodbeck, CEO, Tulsa Spine & Specialty Hospital

To join the ASC Association call (703) 836-8808

For more information, call (800) 417-2035 or email sbecker@mcguirewoods.com

If you would like to sponsor or exhibit at the program, please call (800) 417-2035.

TO REGISTER, CALL (703) 836-5904 • FAX (703) 836-2090 • registration@ascassociation.org

TO REGISTER, CALL (703) 836-5904

REGISTRATION FORM

Photocopies are acceptable. Please print or type below. Please use a separate registration form for each attendee.

9th Annual Orthopedic, Spine and Pain Management-Driven ASC Conference

Improving Profitability and Business and Legal Issues

THE 9TH ANNUAL CONFERENCE FROM ASC COMMUNICATIONS AND THE AMBULATORY SURGERY FOUNDATION

JUNE 9-11, 2011

WESTIN HOTEL • CHICAGO, ILLINOIS

REGISTRATION INFORMATION

First/Last Name: ______________________________

Degree (As you wish it to appear on your badge): ______________________________

Title: ______________________________

Facility/Company: ______________________________

Address: ______________________________

City/State/Zip: ______________________________

Phone: ______________________ Fax: ______________________

Email: ______________________________

REGISTRATION FEES

ANNUAL CONFERENCE & EXHIBITS

Receive multiple registrant discount(s). The more people you send, the greater discount you receive. The prices listed below are per person. Your registration includes all conference sessions, materials and the meal functions.

MAIN CONFERENCE ONLY

	FEES (Before 5/1/11)	AMOUNT	FEES (After 5/1/11)	AMOUNT
1st Attendee	$625	$ ________	$725	$ ________
2nd Attendee	$575	$ ________	$675	$ ________
3rd Attendee	$525	$ ________	$625	$ ________
4th Attendee or more	$500	$ ________	$600	$ ________

(Ask about larger group discounts)

MAIN CONFERENCE + PRE-CONFERENCE

	FEES (Before 5/1/11)	AMOUNT	FEES (After 5/1/11)	AMOUNT
1st Attendee	$825	$ ________	$925	$ ________
2nd Attendee	$775	$ ________	$875	$ ________
3rd Attendee or more	$725	$ ________	$825	$ ________
4th Attendee or more	$700	$ ________	$800	$ ________

Subtract $100 per Attendee if either a Paid ASC Association Member or Becker's ASC Review Paid Subscriber (-$100) $ ________

Add $100 to subscribe to Becker's ASC Review (+$100) $ ________

TOTAL ENCLOSED $ ________

PAYMENT INFORMATION

Enclosed is a check, payable to Ambulatory Surgery Foundation Check #: ________

I authorize **Ambulatory Surgery Foundation** to charge my: VISA / MasterCard / American Express

Credit Card Number: ______________________ Expiration Date: ____________

Printed Cardholder Name: ______________________ Zip Code: ____________

Signature: ______________________ CVV#/3-digit #: ____________

TO REGISTER

COMPLETE REGISTRATION FORM AND MAIL OR FAX AS FOLLOWS:

Mail: **Make checks payable to Ambulatory Surgery Foundation June Conference** and mail to: Ambulatory Surgery Foundation Meeting Registration, 1012 Cameron St., Alexandria, VA 22314

Fax: Fax registration form with credit card information to (703) 836-2090

Call: Call (703) 836-5904 to register by phone

Email: registration@ascassociation.org

Web site: www.BeckersASC.com

REGISTER ONLINE AT:
https://www.ascassociation.org/june2011.cfm

Cancellation Policy: Written cancellation requests must be received by May 1, 2011. Refunds are subject to a $100 processing fee. Refunds will not be made after this date.

Multi-Attendee Discount Policy: To be eligible for the discount, your ASC must be registered at one time and work at the same address. Just copy the registration form for each attendee. Employees from a 2nd location are not eligible for the discount.

GENERAL INFORMATION

HOTEL RESERVATIONS

Westin Hotel has set aside special group rates for conference attendees. To make a reservation, go to **http://www.starwoodmeeting.com/Book/ascjune2011**

The Westin
909 N. Michigan Avenue
Chicago, IL 60611
(312) 943-7200
Group Room Rates: $289

ASC ASSOCIATION

For ASC Association membership information please call (703) 836-8808, or visit www.ascassociation.org

CONFERENCE QUESTIONS

For additional information or questions regarding the conference please contact

Ambulatory Surgery Foundation
Phone: (703) 836-5904
Fax: (703) 836-2090
Email: registration@ascassociation.org

For *Becker's ASC Review* and exhibitor/sponsorship questions contact (800) 417-2035

ASC Communications, Inc.
(800) 417-2035

ADA REQUEST

If you require special ADA accommodations, please contact us at (703) 836-5904

ONLINE REGISTRATION

https://www.ascassociation.org/june2010.cfm

Register before May 1, 2011, and SAVE on registration!

For information on exhibiting and sponsorships, call (800) 417-2035

Visit www.BeckersASC.com.

6 Ways to Save Money on Supplies in a Surgery Center

By Leigh Page

Mike Lipomi, president and CEO of Surgical Management Professionals in Sioux Falls, S.D., shares six ways to save money on supplies in an ambulatory surgery center.

1. Develop an inventory control system. Develop a simple but effective inventory control system. "Excessive inventory is a real cost to the facility that can be reduced significantly with a simple system," Mr. Lipomi says. For example, make case carts easy to use and accessible.

2. Set inventory levels for all supplies. Set minimum, par and maximum levels of inventory for all supplies. Use the ordering process to get supplies in line with the par level. "In this way, you will ensure having necessary inventory on hand when needed," Mr. Lipomi says.

3. Stack supplies by date. In the supply area, put older inventory at the front of shelves so that it will be used sooner and move new supplies to the back. "This simple step will help you keep supplies from becoming outdated," Mr. Lipomi says.

4. Review inventory regularly. Review and adjust inventory on a quarterly basis. "Taking inventory is timely and costly but it simplifies the inventory process later on," Mr. Lipomi says.

5. Review contents of custom packs. Review the contents of custom packs on a regular basis, such as every six months. Surgical staff should delete unused items and add items that are new to preference cards. "You are wasting money when you have to pay for supplies you do not use," Mr. Lipomi says.

6. Get implant costs in line. Mr. Lipomi recommends running a comparative cost analysis of implants for each surgeon and sharing blinded results in a meeting with all surgeons. "Then they can discuss what is clinically appropriate," he says. Another strategy is to ask the surgeons to negotiate directly with the implant vendors. The surgeons have more clout than administrators. "A lot of implants, as well as supplies, instruments and electronics, are very similar and their utilization is more dependent on preference rather than availability or performance," he says. ■

Learn more about Surgical Management Professionals at www.surgicalmanprof.com.

www.eveia.com
425.657.0494

Improve your Financial Results and Eliminate your Billing Concerns

ASC Billing Done Right

Deep ASC billing domain expertise means that your surgery center receives maximum reimbursement for all procedures. Whether "in network" or "out of network", we are focused on quality processes and positive outcomes for every client.

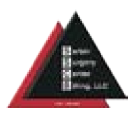
Complete Revenue Cycle Management by a Proven Leader

Insurance verification, coding, collections, appeals and denials management, and customized reporting – all from the industry leader in ASC Software and ASC Billing Services. We provide each client a dedicated team of functional experts, ensuring continuity and eliminating disruptions in your revenue stream.

"Business is all about trusted relationships, and we have forged such a relationship with SourceMedical. They are reliable, professional, courteous, and have helped us navigate some very complex waters over the years. Without hesitation, I would recommend their ASC Billing Services to anyone – particularly if you are seeking to improve your top and bottom line."

- Mark E. Smith, Chief Administrative Officer
Orthopedic Associates of Wisconsin

To Learn More:
- 866-889-7722
- revenuecyclesolutions@sourcemed.net
- www.sourcemed.net/revenue-cycle



IS NOW

What Can Surgery Center Physicians be Paid for Co-Management: Q&A With Jen Johnson of VMG Health

By Rob Kurtz

Jen Johnson, CFA, is the managing director for VMG Health, overseeing the company's valuation of professional service arrangements.

Q: What can we, as physician-owners of an ambulatory surgery center, be paid for under a co-management arrangement?

Jen Johnson: It's heavily dependent on the services the physicians are providing, which can vary significantly. There is almost always a fixed fee and a variable fee. The majority of the time we're seeing physicians being paid for spending time participating on quality committees in order to establish best practices and protocols which will, in turn, improve the quality of care. This payment is typically in the form of an hourly rate, sometimes applied to estimated annual hours and converted into a stipend.

Variable fee based on quality outcomes

The second fee we see is a variable fee based on quality outcomes. So it's the question of, "Did it really work?" If it did work, then they're eligible for a quality payment in addition to the fixed fee. We see this fee as a pay-for-performance type incentive.

Call coverage fee

Sometimes we see physicians also being paid for call coverage under a co-management arrangement. These fees may be part of the fixed fee or be at risk based on quality outcomes. So the agreement will say [physicians] will be paid X amount per day for call coverage, or up to Y amount per day, if they improve quality. We have seen hospitals do this in order to put some of the fixed fee at risk based on quality outcomes.

Base management fee

The third part that is sometimes in the fixed fee — not often but it happens — is a fee for non-physician personnel. If there's a physician group that's really robust, has administrative infrastructure and has truly been managing the facility in the past, so they have HR, IT, marketing, all typical management services, then a co-management agreement may have a piece we call a base management fee.

This fee does not typically reflect physician time, it's non-physician personnel who are contracted under the practice and are providing typical outpatient management services. There are many legal nuances to providing non-physician personnel. For instance, if the facility will be hospital-based, then the practice may not employ all the staff. It's sticky.

Regardless, you're always going to get your hourly payments for participating on the quality committee, sometimes call coverage will be thrown in there, sometimes non-physician personnel management services and always the variable fee based on quality outcomes.

Benchmarking critical

There are some studies that show paying for quality doesn't work. A lot of them say it does work. The issue is that certain arrangements in the market right now have a variable fee that is not measuring or monitoring subjective benchmarks. In a compliant variable fee model, you're going to want to see, for example, the historical performance of patient satisfaction, you're going to want to understand the national average and top decile performance for patient satisfaction.

If you have those three data points outlined, you can then identify if the practice improved [the patient satisfaction metric] quite a bit, so it earns a little bit of a variable fee. Alternatively, if the practice actually hits top decile performance, the maximum variable fee would be warranted. That's based on real market data and actual performance. Even CMS pays maximum reimbursement for top decile performance under one of their P4P programs called HQID. From a P4P program standpoint, top decile is the benchmark people are looking to get to where a physician could say, "That's where I warrant the maximum variable fee." Benchmarking is the key. OIG and CMS have both provided guidance stating you need to benchmark to credible evidence.

There's also some metrics people need to be aware of that most counsel are going to avoid being put in a co-management arrangement. This includes such metrics as average length of stay because of its ability to impair patient care. Certain metrics associated with utilization could raise red flags as well because it is prohibited to consider the volume of referrals (potential Stark Act violations).

Not-for-profit hospital partner is a challenge

There are some additional complicating factors when there's a not-for-profit entity involved, [the IRS-established] Revenue Procedure 97-13 may be applicable. This would require the variable fee not exceed the fixed fee. Therefore, the variable fee based on quality outcomes may need to be capped at the fixed fee so there's a limitation on compensation.

Cost savings/gainsharing an additional challenge

Metrics both counsel and we as a valuation firm encourage clients to be careful of is cost-savings or gainsharing metrics. We know we're going to see those in accountable care organizations if they ever come about. But when it comes to valuing and monitoring these metrics, there's a whole different set of criteria that needs to be considered, which complicates it. There are several OIG opinions on gainsharing arrangements. They stipulate that if you're going to pay physicians for something like this, whatever cost you are targeting needs to be identified up front and it needs to be monitored throughout the year. There's a lot of additional administrative work that goes along with those types of metrics. In fact, some counsel would suggest if you're going to include this type of metric, it should be in a separate agreement completely due to additional regulatory guidance and the nuances of monitoring these metrics. ■

Learn more about VMG Health at www.vmghealth.com.

SWIVEL PORT

FOR SPINE SEE WHAT YOU ARE MISSING.

THE SWIVEL PORT SYSTEM

Why consider Swivel Port?

Have you:

Evaluated various MIS retractor systems but haven't found one that satisfied your needs and budget?

Are you:

- Using a tubular retraction system but suspect there "should be" a better and less expensive alternative, providing greater visualization and stability at an affordable cost?
- Doing open procedures but need to provide your patients an MIS Solution?
- Under pressure from OR administration to SAVE cost and minimize expensive disposable fees?

SWIVEL PORT SYSTEMS:

- Excellent visibility and stability
- Budget friendly
- Made in USA and sold directly to you or your Distributor of choice
- No expensive disposable or consumable expense
- Rapidly growing portfolio of intelligently designed Spine Instruments

See us at the June Orthopedic & Spine Conference at Booth #57

SEE US ON YOUTUBE

SIMPLE, EASY, SAFE & COST EFFECTIVE

Call or text **781.856.0900** today or visit **www.SpineSurgicalInnovation.com**

Duck, Doc!

HERE COMES THE RAC ATTACK!

Don't miss the 2011 Physicians RAC Summit June 5-7, in Houston, Texas!

call 800.318.0019 or go to www.fimed.com/events

Plan now to attend the premiere healthcare recovery audit contractor event exclusively created to help hospitals and their physicians navigate the tangle of regulatory issues brought about by The Centers for Medicare & Medicaid Services' third party auditing entities–the RACs, MICs, MACs and ZPICs. Gain valuable insight about third party auditors while learning about tools and techniques to help you predict, manage and survive a RAC audit of your practice.

We are proud to announce a great lineup of national healthcare experts. If there is only one conference you will be attending make sure it's this one; Defend Yourself Against the "bounty hunter" RAC Attacks!

Fi-Med Management, Inc.

Your prescription for improving profitability and reducing audit risks.

100 of the Best Spine Surgeons & Specialists in America

By Laura Miller

Sponsored by

Physicians included in this list have been selected based on surveys, research and nominations. All physicians who are placed on the list undergo a substantial review with other peers and through our own research. Physicians do not pay and cannot pay to be selected as a best physician. *Editor's note:* Specialists are listed in alphabetical order by last name. To view the profiles of these physicians, visit **www.beckersasc.com/bestspine2011.**

Todd J. Albert, MD
(Rothman Institute, Philadelphia)

Christopher P. Ames, MD
(University of California San Francisco Medical Center, San Francisco)

Howard S. An, MD
(Midwest Orthopedics at Rush, Chicago)

Neel Anand, MD
(Cedars-Sinai Medical Center, Los Angeles)

Vincent Arlet, MD
(University of Virginia School of Medicine, Charlottesville)

Henry Aryan, MD
(Sierra Pacific Orthopaedic & Spine Center, Fresno, Calif.)

Richard A. Balderston
(Booth, Bartolozzi and Balderston Orthopaedics, Philadelphia)

Gordon Bell, MD
(Cleveland Clinic, Cleveland)

Edward Benzel, MD
(Cleveland Clinic, Cleveland)

Scott Boden, MD
(Emory Healthcare, Atlanta)

Christopher M. Bono, MD
(Brigham and Women's Hospital, Boston)

Charles L. Branch, Jr., MD
(Wake Forest University Baptist Medical Center, Winston-Salem, N.C.)

Robert St. Bray, Jr., MD
(Diagnostic and Interventional Spinal Care, Marina del Rey, Calif.)

Eugene Carragee, MD
(Stanford Hospital & Clinics, Redwood City, Calif.)

John R. Caruso, MD
(Neurosurgical Specialists, Hagerstown, Md.)

Jens R. Chapman, MD
(Harborview Medical Center, Seattle)

Donald S. Corenman, MD
(The Steadman Clinic, Vail, Colo.)

Bradford L. Currier, MD
(Mayo Clinic, Rochester, Minn.)

Rick B. Delamarter, MD
(Saint John's Health Center, Santa Monica, Calif.)

Christopher J. DeWald, MD
(Midwest Orthopaedics at Rush, Chicago)

Mohammad Diab, MD
(UCSF Benioff Children's Hospital, San Francisco)

William H. Dillin, MD
(Kerlan-Jobe Orthopaedic Clinic, Los Angeles)

Randall Dryer, MD
(Central Texas Spine Institute, Austin)

Egon Doppenberg, MD
(Northshore University HealthSystem, Evanston, Ill.)

Steven Dorsky, MD
(New Jersey Spine Center, Chatham)

Robert K. Eastlack, MD
(Scripps Clinic, San Diego)

Thomas J. Errico
(Hospital for Joint Disease, New York City)

David Fardon, MD
(Midwest Orthopaedics at Rush, Chicago)

Richard G. Fessler, MD
(Northwestern University Feinberg School of Medicine, Chicago)

Jeffrey S. Fischgrund, MD
(Beaumont Orthopaedic Center, Royal Oak, Mich.)

Anthony Frempong-Boadu, MD
(New York University Langone Medical Center, New York City)

Mark Gardon, MD
(Aurora BayCare Medical Center, Green Bay, Wis.)

Steven R. Garfin, MD
(University of California San Diego Thornton Hospital, La Jolla, Calif.)

Ziya Gokaslan, MD
(Johns Hopkins Medicine, Baltimore)

Charles R. Gordon, MD
(Texas Spine and Joint Hospital, Tyler)

Wesley E. Griffitt, MD
(Aurora BayCare Medical Center, Green Bay, Wis.)

Purnendu Gupta, MD
(University of Chicago Medical Center, Chicago)

Regis W. Haid, Jr., MD
(Atlanta Brain and Spine Care, Atlanta)

Richard Harrison, MD
(Aurora BayCare Medical Center, Green Bay, Wis.)

Robert F. Heary, MD
(Neurological Institute of New Jersey, Newark)

Andrew C. Hecht, MD
(Mount Sinai Medical Center, New York City)

John G. Heller, MD
(Emory Orthopaedics & Spine Center, Atlanta)

Harry Herkowitz, MD
(Beaumont Hospital, Royal Oak, Mich.)

Serena Hu, MD
(University of California San Francisco Medical Center, San Francisco.)

Russel C. Huang, MD
(Hospital for Special Surgery,
New York City

Richard A. Hynes, MD
(Osler Medical, Melbourne, Fla.)

Robert E. Isaacs, MD
(Duke University Medical Center,
Durham, N.C.)

James D. Kang, MD
(University of Pittsburgh Medical Center,
Pittsburgh)

Dean Karahalios, MD
(NorthShore Neurological Institute,
Evanston, Ill.)

Jay Khanna, MD
(Good Samaritan Hospital, Baltimore)

Larry Khoo, MD
(Good Samaritan Hospital, Los Angeles)

Choll Kim, MD
(Spine Institute of San Diego, San Diego)

Richard A. Kube II, MD
(Prairie Spine & Pain Institute, Peoria, Ill.)

Carl Lauryssen, MD
(Olympia Medical Center, Beverly Hills,
Calif.)

Mesfin A. Lemma, MD
(Johns Hopkins Hospital, Baltimore)

Lawrence G. Lenke, MD
(Washington University School of Medicine,
St. Louis)

Isador Lieberman, MD
(Texas Back Institute, Plano)

Steven C. Ludwig, MD
(University of Maryland Medical Center,
Baltimore)

James Lynch, MD
(SpineNevada, Reno, Nev.)

Steven Mardjetko, MD
(Illinois Bone and Joint Institute,
Morton Grove, Ill.)

Bryan J. Massoud, MD
(Spine Centers of America, Fair Lawn, N.J.)

Paul C. McCormick, MD
(Columbia University Medical Center,
New York City)

Ehud Mendel, MD
(Ohio State University Medical Center,
Columbus)

Alan Moelleken, MD
(The Spine and Orthopedic Center,
Santa Barbara, Calif.)

James F. Mooney, III, MD
(Medical University of South Carolina,
Charleston)

Daniel B. Murrey, MD
(OrthoCarolina, Charlotte, N.C.)

Michael G. Neuwirth, MD
(Spine Institute of New York, Beth Israel
Medical Center, New York City)

Joan O'Shea, MD
(The Spine Institute of Southern New
Jersey, Marlton)

Andrew E. Park, MD
(Texas Spine Consultants, Dallas)

John H. Peloza, MD
(The Center for Spine Care, Dallas)

Kenneth A. Pettine, MD
(Rocky Mountain Associates, Loveland, Colo.)

Frank M. Phillips, MD
(Midwest Orthopaedics at Rush, Chicago)

Gregory Pryzbylski, MD
(JFK Medical Center, Edison, N.J.)

Sheeraz A. Qureshi, MD
(Mount Sinai Hospital, New York City)

Richard S. Rabinowitz, MD
(Barrington Orthopedic Specialists
Hoffman Estates, Ill.)

Raj D. Rao, MD
(Medical College of Wisconsin, Milwaukee)

Bernard Rawlins, MD
(Hospital for Special Surgery, New York City)

K. Daniel Riew, MD
(Washington University School of Medicine,
St. Louis)

Thomas F. Roush, MD
(Roush Spine, Lake Worth, Fla.)

Mike Russell II, MD
(Azalea Orthopedics, Tyler, Texas)

Thomas C. Schuler, MD
(The Virginia Spine Institute, Reston, Va.)

David G. Schwartz, MD
(OrthoIndy Northwest, Indianapolis)

Kern Singh, MD
(Midwest Orthopedics at Rush, Chicago)

Paul J. Slosar, MD
(Spine Care Institute of San Francisco,
San Francisco)

Richard Spiro, MD
(University of Pittsburgh Medical Center,
Pittsburgh)

Mark J. Spoonamore, MD
(University of Southern California
University Hospital, Los Angeles)

John T. Stinson, MD
(The Orthopaedic Center, Rockville, Md.)

Brian R. Subach, MD
(The Virginia Spine Institute, Reston, Va.)

Robert L. Tatsumi
(Pacific Spine Specialists, Tualatin, Ore.)

Vincent C. Traynelis, MD
(Rush University Medical Center, Chicago)

Alexander R. Vaccaro, MD
(Rothman Institute, Philadelphia)

Jeffrey Wang, MD
(UCLA Spine Center, Santa Monica, Calif.)

William Watters III, MD
(Bone & Joint Clinic of Houston, Texas)

James N. Weinstein, DO
(Dartmouth-Hitchcock Medical Center,
Lebanon, N.H.)

Stuart L. Weinstein, MD
(University of Iowa Hospitals & Clinics,
Iowa City)

Richard Wohns, MD
(South Sound Neurosurgery, Puyallup, Wash.)

Michael J. Yaszemski, MD
(Mayo Clinic, Rochester, Minn.)

Anthony T. Yeung, MD
(Desert Institute for Spine Care, Phoenix)

William R. Zerick, MD
(Central Ohio Neurological Surgeons,
Westerville, Ohio)

Christian G. Zimmerman, MD
(Idaho Neurological Institute, Boise) ■

To view the profiles of these physicians, visit
www.beckersasc.com/bestspine2011.

Fi-Med Management, Inc., founded in 1993, is a privately-owned corporation providing billing, receivables management, lockbox services, collections, credentialing, RAC risk assessment services and other financial management and reporting services to physicians, labs and medical centers across the country. Fi-Med's unique combination of technology and expertise has helped increase cash flow and reduce compliance risk for its clients, and its success and dedication to physicians has earned Fi-Med numerous local and national recognition and business growth awards. Headquartered in Wisconsin, the company has offices in California and Virginia.

Don't miss the 2011 Physicians RAC Summit, June 5-7, in Houston, Texas!

call 800.318.0019 or go to www.fimed.com/events

Plan now to attend the premiere healthcare recovery audit contractor event exclusively created to help hospitals and their physicians navigate the tangle of regulatory issues brought about by The Centers for Medicare & Medicaid Services' third party auditing entities–the RACs, MICs, MACs and ZPICs. Gain valuable insight about third party auditors while learning about tools and techniques to help you predict, manage and survive a RAC audit of your practice.

We are proud to announce a great lineup of national healthcare experts. If there is only one conference you will be attending make sure it's this one; Defend Yourself Against the "bounty hunter" RAC Attacks!

Fi-Med Management, Inc.

Your prescription for improving profitability and reducing audit risks.

NEW! Allen® Bow™ Frame

500 lbs. Patient Weight Capacity!

Ideal for less complex spine procedures.

- Radiolucent
- Unrestricted C-Arm access
- Lightweight for easy set-up
- Patient supports adjust laterally up to 10 inches (25.4 cm)

Versatile – One Frame Works on Multiple Tables!

Bow Frame on Jackson™ Table

Bow Frame on OR Table

Bow Frame on Flex Frame

Allen offers free on-site demos.
Try it in a couple of your cases!

Every Bow Frame purchase includes a free storage cart, and a free case of disposables!

Call (800) 433-5774
www.allenmedical.com/basc8

© 2011 Allen Medical Systems Inc. All Rights Reserved D-770601-A2

7 Critical Areas of Focus for a Successful Turnaround of a Physician/ Hospital Joint-Venture ASC

By Amy Lockard and Robert Carrera, President, PINNACLE III

It seemed like a perfect arrangement: an interested and loyal group of community-based physicians teaming up with the local hospital to create a win-win joint-venture ASC. But, as the saying goes, "even the best laid plans often go astray." When the business of a physician/hospital joint-venture ASC does not meet expectations, perhaps it's time to look at it from a turnaround perspective.

Before a turnaround can begin, support of the involved physicians and hospital is required. Both groups need to be committed to fixing what is wrong and expending the necessary resources to back the turnaround plan. The physicians need to be willing to give the ASC a second chance — to stick it out through the turnaround period. The hospital must put their resources behind the ASC to assist with refinancing, recruiting additional partners and securing viable managed care contracts. In PINNACLE III's experience, the best place to start is by creating a joint-venture advisory group consisting of both physician and hospital stakeholders. In many cases, this group is the center's existing board of managers with, perhaps, a few additional physicians. This group will be the primary point of contact for the turnaround effort.

The initial task of the group is to perform an analysis of current operations. Problems and opportunities are most easily identified and defined by thoroughly reviewing every aspect of the business. Here are seven of critical areas to review.

1. Financial review

An obvious area to begin with is a financial review. A cash flow analysis reveals losses sustained thus far as well as whether or not the center has tapped out available resources in an effort to obtain additional cash. PINNACLE III has walked into facilities that were several hundred thousand dollars behind in accounts payable, but were aware of every outstanding invoice; in essence, the facilities knew how bad the situation was. On the other hand, there are ASCs several hundred thousand dollars in arrears that are totally unaware of what they really owe and to whom. In the latter scenario, an accounts payable aging should be created to effectively track unpaid invoices. A thorough review of the revenues versus expenses can reveal deficits the ASC may be incurring monthly, thereby highlighting areas that need to be addressed. A comprehensive review of the operational cash and A/P may reveal opportunities for cutting expenses. This information provides a springboard for discussion with the board regarding the age old questions of how many cases are required to (1) break even and (2) make budget.

2. Debt and debt structure

A thorough examination of the center's debt and debt structure needs to be conducted. Has all the available credit been utilized? Is the repayment schedule too aggressive? In an ASC's haste to retire debt quickly, some centers opt for incredibly aggressive payment schedules that have set the facility up for failure. Is the debt structured on a recourse or non-recourse basis? If neither party in the joint venture has responsibility for the debt, refinancing efforts can be difficult, especially in today's economic climate. If the turnaround plan is a compelling one, some hospital systems are willing to sign on the facility's refinanced debt.[1]

3. Accounts receivable

Accounts receivable is another critical area to assess. A good portion of the physician/hospital joint ventures PINNACLE III has worked with on turnaround projects have quite glaringly neglected their A/R. Questions to ask include:

- Does a significant portion of the outstanding revenue reside in patient balances?
- If so, has there been a lack of appropriate follow-through by A/R staff members who have simply pushed outstanding balances to patient responsibility rather than appealing claims?
- How are write-offs handled?
- Are the contractual adjustments syncing up with the center's payor contracts?
- How much of the A/R is located in the 90-120-plus days range?

There may be prompt payment issues that can be addressed with third-party payors. A thorough review of credit balances also needs to occur to determine if the amounts are truly balances to be refunded to patients and payors or simply payment posting errors. At times, thousands of dollars are categorized as credit balances that are actually facility revenue.

4. Physician satisfaction

Reviewing the level of physician satisfaction with the ASC may reveal additional trouble spots. Candid conversations need to occur with physicians who are still utilizing the facility as well as those who are no longer bringing their cases to the center. Is the facility meeting the needs of the physicians? If not, why? Does the staff meet the needs of the physicians? Sometimes physicians feel the center's staff is too inexperienced to meet their needs. Perhaps the physicians are not comfortable with the staff because they hold the perception that there are too many temporary or traveling workers. Is the equipment adequate or do some cases and unforeseen consequences require borrowing equipment from other facilities or vendors? Is scheduling a hassle or does a perception exist that there is a dearth of available OR/procedure room time?

5. Staffing

Performing a staffing review may identify issues that lead to positive change. Interview operating room staff to determine if improvements can be made in the ORs. What is the staffing expense ratio? Is the center overstaffed? Thoroughly reviewing salaries and controlling or, better yet, eliminating overtime can lead to recapture of previously lost revenue. Unfortunately, it is not uncommon to encounter facilities where low census days are not utilized appropriately and part-time and PRN hours are more of an entitlement for the staff than a staffing tool for the center. Are employees leased from a management company or hospital? Facilities may save as

much as 20 percent of overall salary and benefit costs when employee lease arrangements are eliminated. Lastly, assess the skill levels of the staff to determine if they are adequate for the ASC's needs. If not, obtaining additional training (possibly with the assistance of the hospital partner) or making staffing changes to meet the level of expertise required may be necessary to satisfy the facility's utilizing physicians.

6. Managed care contracts

Review managed care contracts. Perform a market analysis. Are the center's contracts on par with the rest of the community? Does reimbursement reflect the region's benchmarks for the facility's case mix and payor mix? Do the ASC's contracts reflect the needs of its physician-investors? Is the center maximizing the advantages available to it by being a physician/hospital joint venture? At times, PINNACLE III has worked with the hospital's contracting department regarding the unique needs of an ASC and how to appropriately maximize the benefits of the joint-venture relationship.

7. Organizational structure

The organizational structure of the ASC should also be thoroughly reviewed. What do the operating agreement and organizational documents allow? Do they still present the best opportunity for the facility to succeed? There are situations where the operating agreement needs to be rewritten to allow the hospital to hold a 50 percent or 51 percent position in order for the center to realize the full benefits of having a hospital partner.

Create a turnaround plan of action

After conducting a full review of the financial, organizational, and operational aspects of the ASC, the next step is to create a plan of action designed to turn the business around. The physician and the hospital stakeholders need to agree the plan reflects steps they are willing to see through to the end. Changes then need to be prioritized based on the assessment. As the ASC's finances get under control, volume should increase, thereby eliminating many of the woes the center originally faced.

Although the process of successfully turning around a physician/hospital joint-venture ASC can be frustrating and downright painful at times, partnering with the right team can make a world of difference. Common mistakes are avoided when the turnaround team is experienced with implementing processes that have proven to yield successful outcomes. An underperforming joint-venture ASC isn't necessarily a roadblock to prosperity; it may actually be a stepping stone toward increasing market share and positively impacting the health care needs of the surrounding community. ■

Learn more about PINNACLE III at www.pinnacleiii.com.

References

1 To ensure OIG compliance, proceeding with such a plan requires proper structuring. A competent healthcare attorney's legal opinion should be obtained prior to proceeding.

---

5 Steps Surgery Centers Should Take Before Selling to a Hospital

By Rob Kurtz

Jon Vick, president and founder of ASCs Inc., which advises surgery center owners on strategic partnering and joint ventures, says ambulatory surgery centers should take the following five steps before selling their ASC to a hospital.

1. Examine your goals. The sale of a majority interest to a hospital means you are selling control to an organization that has a much different culture than yours and will most likely manage your ASC much differently than you have, Mr. Vick says. "While the hospital may pay a competitive price and provide access to some hospital contracts that are better than yours, are you willing to potentially forego your original goals: efficiency, economics, patient and physician satisfaction?" he says. "Ask some questions and look at data: How have other facilities that have partnered with the hospital fared over the long haul? Are the patients and doctors happy, did distributions increase, did the doctors retain control over critical decisions?"

2. Determine growth opportunities for your ASC before soliciting purchase proposals. ASC can help increase its salability prior to soliciting purchase proposals by identifying new physicians who can be recruited to the surgery center and new procedures can be performed at the facility. "If you can recruit new physicians to the ASC, this will almost always increase the value of the center as soon as they start to perform procedures, but just identifying who they are will make your center more attractive to the buyers," Mr. Vick says. He adds that it is also important to concentrate on attracting in-network business as out-of-network business is being significantly discounted, sometimes at 50 percent or more.

3. Decide what you want to sell and who will sell their shares. Do you want to sell a minority or majority interest to the hospital? Despite what you may have heard, Mr. Vick says you do not have to sell a majority interest to a hospital. "Many deals have been done where the hospital buys a minority interest, sometimes as low as 10-20 percent," he says. "You also do not all have to sell the same number of shares. Many deals are done with the older doctors selling more shares and the younger doctors fewer shares."

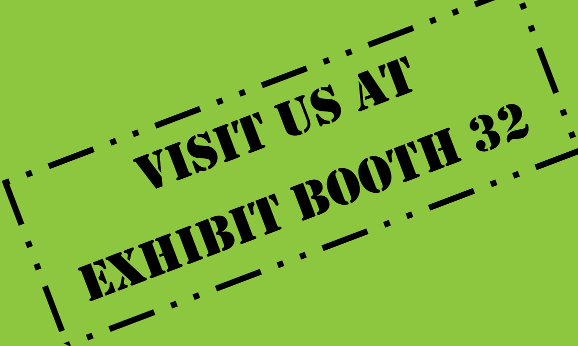
4. Solicit competitive offers. The most effective way to know the value of your ASC on the market is to solicit and obtain competitive purchase proposals from several potential buyers. These include competing hospitals and leading ASC management companies. Mr. Vick says there are several firms that specialize in soliciting competitive purchase proposals for ASCs from hospitals and management companies, and having one of these firms assist you will help streamline the process. "They know which companies are paying the best prices, have the capital to do attractive deals and can help increase the purchase price through a competitive bidding process," he says. "Obtaining 2-3 competitive purchase proposals will tell you what the market value of your center is and give you ammunition for negotiating price and terms with the hospital."

5. Consider a three-way deal. Mr. Vick says a common trend currently seen in ASC deals involve an ASC management company buying an interest in the ASC first and then selling an interest to the hospital. "This model is growing in popularity because it provides the best value for a center and preserves the physicians' original goals: control, efficiency, economy and patient and physician satisfaction," he says. "The ASC management company will normally pay a higher price than the hospital is willing to pay and manages the center the way you want it managed. And the management company has a vested interest in seeing distributions continue to increase. The hospital provides access to better contracts. [It's] the best of both worlds." ■

Learn more about ASCs Inc. at www.ascs-inc.com.

PINNACLE III

Aligning Performance and Prosperity



1658 Cole Blvd, Suite 100
Lakewood, CO 80401
(720) 359 - 2660

www.pinnacleiii.com

PROVEN PRACTICES THAT DELIVER RESULTS

Thursday, June 9, 2011
2:55PM - 3:25PM

Minimally Invasive Spine Surgery in ASCs

Lisa Austin, RN, CASC
Vice President of Operations, PINNACLE III
President, Colorado Ambulatory Surgery Center Association

Friday, June 10, 2011
11:00AM - 11:40AM

Keys to a Successful Turnaround of a Physician/ Hospital Joint Venture ASC

Robert Carrera
President, PINNACLE III

Peggy Price
Vice President & COO,
Exempla Lutheran Medical Center

Nelson Mozia, MD
President, Board of Managers
Lutheran Campus Ambulatory Surgery Center

Diane Lampron, RN, BSN, CNOR
Director of Operations, PINNACLE III

4 Ways to Ease the Transition to Hospital Ownership of a Surgery Center

By Rachel Fields

Marge Schillaci, administrator of the Surgery Center of Joliet (Ill.), has spent the last two years working with surgeon-investors, hospital administration and legal representation to transition her center to hospital ownership with Provena St. Joseph Medical Center. Here she discusses four strategies to make the process easier.

1. Take advantage of your hospital transition team. The hospital will likely assign your ASC a project manager to oversee the transition of the facility into becoming a department of the hospital. Don't shy away from a relationship with this person — they can be your biggest advocate in terms of operational issues. "I try to work through [our project manager] when we need to have action," Ms. Schillaci says. Meet with the transition team at least weekly and discuss upcoming changes to the center and where you are in the project plan. For example, Ms. Schillaci is currently working through procedures that have been performed as outpatient procedures in the hospital and determining which cases can now be sent to the ASC. The center is also trying to combine the ASC schedule with the hospital schedule so the schedulers can see both at once. "The hospital can't send cases to us because they don't know what our schedule looks like and vice versa," she says. "[Combining schedules] will enable us to make the schedule flow better and better utilize the scheduling time and surgeon time."

In addition, the ASC is in the process of establishing benchmarks that will be used to evaluate the success of co-management. "It's having that plan that's reviewed weekly and updated on where we are with all these points in the process," Ms. Schillaci. Communication is important to make sure the ASC is up-to-speed on changes that are occurring within the hospital. "Things change faster in the hospital and [if we don't meet], we don't always get the information," Ms. Schillaci says.

2. Communicate regularly with your staff about changes. Transitioning from a free-standing ASC to a hospital-owned facility can be hard on staff members as they deal with unexpected cultural changes and new policies. Moving from the culture of a small ASC with a family atmosphere to the culture of a large medical center can be stressful, and you may have to implement new forms, policies and procedures. "We have gone from a much more simple form of documentation that met our needs to a much more complex format," Ms. Schillaci says. She says her center has also met challenges in transitioning from one accrediting body to another; the ASC received a three-year accreditation from AAAHC one year ago and must now adapt to meeting the Joint Commission standards.

You may feel inclined to hide decisions in order to keep morale high, but honesty is much more effective, Ms. Schillaci says. Let your staff know about changes as they happen, and stress the fact that you will deal with each change as a team. Keep your door open and allow staff members to stop by and chat when they need to. "It's hard, but it means just having meetings and trying to give [employees] as much accurate information as possible," she says.

3. Stress the positives. Change is difficult, and it's easy to focus on the negative aspects of transitioning away from a free-standing ASC. You no longer have total control over policies and culture, and staff members may feel confused about the decision-making process and new hierarchy. But despite these difficulties, looking on the bright side is essential to making the relationship work. In the case of Ms. Schillaci's center, a relationship with the hospital means the ASC can perform more procedures; in the past, certain cases had to be sent to the hospital because ASC reimbursement rates were too low to cover expenses. Staff members have better benefits under hospital employment, and the hospital and the ASC are both better-positioned to meet the demands of health reform and the economy.

In addition, the ASC now has hospital support on issues such as credentialing, finances, quality assurance, risk management and infection control. "There are now a lot more resources, and it's about taking advantage of those resources," Ms. Schillaci says. Meet with your employees to talk about the positives and negatives of joining the hospital. "It would help to go through some of those positive things and do the balance board – what are the pros, what are the cons and how are we as individuals working to overcome those barriers," Ms. Schillaci says.

4. Emphasize training and education. Ms. Schillaci's ASC is planning to adopt hospital policies, meaning staff members need to be trained and educated on the changes to their daily job descriptions. For example, the surgery center must work with the hospital to adapt the hospital's safety plan to the physical layout and separate location of the center. "It requires a great deal of education," Ms. Schillaci says. Fitting in education can be very difficult when you must work around patient care, so make sure you have a workable plan. "With the training and education, it's not something that happens overnight," Ms. Schillaci says. "Very often, the staff expects that everything will work like a turnkey operation, and looking back, I probably would have suggested that we start some of these things earlier." If staff will be affected by a certain policy change, listen to challenges the staff is experiencing and then follow up regularly to make sure the new policy is being followed. ■

Contact Rachel Fields at rachel@beckersasc.com.

PINNACLE III is a Colorado-based company, just outside of Denver, which provides ASC management and development as well as billing services. Since 1999, PINNACLE III has served multiple clients from single-specialty practices, physician-owned ASCs to multi-specialty joint ventures with hospital partners across the country. The company's leadership team includes Rick DeHart, CEO; Rob Carrera, president; and Scott Thomas, executive vice president. Its vice presidents are Kim Woodruff (corporate finance & compliance), Carol Ciluffo (revenue cycle management), Lisa Austin (operations), Kelli McMahan (operations) and Dan Connolly (payor contracting). Simon Schwartz is the director of marketing and sales. PINNACLE III offers ASC development, management and billing along with consulting services in the area of facility auditing, payor relations and contract work. While PINNACLE III offers equity models, non-equity models are accessible as well. PINNACLE III also provides auditing and billing services to physician practices.

PINNACLE III

Aligning Performance and Prosperity

No Exchange Takes Place Unless Both Parties Benefit

Underperformance is Not in Anyone's Best Interest

Prosper Greatly

1658 Cole Blvd, Suite 100
Lakewood, CO 80401
(720) 359 - 2660

www.pinnacleiii.com

ASC SERVICES

Count on dedicated attention from our seasoned experts in surgery center management and development to help you overcome the significant challenges in all ASC processes. We'll help you achieve excellence throughout your center – from getting everyone aligned around common goals for success, to delivering the prosperity you all envision.

DEVELOPMENT - We objectively look at the overall viability of the project.

MANAGEMENT - We excel at strategic growth planning to ensure prosperity for your center.

PAYOR CONTRACTING - We ensure improved reimbursement & decreased turnaround time.

FACILITY OPERATIONS AUDIT - Our comprehensive report containing projected cost savings and suggested action items streamlines the current processes of your ASC.

REVENUE CYCLE MANAGEMENT - We make better sense of your billing so your center can focus exclusively on high quality care

PHYSICIAN PRACTICE BILLING & AUDITS

In today's complicated environment of health care, operational frustrations can be overwhelming & obstacles to your success are all too common. Don't know where to start? At PINNACLE III, we have a veteran team to assist you with auditing all areas of your practice. We will assess every concern, so you can achieve power of prosperity — for you & your patients.

COMMUNICATION IS KEY - Direct access to your designated team of professionals.

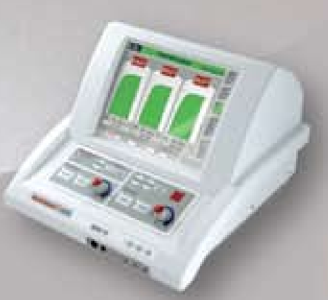
100% TRANSPARENCY - Reimbursement tracking & reporting at your fingertips.

COMPLIANCE - We keep you up-to-date on current regulatory issues & changes.

RELIEF - Let us take away the headache of billing, collections & outdated processes.

A family of solutions from a leader in minimally invasive spine products

NeuroTherm®



NT 1100

Multi-Electrode
RF Generator

- US patents 7,574,257 B2 and 7,853,326 B2
- EP1749492

SIMPLICITY III

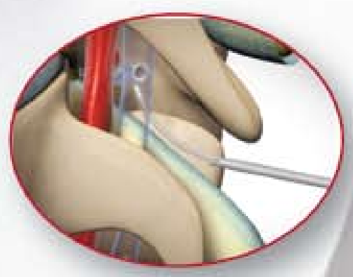
Revolutionary RF Probe with Three Independent Electrodes

NEUROCATH EPIDURAL CATHETERS

Site Specific Image Guided Injections

TRUCATH°

Spinal Injection System



SPINECATH™

Intradiscal Catheter for the IDET Procedure

ACUTHERM™

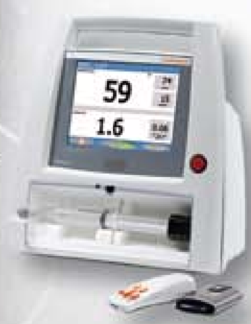
Decompression Catheter

DISKIT II

Radiofrequency Disc Therapy

CDS

Controlled Disc Stimulation System



NeuroTherm®
30 Upton Drive, Suite 2, Wilmington, MA 01887 USA
Telephone: 1-978-657-6519, Information and Orders: 1-888-655-3500
www.neurotherm.com

™Registered trademark of NeuroTherm
°Trademark of Smith & Nephew.
©2011 NeuroTherm

70 of the Best Pain Management Physicians in America

By Laura Miller

Sponsored by

NeuroTherm®

The following pain management physicians were selected for this list based on the awards they received from major organizations in the field, leadership in those organizations, work on professional publications and positions of service held at hospitals and surgery centers. The surgeons are listed in alphabetical order by last name. All physicians placed on this list have undergone substantial review from our editorial staff. Physicians do not pay and cannot pay to be selected as a great leader to know. The list is not an endorsement of any individual's or organization's clinical abilities. *Editor's note:* Specialists are listed in alphabetical order by last name. To view the profiles of these physicians, visit **www.beckersasc.com/bestpain2011.**

Salahadin Abdi, MD
(Massachusetts General Hospital, Boston)

Rajive K. Adlaka, MD
(Pain Control Associates, Crown Point, Ind.)

Sairam Atluri, MD
(Tri-State Spine Care, Cincinnati)

Cyrus Bakhit, MD
(Carilion Clinic, Roanoke, Va.)

Ray Baker, MD
(Washington Interventional Spine Associates, Bellevue, Wash.)

Rasmin Benyamin, MD
(Millennium Pain Center, Bloomington, Ill.)

Mark Boswell, MD
(University of Louisville, Ky.)

Lora Brown, MD
(Coastal Orthopedics & Pain Management, Bradenton, Fla.)

David Bryce, MD
(Advanced Pain Management, Greenfield, Wis.)

Thomas N. Bryce, MD
(Mount Sinai Medical Center, New York City)

Ricardo Buenaventura, MD
(Pain Relief of Dayton, Ohio)

Allen Burton, MD
(University of Texas, Houston)

Aaron Calodney, MD
(Texas Spine & Joint Hospital, Tyler)

David Caraway, MD
(St. Mary's Medical Center, Huntington, W. Va.)

Jianguo Cheng, MD
(Cleveland Clinic)

Paul Christo, MD
(Johns Hopkins Medicine, Baltimore)

Ann Conn, MD
(Premier Pain Center, Covington, La.)

Harold Cordner, MD
(Florida Pain Management Associates, Sebastian)

Jonathan Daitch, MD
(Advanced Pain Management & Spine Specialists, Fort Myers, Fla.)

Urfan Dar, MD
(Interventional Pain Management, San Antonio)

Sukdeb Datta, MD
(New Jersey Spine & Rehabilitation, Pompton Lake)

Miles Day, MD
(Texas Tech University, Lubbock)

Timothy Deer, MD
(The Center for Pain Relief, Charleston, W.Va.)

Richard Derby, MD
(Spinal Diagnostics and Treatment Center, Daly City, Calif.)

Sudhir Diwan, MD
(Weill Cornell Medical College, New York City)

Frank J. E. Falco, MD
(Mid Atlantic Spine, Bear, Del.)

April Fetzer, DO
(Midwest Orthopaedics at Rush, Chicago)

Wayne Fleishhacker, DO
(Union Anesthesia Associates, Union, N.J.)

Robin Fowler, MD
(Interventional Spine & Pain Management Center, Conyers, Ga.)

Scott Glaser, MD
(Pain Specialists of Greater Chicago, Chicago)

Kenneth R. Goldschneider, MD
(Cincinnati Children's Hospital, Cincinnati)

Mark Gostine, MD
(Michigan Pain Consultants, Big Rapids)

Robert Gruber, DO
(Laser Spine Institute, Tampa Bay)

Hans Hansen, MD
(The Pain Relief Centers, Conover, N.C.)

Marc A. Huntoon, MD
(Mayo Clinic, Rochester, Minn.)

Scott A. Kelly, MD
(Resurgens Orthopaedics, Griffin, Ga.)

Pramod Kerkar, MD
(Pain Clinic of Michigan, Sterling Heights)

David Kloth, MD
(Connecticut Pain Care, Danbury)

Timothy Lubenow, MD
(Rush University Medical Center, Chicago)

Laxmaiah Manchikanti, MD
(Pain Management Center of Paducah, Paducah, Ky.)

Tim Metz, MD
(Sioux Falls Surgical Hospital Pain Clinic, Sioux Falls, S.D.)

Thomas T. Nguyen, MD
(Virginia Spine Institute, Reston)

Allan T. Parr, MD
(Premier Pain Center, Covington, La.)

Bharat Patel, MD
(Deuk Spine Institute, Titusville, Fla.)

Ryan N. Potter, MD
(CHRISTUS Spohn Hospital, Corpus Christi, Texas)

John Prunskis, MD
(Illinois Pain Institute, Elgin)

Gabor Racz, MD
(Texas Tech University Health Sciences Center, Lubbock)

Srinivasa N. Raja, MD
(Johns Hopkins Hospital, Baltimore)

James P. Rathmell, MD
(Massachusetts General Hospital, Boston)

Richard H. Rho, MD
(Mayo Clinic, Rochester, Minn.)

Xiulu Ruan, MD
(Physicians' Pain Specialists of Alabama)

Adam Sackstein, MD
(The Pain Management Center, Voorhees, N.J.)

David Schultz, MD
(Medical Advanced Pain Specialists, Minneapolis)

Nalini Sehgal, MD
(University of Wisconsin, Madison)

Rinoo Shah, MD
(Guthrie Health, New York)

Alan Siegel, MD
(Interventional Pain Physicians of South Florida, Plantation)

Sanford Silverman, MD
(Comprehensive Pain Medicine, Pompano Beach, Fla.)

Vijay Singh, MD
(Pain Diagnosis Associates, Niagara, Wis.)

Brad Sorosky, MD
(Desert Spine and Sports Physicians, Phoenix)

Peter Staats, MD
(Metzger Staats Pain Management, Shrewsbury, N.J.)

Michael Stanton-Hicks, MD
(Cleveland Clinic)

Jeffrey Summers, MD
(NewSouth NeuroSpine, Flowood, Miss.)

Andrea Trescot, MD
(University of Florida, Gainesville, Fla.)

Ricardo Vallejo, MD
(Millennium Pain Center, Bloomington, Ill.)

Philip Wagner, MD
(Hospital for Special Surgery, New York City)

Seth A. Waldman, MD
(Hospital for Special Surgery, New York City)

Way Yin, MD
(Bellingham Spine Pain Specialists, Bellingham, Wash.)

Peter Zimmerman, MD
(Interventional Spine Specialists, Kenner, La.) ■

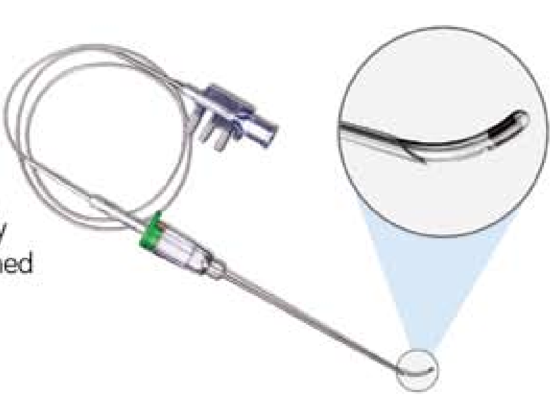
To view the profiles of these physicians, visit ***www.beckersasc.com/bestpain2011.***

NeuroTherm®

NeuroTherm is a leading manufacturer of products used in the field of Interventional Pain, including RF Generators, Intradiscal Therapies, Epidural Catheters, Discography and a wide range of consumable products used in the treatment of chronic pain. We are focused on developing safe, effective and innovative products while offering a remarkable level of service to ensure physicians are able to perform procedures more safely, quickly, and effectively.

NeuroTherm®
TRUCATH°
Spinal Injection System

Advanced technology for transforaminal injections



Cervical transforaminal injections carry the risk of serious complications. The TRUCATH Spinal Injection System is an innovative device specifically designed to mitigate that risk. It features a blunt, flexible catheter designed to safely deflect off vascular and neural structures, while keeping the needle tip outside the foramen and away from sensitive structures.

For more information, visit www.neurotherm.com

NeuroTherm®
30 Upton Drive, Suite 2, Wilmington, MA 01887 USA
Telephone: 1-978-657-6519, Information and Orders: 1-888-655-3500
www.neurotherm.com

°Trademark of Smith & Nephew.
©2009 Smith & Nephew, Inc.

Best Practices for Working With Pharmaceutical Distributors: Q&A With Joan Eliasek of McKesson Medical-Surgical

By Rob Kurtz

Joan Eliasek is senior vice president of marketing and supplier management with McKesson Medical-Surgical, a subsidiary of McKesson Corp., one of the nation's largest pharmaceutical distributors.

Q: What do you recommend ambulatory surgery centers do to ensure they have a stable supply of pharmaceuticals?

Joan Eliasek: 2010 was an unprecedented year for pharmaceutical supplier challenges with propofol manufacturers temporarily halting production. Market-wide shortages and record manufacturer backorders of controlled substances were experienced nationwide.

But already in 2011 we are beginning to see a light at the end of the tunnel. The majority of the controlled substance backorders have been resolved and propofol manufacturer Hospira is reentering the market, which should help in meeting surgical demands.

To ensure the best opportunity for supply in the event of another market-wide shortage, surgery centers should talk to their Rx provider about three issues:

1. Does the distributor offer a diverse portfolio of therapeutically equivalent products?[1]
2. What dedicated resources are available to help ASCs work through any current backorders?
3. What is the most effective way to communicate with representation and customer service to help them find available alternatives?

Q: What steps can a surgery center take to more efficiently interact with their distributor?

JE: First of all, you want to work with a distributor who is willing to meet your requirements, such as the flexibility to receive product any day of the week in a unit of measure that makes sense for your facility.

Second, utilize technology options available from your distributor. Most distributors will have a broad range of products available through their website. To speed the ordering process for commonly purchased items, utilize customizable order guides. Some distributors even offer barcode reading scanning technology to help you order and manage your inventory. The ability to quickly scan a barcode, enter the quantity and send the order can save significant time and greatly reduce errors. Barcode systems are advancing, and there are now some that assist in taking physical inventory, setting par levels and generating order reminders when levels get low.

And third, look to reduce the number of orders by consolidating your Rx purchases with your med-surg purchases. This will further reduce staff time.

A limited number of distributors now offer the ability to order controlled substances online without the hassles and delays associated with paper DEA form 222. The DEA refers to such solutions as CSOS (Controlled Substance Ordering System). CSOS subscribers can see benefits including online ordering of Class IIs, faster transactions, a decrease in ordering errors and lower transaction costs.

Q: What can a distributor do to help reduce costs in my Rx spend?

JE: There are two areas of potential hard-cost savings when it comes to Rx: generics and group purchasing organizations (GPOs). Your Rx provider should carry a comprehensive portfolio of generic options and provide the tools and resources to help you identify these opportunities. In addition, belonging to the right GPO for your Rx business can also help you save money. Your distributor should have access to a broad range of GPO options and work with you to determine the best fit for your facility.

Q: If I am setting up a new facility, what can a distributor do to help me through this process?

JE: There are many tough decisions to be made when opening a new facility. Ordering your supplies shouldn't be one of them.

Representation is key to making the experience easier. Work with your distributor to secure a local account manager who can help you navigate through the setup process. Typically your distributor representative can provide you with product formularies of not only the Rx items you need, but also the med-surg supplies and equipment your facility requires to get started.

Also, working with a distributor that provides a dedicated team that can manage your orders and stage the products for a single delivery when you are ready to move in can prevent a lot of headaches. ■

Learn more about McKesson Medical-Surgical at www.mckesson.com.

References

[1] "Therapeutic equivalence" is determined by the FDA. Please see full product inserts for prescribing information and refer to the Orange Book rating to confirm bioequivalency of generic equivalents.

Now you can save money— and the environment.

REPROCESSING:

- Proven Safe
- Saves Money
- Environmentally Friendly

Reprocess disposable medical devices without compromising patient safety or clinical outcomes. McKesson offers reprocessing as a safe, money-saving alternative to purchasing new devices that's good for the environment. We have partnered with SterilMed® because we believe they offer a valuable solution for our ASC customers. **For more information contact your McKesson Medical-Surgical Account Manager or call 866.McK.ANSWer (866.625.2679).**

6 Strategies for Surgery Centers to Address Drug Shortages

By Rob Kurtz

The unprecedented shortage of critical drugs used by ambulatory surgery centers has severely impacted an ASC's ability to provide services, according to Sheldon S. Sones, RPh, FASCP, president of Sheldon S. Sones and Associates, a pharmacy and accreditation consulting firm based in Newington, Conn. There are several causes for the U.S. drug shortage as identified by the American Society of Health-System Pharmacists (ASHP) and other industry experts:

- Natural disasters that reduce access to raw materials, most of which come from outside the United States
- Product recalls, such as those that have occurred over the past year with some brands of propofol
- Business decisions of manufacturers that curtail or eliminate further production
- FDA enforcement actions limiting further production of specific products
- Volume demands that far exceeded anticipated production projections
- Stockpiling of drugs

While there is pending legislation and other efforts underway to help reduce shortages and assure more timely communications, there is no foreseeable solution to the problem. As such, surgery centers must take action now and identify ways to minimize the negative impact of the shortage on their facility, says Mr. Sones. Here are six strategies he suggests ASCs follow.

1. Regularly visit the ASHP Drug Product Shortages Management Resource Center. Mr. Sones suggests ASCs bookmark the following website: www.ashp.org/drugshortages/current/. It will take you to the ASHP Drug Product Shortages Management Resource Center. On this page you can review drug shortage resources, including the ASHP's "Guidelines on Managing Drug Product Shortages in Hospitals and Health Systems [2009]" and a webinar on "Effective Management of Supply Chain Challenges: Focus on Parenteral Drug Shortages."

This site also provides bulletins on the current drug shortage. "[The website] is one of the best that tells you reasons for shortages and anticipated release dates," Mr. Sones says.

Note: Going one level higher on the website to www.ashp.org/shortages provides additional resources ASCs might find helpful.

2. Multiply your resources. Mr. Sones suggests ASCs develop services with more than one wholesaler. "It's not the wholesaler's 'fault' but we have to broaden our options of supply," he says. "My experience is that shortages or backorders of a particular item with one wholesaler doesn't necessarily mean the secondary wholesaler can't step up for you. In fact, we have had luck with small volume wholesalers when the larger companies have demands that exceed their allotment quotas. Work with your pharmacy consultant to identify alternative resources."

Mr. Sones also advises ASCs to keep their eyes on relative price increases in response to shortages. "Having two or three wholesalers who you regularly work with, will go far to assure consistent pricing rather than opportunistic pricing that any industry in short supply might face," he says.

3. Project needs. ASCs should work to understand clearly what type of drugs and in what amounts they need to adequately support the facility's daily, weekly and monthly services, and have active orders in place to cover these projections.

"One of the things that work well for our facilities is to have inventory control systems that show a historic trend in relation to volume or in relation to time frames (i.e., per month)," Mr. Sones says. "For example, during the ongoing propofol shortage, it was fairly easy to identify weekly or monthly needs. If your system can't currently reveal this, a simple manual tally will work for key items. While wholesalers can give you a historical trend, that is data based on their sales to you and not your overall purchases when multiple sources are used.

"My facilities had little problem, knowing what they needed," he says. "Getting it, was the challenge."

While it's important to have an adequate stock to cover the caseload, he says ASCs should refrain from "stockpiling" drugs (see strategy #6).

4. Consider alternative drugs. Whenever possible and when appropriate, ASCs can consider and purchase alternative drugs. "For some drugs, there simply are no alternative pharmacological choices," Mr. Sones says. "Generally speaking, alternatives are not always 'drugs of choice,' but they can be safe and efficacious options nonetheless," he says.

Before purchasing alternative drugs, make sure the decision to do so has received approval from your ASC's medical executive committee and/or medical director on an interim basis before the MEC next meets, Mr. Sones says.

5. Consider alternative dosage forms. Mr. Sones says ASCs can consider deviating from their currently used products and consider purchasing alterative dosage forms such as premixed antibiotics instead of traditional vials, higher volume vials (such as a 50 ml. vial rather than a 20 ml. vial), different product availabilities such as the less desirable multiple dose vials rather than ampoules and generics rather than stipulating a "trade name" (which might serendipitously bump reasonable options out of the ordering process at the wholesaler level).

"We should minimize the use of multiple-dose vials, but in this climate, sometimes best options are not there for us," Mr. Sones says.

6. Avoid stockpiling. ASCs might be tempted to make a significant purchase of a drug it needs once that drug becomes available in an effort to stockpile it for the future in anticipating of shortages. Informally called "stockpiling," it is practice the ASHP suggests the medical community to refrain from in "good (medical) community spirit", says Mr. Sones.

"While there are isolated anecdotal reports of some hospitals and surgical centers 'stockpiling' drugs in short supply, by and large I find this not the case in ASCs," he says. "By exercising some of the ideas mentioned, we have walked the tightrope between need, supply and ordering restraint. Drug and material shortages for the ASC material manager or drug purchasing person is like playing hopscotch on a moving sidewalk: We can take good steps, but the sidewalk is always moving." ■

Learn more about Sheldon S. Sones and Associates and www.sheldonsones.com.

Empowering Healthcare

Never Fill Out Another 222 Form Again

CSOS MANAGER

Save time. Avoid hassles.

Order controlled substances the easy way with CSOS Manager. Take advantage of CSOS (Controlled Substance Ordering System) – fewer errors, more items per order, faster processing – and never fill out another 222 form again.

Talk with your McKesson Account Manager or contact us at 877.4MK.CSOS (877.465.2767) or mms.csos@mckesson.com to learn how to start using CSOS Manager.

8 Ways for Surgery Centers to Reduce Look-Alike/Sound-Alike Drug Errors

By Rob Kurtz

Blue Chip Surgical Partners Vice President of Operations Regina E. Dolsen, RN, BSN, MA, outlines eight steps ambulatory surgery centers can take to reduce the likelihood of errors with look-alike/sound-alike drugs.

1. Establish color-coding system. It is worthwhile for ASCs to put in the time and efforts to create a labeling system with a variety of color codes to help ensure visual identification of medications and reduce the likelihood of mix-ups, Ms. Dolsen says. "The use of a labeling system in all areas within the ASC, such as carts, cabinets, narcotic cabinets, etc., provides consistency for staff and clarity," she says.

2. Separate medications similar in appearance. ASCs should identify the medications that are packaged in a similar manner or are similar in coloring and appearance, she says. "I would recommend [ASCs] organize these medications in locations such that items of the same color or packaging are not next to each other," Ms. Dolsen says.

3. Don't default to alphabetical organization. While it might be the easiest way to organize medications, using an alphabetical system could potentially increase the chance of errors. "Often, use of alphabetic organization is not the best practice," says Ms. Dolsen. "Organization of medications on the shelves, drawers, etc., so that items with the same or similar names are not next to each other is helpful."

4. Use online resources. The Food and Drug Administration and Institute for Safe Medication Practices websites (www.fda.gov and www.ismp.org) are great sources for examples and listings of the medications commonly referred to as look-alike/sound-alike drugs, Ms. Dolsen says. "The listings help ASCs identify their confusing medications and their specific look-alike medications," she says. "The Joint Commission website (www.jointcommission.org) also has information related to this topic."

5. Use "tall man" letters. The use of tall man lettering is another recommendation from Ms. Dolsen for highlighting medications that are similar. "Several studies have shown that highlighting sections of drug names using tall man letters can help distinguish similar drug names, making them less prone to mix-ups," she says. "FDA, ISMP, The Joint Commission and other safety-conscious organizations have promoted the use of tall man letters as one means of reducing confusion between similar drug names."

6. Make center-specific list of drugs. ASC leadership should work proactively to educate its staff to the center's specific medications that may appear confusing or are on the ISMP list. "Post a list that you have tailored to your specific center-approved medications in your medication area," Ms. Dolsen says. "This list, not the list you obtain from FDA or ISMP, will be pertinent to your center and your staff. Make a concentrated effort to keep this list accurate and current."

7. Seek out and utilize additional educational resources. Ms. Dolsen says ASCs should proactively educate their staff and physicians by finding and using resources available outside the facility. "There are a variety of alerts and resource articles that you can post to help educate staff and physicians," she says. "These postings help keep the information in front of the staff and keep them current."

8. Include medication errors in your QI program. "Medication error reduction programs and monitoring medication errors, included as part of the ASC's quality improvement program, are opportunities for ongoing management of this patient safety issue," says Ms. Dolsen. ■

Learn more about Blue Chip Surgical Partners at www.bluechipsurgical.com.

3 Areas of Focus for Safe Drug Management

By Rob Kurtz

Sandy Berreth, RN, MS, CASC, administrator of Brainerd Lakes Surgery Center in Baxter, Minn., and a AAAHC surveyor, shares the following thoughts on three critical areas of focus for safe drug management in an ASC.

1. There are a few medication standards that have caused some concerns at the time of a CMS or AAAHC survey. One of these standards calls for a facility's review and update of all individual patient medications at each visit, including over-the-counter products and dietary supplements. Facilities should have a method of tracking their patients use of such products; this is especially important for some supplements that can affect surgical outcomes and patient safety, such as increased bleeding concerns, cardiovascular concerns and drug interactions, including detrimental effects on the anesthetic agents. It is helpful to have an individual section in your medical records dealing with herbal supplements and over-the-counter products. The preoperative phone personnel should identify potential concerns. It would be suggested to have a list of the more common over-the-counter products and dietary supplements and their effects located where the preoperative phone calls are made.

2. CMS is emphasizing the labeling of all injectable medications that have been drawn into syringes and oral medications that have been removed from the original packaging. These medications must be identified by the original manufacturer and be appropriately labeled with the initials of the person who draws it and the label should include the date and time to indicate when it was drawn, as well as both content and expiration date (CMS standard 416.48(a)). It is a common practice for facilities to have templates for labels that the staff uses when drawing these medications up.

3. Finally, if sound-alike or look-alike medications are present, the organization identifies and maintains a current list of these medications and has policies in place to prevent errors. There are online resources to help an organization identify all the possible look-alike or sound alike medications, include the list in the policy and procedure book and hang it when the medications are stored for a quick review. ■

Contact Rob Kurtz at rob@beckersasc.com.

McKesson Medical-Surgical, based in Richmond, Va., is a leading distributor of medical-surgical supplies and equipment to physician practices, surgery centers, home care and extended care facilities. McKesson Medical-Surgical helps manage the business of healthcare through advanced supply chain models, technology and software, and by offering comprehensive solutions to healthcare providers across the country.

ASC Management Software

www.mednetus.com

All Inclusive Software -

- Scheduling
- Billing
- Inventory
- DMS/EMR
- Reporting
- Physician Portal
- Patient Portal
- iPhone / iPad App

The Missing Piece of the Puzzle for your ASC

A Perfect Solution for Billing & Management Companies also

Features -

- Local or Web Hosting
- Software-as-a-Service
- Attractive License Pricing
- Reduced IT Costs
- Secure & Scalable

866-968-MNET

Rules for Beyond Use Dating of Medications Drawn Into Syringes: Q&A With Anesthesiologist Dr. Clifford Gevirtz

By Rob Kurtz

Clifford Gevirtz, MD, is employed by RAA of New York and practices anesthesiology throughout New York and Long Island, N.Y. RAA is managed by Somnia.

Q: As a practicing consultant pharmacist to ambulatory surgery centers, I am often asked about the beyond use dating of medications drawn into syringes. Since most ASCs do not have an isolator or glove box for this procedure, I advocate following USP 797, and consider those pre-drawn syringes an immediate-use compounded sterile preparation, and suggest a one-hour beyond use dating. Is this too stringent? Does USP 797 apply in these situations if they are not IV admixtures but are, for example, injectable local anesthetics which are not given intravenously?

Dr. Clifford Gevirtz: Yes, I think you (the consulting pharmacist) are going a bit far in your interpretation. To quote from the USP 797 guideline (www.usp.org/audiences/pharmacist/797FAQs.html):

"The beyond use data after initially entering or opening (e.g. needle punctured) multiple dose container is 28 days." As an example, a multi-dose vial of lidocaine that was used to create a skin wheal prior to starting an IV would be good for 28 days after first being entered. However, if the expiration date of the vial is sooner than 28 days, then it expires on that date. Good practice is note the date first entered on the label.

"The standards in this chapter (USP 797) do not pertain to the clinical administration of CSPs (compounded sterile preparations) to the patient via...infusion...injection..." i.e., the rate of infusion and duration is up to the clinician.

The product insert on propofol is of special interest; it states:

"Propofol Injectable Emulsion should be prepared for use just prior to initiation of each individual anesthetic/sedative procedure. The vial

syringe rubber stopper should be disinfected using 70% isopropyl alcohol. Propofol Injectable Emulsion should be drawn into sterile syringes immediately after vials are opened. When withdrawing Propofol Injectable Emulsion from vials, a sterile vent spike should be used. The syringe(s) should be labeled with appropriate information including the date and time the vial was opened. Administration should commence promptly and be completed within 12 hours after the vials have been opened."

The imported ampules of propoven actually suggest that the drug be filtered with a 5 micron needle filter to remove any particulates as part of the process of drawing up the medication.

Another common issue in providing analgesia in ambulatory settings involve local anesthetic/opiate infusions. The USP poses this Q&A:

"If a pharmacy prepares an epidural bag of bupivacaine in 100 mL normal saline, can an anesthesiologist add fentanyl to that same bag on the floor? If so, what would the BUD (beyond use date) be?

"If fentanyl is added in worse (dirtier) than an ISO Class 5 environment (outside of a sterile hood), then this becomes an Immediate-Use CSP, for which there is no administration duration requirement. The Immediate-Use CSPs' section states a warning regarding potential harm to patients from extended administration durations of contaminated CSPs." ■

Learn more about Somnia at www.somniaanesthesiaservices.com.

9th Annual Orthopedic, Spine and Pain Management-Driven ASC Conference

Improving Profitability and Business and Legal Issues

Register Today!
Great topics and speakers focused on key business, clinical and legal issues - 101 sessions, 134 speakers.

Featuring Keynote Speakers Coach Mike Ditka, legendary NFL football player and coach, and Healthcare Futurist Joe Flower, CEO, The Change Project

June 9-11, 2011 • Chicago
To register, call (703) 836-5904
or e-mail registration@ascassociation.org
Register online: https://www.ascassociation.org/june2011.cfm

For exhibiting or sponsorship opportunities, call (800) 417-2035.
To learn more, visit: www.beckersasc.com

70 of the Best Knee Surgeons in America

By Molly Gamble

The following knee surgeons were selected based on awards they received from major organizations in the field, leadership in those organizations, work on professional publications and positions of service at hospitals and surgery centers. The surgeons are listed in alphabetical order by last name. All physicians who are placed on the list undergo substantial review from our editorial staff and industry leaders. Physicians do not pay and cannot pay to be selected as a best physician. This list is not an endorsement of any individual's or organization's clinical abilities. *Editor's note:* Specialists are listed in alphabetical order by last name. To view the profiles of these physicians, visit **www.beckersasc.com/bestknee2011.**

Ned Amendola, MD
(University of Iowa Hospitals & Clinics, Iowa City, Iowa)

James Andrews, MD
(Andrews Sports Medicine and Orthopaedic Center, Birmingham, Ala.)

Bernard R. Bach, Jr., MD
(Midwest Orthopaedics at Rush, Chicago)

Daniel Berry, MD
(Mayo Clinic, Rochester, Minn.)

Richard A. Berger, MD
(Midwest Orthopaedics at Rush, Chicago)

Kevin Black, MD
(Penn State Hershey Medical Center, Hershey, Pa.)

Robert Booth, MD
(Pennsylvania Hospital, Philadelphia)

William Bugbee, MD
(Scripps Clinic, La Jolla, Calif.)

Joseph Burkhardt, DO
(Great Lakes Bone & Joint, Battle Creek, Mich.)

Charles Bush-Joseph, MD
(Midwest Orthopaedics at Rush, Chicago)

James Caillouette, MD
(Newport Orthopedic Institute, Huntington Beach, Calif.)

John J. Callaghan, MD
(University of Iowa, Iowa City)

Megan Williams
Account Manager
Amerinet

From purchases on custom procedure trays to pharmacy and surgical supplies — Megan Williams and Amerinet offer proven advantages that drive more meaningful improvements for surgery centers.

to create

is to evolve. This is our contract with you: developing new ways to lower your costs, increase revenue and stay on the job to make sure it all works. Listening, creating and delivering group purchasing solutions truly unique to your ambulatory surgery center.

Why settle for someone else's solution?

Amerinet. Reducing healthcare costs. Improving healthcare quality. | 877.711.5700 | www.amerinet-gpo.com/create1.aspx

William G. Clancy, MD
(Andrews Sports Medicine and Orthopaedic Center, Birmingham, Ala.)

Brian Cole, MD
(Midwest Orthopaedics at Rush, Chicago)

Dan Cooper, MD (The Carrell Clinic, Dallas)

David Dalury, MD
(Towson Orthopaedic Associates, Towson, Md.)

Douglas A. Dennis, MD
(Colorado Joint Replacement, Denver)

Lawrence D. Dorr, MD
(Good Samaritan Hospital, Los Angeles)

Jason L. Dragoo, MD
(Stanford Hospital and Clinics, Redwood City, Calif.)

Neal ElAttrache, MD
(Kerlan-Jobe Orthopaedic Clinic, Los Angeles)

Burton F. Elrod, MD
(Elite Sports Medicine and Orthopaedic Center, Nashville, Tenn.)

Gerald Engh, MD
(Anderson Orthopaedic Clinic, Arlington, Va.)

Jack Farr, MD (OrthoIndy, Indianapolis)

Tom Fehring, MD
(OrthoCarolina, Charlotte, N.C.)

David Fisher, MD (OrthoIndy, Indianapolis)

Freddie H. Fu, MD
(University of Pittsburgh Medical Center)

John Gill, MD
(Dallas Sports Medicine Specialists)

Thomas J. Gill, IV, MD
(Massachusetts General Hospital, Boston)

Scott Gillogly, MD
(Atlanta Knee and Shoulder Clinic)

E. Marlowe Goble, MD
(Salt River Orthopedics, Afton, Wyo.)

William L. Griffin, MD
(OrthoCarolina, Charlotte, N.C.)

Christopher Harner, MD
(University of Pittsburgh Medical Center)

Arlen D. Hanssen, MD
(Mayo Clinic, Rochester, Minn.)

Jon Henry, MD
(Aurora BayCare Orthopedic & Sports Medicine, Green Bay, Wis.)

Aaron Hofmann, MD
(University of Utah School of Medicine, Salt Lake City)

Chris Kaeding, MD (OSU Sports Medicine, Columbus, Ohio)

Rob LaParade, MD (The Steadman Clinic, Vail, Colo.)

Robert Limoni, MD
(Aurora BayCare Orthopedic & Sports Medicine, Green Bay, Wis.)

Stephen J. Lombardo, MD
(Kerlan-Jobe Orthopaedic Clinic, Los Angeles)

Walter Lowe, MD
(University of Texas Medical School, Houston)

William Macaulay, MD
(Columbia Orthopaedics in New York City)

David Mansfield, MD
(El Paso Orthopaedic Surgery Group, El Paso, Texas)

John T. Mattson, MD
(Berkeley Orthopaedic Medical Group, Berkley, Calif.)

Brian McKeon, MD
(Boston Sports & Shoulder Center)

Mark Miller, MD
(University of Virginia, Charlottesville)

Tom Minas, MD
(Brigham and Women's Hospital, Boston)

James B. Montgomery, MD
(Texas Orthopaedic Associates)

Frank Noyes, MD
(Cincinnati Sportsmedicine and Orthopaedic Center)

Stephen O'Brien, MD
(Hospital for Special Surgery, New York City)

Richard Parker, MD
(Cleveland Clinic)

Michael Lloyd Parks, MD
(Hospital for Special Surgery, New York City)

Lonnie Paulos, MD
(Andrews Orthopaedic & Sports Medicine Center)

David Raab, MD
(Illinois Bone and Joint Institute, Morton Grove, Ill.)

Chitranjan Ranawat, MD
(Ranawat Orthopaedics, New York City)

Michael Redler, MD
(The Orthopaedic & Sports Medicine Center, Trumbull, Conn.)

John Richmond, MD
(Boston Sports & Shoulder Center)

Michael D. Ries, MD
(Arthritis and Joint Replacement Center, San Francisco)

William J. Robb III, MD
(Illinois Bone and Joint Institute, Morton Grove, Ill.)

Richard Scott, MD
(Brigham and Women's Hospital, Boston)

Thomas Sculco, MD
(Hospital for Special Surgery, New York City)

Joshua Siegel, MD
(Access Sports Medicine, Exeter, N.H.)

Clarence L. Shields, MD
(Kerlan-Jobe Orthopaedic Clinic, Los Angeles)

K. Donald Shelbourne, MD
(Shelbourne Knee Center at Methodist Hospital, Indianapolis)

Richard Steadman, MD
(Steadman Clinic, Vail, Colo.)

Kevin Stone, MD
(The Stone Clinic, San Francisco)

Michael J. Stuart, MD
(Mayo Clinic, Rochester, Minn.)

Tom Thornhill, MD
(Brigham and Women's Hospital, Boston)

Russell Warren, MD
(Hospital for Special Surgery in New York City)

Edward Wojtys, MD
(University of Michigan, Ann Arbor)

David Yasgur, MD
(Mount Kisco Medical Group, Katonah, N.Y.)

*To view the profiles of these physicians, visit **www.beckersasc.com/bestknee2011**.* ■

10 Considerations for Automated Endoscope Reprocessor Selection

By Bradley J. Catalone, MD, Director of Clinical Affairs, and Mary Ann Drosnock, Infection Control Scientist, Olympus America

Automated endoscope reprocessors (AERs) have been receiving a great deal of increased attention lately due to the FDA regulatory issues surrounding the Steris System 1, which as of Aug. 2, will no longer be supported by the manufacturer in the United States. If your facility happens to be in the market for replacing or adding an AER, there are several to choose from, with state-of-the art technologies in every shape, size and feature/function offering. But before you fill out that purchasing request, here are 10 critical things to consider.

1. Scope mix — First take a look at your scope mix. If 80 percent of your inventory is Brand X, then it might make sense to first look at AERs designed specifically to reprocess scopes by that particular manufacturer.

2. Acquisition costs/budget — Consider your budget limitations before you begin looking to appropriately narrow down your options. While the $60,000 unit may have the most robust array of features, there are AERs with advanced technology for 50 percent of the price. As part of the equation, look at overall costs per cycle, including expenditures for service, support, energy, training, disinfectants and other consumables, such as test strips.

3. Footprint and specifications — Next look at your environmental limitations. Does the AER fit within your available space? Does it use a standard power supply, or do you need to have a special power supply installed? Is special plumbing required? Are there any hard or soft water requirements? Consider any factors that could impact your reprocessing room layout or incur additional expense. Some of the new AERs boast footprints that are half the size of their competitors, which translates into double the reprocessing capacity in the same space.

4. Automated records — There are many variations on the automated device tracking function, but the main purpose is to eliminate human error and the labor associated with manual entry. Automation may include operator identification as well as reprocessing time, date and error codes specific to each endoscope, tracked by model and serial number. Automation saves time and is an important enhancement to your infection control efforts.

5. Disinfectants — Required chemicals for the AER play a critical role in determining reprocessing time, efficacy and energy efficiency. A disinfectant that is used close to room temperature is generally more energy efficient since the chemical doesn't require extensive heating prior to use. Additionally, a disinfectant that requires a shorter contact time with the scope will speed up your turnaround time. When weighing your alternatives, look at the disinfectant's cost per cycle and evaluate its microbial efficacy to determine if it kills the full spectrum of clinically relevant microorganisms. Another important consideration is whether the unit has features (i.e., closed system or gaskets/filters to control vapors) that minimize staff exposure to the chemicals used in the AER.

6. Cycle time — Cycle time is not as clear cut as it would seem. Some AERs have shorter cycles but only process one scope at a time. Others are dual scope units capable of reprocessing two scopes at once, either in a single basin for energy and cost efficiencies, or in two separate basins for independent cycle times. The best solution depends on your scope inventory and procedure load. If you have a heavy procedure volume but only a few scopes, you may be better off with an AER with a short cycle time and independent basin(s) for faster turnarounds. If you are a high volume facility with a robust scope inventory, a dual scope AER processing two scopes at one time might be your best option.

7. Cleaning claims — A few of the newest AERs also have cleaning claims which can either augment or eliminate steps in the manual cleaning process. When you are evaluating "cycle time," consider whether a slightly longer cycle time is offset by a reduction in time required in the overall manual cleaning process. Remember that elimination of these manual cleaning steps can result in a process that is more consistent and results in less repetitive injuries to staff since these steps are the most variable and labor intensive in the process.

8. Service — Another important consideration is the servicing of your AER. Find out how easy it is to service the unit and what a typical service schedule looks like for that model. Ask what yearly maintenance and servicing fees you should expect and how quickly service can be provided for the unit. Also find out if the AER is mobile; this is a nice feature, allowing the unit to be moved to prevent disruption of workflow within the endoscopy unit.

9. Training — Make sure to check what training and support is provided with purchase of the AER. Are there onsite visits to train staff or repeat visits when new staff is hired? Is remote support provided to help troubleshoot issues or to answer your questions? What training tools, such as videos or competency checklists, are available to ensure that staff members are properly trained?

10. Compatibility — Consult with the AER manufacturer regarding compatibility of your endoscopes with a specific AER or chemical. Chemical compatibility is influenced by a number of factors, including the chemical itself, the required contact time with the endoscope, and the temperature at which the chemical is used.

There are many features to consider when evaluating a new AER. Although cost is the most obvious factor that may influence a purchasing decision, determining the actual cost of using an AER may be less obvious. It includes not only the cost of the actual unit, but also installation costs, energy costs, the cost of the consumables to support the AER, labor costs associated with staff in reprocessing the endoscopes, repair/service costs for the AER, and repair costs for the endoscope being reprocessed. ■

Learn more about Olympus America at www.olympusamerica.com.

9th Annual Orthopedic, Spine and Pain Management-Driven ASC Conference

Improving Profitability and Business and Legal Issues

Register Today!

Great topics and speakers focused on key business, clinical and legal issues - 101 sessions, 134 speakers.

Featuring Keynote Speakers Coach Mike Ditka, legendary NFL football player and coach, and Healthcare Futurist Joe Flower, CEO, The Change Project

June 9-11, 2011 • Chicago

To register, call (703) 836-5904

or e-mail registration@ascassociation.org

Register online: https://www.ascassociation.org/june2011.cfm

For exhibiting or sponsorship opportunities, call (800) 417-2035.

To learn more, visit: www.beckersasc.com

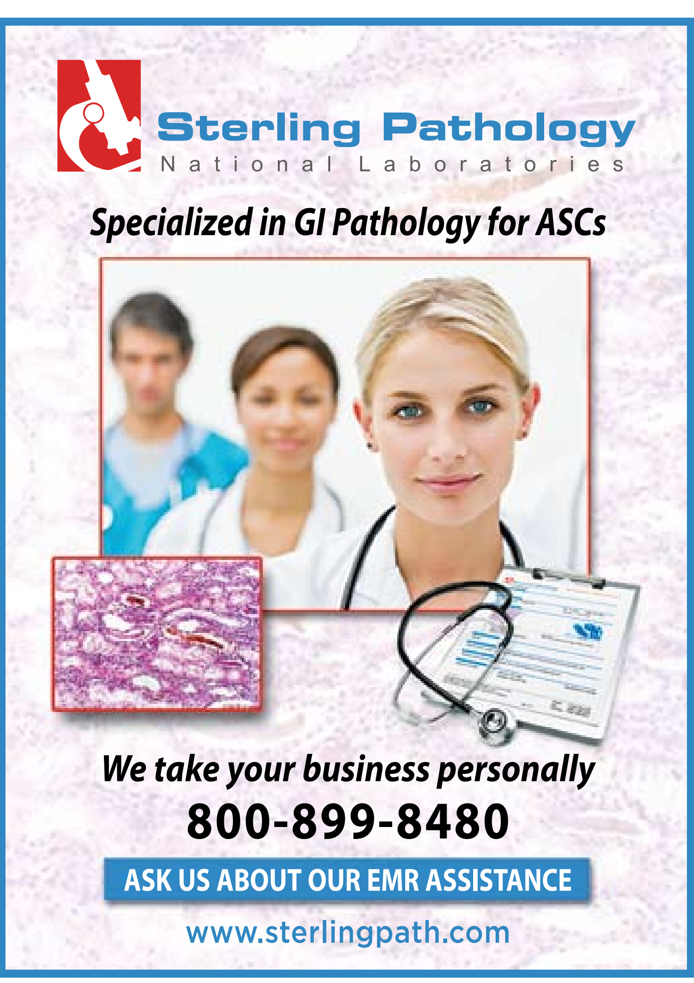
135 Great Surgery Center Administrators to Know

By Rachel Fields

Here are profiles of 135 ambulatory surgery administrators who work tirelessly to promote quality outcomes, patient satisfaction, financial profitability and team cohesion at their centers. *Editor's note:* Specialists are listed in alphabetical order by last name. To view the complete profiles of these administrators, visit **www.beckersasc.com/bestadmins2011.**

Margaret Acker, RN, MSN, CASC (Southwest Surgical Center in Grand Rapids, Mich.). Ms. Acker is the administrator of Southwest Surgical Center, a multi-specialty freestanding ASC. She has worked in the ASC industry for over a decade as a consultant, administrator and presenter. Ms. Acker serves on the "approver committee" for the American Society of Ophthalmic Registered Nurses continuing education. She also serves on the board of directors for St. Luke's Clinic, providing healthcare for the poor and medically underserved.

Kathleen Allman, CASC (Millennium Surgery Center in Bakersfield, Calif.). Ms. Allman is the administrator of Millennium Surgery Center. She started her career as a staff nurse for Loma Linda University (Calif.) Medical Center and arrived in Bakersfield with the intention of opening a new OR suite in the newly-constructed Mercy Southwest Hospital. When NSC was purchased by Health South, the opportunity arose to develop a new center from the ground up. The project — now Millennium Surgery Center — was Ms. Allman's baby from the beginning.



Kim Andry, CASC (Great Lakes Surgical Center in Southfield, Mich.). Ms. Andry, the administrator at Great Lakes Surgical Center, oversees all business operations and serves as business manager and administrator of her physician-owned facility. Even without the benefit of corporate or hospital assistance, Ms. Andry has helped make GLSC one of the most profitable ASCs in the Midwest. She has grown net income each year for the last three years, despite essentially stable revenue.

Brent Ashby, CASC (Audubon Surgery Center in Colorado Springs, Colo.). Mr. Ashby is the administrator of three surgery centers — Audubon Surgery Center, Audubon ASC at St. Francis and Women's Surgical Center, all located in Colorado Springs, Colo. Mr. Ashby has led the surgery centers through the implementation of an IT system, the creation of a staff profit-sharing program and a boycott of payors who are unwilling to offer reasonable payment rates.

Cathy Atwater (Banner Health-Union Hills Surgery Center and Banner Thunderbird Surgery Center in Peoria, Ariz.). Ms. Atwater serves as the administrator of Banner Health-Union Hills Surgery Center and Banner Thunderbird Surgery Center, positions she has held since Jan. 2010 and Feb. 2005, respectively. Ms. Atwater is often seen rounding through the pre-op and PACU areas of her surgery center and dedicates significant effort to marketing the center.

Beverly Baker (Timberlake Surgery Center in Chesterfield, Mo.). Ms. Baker has served as the administrator of the Timberlake Surgery Center since 2008. Prior to joining Timberlake Surgery Center, she worked as a healthcare consultant specializing in practice operations and an administrator for private physician practices. She was instrumental with the new facility's start-up phase, achieving a three-year accreditation with AAAHC and receiving Symbion's President's Club Award in 2008.

James Lee Baker Jr. (Scenic View Surgery Center in Alamogordo, N.M.). Mr. Baker, administrator of Scenic View Surgery Center, has over 30 years of experience in surgical environments. During his career, he has managed the construction and startup of four new surgical facilities, achieved state Medicare certificate on those facilities' first inspectors and passed AAAHC inspections with no clinical deficiencies.

Glenda Beasley, RN (Kentucky Surgery Center in Lexington, Ky.). Ms. Beasley is the administrative director of the Kentucky Surgery Center, a multi-specialty surgery center opened in 1986. Ms. Beasley joined the center in 1990 and celebrated her 20-year anniversary with KSC in July 2010. She started at the center as an OR circulator and was promoted to OR/PACU/pre-operative supervisor and then clinical director before becoming the administrative director. She currently oversees 90 employees and an average of 1,000 cases per month.

Linda Beaver, RN, MSN, MHA (Gateway Endoscopy Center in St. Louis, Mo.). Ms. Beaver serves as administrator of Gateway Endoscopy Center, a busy endoscopy facility in western St. Louis County. She started as a her career as a critical care nurse who specialized in cardiovascular recovery before moving into the management sector as a nursing supervisor, nurse manager and clinical director of multiple unit specialties in an acute-care hospital.

Christine Behm (T Surgery Center in Ventura, Calif.). Ms. Behm has served as the administrator of T Surgery Center since 2004. During her time with the center, she has negotiated contracts with Blue Cross and Aetna to combat decreased reimbursements due to out-of-network day max penal-

ties, as well as acquired and retained a great team of clinical and administrative staff. Ms. Behm has worked to update the facility and its equipment to accommodate increased orthopedic volume.

Sandy Berreth, RN, MS, CASC (Brainerd Lakes Surgery Center in Baxter, Minn.). Ms. Berreth serves as the administrator of Brainerd Lakes Surgery Center, a multi-specialty ASC that performs approximately 4,500 cases a year. She has been in the ambulatory surgery management arena for 12 years and has worked at her current center since 2004. Ms. Berreth recently completed her AAAHC surveyor training and has obtained her privileges from AAAHC as a participating surveyor.

Josh Billstein (The Polyclinic in Seattle). Mr. Billstein joined The Polyclinic in June 2010. He currently serves as practice manager for the three-OR, multi-specialty ASC, where he has helped integrate cardiology cases into the center's caseload. He has also helped put the ASC under its expense budget by eight percent for 2010 by utilizing a group purchasing organization and resource management.

Stephen E. Blake, JD, MBA, CPA (Central Park Surgery Center in Arlington, Texas). Stephen Blake serves as the administrator of Central Park Surgery Center, a 100-percent physician-owned facility accredited by the AAAHC. According to Kathy Kennison, RN, the ASC's nurse manager, the center has achieved better than 99 percent patient satisfaction survey results since its inception in 2006.

Steven Blom, RN, MAHSM, CASC (Specialty Surgery Center in San Antonio, Texas). Mr. Blom has been the executive director of the Specialty Surgery Center in San Antonio for just over 10 years, a position he fills in addition to his work as regional director for national surgical care at National Surgical Care. When it opened its doors, the ASC had two ORs with nine physicians performing around 3,000 cases annually. Today, the ASC is up to 30 physicians performing over 9,000 cases annually.

Chris E. Bockelman, CPA (Foundation Surgery Center of Oklahoma in Oklahoma City, Okla.). Mr. Bockelman has served as administrator of Foundation Surgery Center since April 2010. During his time at the center, he has increased case volume by recruiting three new surgeons previously considered "unattainable," as well as two more busy surgeons who are currently preparing to join the center.

Betty Bozzuto, RN, MBA, CASC (Naugatuck Valley Surgical Center in Waterbury, Conn.). Ms. Bozzuto is executive director of Naugatuck Valley Surgical Center and former president and a founding member of the Connecticut Association of Ambulatory Surgery Centers. Ms. Bozzuto is also a surveyor for AAAHC and president of Connecticut's Ambulatory Surgery Center Patient Safety Organization.

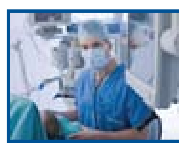
John Brock (NorthStar Surgical Center in Lubbock, Texas). Mr. Brock has served as the administrator of NorthStar Surgical Center for 5.5 years. During his time at NorthStar, Mr. Brock has grown case volume for three out of five years, syndicated multiple new physician partners, added a new service line in gastric lap banding and opened a sixth OR, among other accomplishments.

Pamela Bronson (Northeast Surgical Care in Newington, N.H.). Ms. Bronson has been the administrator of Northeast Surgical Care since the center opened in 2000. The freestanding ASC features a single OR that regularly functions at maximum capacity and handles 1,800 cases each year. According to Eric Simon of Access Sports Medicine and Orthopaedics, Ms. Bronson played an integral role in the opening of Northeast Surgical Care.

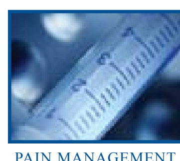
Dean Brown (The Orthopaedic Center at Springhill in Mobile, Ala.). Mr. Brown has served as the CEO of Alabama Orthopaedic Clinic, a group of 20 orthopedic specialists

MEDI-CORP, INC.

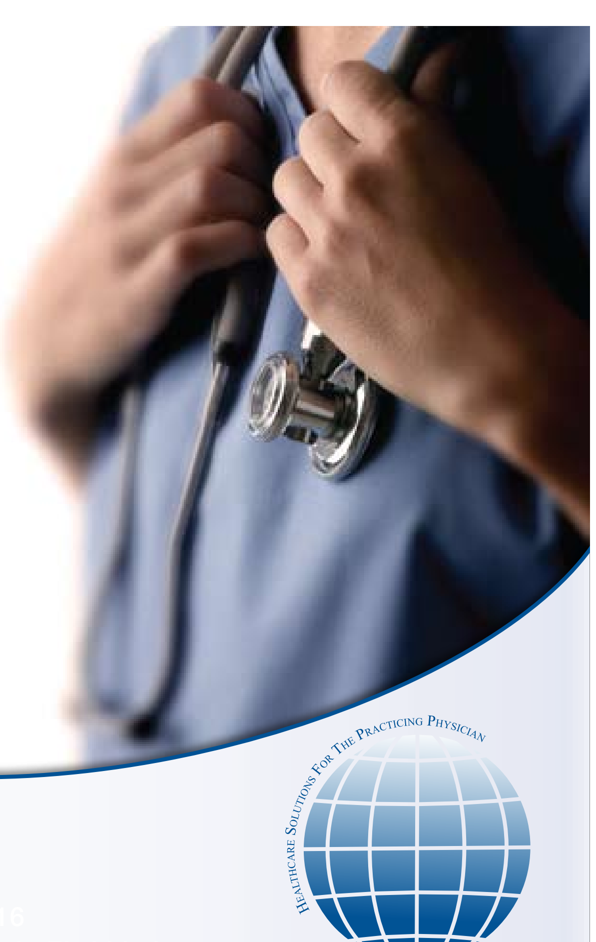
YOUR BILLING AND COLLECTION SOLUTION


ANESTHESIA

SURGICAL CENTERS


PAIN MANAGEMENT

- ✓ *Practice Analysis*
- ✓ *Competitive Fees*
- ✓ *Personalized Service*
- ✓ *Customized Billing Programs*
- ✓ *Denial Management Review*
- ✓ *Coding Compliance and Education*
- ✓ *24/7 Access to System*
- ✓ *Contract Negotiations*
- ✓ *Credentialing*
- ✓ *Provider Education*



in Mobile, for the past 11 years. For the past six years, has had a dual role as the administrator for The Orthopaedic Center at Springhill.

Chuck Brown (Bidwell Surgery Center in Middletown, Ohio). Mr. Brown worked for Health Inventures in ASC development for the first 10 years of his career before he had the opportunity to open Bidwell Surgery Center. The center has struggled financially because of the economy of the local area — Medicaid represents 33 percent of the ASC's payor mix. Due to these challenges, Mr. Brown says his main goals are to keep staff morale high, maintain costs and provide excellent patient care.

Ron Bullen (Moreland Surgery Center in Waukesha, Wis.). Mr. Bullen is a 23-year Major retired from the U.S. Army; he owns his own consulting business and manages a medical services outsourcing company in addition to running his seven-OR multi-specialty ASC. Mr. Bullen was instrumental in forming and developing the current joint-venture ASC entity, which has been in operation for two years.

Karen Cannizzaro, CASC (Physicians Day Surgery Center in Naples, Fla.). Ms. Cannizzaro started her career in ambulatory surgery in 1992, working as a surgery scheduler. She says she "literally worked her way into administration" and received her CASC certification in 2006. The center's patient satisfaction rate consistently runs over 99 percent, and the average employee has been with the facility for eight years.

Connie Casey (Northpoint Surgery and Laser Center in West Palm Beach, Fla.). Ms. Casey is the administrator of Northpoint Surgery and Laser Center, the first physician-owned surgery center in the West Palm Beach area. When the center opened in 1996, the owners were told they would never make it. Fifteen years later, Northpoint Surgery and Laser Center is one of the most profitable healthcare facilities in the area, staffing 82 employees and featuring five ORs.

Cynthia Condron (South Shore Surgery Center in Bay Shore, N.Y.). Ms. Condron serves as the administrator of South Shore Surgery Center, a facility that opened in collaboration with ASCOA in Dec. 2010. The newly constructed facility is an 11,000-square-foot center with three operating rooms and two procedure rooms. The center achieved successful New York State licensure on Dec. 17 and performed its first case on Dec. 20.

Mary Ann Cooney, RN, CASC (Riverside Outpatient Surgery Center, Columbus, Ohio). Ms. Cooney is the administrator of Riverside Outpatient Surgery Center, a multi-specialty facility in central Ohio currently managed by Health Inventures. Ms. Cooney says, "We believe that the ambulatory surgery patient should expect to receive cost effective, convenient, efficient care, consistent with accepted standards of practice, recognizing the patients' rights to be active participants in their plan of care."

Rebecca Craig, RN, CNOR, CASC, CPC-H (Harmon Surgery Center in Fort Collins, Colo.). Ms. Craig is CEO of Harmony Surgery Center, a multi-specialty, Joint Commission-accredited ASC. Ms. Craig helped to open the joint-venture center 10 years ago. In April 2008, Ms. Craig helped develop and open another joint-venture ASC, MCR Surgery Center, with local physicians and Poudre Valley Health System in Loveland, Colo.

Tracy Cregg (Surgery Center of Silverdale in Silverdale, Wash.). Ms. Cregg was the first employee hired by the Surgery Center of Silverdale upon its opening in May 2007. She was initially hired as the center's business manager, and together with the medical director, completed the implementation of services at the center. Ms. Cregg was promoted to administrator in Feb. 2009 and has since added pain management and five other specialties and continued AAAHC accreditation.

Deborah Lee Crook, RN, CASC (Valley Ambulatory Surgery Center & Valley Medical Inn in St. Charles, Ill.). Ms. Crook's ASC, Valley Ambulatory Surgery Center & Valley Medical Inn, is a seven-OR, multispecialty surgical facility. Since assuming her role as administrator in 2006, Ms. Crook has implemented improvements and changes in communication, staffing patterns, teaching, use of technology, change in processes and expense management to increase the efficiency of the center.

Brenda Cyrulik (Eastland Medical Plaza Surgicenter in Bloomington, Ill.). Ms. Cyrulik is the administrator at the Eastland Medical Plaza Surgicenter in Bloomington, Ill., a joint venture between St. Joseph Medical Center in Bloomington and 26 physician-investors. The center opened in 2001 and has four ORs dedicated to multi-specialty surgery and four procedure rooms dedicated to endoscopy and pain management. The center performs an average of 7,200 procedures annually.

Louise DeChesser, RN, CNOR, MS (West Hartford Surgery Center in West Hartford, Conn.). Ms. DeChesser, administrator of West Harford Surgery Center, has over 40 years of perioperative healthcare leadership experience. Prior to joining HVP, she served as director of surgical services for a large New England Hospital and as president of her own surgery center consulting company, Surgical Solutions.

Greg DeConciliis, CASC (Boston Out-Patient Surgical Suites in Waltham,

Mass.). Mr. DeConciliis serves as the administrator of Boston Out-Patient Surgical Suites, which opened in July 2004 as a multi-specialty center specializing in orthopedics and pain management. In March 2010, the center sold a majority interest to AmSurg. He says the center has achieved over 98 percent "excellent" ratings on patient satisfaction surveys.

Linda Deeming, RN, BSN, MBA, CNOR (Longmont Surgery Center in Longmont, Colo.). Ms. Deeming has served as the administrator of Longmont Surgery Center since Jan. 2009. The multi-specialty surgery center opened in Oct. 1996. Since starting work at Longmont, Ms. Deeming has successfully increased patient, staff and physician satisfaction scores, maintained fiscal strength during an economically challenging season and prepared the center to convert paper charts to an electronic health record.

Jody Delahunty, RN, CNOR (Heartland Surgery Center in Kearney, Neb.). Ms. Delahunty started at Heartland Surgery Center as clinical director when it opened in May 2001 and was asked to move into the administrator role one month later. The center's first few years were "slow and steady," she says, but when a large orthopedic group moved its cases to the center, case volume jumped from 2,000 cases annually to 5,600.

Jolynn Dobson Cook, RN, COE (Laurel Eye Clinic and Laurel Laser & Surgery Centers in Brookville, Pa.). Ms. Cook is the administrator of the Laurel Eye Clinic and the Laurel Laser & Surgery Centers, a position she has held for 13 years. As administrator, she oversaw the development and construction for both ophthalmic ASCs owned by the practice.

Lynda Dowman Simon (St. John's Clinic: Head & Neck Surgery in Springfield, Mo.). Ms. Simon is the administrator at St. John's Clinic: Head & Neck Surgery. Ms. Simon has been at her center since 1994. Prior to coming to St. John's, she worked for 13 years at a local hospital in the open heart center and urology. According to Ms. Dowman Simon, St. John's is the only ASC in Missouri dedicated solely to ENT procedures, and the center's patient satisfaction rating currently sits at 98.17 percent.

Vicki Edelman, RN, CASC (Blue Bell Surgery Center in Blue Bell, Pa.). Ms. Edelman is the administrator of Blue Bell Surgery Center, a four-room, multi-specialty ASC that opened in Sept. 2008. Blue Bell sees around 225 patients monthly and is managed by Ambulatory Surgical Centers of America. "My job would not be possible without their tireless efforts to maintain our high standards, and their support in providing quality patient care to the community we serve," Ms. Edelman says.

Pamela J. Ertel, RN, BSN, RNFA, CNOR, FABC, CASC (The Reading Hospital SurgiCenter at Spring Ridge in Reading, Pa.). Ms. Ertel oversees daily operations at The Reading Hospital SurgiCenter at Spring Ridge and serves as president of the Pennsylvania Ambulatory Surgery Association. Under Ms. Ertel's leadership, patient volume at the center increased by three percent in 2010 with no increase in supply costs due to supply standardization.

Carolyn Evec, RN, CNOR (The Surgery Center at Beaufort in South Carolina). Ms. Evec has helped improve efficiency at The Surgery Center of Beaufort in many ways. "With the help of the staff, we developed an ordering system for supplies that now involves all of the staff and eliminated a part-time staff position," she says. "We now order supplies two days a week, and it takes only about an hour to complete the process."

Andrea Fann (Orthopaedic South Surgical Center). Ms. Fann serves as the administrator of Orthopaedic South Surgical Center, a United Surgical Partners International facility. She has served in the position — her first administrator role — since 2005. "When we take care of our employees and provide strong leadership, they are more productive, and their happiness is seen by our patients and physicians," she says. Ms. Fann firmly believes that a manager does not automatically become a leader and that installing the right team is essential for ASC success.

Scott N. Faringer, CMPE, CASC (Tri-City Orthopaedic Center in Richland, Wash.). Mr. Faringer is the administrator of The Tri-City Orthopaedic Center, a USPI facility. He has 27 years of healthcare experience, including 16 in hospital management. He has spent the last 11 years in ASC administration, where he successfully oversaw three AAAHC accreditation surveys. Mr. Faringer was a past president of the Washington Ambulatory Surgery Center Association.

Judy Fladeboe (Willmar Surgery Center in Willmar, Minn.). Ms. Fladeboe serves as the administrator of Willmar Surgery Center. During her career, Ms. Fladeboe has accumulated 24 years of experience working in emergency departments and GI/endoscopy units, including 14 years as manager. In her current position, she has led the ASC through a successful EMR implementation — Willmar Surgery Center has been using ProVation Medical software for five years.

Alisa Fischer, CASC (St. Augustine Surgery Center in Florida). Ms. Fischer is the administrator of St. Augustine Surgery Center, a center that was formally owned by a hospital corporation and purchased in May 2006 by ASCOA. Prior to St. Augustine, she served as an administrator at HCA and BayCare Health System. Ms. Fischer joined the center in July 2006 during what she calls "a very challenging startup."

Dana Folstrom, RN, CASC (Mirage Endoscopy Center in Rancho Mirage, Calif.). Ms. Folstrom, administrator of Mirage Endoscopy Center, calls her biggest success "being able to do over 7,000 cases a year out of two procedure rooms." She says the remarkable case volume was achieved through physician compliance, block scheduling and a great clinical and business office staff — as well as support from Health Inventures, the center's management company.

Kerri Gantt (Barkley Surgicenter in Fort Meyers, Fla.). Ms. Gantt has been employed by Gastroenterology Associates of S.W. Florida and Barkley Surgicenter for over 15 years. According to Catherine Musselwhite, clinical supervisor of Gastroenterology Associates of S.W. Florida, Ms. Gantt's contributions are critical to the success of the organizations. "Kerri tirelessly researchers ways to improve day-to-day functions and to make this a sensible and enjoyable work place," she says.

Melodie R. Garrobo, CASC (Golden Ridge Surgery Center in Golden, Colo.). When Ms. Garrobo took over as administrator of Golden Ridge Surgery Center in 2007, she inherited an ASC with good case volume but high case costs and poor collections. By changing processes through standardization, better contracts and GPO utilization, she has kept expense increases at just under 3 percent over the last four years. The center's cash collections have increased every year since her arrival.

Cindy Givens (Surgery Center at Tanasbourne in Hillsboro, Ore.). Ms. Givens serves as administrator of Surgery Center at Tanasbourne, a multi-specialty facility with four ORs and two procedure rooms managed by Blue Chip Surgical Center Partners. In early 2010, Ms. Givens developed and implemented a "direct access colonoscopy program" to meet a critical community need to improve compliance rates with screening recommendations, which helped increase the surgery center's case volume.

Nancy Goldbranson (The Virginia Spine Institute in Reston, Va.). Ms. Goldbranson, practice administrator of The Virginia Spine Institute, is the practice's most seasoned member after CEO and President Thomas C. Schuler, MD. According to her colleagues, Ms. Goldbranson ensures the seven-physician practice runs seamlessly day in and day out.

Judy Graham (Cypress Surgery Center in Wichita, Kan.). Ms. Graham is administrator of Cypress Surgery Center, a freestanding, multi-specialty ASC that opened in Dec. 2000. In 2006, the physicians that founded Cypress entered into a joint venture with Symbion Healthcare. Ms. Graham says, "It was of the utmost importance for us to find a corporate partner that held the same high standards and to also accomplish a seamless transition for our physicians and employees — change always makes everyone nervous."

Shawna Hall, CASC (New River Valley Surgery Center in Christiansburg, Va.).

Ms. Hall joined her current center as administrative director in 2004, the year the center opened. The ASC has been able to cut expenses and remain viable without cutting full-time equivalents or affecting patient care in the past few years. Ms. Hall's positive effect on her center is evident from staff turnover: 12 of the 19 current employees at New River Valley have been with the center since its inception.

Anne Hargrave-Thomas (West Bloomfield Surgery Center in West Bloomfield, Mich.). Ms. Hargrave-Thomas, CEO of West Bloomfield Surgery Center, is credited with taking a struggling facility and turning it into a competitive and highly functioning ASC. Despite the poor Michigan economy, the facility has seen growth, and Ms. Hargrave-Thomas' leadership skills have earned her praise and recognition from the center's managing partner, National Surgical Hospitals. Ms. Hargrave-Thomas is president of the Michigan Ambulatory Surgery Center Association.

Bill Hazen, RN, CHT (The Surgery Center at Pelham in Greer, S.C.). Mr. Hazen joined the Surgery Center at Pelham six years ago, ending his 25-year tenure with Spartanburg Regional Healthcare System to join the facility. One of his biggest successes as an administrator has been the introduction of a quarterly employee bonus system. The amount of the bonus is split equally among all employees to encourage ownership, teamwork and fairness.

Steve Henry (Fremont Surgical Center in Fremont, Neb.). In July 2010, Mr. Henry began to serve as administrator of Fremont Surgical Center. Since joining the center, he has racked up an impressive list of accomplishments: He has adjusted the center's staffing model to increase productivity and net revenue and analyzed payor contacts to ensure reimbursement covers the cost of all procedures performed.

Tracy Hoeft-Hoffman (Hastings Surgical Center in Nebraska). As administrator of Nueterra Healthcare's Hastings Surgical Center, Ms. Hoeft-Hoffman has successfully met key financial indicators for her center since its opening in 2006. During challenging economic times, the center has managed to stabilize case volume with an increase in net revenue per case, as well as pay off its operating line of credit and equipment loan ahead of schedule.

Tom Holecek (Palos Surgicenter in Palos Heights, Ill.). After several years of managing GI labs and medical practices in the hospital setting, Mr. Holecek became the administrator at Palos Surgicenter, managed by Regent Surgical Health, in Sept. 2007. A renovation project was completed in 2010 and has resulted in improved patient and staff satisfaction and a more efficient patient experience. In addition, Mr. Holecek has ramped up the orthopedics specialty to nearly double the volume from the previous year.

Carolyn Hollowood, RN, BSN, CNOR, RNFA, CASC (City Place Surgery Center in Creve Coeur, Mo.). Ms. Hollowood is the administrator of a four-OR, orthopedic-driven surgery center in West St. Louis County. She has been with the center for 10 years, starting when it operated out of a two-OR surgery center. During her tenure at City Place, Ms. Hollowood has managed to standardize much of the equipment the surgeons use at the center, as well as introduce new procedures and processes into daily operations.

Dale Holmes (Warner Park Surgery Center in Chandler, Ariz.). Mr. Holmes has been busy in his two years with Warner Park Surgery Center. He was hired by USPI in 2009 to turn around the center and successfully upgraded the facility, passed CMS and AAAHC surveys and brought the ASC ahead of budget in just a few years. He increased revenue by recruiting new physicians, consolidating the schedule and starting new service lines, and is currently working on a move to a new location.

Patti Holston, CMPE (Bay Area Physicians Surgery Center in Riverview, Fla.). Ms. Holston has over 30 years of experience in healthcare, with the last seven years dedicated to ambulatory surgery administration. In her current center, she has helped increase case volume by over 600 percent and doubled the number of surgeons performing cases at the ASC.

Georganna Howell (Greenspring Surgery Center in Baltimore). Ms. Howell has served as administrator of Greenspring Surgery Center for 18 months. According to Chris Bishop, senior vice president of acquisitions and development for Blue Chip Surgical Center Partners, Ms. Howell has "found her niche" in ASC management. She has increased case volumes, decreased center operational costs and negotiated strong vendor agreements.

Karen Howey, CASC (Matrix Surgery Center in Saginaw, Mich.). Ms. Howey serves as the administrator of a single-specialty ASC managed by Titan Health Corp. During her time at the center, MSC has received Joint Commission accreditation, added five more specialties and grown to over 32 full-time employees.

Jennifer Hunara, MHA/MBA (Surgery Center of Allentown in Allentown, Pa.). Ms. Hunara has managed the Surgery Center of Allentown, a large multi-specialty ASC, for the last four years. The center is partnered with ASCOA and is proud to be one of the company's largest and most profitable centers. The center has seen three straight years of inspections with the Pennsylvania Department of Health without a single deficiency.

Lara Jordan, RN, CNOR, CASC (Center for Specialized Surgery in Bethlehem, Pa.). Ms. Jordan is currently the administrator at the Center of Specialized Surgery, a multi-specialty center with two ORs and two procedure rooms that has been in operation since Aug. 2006. The center was originally managed by ASCOA before being sold to NovaMed in Dec. 2008. In 2010, Ms. Jordan added two more specialties — plastic and gynecological surgery.

Stuart Katz (Tucson Orthopaedic Surgery Center in Arizona). Mr. Katz will celebrate his 40th anniversary in healthcare on March 21 as executive director of the Tucson Orthopaedic Surgery Center. Mr. Katz has helped reduce cost on a per case basis for an ACL from more than $3,000 to under $1,800 by asking surgeons to use more autografts and reduce the ASC's dependence on allografts, among other accomplishments.

David Kelly, CASC (Samaritan North Surgery Center in Dayton, Ohio). Mr. Kelly was employed by Miami Valley Hospital in Dayton, Ohio, in various leadership roles prior to becoming administrator of Samaritan North Surgery Center in Dayton in late 2006. The ASC is a joint venture between Good Samaritan Hospital and local physicians and is managed by Health Inventures. "At the center, we continually strive for performance and quality improvement by applying data-driven solutions to quality, customer satisfaction, operational and financial goals," he says.

Arthur C. Kretz (Glasgow Medical Center in Newark, Del.). Mr. Kretz has served as chief operating officer of Glasgow Medical Center for the past 15 years. In what recently became a challenging economy, the center has performed 5,000 cases in the past year and has seen 62,000 patients in its medical aid units. Over the past 15 years, Mr. Kretz has assisted the center in building and maintaining patient volume and implementing an EHR.

Kris Kroeger, CASC (Windward Surgery Center in Kailua, Hawaii). Windward, a Health Inventures facility, is a multi-specialty surgery center that opened in late 2009 as a partnership between local physicians and Castle Medical

Are You Missing the Benefits of a Physician/Hospital JV?

Our partnership models improve profitability while keeping operational and clinical control in the hands of physician partners.

Regent Surgical Health is the Joint Venture Specialist

Jeffrey Simmons,
Chief Development Officer
jsimmons@regentsurgicalhealth.com
708-492-0531 • regentsurgicalhealth.com

Center in Kailua. Ms. Kroeger joined Health Inventures in 2005 to provide oversight to a number of ASCs in Ohio, New Jersey and Colorado. She established the center, forged relationships in the Kailua healthcare community and provided patients with an alternate choice for their outpatient surgery needs.

Faith Kycia (Surgical Center of Fairfield County in Bridgeport, Conn.). Ms. Kycia has served as administrator of the Surgical Center of Fairfield County, an affiliate of Surgical Care Affiliates, since 2006. Since her promotion from business manager to head administrator, the surgical center has continued to maintain outstanding volume and attract new partners. The center now has blueprints and plans for a new state-of-the-art surgical center building.

Diane Lampron, RN (The Surgery Center at Lutheran in Wheat Ridge, Colo.). Ms. Lampron is administrator of The Surgery Center at Lutheran in Wheat Ridge, Colo. She took over the administrative role of this ASC in early 2010. Ms. Lampron works closely with physicians, hospital leaders and employees to create a culture that affords patients affordable, high quality care. One of her strengths is the ability to assess cost per case and mentor materials management personnel to assist with expense reduction.

Angela Laux (Bellin Orthopedic Surgery Center in Green Bay, Wis.). Ms. Laux started as the administrator of Bellin Orthopedic Surgery Center in June 2010. The center opened in March 2010, so the last seven months have focused on hiring and training new employees, developing processes and policies, building case volume and preparing for initial AAAHC/CMS surveys.

Brad D. Lerner, MD, FACS (Summit Ambulatory Surgical Centers in Baltimore, Md.). Dr. Brad Lerner has practiced urology for over 20 years and has served as the clinical director of ASCs for 15 years. In this position for Summit Ambulatory Surgical Centers, he serves as the center's administrative leadership along with Stacy Zemencik, RN, director of nursing. According to Chesapeake Urology Associates, "Dr. Lerner is in a unique position to keep the centers on the leading edge of medical expertise and clinical care" through his dual role as practicing physician and administrator.

Neal Maerki, RN, CASC (Bend Surgery Center in Bend, Ore.). Mr. Maerki is the administrator of Bend Surgery Center, a four-OR, three-procedure room, multi-specialty surgery center. The success of BSC can be attributed to a dedication to communications and rigorous tracking of financial benchmarks at the center, Mr. Maerki says.

Joe Majerus (Lakewalk Surgery Center in Duluth, Minn.). Despite the economic downturn that is proving a financial hurdle for many ASCs, Mr. Majerus is confident about the future of Lakewalk Surgery Center, where he serves as administrator. He takes patient feedback seriously and is proud to reference Lakewalk's 97 percent approval rating, a number that has not wavered over the past several years.

Becky Mann (Houston Orthopedic Surgery Center in Warner Robbins, Ga.).. Ms. Mann came to Houston Orthopedic in May 2007 and was involved in the development of the center. According to Ms. Mann, one of the most important things to know as an ASC administrator is the difference between reimbursement and cost per procedure. "To know this, it is key to keep preference cards and supply costs current and to know your payors' reimbursements," she says.

Barbara Marco (Camp Lowell Surgery Center in Tucson, Ariz.). In 2005, Ms. Marco was recruited by a group of physicians to help with another new ASC: Camp Lowell Surgery Center. She functioned as the second general contractor as the building went up and was able to attract outstanding staff members, research necessary equipment and negotiate with vendors to keep costs down. Camp Lowell now averages more than 750 cases a month and exceeded its highest volume month in Jan. 2011.

Lori Martin (SUMMIT Surgery Center at Saint Mary's Galena in Reno, Nev.). Ms. Martin, administrator and director of nursing at SUMMIT Surgery Center since 2009, is responsible for the day-to-day operations of one of the newest surgery centers in Reno. She was an integral part of opening the center and is now focused on recruiting physicians, hiring quality staff and achieving financial success.

Theresa Mazzitti, MHA, MBA, CASC (Eastside Surgery Center in Columbus, Ohio). Ms. Mazzitti is the administrator of Eastside Surgery Center, a multi-specialty surgery center. The center is a joint venture between physicians and OhioHealth and is managed by Health Inventures. Ms. Mazzitti says the best aspect of her center is that surgeons and staff refuse to give up. "After 15 years, we have seen heavy competition with over 20 competing ASCs in the immediate area, and we have seen several ASCs fail because they don't think two to three years down the road," she says.

Joan McKibben (Somerset Surgical Center and Ambulatory Surgical Center of Somerset in Bridgewater, N.J.). Ms. McKibben, administrator and director of nursing at Somerset Surgical Center and Ambulatory Surgical Center of Somerset, has been a nurse for 25 years. Three years ago, she became the administrator of Somerset Surgical Center and recently finished the build-out of Ambulatory Surgical Center of Somerset. McKibben says she has always strived to keep an open-door policy with employees, as well as to treat staff fairly and "keep an eye on the bigger picture."

Amy McKiernan (Louisville Surgery Center in Kentucky). Ms. McKiernan joined Louisville Surgery Center in Jan. 2005, three months after the center opened. She says the center has grown tremendously since her first day; in the first year, the ASC performed 814 cases and in 2010, the number had jumped to 3,431 cases. "One of our biggest challenges we have faced through the years is space," she says. "Our center is small, but I credit our staff to be able to turn cases over quickly and efficiently while still providing excellent patient care."

Helene Medley, RN (Charleston Surgery Center in North Charleston, S.C.). After over 13 years with another surgery center, Ms. Medley left to join Surgical Care Affiliates, stepping into the role of administrator at Charleston Surgery Center. For the past four years, Ms. Medley has overseen an 80 percent growth in case volume and has drastically expanded the partnership using her guidance and professional connections.

Dave Milton (Surgicenter in Phoenix). Mr. Milton is the administrator at Surgicenter in Phoenix, the first ASC in the United States. He has served at the ASC for a little over a year and, in that time, helped the center pass the state, CMS and AAAHC credentialing and accreditation surveys.

www.MedHQ.net

708-492-0519

He was also credited with a zero deficiency CMS survey this year.

David Moody, RN (Knightsbridge Surgery Center in Columbus, Ohio). Mr. Moody has worked in the ASC business for 30 years and arrived at Knightsbridge Surgery Center three months after Regent Surgical Health took over the facility in 2004. During Mr. Moody's tenure with Knightsbridge, he says the center has seen two pivotal changes: the introduction of Regent Surgical Health and a partnership with Ohio Health. He says both partnerships have resulted in tremendous benefits for the center.

Jennifer Morris (Stateline Surgery Center in Galena, Kan.). Ms. Morris serves as administrator of Stateline Surgery Center, which opened March 28, 2010, and already schedules more than 200 cases per month. According to Carrie Ellefsen, RN, assistant director of nursing at the center, Ms. Morris is "the glue that holds everything together. I have known a lot of administrators in my 15 years of nursing and there is not one that comes close to comparing to this lady," Ms. Ellefsen says.

Thomas Mulhern (Limestone Surgery Center in Wilmington, Del.). Mr. Mulhern is administrator of Limestone Surgery Center, which opened in 1987 as the first ASC in Delaware. Mr. Mulhern began his career with Limestone 23 years ago. One of Mr. Mulhern's favorite aspects of his job as an administrator is the team of people he works with. "Our organization is built on the talent of our staff," he says.

Sue Nance, CASC (Gateway Surgery Center in Phoenix). Ms. Nance has been an ASC administrator since 1997, when she started Bend (Ore.) Surgery Center. In 2007, Ms. Nance moved to Phoenix, where she continued her work as administrator at Gateway Surgery Center. "Sue is both a leader and mentor to many who have followed in her footsteps," Todd Currier, administrator of North Wyoming Surgical Center in Cody, says.

Binh Nguyen (Newport Center Surgical in Newport Beach, Calif.). Mr. Nguyen is the administrator of Newport Center Surgical, a multi-specialty center with two operating rooms and one procedure room located in Newport Beach, California. Mr. Nguyen joined Newport Center Surgical prior to the center's opening and expanded the center's specialty mix to include GI in 2005 and pain management in 2010. In 2010 he helped the center successfully transition to performing surgery billing in-house.

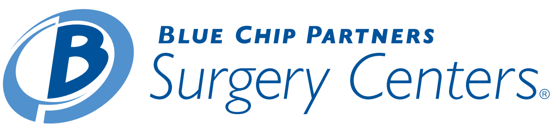
Doug Oakley (Underwood Surgery Center in Orlando, Fla.). Mr. Oakley has spent the last 34 years in the healthcare field — 17 in an acute-care hospital setting and 17 in the ambulatory surgery center industry. During his time with Underwood, he has helped expand the facility from one OR and one procedure room to three ORs and four procedure rooms. As a result, case volume increased by 17 percent in his first year and by an additional five percent in his second.

Joe Ollayos, CASC (Tri-Cities Surgery Center in Geneva, Ill.). Mr. Ollayos has been employed in the ambulatory surgery arena since 1999 and currently serves as the administrator at Tri-Cities Surgery Center. He led the 2007 start-up of the center, which achieved a profit by its eighth month of operation. The center finished 2010 with 5,426 cases and has twice been awarded a three-year accreditation from the AAAHC.

Mike Pankey (Ambulatory Surgery Center of Spartanburg in Spartanburg, S.C.). Mr. Pankey helped open his current center, the Ambulatory Surgery Center of Spartanburg, in 2002. In 2003, he and his team added two endoscopy suites, and over the next few years, they built volume from 5,000 cases in year one to over 10,000 cases in years six through eight.

Outpatient spine is a unique challenge, which we have solved uniquely.

The variables impacting spine-focused surgery centers are many. The neuro-ortho balance. Out-of-network vs. in-network contracting. Transitioning cases from inpatient to outpatient. Pain management. Staffing. How many ORs? Solving these for optimal quality, patient experience and profitability is Blue Chip's unique specialty, bringing performance and satisfaction to yours.



www.bluechipsurgical.com/insights
513-561-8900

Anastasios Pantelidis, MD (Marietta Surgery Center in Marietta, Ohio). Mr. Pantelidis became administrator of MSC in March 2009. "Having a desire to make the center the best it could be, I accepted the challenge," he says. "Since then, the center has partnered with the local hospital and taken on an additional surgical partner." The center has successfully completed negotiations with its top commercial payors, and its EBITDA has increased nearly five-fold since Dr. Pantelidis' arrival.

Barbara Peris Draves, CASC (The Surgery Centers in Cleveland). Ms. Draves, administrator of The Surgery Centers in Cleveland, has been an ASC administrator since she was a teenager. In her 27 years on the job, she has been involved in the development and management of six related spin-off centers and has spent the past two years working with various physicians on their practice management.

Amber Patterson (Westside Surgery Center in Douglas, Ga.). In her first three years with Westside Surgery Center, Ms. Patterson, she has researched the best deals on ASC equipment, worked with a consultant to ensure the facility was built according to state guidelines, hired and trained new staff, completed the state survey and Joint Commission accreditation and maintained compliance with federal regulations.

Linda Phillips (Southgate Surgery Center in Southgate, Mich.). Ms. Phillips has served as administrator of Southgate Surgery Center in Michigan since 1999. During her tenure as administrator, she has expanded the ASC from an ophthalmic medical clinic with a single specialty, one-OR ASC to a multi-specialty, four-OR ASC specializing in retina, GI and pain procedures.

Linda Prister, RN, MSBA (Dearborn Surgery Center in Dearborn, Mich.). Ms. Prister has been the executive director for Dearborn Surgery Center since the center opened in 2005. Around six years ago, many of the physicians Ms. Prister worked with in a local hospital system expressed interest in opening a free-standing surgery center. The physicians asked Ms. Prister to assist with the center's start-up.

Toni Rambeau (SurgCenter of Glen Burnie in Fishers, Ind.). Ms. Rambeau started at SurgCenter of Glen Burnie in Aug. 2008 as materials manager and was promoted to administrator in May 2009. During her time at the center, she has helped increase patient revenue, case volume and the amount of the providers credentialed at the center. The center achieved a three-year AAAAHC accreditation in 2010 and has since helped sister centers with questions and issues surrounding accreditation.

Barbara L. Ramsey, CASC (Rush SurgiCenter in Chicago). Ms. Ramsey has worked as the administrator of Rush SurgiCenter since 2002. During her time at the ASC, she has recruited and retained clinical staff, moving from 70 percent agency staffing to 100 percent SurgiCenter staff for the past five years. She has also initiated and implemented perpetual inventory and designed and implemented a webpage for the center.

Anne Remm (Miracle Hills Surgery Center in Omaha, Neb.). While at Faith Regional Health Services in Norfolk, Neb., Ms. Remm successfully helped merge two hospital systems into one as the director of surgical services. She opened the first ASC in that hospital system at an existing surgery site and then, 18 months later, opened a new 12,000-square-foot ASC. Ms. Remm has worked for Meridian Surgical Partners for the past two years.

Anne Roberts, RN (Surgery Center of Reno, Nev.). Ms. Roberts is the administrator at the Surgery Center at Reno, which consists of physician partners with a majority ownership, a hospital partner — Saint Mary's Hospital in Reno — and a managing partner — Regent Surgical Health. Ms. Roberts came to the Surgery Center at Reno in Feb. 2006 when it opened and became administrator in Oct. 2006. Vicki Webb, business manager at Surgery Center of Reno, calls Ms. Roberts "the best boss I have ever worked for."

Darin M. Roberts, MBA (Doctors Park Surgery in Cape Girardeau, Mo.). Mr. Roberts serves as the administrator and CEO of Doctors Park Surgery, the first surgery center in Missouri, established in 1976. During his time at the center, Mr. Roberts has restructured the company and doubled the number of partners, expanded the provided services and renegotiated insurance contracts to improve the center's profitability. He also founded and currently operates the surgery center's anesthesia group.

Kate Rock (Doylestown Surgery Center in Warrington, Pa.). Ms. Rock currently serves as administrator of Doylestown Surgery Center in Warrington, a town 30 minutes north of Philadelphia. For many years, the center struggled with financial and administrative problems. Ms. Rock was hired in Feb. 2010, and within 10 months, the center had showed a positive bottom line and reduced expenses by over $400,000 from the previous year.

Mary Ryan, RN, CASC (Tri State Surgery Center in Dubuque, Iowa). Ms. Ryan is the administrator of Tri State Surgery Center, a multi-specialty facility in eastern Iowa with three ORs and two procedure rooms. Tri State performs over 5,000 cases annually. The evolution of the center began with its building and opening in 1998 by Medical Associates Clinics and Health Plans and Mercy Hospital. The center is managed by Health Inventures.

Kris Sabo, RN (Pend Oreille Surgery Center in Ponderay, Idaho). Ms. Sabo has been involved with Pend Oreille Surgery Center since 2007, when she helped research the possibilities of building an ASC and recruited other like-minded providers. Her early involvement with Pend Oreille involved research and feasibility, physician recruiting, architect selection, contractor and consultant work, construction project coordination, supply purchasing and staff recruiting.

Marcy Sasso (Raritan Valley Surgical Center in Somerset, N.J.). Ms. Sasso serves as administrator of Raritan Valley Surgical Center, which is managed by ASCOA. Although she has been with the center less than one year, she has made a significant impact: Employees cite her open-door policy, commitment to staff satisfaction and policy of encouraging ideas from all ASC personnel.

Tona Savoie (Bayou Region Surgery Center in Thibodaux, La.). Ms. Savoie is administrative director of Bayou Region Surgical Center, a multi-specialty surgery center that opened in July 2007. On her time as an ASC administrator, Ms. Savoie says, "Since taking the administrative director's position, I have learned profound amounts of information in managed care, business office processes and … the abundant changes in CMS."

David Schlactus (Willamette Surgery Center in Salem, Ore.). As CEO of Willamette Surgery Center, Mr. Schlactus has been successful in renegotiating payor contracts to maintain profitability even through the economic downturn. He has also educated numerous legislators on the benefit of ASCs by providing tours of his facility and has spearheaded the efforts of the Oregon ASC Association in Salem.

Tara Sellers, RN, BSN (Surgery Center of Key West, Fla.). Tara Sellers, administrator of Surgery Center of Key West, assisted in starting her facility in July 2008. While in nursing school, she was voted "Most Likely to Become an Administrator." Surgery Center of Key West is financially successful and received a three-year certification from AAAHC in 2009.

Joan Shearer, CASC (Lawrence Surgery Center in Lawrence, Kan.). Ms. Shearer, administrator of Lawrence Surgery Center (managed by Health Inventures), has worked in the healthcare industry for over 15 years and has been with her center for over 10 years. According to Corbett Jackson, director of business development and operations for Sutter Surgery Center Division, Ms. Shearer is an expert at relating to physicians and building relationships with hospital partners.

Aaron Shechter (Hackensack Endoscopy Center in Hackensack, N.J. and Endoscopy Center of Bergen County in Parmaus, N.J.). Mr. Shechter is the administrator of two endoscopy centers licensed by the state of New Jersey and Medicare. Mr. Shechter has served as administrator of HEC and ECBC since April 2008. Staff members are an important part of the facilities' success, according to Mr. Shechter. "I appreciate their energy and desire to improve every day," he says.

Ruth Shumaker (Physicians Plaza Surgery Center in Santa Fe, N.M.). Ms. Shumaker, administrator of Physicians Plaza Surgery Center, is responsible for the operation of an ASC that performs 5,600 cases monthly across four ORs and three pain procedure suites. She led a successful 2011 AAAHC accreditation at PPSC and was the first industry nurse to be elected president of AORN.

Reed Simmons (Treasure Coast Center for Surgery in Stuart, Fla.). Mr. Simmons holds 15 years of experience in the ASC industry, managing the business office functions for several surgical facilities in the Florida area. He currently serves as the acting administrator at Treasure Coast Center for Surgery, a multi-specialty ASC located in Stuart, Fla.

Laurie Simon (Western Reserve Surgery Center in Kent, Ohio). Ms. Simon, administrator of Western Reserve Surgery Center, started her career on the physician side of practice management and ancillary services management. In 1994, she took a position with a physician group that planned to open an ASC — the model for which she says has gone through many changes, from physician ownership to management company/physician ownership with two different national companies.

Carol S. Slagle, CASC (Specialty Surgery Center of CNY in Liverpool, N.Y.). Ms. Slagle has been the administrator of Specialty Surgery Center of CNY, which is managed by ASCOA, since its inception in 1999. She says the experience of setting up Specialty Surgery Center was incredible. While the surgery center started out with five physicians and 11 employees with a specialization in ophthalmology, the ASC has since become a multispecialty center and currently has 19 surgeons and 52 employees.

Brooke Smith (Maryland Surgery Center for Women in Rockville, Md.). In her two years with Maryland Surgery Center for Women, Ms. Smith has successfully taken a struggling ASC and turned it into a safe, profitable, professional facility. She has worked diligently to increase collections from an average of $70K per month to an average of $240K per month, all while decreasing the center's days in A/R significantly to an average of 25 days.

Donna Smith, CASC (The Surgery Center in Oxford, Ala.). As administrator of The Surgery Center, Ms. Smith oversees daily operations for a surgery center with four ORs, two procedure rooms and approximately 9,400 patient visits annually. She also supervises 65 employees — a task that could be daunting to someone without Ms. Smith's natural leadership skills.

Laura Smith (Tampa Bay Specialty Surgery Center in Pinellas Park, Fla.). Ms. Smith has been employed with Tampa Bay Specialty Surgery Center since 2004 and was promoted to administrator in 2008. In 2010, she received the Leadership Award at her management company National Surgical Care's annual meeting, where the company praised her for cutting costs in rent, utilities, staffing, supplies and contracts.

Steve Smith, RN, CASC (Surgery Center of Wisconsin Rapids in Wisconsin Rapids, Wis.). Mr. Smith, director of the Surgery Center of Wisconsin Rapids, was hired as the circulating nurse when the ASC opened its doors in 2006. In April 2007, the center's physicians approached Mr. Smith with the offer to be the administrative director of the ASC. In Sept. 2007, the center achieved a three-year accreditation from AAAHC, and the ASC is currently working on adding an ophthalmology service line.

Jeanette Stack (St. Cloud Surgical Center in St. Cloud, Minn.). Ms. Stack began her career as the business office manager in 1972 at the second ASC in the nation, a position that was followed by her appointment to administrator in 1998. When she accepted her current role as administrator, the average caseload for the previous 10 years was 3,000 cases annually. Ms. Stack immediately began growing caseload, and within five years, she had doubled the center's case volume. By 10 years, she had tripled it.

Carol Stadnyk (Doctors Outpatient Surgery Center in Naples, Fla.). Ms. Stadnyk helped start Doctors Outpatient Surgery Center in 2005. Prior to the opening of the center, she had worked as a nurse in various types of facilities, including hospitals and ASCs, but had never served as a surgery center administrator. "Working here has given her the knowledge and ability to manage like no other," says Celida Trujillo, the center's business office manager.

Jim Stafford (Laser Spine Institute in Wayne, Pa.). As administrator of Laser Spine Institute, Jim Stafford oversees the daily operations of the Laser Spine Institute Tampa ASC and collaborates with other department leaders to align strategic goals and optimize patient flow. He also works closely with LSI's medical staff, surgeons, anesthesia team, physician extenders and nursing staff to share best practices throughout the organization.

William Stangl (Mount Nittany Surgical Center in State College, Pa.). Mr. Stangl has served as administrator of Mount Nittany Surgical Center since 2010. Even in the limited time he has spent at his new workplace, Mr. Stangl has implemented a pay scale that helps alleviate pay variances, increased gross revenue by 20 percent and started a "service recovery" program to increase patient satisfaction.

Jim Stilley, CASC (Northwest Michigan Surgery Center in Traverse City, Mich.). Mr. Stilley is the current CEO and administrator of Northwest Michigan Surgery Center, a position he has held for 5.5 years. According to Kurt A. Sanford, MD, board chair of NMSC, Mr. Stilley has led his center to the top 1-2 percent nationally in all statistics, including quality of care, infection rates and patient satisfaction.

Maggie Summerfelt (Advanced Surgery Center in Omaha, Neb.). Ms. Summerfelt was hired in Oct. 2005 to manage construction of Advanced Surgery Center, hire staff and obtain initial state licensure and Medicare certification. The center opened in 2006, and bought out its original management company, SurgCenter Development, in Oct. 2008. The ASC has 11 physician-owners performing 2,000 procedures annually.

Elaine Thomas, RN (St. Francis Mooresville Surgery Center in Mooresville, Ind.). Ms. Thomas began her position as administrator manager in the St. Francis Mooresville Surgery Center in June 2006, and was pro-

moted to director in 2007. The primary scope of her practice has focused on the pre- and post-operative arenas, circulating in the surgical suite and quality management in another major hospital in the Indianapolis area.

Shirley Thomas, RN (Surgery Center of Mount Dora in Mount Dora, Fla.). Ms. Thomas is the administrator of the Surgery Center of Mount Dora, a newly constructed multi-specialty surgery center of Regent Surgical Health. Ms. Thomas arrived at SCMD from another Regent facility in Ohio during the center's construction stage and was responsible for the setup of the center, the hiring of personnel and the survey process. The center's first year of business has been "a model of success," she says.

Gary Throgmorton (The Orthopedic Surgery Center of Arizona in Phoenix). Mr. Throgmorton serves as administrator of The Orthopedic Surgery Center of Arizona, a physician-owned ASC specializing in orthopedics. The AAAHC-accredited surgery center was developed by 15 orthopedic surgeons and Cornerstone Surgical Partners. He has been with the ASC since it opened in 2006 and has since helped the center maintain a 98 percent patient satisfaction rating.

Meg Tomlinson (Baylor Surgicare at Carrollton in Carrollton, Texas). Ms. Tomlinson has served as administrator of Metrocrest Surgery Center (currently doing business as Baylor Surgicare at Carrollton) since Sept. 2002. The center merged with USPI effective July 1, 2010, and has been working through a transition period since — changing software systems and forms, learning new processes and becoming used to the merger. The center has passed three AAAHC surveys, the last one in May 2010.

Kimberly L. Tude Thuot (Yakima Ambulatory Surgical Center in Yakima, Wash.). Ms. Tude Thuot has been in healthcare administration since 1997 and joined the physician-owned Yakima Ambulatory Surgical Center in Aug. 2009. Since she joined Yakima ASC, the center has been through a re-accreditation survey with AAAHC, moved billing back in-house and is in the process of adding neurosurgery and spine to the multi-specialty facility.

Susan Vitort, BSN, CNOR (Physicians Surgery Center of Tempe in Tempe, Ariz.). Ms. Vitort is the administrator of Physicians Surgery Center of Tempe, a two-OR, one-procedure room, multi-specialty surgery center that opened in Sept. 1999. According to Ms. Vitort, she believes in collaborating with her team of physicians and staff to set goals and measure results. During a recent AAAHC survey at the center, a surveyor described the team as having "joy all around."

Kara Vittetoe, CASC (Thomas Johnson Surgery Center in Frederick, Md.). Ms. Vittetoe has been with Thomas Johnson Surgery Center since it opened in 2008. Prior to joining the ASC, she spent the majority of her career in the private sector of healthcare management. Concerning the transition from management to ambulatory surgery, she says, "What made the transition so palatable was the support from our corporate partner (ASCOA) and the brilliant vice president I was working directly under."

Chuck Walters (Suffolk Surgery Center in Suffolk, Va.). Mr. Walters has served as the administrator of Suffolk Surgery Center since Nov. 2003. In Mr. Walters' first year at the center, SSC performed a little over 1,400 cases annually. The center closed out 2010 with over 6,000 cases performed annually and a dramatic increase in profitability since 2003.

Warren Whisenhunt (First Surgery Suites in Sulphur Springs, Texas). In March 2010, Mr. Whisenhunt was given the chance to work the administrator of First Surgery Suites. "The challenges of an ASC are multifaceted," he says. "Spending, however, is probably the biggest danger. The vendors in the ASC industry are often shortsighted and will push products and services in excess of what a growing and struggling new ASC can survive."

Lexa L. Woodyard (Cabell Huntington Surgery Center at Huntington, W.V.) During her four years as administrator of Cabell Huntington Surgery Center, Ms. Woodyard has decreased expenses by $200,000 for a calendar year, increased net revenue per case by introducing cases with better payor mixes, increased over-the-counter patient collections and formulated a plan to decrease days in A/R.

Cindy Young, RN, CASC (Surgery Center of Farmington in Michigan). Ms. Young has successfully managed her ASC, the Surgery Center of Farmington, for the past 12 years. For the past eight years, the center has shown profits quarter-over-quarter consistently, and Ms. Young has maintained tight staff hours per patient while producing high patient, staff and physician satisfaction scores.

Parth A. Zaveri, MHA, MBA (The Endoscopy Center of St. Louis in St. Louis, Mo.). Mr. Zaveri joined the Endoscopy Centers of St. Louis in 2007 as the practice administrator. During his time as administrator of the Endoscopy Center of St. Louis, Mr. Zaveri's team has been able to undertake several successful initiatives. The ASC has a capsule endoscopy program that was started last year, as well as a new in-house pathology department for patients.

Stacy Zemencik, RN (Summit Ambulatory Surgical Centers in Baltimore). Ms. Zemencick serves alongside Brad Lerner, MD, as the administrative team for Summit Ambulatory Surgical Centers. In her role as director of nursing, Ms. Zemencik works in close, day-to-day partnership with Dr. Lerner and is responsible for long-term strategic planning, implementation, development and evaluation of ambulatory surgical services.

Monica M. Ziegler, MSN, CASC (Physicians Surgical Center in Lebanon, Pa.). Ms. Ziegler is the administrator for the Physicians Surgical Center in Lebanon, Pa., a position she's held since April 2005, opening the center doors in Aug. 2005. Physicians Surgical Center — a multi-specialty center with three ORs and one procedure room — surpassed all established benchmarks and continues to lead in operating incomes, cost containment, staff utilization and profitability after 1.5 years of operation.

Becky Ziegler-Otis (Ambulatory Surgical Center of Stevens Point in Stevens Point, Wis.). Ms. Ziegler-Otis has served in her current role as administrator of the Ambulatory Surgical Center of Stevens Point since Jan. 2008. In this position, Ms. Ziegler-Otis has worked diligently to keep days in A/R at benchmark levels. She also takes pride in the center's minimal employee turnover — since opening in 2006, ASC of Stevens Point has only seen one employee depart. ■

To view the complete profiles of these organizations, visit ***www.beckersasc.com/bestadmins2011.***

7 Strategies to Negotiate In-Network Carve-Outs for Outpatient Spine

By Leigh Page

Outpatient spine is still almost entirely out-of-network, but a few payors are beginning to agree to reasonably priced in-network carve-outs. Merritt Healthcare, based in Somers, N.Y., successfully negotiated carve-outs for 16 spine procedures with a payor in Massachusetts. Matt Searles, a managing partner at Merritt, lists seven strategies for ambulatory surgery centers negotiating in-network carve-outs for spine.

1. Be ready for frustrations. Asking payors to consider a carve-out for spine can be "a very painful process," Mr. Searles says. Reaching out to payors on this matter involves a lot of work without much to show for it. But Mr. Searles keeps on slogging because he is convinced payors will eventually come around. "It's a work in progress," he says.

2. Show your setting is appropriate. Insurers will always note that spine procedures are not in the Medicare-approved list for outpatient surgery. "You have got to prove these procedures can be done safely outside of the hospital," Mr. Searles says. For a particular procedure, demonstrate that your spine patients do not have to be sent to the ED, that there were little or no overnight stays (which are possible in 23-hour facilities) and that the center's infection rate is lower than the hospital's.

3. Demonstrate efficiency. Payors also need to be persuaded that your center reflects the ASC industry's great reputation for efficiency. "Bombard the payor with data," Mr. Searles advises, "but don't be obnoxious, of course."

4. Show you have the right cost. Provide rich data on your centers' costs. Insurers will compare this information to their data from hospitals for the same procedure. Mr. Searles notes that some hospitals have very high costs for key items such as implants.

5. Benefit from other ASCs' offers. "It helps when other ASCs are also asking for in-network reimbursement for spine," Mr. Searles says. He notes that a request from another ASC company may have been a significant factor in the Massachusetts payor's decision to grant a carve-out. The fact that other ASCs are also championing outpatient spine can only strengthen your case.

6. Ask for feedback. When your request is rejected, it's helpful to know what the payor's reasoning was so that you can develop your argument, but getting any kind of explanation almost never happens. "We don't get a lot of feedback," Mr. Searles says. When payors reject such a request, they typically make a bland statement that reveals nothing, such as, "Our medical director has determined that, at this point in time, it is not advisable to include these procedures on our list of coverable outpatient procedures."

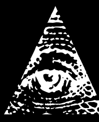
7. Be prepared for curve-balls. In a few cases, payors actually approve coverage of outpatient spinal codes but set rates too low to be affordable. "This defies logic," Mr. Searles says, with evident frustration. Getting the payor to acknowledge that spine surgery can be safely performed on an outpatient basis must mean something, but it is a Pyrrhic victory if the rate is too low to use. Still, the ASC can later try to negotiate higher rates, as Merritt successfully did with some codes that the Massachusetts payor initially set too low. ■

Learn more about Merritt Healthcare at www.merritthealthcare.com.

MCG...the BEST for your ASC

Serving all your ASC needs

- Financial feasibility
- Turnkey development
- Equity options
- Licensure and certification
- Ongoing management
- Surgeon/hospital JVs
- Marketing and advertising
- Billing and collections



MEDICAL CONSULTING GROUP, LLC

2808 S. Ingram Mill Rd., Building B • Springfield, MO 65804
P. 417.889.2040 • F. 417.889.2041 • www.medcgroup.com

Contact Rob McCarville at rmccarville@medcgroup.com.

5 Ways ASCs Can Maximize the Benefits of Their Membership With a GPO

By Rob Kurtz

Randall Piper, senior director of non-acute contracting for group purchasing organization Amerinet, discusses five ways ambulatory surgery centers can maximize the benefits of their membership with a group purchasing organization.

1. Standardize. Mr. Piper says standardization is easily the best way ASCs can maximize their membership. "There are many benefits to standardization," he says. "You can minimize suppliers, lower par levels, lower the amount of SKUs in a facility, increase consolidation and increase contract compliance, which generally results in access to better pricing tiers. Most contracts are written so that the more volume you can drive to a specific vendor, or a specific contract, the better the pricing becomes."

Standardization, however, is often a challenge for any facility, but the more an ASC can do to standardize, the more it will benefit.

"What you really want to do is standardize to one particular manufacturer where you can, particularly with commodity and basic surgical items," Mr. Piper says. "You're always going to have physician-preference products, but 90 percent of the time one manufacturer will do the job in a given category."

There are other benefits to standardization other than just cost savings. Standardization helps to ensure specific products can be located easily in facilities with multiple storage locations. "[Without standardization], if you are looking for something in a hurry, you might have to look in a couple of places to find it and that's not optimal," he says.

If you can consolidate vendors, this can also improve efficiency for working with distributors. "Generally they'll be able to keep more product in stock and you'll have a bigger safety net," Mr. Piper says. (*Note:* See #4 for more information on improved relationships with distributors)

Finally, standardization can assist with revenue optimization and an ASC's ability to capture CPT codes so it can receive proper reimbursement for items such as mesh and other high-dollar medical-surgical products. "Through the consistency of using your formulary and GPO contracts … it cuts down on confusion," Mr. Piper says. "If you're using lots of similar products made by many different manufacturers, the ASC will have different names and codes for them in the facility, and probably different descriptions as well. You can lose out on the back-end if you don't have the consistency and clarity on the front-end."

2. Value adds. ASCs will be wise to take advantage of the many "value adds" — additional benefits on top of the price savings — often associated with contracts, Mr. Piper says. He says one terrific example of a contract value-add is seen in Amerinet's contract with Aesculap for surgical instruments.

"Within that contract, in addition to the different tiers of pricing and different classes of trade, there's a part of that agreement which addresses instrument repair and maintenance," he says. "Aesculap has a very robust program which can help ASCs to spread the cost of their instrument repair, sharpening and maintenance, for example, with a flat monthly fee over a period of time. They also offer [deals on] shipping, replacement items and loaners."

One way this is valuable for an ASC is in the cost reduction seen for repairs and maintenance, he says. It is also valuable as an ASC may not need to invest in multiple sets of the same equipment if the facility knows it can obtain a loaner item as a temporary solution in the event of a piece of equipment being out of service.

"You may pay a nominal fee to be part of a loaner/repair program with a supplier but in terms of cash outlay for additional equipment, the savings can be pretty significant," Mr. Piper says.

3. Quality programs. Mr. Piper says GPOs will often offer quality programs to help facilities in a number of areas including accreditation surveys, infection prevention programs, clinical benchmarking guidelines and regulatory issues.

"Many of the bigger GPOs, Amerinet included, have hired clinicians, former ASC managers or RNs who have a strong regulatory background, and who understand what's important that's happening in the industry," he says. "They send out bulletins over e-mail or make the information available on the GPO's member resource website. "[These knowledgeable sources] will sift through the fluff and get to the more important, more urgent issues of interest to members."

4. ASC-specific distribution contracts. ASCs typically understand the value of a GPO's manufacturer contracts, but surgery centers should also look for distributor agreements which include terms specific to the needs of surgery centers, Mr. Piper says. Many ASCs work on a just-in-time scenario for products, meaning most facilities may only keep a day or two stock of products in-house. It makes sense for ASCs to find distributors with contract terms speaking specifically to this situation and the challenges it can present.

"If you're working with a distributor with a contract specific to what's important to ASCs, they can save on things like emergency deliveries," he says. "These distributors likely have inventory management programs which can help ASCs make sure they're not stocking too many products, such as suture, wound closure and endo-mechanical type products. These can be a really high-dollar form of inventory. The distributor's job is to make sure they have enough safety stock in the warehouse and are not unnecessarily overloading the facility with expensive products."

5. Different classes of trade, tier thresholds. Some GPOs including Amerinet negotiate contracts specific to certain classes of trade other than those for acute-care hospitals. Amerinet has contracts and tiers specific to non-acute settings, which include ASCs. "The reason we do that is because there are different reimbursement guidelines within ASCs which require different types of products (low-cost, high-value) than you might normally find in a typical acute-care centric offering," Mr. Piper says.

Even more important, he says, are the opportunities associated with different tier thresholds equating to more typical ASC spending versus the much higher spending you would see in an acute-care facility.

"Negotiating a contract that can actually be utilized in terms of percentage commitment or dollar commitment within a certain category specific to ASCs can be extremely valuable," he says. "You might have smaller tier increments, and in a well-negotiated ASC agreement that can translate to big savings. In an acute-care facility, you might have to spend tens of thousands of dollars to get to the next tier. If you can make those tiers smaller in an ASC space, surgery centers can drive behavior which will net them more efficiencies and greater compliance with the contract and save them significant dollars." ■

Learn more about Amerinet at www.amerinet-gpo.com.

Advertising Index

Note: Ad page number(s) given in parentheses

Access MediQuip. lharris@accessmediquip.com | www.accessmediquip.com | (713) 985-4850 (p. 34)

Accreditation Association for Ambulatory Health Care. info@aaahc.org | www.aaahc.org | (847) 853-6060 (p. 8)

Allen Medical Systems. erin.herbst@hill-rom.com | www.allenmedical.com | (800) 433-5774 (p. 52)

Ambulatory Alliances. blayne@ambulatoryalliances.com | www.ambulatoryalliances.com | (469) 385-7792 (p. 25)

Amerinet. evan.danis@amerinet-gpo.com | www.amerinet-gpo.com | (800) 388-2638 (p. 70)

APIC. education@apic.org | www.apic.org/ambulatorycare | (800) 650-9570 (p. 2)

ASCOA. blambert@ascoa.com | www.ascoa.com | (866) 982-7262 (p. 7, 86)

ASCs Inc. jonvick@ascs-inc.com | www.ascs-inc.com | (760) 751-0250 (p.20)

ASD Management. rzasa@asdmanagement.com | www.asdmanagement.com | (626) 840-4248 (p. 10)

The Beryl Companies. beryl@beryl.net | www.beryl.net | (817) 785-5028 (p. 19)

Blue Chip Surgical Center Partners. jleland@bluechipsurgical.com | www.bluechipsurgical.com | (513) 561-8900 (p. 38, 80)

The C/N Group. rajchopra@thecng.com | www.thecng.com | (219) 736-2700 (p. 21)

Cygnus Medical. c.cygnus@verizon.net | www.cygnusmedical.com | (800) 990-7489 (p. 9)

EVEIA HEALTH Consulting & Management. nayak@eveia.com | www.eveia.com | (425) 657-0494 (p. 36, 45)

Experior. sales@experior.com | www.experior.com | (800) 595-2020 (p. 12)

Facility Development & Management. ehetrick@facdevmgt.com | www.facdevmgt.com | (845) 770-1883 (p. 46)

Fi-Med. sales@fimed.com | www.fimed.com | (800) 318-0019 (p. 48, 49, 50, 51)

HealthCare Appraisers. info@hcfmv.com | www.healthcareappraisers.com | (561) 330-3488 (p. 35)

Healthcare Consultants International. info@hciconsultants.com | www.hciconsultants.com | (888) 982-6060 (p. 18)

Healthcare Facilities Accreditation Program. info@hfap.org | www.hfap.org | (312) 202-8258 (p.32)

In2itive. terbert@in2itive.org | www.in2itive.org | (913) 344-7850 (p. 14)

Interventional Management Services. kspitler@physiciancontrol.com | www.physiciancontrol.com | (404) 920-4950 (p. 24)

Irmscher. jkessen@irmscherinc.com | www.irmscherinc.com | (260) 422-5672 (p. 22)

Kaye/Bassman International Corp. gnz@kbic.com | www.kbic.com | (972) 931-5242 (p. 37)

Marasco & Associates. John@mahca.com | www.mahca.com | (877) 728-6808 (p. 38)

McKesson. mms.csos@mckesson.com | www.mckesson.com | (877) 4MK-CSOS (p. 62, 63, 64, 65, 66)

MedBridge Billing. jlamz@medbridgebilling.com | www.medbridgebilling.com | (805) 679-6763 (p. 77)

MedHQ. tjacobs@medhq.net | www.medhq.net | (708) 492-0519 (p. 79, 81, 83)

Medical Consulting Group. rmccarville@medcgroup.com | www.medcgroup.com | (417) 889.2040 / (479) 442.2268 (p. 84)

Medi-Corp. anthonyp@medi-corp.com | www.medi-corp.com | (877) 684-9114 (p. 74)

Mednet. rajesh@mednetus.com | www.mednetus.com | (866)968-MNET (p. 67)

MEDtegrity. info@medtegrity.us | www.medtegrity.us | (888) 546-3650 (p. 33)

Meridian Surgical Partners. bbacon@meridiansurg.com / khancock@meridiansurg.com | www.meridiansurgicalpartners.com | (615) 301-8142 (p.15, 16, 17)

Modern Medical Systems. thewlfco@aol.com | www.modmedsys.com | (800) 736-8257 (p. 11, 75)

National Medical Billing Services. info@nationalascbilling.com | www.nationalascbilling.com | (636) 273-6711 (p. 71)

NeuroTherm. usasales@neurotherm.com | www.neurotherm.com | (888)655-3500 (p. 58, 59, 60, 61)

Physicians' Capital Investments. jturner@physcap.com | www.phscap.com | (866) 936-3089 (p. 69)

Pinnacle III. info@pinnacleiii.com | www.pinnacleiii.com | (970) 685-1713 (p. 53, 54, 55, 56, 57)

Practice Partners. ltaylor@practicepartners.org | www.practicepartners.org | (205) 824-6250 (p. 68, 86)

Professional Medical Billing Associates. rmurphy@surgerycenters.com | www.surgerycenters.com | (212) 937-4911 (p. 4)

ProVation Medical. sean.benson@provationmedical.com | www.provationmedical.com | (612) 313-1500 (p. 23)

Regent. regent@regentsurgicalhealth.com | www.regentsurgicalhealth.com | (800) 354-3568 (p. 78)

The Securities Group. mtrammell@thesecuritiesgroup.com | www.thesecuritiesgroup.com | (901) 328-4814 (p. 27)

SourceMedical. info@sourcemed.net | www.sourcemed.net | (866) 675-3546 (p. 31)

SourceMedical Revenue Cycle Solutions. revenuecyclesolutions@sourcemed.net | www.sourcemed.net/revenue-cycle | (866) 889-7722 (p. 45)

Spine Surgical Innovation. czorn@spinesurgicalinnovation.com | www.spinesurgicalinnovation.com | (800) 350-8188 (p. 47)

The Spring Group. joe@springgroupcareers.com | www.springgroupcareers.com | (610) 358-5675 (p. 11)

Sterling Pathology National Laboratories. con.cook@sterlingpath.com | www.sterlingpath.com | (800) 899-8480 (p. 73)

Sun HealthCare Finance. amai@sunnb.com | www.sunnb.com/healthcare | (877) SUN-HCFT (p. 12)

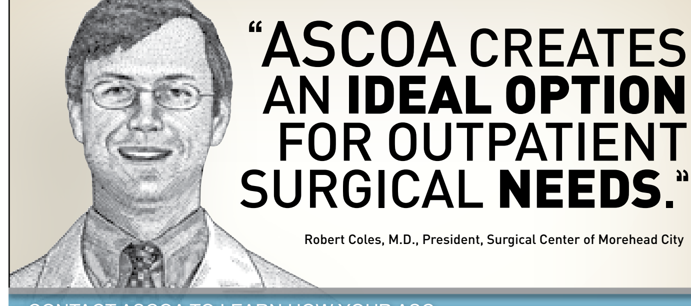
Surgical Care Affiliates. patrick.walker@scasurgery.com | www.scasurgery.com | (800) 768-0094 (p. 87)

Surgical Management Professionals. msturm@smpsd.org | www.smpsd.com | (605) 335-4207 (p. 30)

Surgical Notes. sales@surgicalnotes.com | www.surgicalnotes.com | (800) 459-5616 (p. 3)

VMG Health. osullivan@vmghealth.com | www.vmghealth.com | (214) 369-4888 (back cover)

West Coast Medical Resources. westcstmed@westcmr.com | www.westcmr.com | (800) 565-6385 (p. 26)

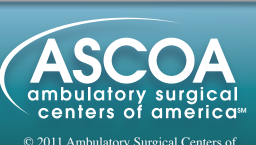


CONTACT ASCOA TO LEARN HOW YOUR ASC CAN TURN AROUND RAPIDLY.

THE TURNAROUND EXPERTS.sm

866-982-7262

www.ascoa.com



© 2011 Ambulatory Surgical Centers of America. All rights reserved.

Practice Partners In Healthcare, Inc.

Call Larry Taylor today 205.824.6250

or e-mail at ltaylor@practicepartners.org.

You Could Save 20% or More on Supply Costs

With Surgical Care Affiliates – The Surgery Experts

"SCA's S4 process can save substantial amounts on your supply needs."

Steven J. Morris, MD FACP
CEO, Atlanta Gastroenterology Associates,
Clinical Associate Professor,
Emory University School of Medicine

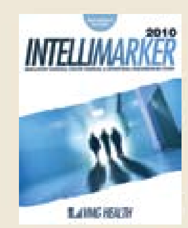
SCA is offering select ASCs access to our proprietary S4 (Surgical Supply Savings Solution) purchasing system and contract pricing. Here is how you benefit:

- Leverage the power of our $200 million plus spend with GPOs and through direct contracting
- Increase your ability to stay independent as a result of improved margins and efficiencies
- Streamline your purchasing and accounts payable processes with our easy to use system featuring proprietary software

To find out more about how S4 can lower your ASC's supply costs, call us at **205-307-5277,** or e-mail **S4@scasurgery.com**

Experts In
Fair Market Value.
Focused In Healthcare.
Trusted by Clients.

VMG Health is the leader in the valuation of ASC's. No one has more experience and insight into the critical factors that drive the value of a surgery center.



Visit our website to download the 2010 Intellimarker ASC Benchmarking Study

1 **www.vmghealth.com**

2 Three Galleria Tower • 13155 Noel Rd., Ste. 2400 • Dallas, TX
214-369-4888

3 3100 West End Ave., Ste. 940 • Nashville, TN
615-777-7300