BECKER'S
ASC REVIEW

November/December 2017 • Vol. 2017 No. 9

75+ STORIES FEATURED

INSIDE THE ISSUE

Investors Turn to ASCs, Urgent Care Centers as Hospital Demand Declines

Hospitals, insurers and employers are eyeing surgery centers and urgent care facilities as a means to provide quality care at a reduced cost, making them prized positions for investors. Large healthcare chains plan to open more freestanding outpatient care centers over the next year.

For example, Tenet's hospital admissions have either remained stagnant or dropped since late 2015 while the ASC business, driven by United Surgical Partners International, is thriving.

39% of ASCs are 15+ Years Old, 92% Have Physician Ownership: 14 Statistics on ASCs

ASC ownership and outlook is changing, according to ASCA's 2017 Salary and Benefits Survey and Clinical and Operational Benchmarking Survey. Data shows ASCs are more likely to have affiliations than in the past, and most are more than a decade old.

Which ASC Company has Grown the Most in 2017?

ASC companies are continuing to expand, adding established and de novo centers in 2016. This article details how the large, mid-sized and smaller chains fared over the past year.

Vortex

SIMPLY POWERFUL

quality

workflow   security

cost

ASC Industry Primed to Incorporate Innovative Technology

ASCs seeking to thrive in the competitive healthcare marketplace, often juggle a myriad of challenges such as operating on slimmer margins as implant and other costs rise and expenses accumulate. Coupled with rising expenses, maximizing reimbursement per case continues to challenge surgery centers considering CMS' lower payment levels for ASCs and their move to value-based reimbursement.

In response to these challenges, ASCs strive to improve efficiency, save costs and fulfill the primary aim of healthcare: provide excellent patient care.

"The core of healthcare is, and will always be, quality of patient care, a fad that never goes out of style. That's where ShareSafe started, with a focus on the quality of care," says Robert Hanson, CEO of ShareSafe Solutions, a software-as-a-service company offering cloud-based solutions that fuse three critical market sectors: mobile-Identity Access Management (m-IAM), advanced communication and knowledge dissemination.

"But for software to provide value, it takes a keen eye on the teams that make quality care happen (physicians and nurses)," continues Mr. Hanson. "Considering that finance has now aligned with quality reporting, there must be greater emphasis on utilizing more contemporary technology solutions, while being mindful of the true heroes; the end-users."

The roots of ShareSafe Solutions: Patient safety

Alongside Jerry Stonemetz, MD and Mark Williams, MD, JD, MBA, Mr. Hanson founded ShareSafe Solutions after drawing inspiration from patient safety expert Peter Pronovost, MD, PhD, director of the Armstrong Institute for Patient Safety and Quality and senior vice president for patient safety and quality at Baltimore-based Johns Hopkins Medicine. Dr. Pronovost set out to eliminate central line-associated bloodstream infections (CLABSI) in U.S. ICUs and led a collaborative improvement project that featured 108 ICUs from 77 Michigan hospitals. Using a simple checklist and establishing a culture of safety, the project resulted in a decrease of the overall median rate of CLABSI from 2.7 infections per 1,000 catheter-days to zero infections within the first three months of the ICUs implementing the intervention–ultimately saving more than 1,800 lives and $300 million.

"We're very proud of our origin. We've never lost focus on the importance of patient safety and the key deliverers of care, physicians and nurses. I was so impressed with Peter's relentless passion and commitment, merging science and humility to reduce harm to patients, that the genesis of ShareSafe emerged," Mr. Hanson says. He corresponded with Dr. Pronovost regularly about safety checklists and how a single digital system that facilitated collaboration and knowledge dissemination among staff could make great strides in improving patient safety.

Mr. Hanson explains, "What Peter kept describing as a need in healthcare – and what ShareSafe envisioned and created – was a digital delivery system that is unique in the industry. ShareSafe reflects the inspiration of Peter–providing a digital platform for sharing best practices and collaborating to improve patient safety. Even though ShareSafe's technology has expanded beyond its original vision, patient safety is the still the DNA thread that runs through us."

This executive brief will detail how ShareSafe is propelling the ASC industry forward to improve security, efficiency and patient care, as well as how one Alabama-based orthopedic practice and ASC benefited from using four ShareSafe applications: SafeShield®, SafeLaunch®, SafeConnect® and ShareFire.®

The entry into the ASC market

"What's exciting in the ASC market, unlike the acute hospital setting, is that there's a blank canvas for technology; the landscape has not yet been painted," says Mr. Hanson. "It is challenging for innovative technology companies to enter into the acute hospital sector where EHRs occupy most of the capital budget and IT resources. To separate from that cluttered field, ShareSafe took a different approach and focused on a design effort to achieve simplicity. Our new Vortex™ platform is very powerful, yet simple to use, deploy and manage. We focused on simplicity, learning from Dr. Pronovost, who proved a simple checklist could save thousands of lives."

"ShareSafe's products encompass nine applications in a turnkey mobile platform that aims to increase security, improve workflow and enhance quality, while significantly decreasing costs," according to ShareSafe's ASC Chief Growth Officer, Kenny Spitler. "While the healthcare sector is inundated with technological innovations, ShareSafe is the first of its kind to bring biometric login and single sign-on to mobile applications to improve data security. With this novel product, ShareSafe fulfills a crucial function in healthcare technology: simultaneously improving workflow and security."

Here's how ShareSafe Solutions works.

Users can login using the SafeShield application, the first mobile biometric authentication system in healthcare. The application employs three factors, including fingerprint recognition, to identify the user, eliminating the need for passwords, badges, physical tokens and keys.

Then, a user can sign into ShareSafe and other critical IT systems using SafeLaunch, the first mobile single sign-on app with one-touch login. SafeLaunch has reduced login time by 40 percent, which translates to cost savings. The Ponemon Institute found sign-on systems like SafeLaunch save users 9.51 minutes per day and result in $2,675 in savings per year per user.

Additionally, the applications improve physician satisfaction by eliminating the need to remember multiple passwords. ASC personnel often juggle numerous professional and personal passwords, resulting in staff often having a memory lapse on the appropriate password for each system. A password reset can accumulate between $51 and $147 in labor costs. Additionally, staff members may unknowingly fail to log out of various systems, putting the practice at risk of a ransomware attack.

In the past, surgeons at Mobile, Ala.-based Alabama Orthopaedic Clinic and Gulf Coast Surgical Partners ASC often failed to remember their passwords and would spend a substantial amount of time attempting to log into systems or resetting their username and/or password.

"Doctors in our clinic may have five to six different computers they log into, and from there they may have an additional three

or four systems [with passwords]," says Dean Brown, CEO of the orthopedic clinic and ASC.

To mitigate this risk and alleviate physician fatigue with multiple passwords, Alabama Orthopaedic Clinic, Gulf Coast Surgical Partners, co-owned by Springhill Medical Center, adopted ShareSafe's SafeShield and SafeLaunch.

"It reduced stress within our IT department who were doing password resets," Mr. Brown says.

Many physicians spend a large chunk of their time engaging in "desktop medicine," which includes tasks such as fulfilling online orders or communicating with patients through an online portal. A Health Affairs study found physicians spend almost 50 percent of their day on desktop medicine. Accumulated hours behind the computer screen translate to clinician dissatisfaction and burnout.

"Physicians don't want to come in and manually enter information to get into their systems," Mr. Spitler says. "[We have found] they love the fact that SafeShield and SafeLaunch allow them to get into multiple applications with one touch in about 16 seconds."

The power of effective communication and collaboration: SafeConnect

Ineffective communication can result in a plethora of issues, with severe cases putting patient safety in jeopardy. The Joint Commission found 70 percent of medical errors are due to a breakdown in communication. To mitigate this risk, ShareSafe offers ASCs SafeConnect, a HIPAA-secure, comprehensive communication platform.

Within SafeConnect, users can communicate with other staff members through text message, video message and internal email. The ability to communicate within a secure ecosystem is crucial, as other communication methods leave practices vulnerable to phishing attacks. Security is a top concern for healthcare organizations, with the average single data breach costing companies $3.8 million, according to Ponemon Institute data.

"ASCs and ambulatory clinics, by nature, have an even greater risk [of a cyber attack] than an ordinary small business environment," Mr. Hanson says. Hackers either know or suspect surgery centers have protected health information and may attempt to steal or ransom the information by entering into an ASC's systems. ASCs can protect themselves from these attacks by securing communication within a closed environment and staying alert to cyberattacks through ShareSafe's ShareLytics, which offers real-time analytics that track unusual activities.

Using SafeConnect when communicating with team members, ASCs can also set up private groups that allow members to send messages and collaborate internally. Alabama Orthopaedic Clinic and Gulf Coast Surgical Partners established groups within the practice for physicians to share information with their core team members. Mr. Spitler describes this feature as a secure social network similar to LinkedIn or Facebook, but private for each organization. An ASC can choose to set up as many or as few groups as they prefer, and membership in groups can be role-based. With physicians and staff members often facing a multitude emails, it becomes an ineffective method of communication.

"When your inbox is inundated with information not related to your specific interests or expertise, you ignore it and important information can be missed," Mr. Spitler says. "If you have a collaborative group, the right message will get sent to that group and it won't get lost in all the noise."

Continuous learning tools for staff members – how ASCs can stay ahead of the curve: ShareFire

As Gulf Coast Surgical Partners prepares for an Accreditation Association for Ambulatory Health Care reaccredidation survey in the coming months, the surgery center is in the process of implementing ShareFire, an interactive knowledge-sharing center to keep all staff members on the same page with various informal and formal training and protocols.

Currently, Gulf Coast Surgical Partners is tracking staff development on paper, which can lead to human errors such as forgetting to obtain a staff signature or failing to ensure a staff member fulfilled all necessary training requirements for his or her position.

"With as much training and in-services as we do, it is difficult to track all of that manually," Mr. Brown says. "ShareFire will allow us to see digitally if we have staff members who did not complete a certain training module."

The ability to have all documents and training modules in one application will allow Gulf Coast Surgical Partners to readily meet regulatory standards for reaccredidation. ASCs can upload videos and documents for staff to equip themselves with information on how to prevent "never events" such as patient burns and patient falls. Staff can also learn about various quality measures, including specifications for prophylactic IV antibiotic timing, to ensure patient safety and quality are top priorities for ASC personnel.

ShareFire can also be beneficial when onboarding new employees. ASC staff can videotape on-site training sessions and upload those recordings into ShareFire. New staff can view these recordings through the application at a later date.

"During the onboarding process, an individual can log on and go through ShareSafe's Knowledge Center. The application has real-time analytics that shows when and how much of the content has been viewed," Mr. Spitler says. "This eliminates the labor piece [of the training process] and makes the training legitimate for the individual."

Why ASCs are in the prime position for technological innovation

ASCs are in a unique position to leverage ShareSafe, as opposed to larger health systems and hospitals that already have a variety of technological platforms installed.

"The ASC market has some distinct advantages in technology opportunities that didn't exist at the time hospitals were installing their EHRs and other legacy IT systems," Mr. Hanson says.

To allow surgery centers and other practices to successfully move forward in the increasingly complex healthcare landscape, ShareSafe is continually innovating to bolster its applications and improve ASC operations to drive patient care to optimal levels.

"The fusing of these elements in a mobile application is very powerful," Mr. Hanson says. "We believe we are setting a new standard in healthcare innovation." ■
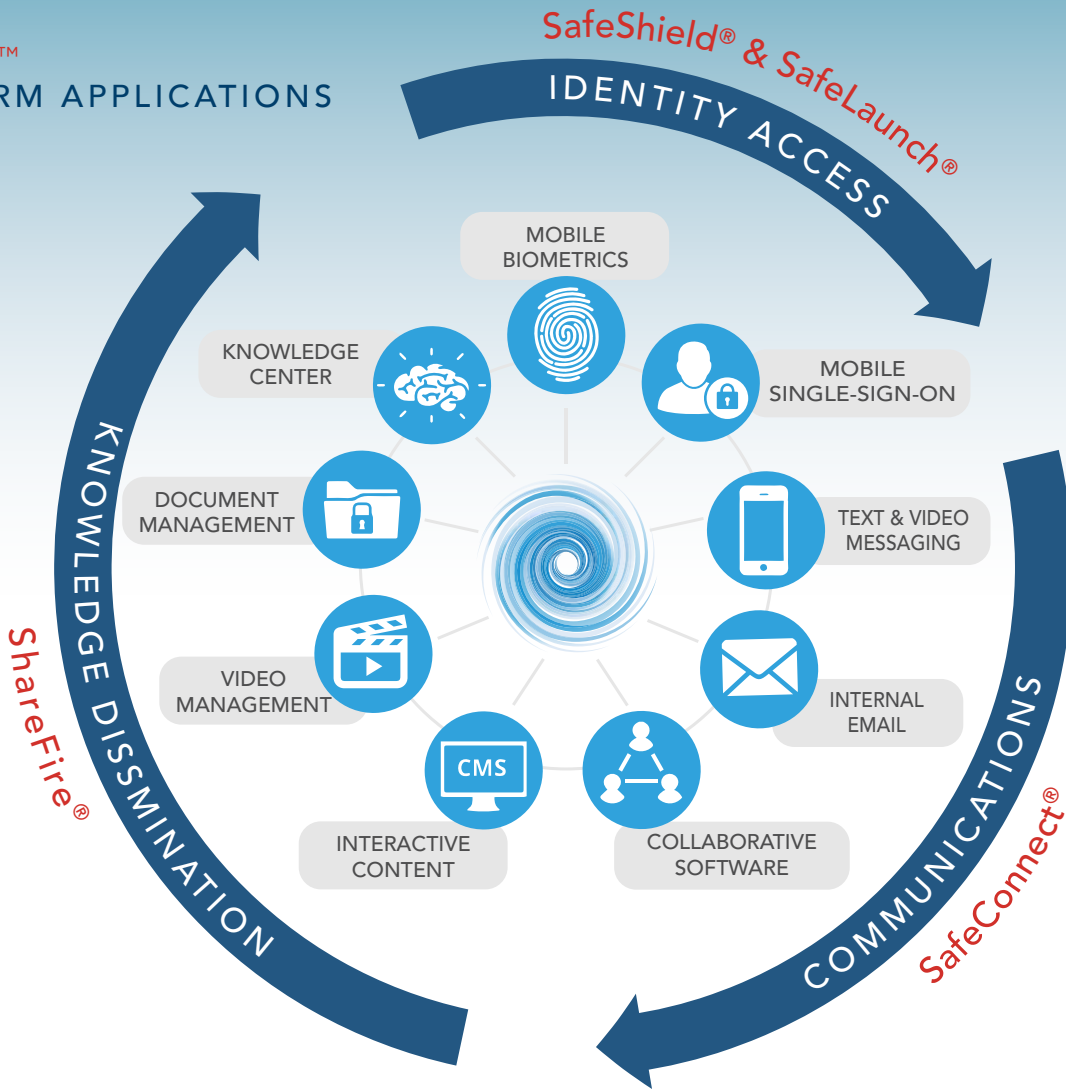
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