



Whether they're treating a patient for the first time or someone who has visited the ASC many times before, the physicians, management team and staff at the Urology Surgery Center (USC) in Nashville, Tennessee, say their approach to patient care is always the same: At USC, it's all about the patient.👤

Founded and still owned today by physicians in the largest urology practice in Tennessee and one of the largest single-specialty urology practices in the country, USC is one of only a few local providers of brachytherapy. Providing services as part of a Food and Drug Administration (FDA) study currently being conducted in just three cities in the US, the ASC is also the only surgery provider in the region able to treat patients with low-risk, localized prostate cancer using High Intensity Focused Ultrasound (HIFU) generated by an experimental device known as the Sonablate® 500. According to members of USC's management team, the ASC may also be the only surgical facility in Nashville with a lithotripter on site five days a week.

At the same time USC is providing its patients and physicians with state-of-the-art equipment and participating in groundbreaking research, the ASC remains committed to one of the most basic principles of top-quality surgical care: patients first. Everything at the ASC, including its policies and procedures, the case mix the ASC performs and the services and amenities the ASC provides, has been developed with that one goal in mind.

DISCOVERING THE BENEFITS

Patients who undergo surgery at USC in Nashville quickly discover some of the many benefits the ASC offers them. One of the first they come to appreciate is easy access. USC is situated in the center of downtown Nashville in the same building as the practice with which most of the physicians who perform procedures at the ASC are affiliated. It is also easily accessible from all of the major nearby interstates and offers convenient above-ground parking. Another benefit the ASC's location offers, which only a very small number of the ASC's patients ever come to know, is that the ASC is in the midst of the city's medical corridor, which means that any time a patient transfer to a hospital might become necessary, the ASC staff can choose from three different hospitals just minutes away to ensure the patient receives the best follow-up care.

As patients prepare for their surgery, they soon discover some of the other ways USC's staff go the extra mile to help make patients comfortable during their visit to the ASC. First, all patients who will receive general anesthesia during their surgery receive a pre-admission phone call from one of the ASC's nurses to make sure that all of the tests they need prior to



surgery have been performed, all of their paperwork is complete and the details of their insurance coverage and the ASC's billing process are clear. All of the ASC's patients are also invited to go online to learn more about the ASC and review a downloadable patient information brochure. The easy-to-read brochure describes the ASC and staff, tells the patients how to prepare for surgery and includes information about physician ownership of the ASC and advance directives.

COMFORTABLE, COMFORTING CARE

One of the comments USC hears most frequently from both its new and returning patients is how warm and welcoming its staff are. "Our staff can float effortlessly through the building, from pre-op to the OR and into recovery care," says USC preoperative and post-operative care supervisor Bernadette Terry, RNC. "You don't realize how important that is until a patient in the recovery room starts saying 'Oh, weren't you in the room I was in earlier? Didn't you help me do this or that before?'"

"Having staff who can work in more than one area is imperative for us, but it's such a bonus to our patients," adds Terry. "And it gives staff more knowledge they can use to better educate our patients. Once someone on staff sees the ESWL [extracorporeal shockwave lithotripsy] machine and what it does for patients, they can better understand the patients' pain and experience."

Because 20% of USC's patients require regular repetitive and follow-up procedures, like surveillance cystoscopies for bladder cancer, many return to the ASC numerous times. "I can't tell you how reassured these

patients are to see a familiar face," says Terry. "These patients are constantly telling us how safe we make them feel, how reassuring we are and how easy we make their lives."

BEHIND THE SCENES

What goes on behind the scenes at USC—the things patients don't necessarily see or know about everything involved in providing the top-quality care they receive—is just as important as what patients do see. For example, one important benefit the ASC offers its patients is the convenience and quality of care their physicians find there.

"For physicians, one of the biggest advantages USC offers," says Medical Director Mark Flora, MD, an infertility specialist who brings the majority of his patients to the ASC, "is that it contributes to our efficiency because of our ability to get in and out quickly and because it is a center of excellence where we have staff that are specially trained to do the procedures we do. On a day-to-day basis, for us physicians, the ASC is infinitely more efficient than having to go to a hospital because we do the same things over and over there and we don't have to re-emphasize or re-communicate to the staff what we need or what we want our patients doing before they are discharged or after they leave."

"Our efficiency is so great that even our physicians who are 20 or 30 miles away say they can often drive here, get a case done and get back to their office in less time than it would take them to walk over to the hospital next door and get a case a done," says USC Chief Operating Officer Micail Samiere.



THE BASICS

Opened: 1986
Caseload: 7,785 procedures in 2008
Facility: 12,500 sq. ft., including 2 ORs, 2 cystoscopy rooms, 4 treatment rooms, 9 pre-op bays and 18 PACU bays
Payer Mix: 64% commercial; 35% Medicare; 1% other
Number of Credentialed Physicians: 26
Ownership: Physician-owned
Case Mix: 100% urology

A TEAM APPROACH TO PERFORMANCE IMPROVEMENT

Since opening its new facility in 2001, USC has relied on its Performance Improvement (PI) and Operations Committees to continually upgrade patient care and physician services at the ASC. Members of the committees change every two to three years but always include at least one member of the USC Board and several physicians. The PI Committee meets quarterly. Often, the topics it considers are raised first in comments and suggestions the ASC hears from its patients, staff and physicians or in feedback from the accreditation surveyors who visit the ASC.

One improvement USC's PI Committee introduced recently involved the ASC's parking lot. "Our parking slots were rather narrow and would fill up quickly, and patients were unhappy with that," says USC's Director and Facility Administrator Mary Ellen Danielson, RN. "The PI Committee looked into the situation, and we

ended up buying land next door to use for staff parking so that we could enlarge our original parking lot for our patients. That seems small and insignificant, but it was very important to our patients."

Also thanks to recent efforts put forth by the PI Committee, to avoid patient falls, staff at the ASC who are transferring a patient from a procedure room to recovery care are now careful to inform the recovery room staff how much Versed® (midazolam) the patient received for his or her procedure. "After we had a few patients fall, even some that were seated right next to a family member," says Danielson, "we did a study and found that most of the falls involved male biopsy patients over the age of 70 who had received more than 2 milligrams of Versed for their procedures. Now, our PACU nurses know to keep a special eye on these patients."

Historically, USC's Operations Committee has included five or six physicians, including at least one Board member and the medical director of the ASC. USC's chief operating officer, administrator and OR supervisor are also members of the committee. Most of the committee's time is spent examining the ASC's case mix, ways of performing cases more efficiently and cost effectively and requests for new equipment and products that the ASC receives from its physicians.

NETWORKING, BENCHMARKING AND ADVOCACY

USC staff routinely participate in the ASC Association's annual meetings and other educational programs as well as its outcomes monitoring, salary and benchmarking surveys. In addition, about six months ago, after an accreditation surveyor commented that the ASC could benefit from communicating more directly with other single-specialty urology ASCs, USC helped establish an online discussion group that includes about 10 other ASCs in several different parts of the country. "Now, the issue is that being one of the larger urology centers, we're doing more cases than most of the others in the group," says Danielson. "I just got back some benchmarking information, and I had to ask how many cases the others are doing because we do about 1,000 lithotripsies in a year, and that means we're breaking up fragments, so some of those patients wind up in the emergency room. Is anybody else doing that same kind of volume? I don't think so. But we're trying to comply with what our accreditation surveyor suggested."

USC staff also participate in the quarterly meetings of the Freestanding Ambulatory Surgery Center Association of Tennessee (FASCA of TN) and work with the other members of the group when state-based issues are being addressed. "FASCA keeps us updated on state issues

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OR Staff Jonathan Mainkin, CST; Laura Crowell, RN; Alima Johnson, ST; Brooke Murphy, CST; Jessica Jackson, CST; Brandy Crawford, CST; Janee Eisle, RN; Lisa Bega, RN

and things like educational requirements similar to what the ASC Association does at the national level,” says Danielson. “They do some very positive things for us.”

Also, says Danielson, “Nashville is actually a small city where everyone knows everyone else, so it really isn’t too hard getting input.”

STATE LICENSING

Since a large number of the ASC’s cases involve radiation, all of USC’s staff, physicians and patients are exposed to radiation daily. As a result, Tennessee requires USC to provide radiation safety training to its staff and physicians annually to maintain its radioactive materials license. USC’s consulting physicist provides this training to the ASC’s physicians during an evening shareholders meeting and to staff during one of their mandatory monthly in-services during the year.

During the training sessions, USC’s consulting physicist talks about the ASC’s responsibility to keep collective doses of radiation *As Low As Reasonably Achievable (ALARA)* and discusses topics like the principles of radiation protection, the importance of wearing dosimetry badges, signage placement on the doors to the rooms of the ASC’s brachytherapy patients and the proper handling of the radioactive seeds.

STAFF IN-SERVICES

Practical

The mandatory in-service sessions USC staff attend each month typically focus on topics like managing patients with latex allergies, Occu-



Daniel Scokin, MD, anesthesiologist, (left) and William Dutton, MD

pational Safety and Health Administration safety standards, malignant hyperthermia and violence prevention. Occasionally, when the ASC is preparing to perform a procedure for the first time or staff have questions about patient tests or other services that the ASC’s patients receive from their physicians or others before arriving at the ASC for surgery, the ASC physicians or the others involved in that aspect of patient care present in-service training on those topics. For example, before the ASC began performing brachytherapy to treat prostate cancer and slings to treat bladder incontinence in women, physicians described and discussed the procedures with the ASC staff. Also, when ASC staff began asking about the notes on the patient charts pertaining to the cystometrograms many of the ASC’s patients undergo before arriving

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BERNADETTE E. TERRY, RNC

Supervisor, Surgical Holding and Post-Anesthesia Care Unit

A member of the USC staff since 2001, when the ASC opened the building it still occupies today, Terry directs and supervises the ASC's preoperative area, its post-anesthesia care unit and 10 of its full-time employees.

After graduating with her associate's degree in nursing from Tennessee State University in 1993, Terry became a staff nurse in a 34-bed medical surgical unit and then a staff nurse in the recovery care unit of one of the local medical centers. But her nursing background isn't the only experience and expertise she brings to USC today. Terry also holds a bachelor of science degree in social work and sociology from Virginia's James Madison University and has worked as a real estate agent, a retail sales comptroller and a restaurant manager. Aside from training her to

be a jack of all trades, which she says comes in handy every day at the ASC, Terry says, the connection between her past work experience and the role she fills today really has another important element in common. "Restaurants and health care are very similar in their service orientation," she says. "Customer satisfaction is all you have. That's what brings the person back in or makes them recommend you to someone else who may need the services you provide. I always try to be guided by that idea when things get a little stressful here."



at the ASC, one of the health professionals who performs the test for those USC patients presented a staff in-service to discuss what the test entails and what the results imply.

Since many of USC's patients are elderly, the ASC requires all staff to obtain annual re-certification in age-appropriate behaviors and care. Some of the recommendations staff take away from those training sessions include keeping a positive attitude, speaking loudly enough for the patient to hear everything being said and being patient.

All of USC's nurses and technicians also receive the training they need to be able to run the ASC's laser. "Someone needs to be dedicated

to it who is not circulating or scrubbing the case," explains Danielson, "and I don't always have an additional OR person free to run it. Sometimes we can pull staff from one of the other areas when they are light to help. It also helps familiarize the non-OR staff with what happens in our cases. The laser company sends someone in to do the training for us, and we can credential everyone."

... and Inspirational

Once a year, USC Chief Operating Officer Samiere also provides in-service training on something she calls Standards of Excellence, a collection of values and operating principles that encompass concepts that reach beyond the clinical measures and operating policies and procedures the ASC staff track and follow each day. In the material Samiere presents, she makes clear that the focus of the ASC is on service, its mission is compassion and its goal is quality. The shared values she ascribes to everyone who works at the ASC include integrity, compassion, positive attitude, respect and exceptional quality.

"Micail [Samiere] tries to change the way she presents this information each year," says Danielson, "and staff love that she takes the time out of her busy schedule to spend it with them presenting something she is so passionate about. She is a very intelligent lady and a good role model."

"This year," Danielson continues, "Micail focused on loyalty and related it to the economy. She spoke about how lucky we are in health care to have jobs and pointed out how loyal our physicians are to us. In spite of the fact that earnings at the ASC were flat this year, they gave bonuses, will be giving raises and are not considering layoffs. She also

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Christopher Hill, MD, performs a laser lithotripsy

acknowledged how everyone here is compassionate and, with that, comes respect. She commented on the recent airline crash in the Hudson and mentioned how just the smallest thing could have grave consequences. She talked about how the flight crew delivered quality care in spite of the obstacles and recognized that quality is never an accident. It is the result of intelligent effort.”

Samiere’s annual presentations typically last about an hour and include time for staff to share their experiences related to the concepts she raises. “Usually I hear a lot of very positive comments from staff after these sessions,” says Danielson.

AN IDEAL SETTING FOR RESEARCH

Whenever possible, most of the physicians who perform procedures at the ASC and have patients enrolled in research studies advise those patients to have the surgeries they need at the ASC. “We’re able to access our patients and measure outcomes much more easily at the ASC than at the hospital,” says ASC Medical Director Flora.

For example, when physicians at Urology Associates decided that they wanted to begin tracking outcomes data and other follow-up information related to patients with transitional cell cancers, they looked to the ASC to be able to provide them with the surgery assistance and surgery-related information they needed on those patients.

“There are two entities,” says Flora, “and they work in conjunction. There are the physicians’ offices and, then, there’s the ASC. You really can’t have one without the other. Of course, we manage and measure both entities separately, but in the big sense, we’re looking at them together, which is the best thing for all of our patients and all of the physicians involved.”

According to Danielson, although some additional billing procedures or staff hours can be involved, the extra efforts are all worthwhile since the ASC’s staff love participating in “something so cutting edge.”

MEDICARE CHALLENGES

As at other ASCs across the country, Medicare reimbursements for the urology procedures the ASC provides are now routinely 51% of the rates hospital outpatient departments (HOPD) are receiving for performing the same procedures. According to Danielson, that means Medicare’s reimbursement for lithotripsy and some other procedures the ASC provides doesn’t cover the costs USC incurs when it performs those procedures.

“We still do these procedures for Medicare patients,” says Danielson, “but only under special circumstances. And what that means is that these procedures are moving to the hospital setting where they cost Medicare and patients more.” [As an example, for CPT® 54405, insertion of a penile implant, ASCs are paid \$8,167.61 and hospital outpatient departments are paid \$10,103.25, a difference of \$1,935.64 in the Medicare reimbursement for these procedures and \$387.13 in the patients’ portion of the bill.—Ed.]

Another problem with Medicare reimbursement rates for procedures that actually cost USC money to perform, says Danielson, is that insurers that contract with the ASC want to base their rates on the Medicare rates when their contracts with the ASC are ready to be renegotiated. “It’s a double-edged sword,” says Danielson. Another

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concern Medicare's new ASC payment system has raised for USC is that many of the ASC's local payers have not fully adopted the new system and still rely on Medicare's former grouper system, which forces the ASC to continue to maintain separate billing systems for the separate entities.

In May, when Medicare's revised Conditions for Coverage take effect, Danielson continues, USC will face yet another hurdle in providing the care that its patients need. "Right now," she says, "if a patient with a kidney stone comes into the ASC in pain, we do what we need to do to get that patient treated that day. But under the new Conditions for Coverage, we'll have to give that patient written notice about our physi-

cians' ownership interest in this center and their patient rights a full day before we can treat them. That means that they'll either have to spend a night or weekend in excruciating pain or go to the hospital emergency room where they'll pay more for their care. It doesn't make sense." Since Nashville is located in a region of the country known as the Stone Belt, a part of the US where the warm weather tends to encourage dehydration suspected of causing a higher incidence of kidney stones than in other regions, Danielson says she expects the number of patients USC will no longer be able to treat immediately will be significant.

Medicare's recent decision to move urethral bulking procedures—the injection of a collagen-like implant into the bladder neck to help with



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MARY ELLEN DANIELSON, RN, CNOR Director/Facility Administrator

As USC's director and facility administrator, Danielson reports to the ASC's chief operating officer on all of the financial tasks she manages, including monitoring the ASC's profit and loss activities, negotiating vendor contracts, overseeing equipment and supply purchases and more. She is also responsible for overseeing the ASC's 28 full-time employees, directing the ASC's risk management program, ensuring that the ASC is providing top-quality care, and making certain the ASC is doing all it needs to do to retain its accreditation.

Danielson came to USC as a staff nurse/relief supervisor in 1997 and became the ASC supervisor in 2000. She became the ASC administrator in 2005. She is certified as an operating room (OR) nurse,



in various life support categories and as a central service technician. Her previous work experience incorporates a broad clinical background in areas that include everything from newborn nursing, pediatrics, neurology and intensive and critical care to open heart surgery and running the board for a five-OR hospital.

incontinence—from the ASC setting to physicians' offices, Danielson continues, causes additional hardship for patients. "Most patients," she says, "need at least Versed, if not general anesthesia, for this procedure, so it's being pushed back into the less convenient hospital setting, and patients and Medicare pay more."



Jane Elam, CRNA, Laura Crowell, RN, and Greg Tomlin, radiation technologist, prepare for a lithotripsy patient

Other concerns some of the recent changes in Medicare's Conditions for Coverage are raising for USC relate to the cost of providing care at the ASC and competition for top-quality staff in the community. Finding and retaining nurses who can do everything the ASC setting demands, says Danielson, is already difficult. As Medicare imposes an increasing number of regulatory requirements on ASCs, she explains, the costs of compliance are rising and beginning to consume some of the funds set aside for salaries and other expenses at the ASC. "All of these regulations increase our costs at the same time they want to pay us less and less," she adds.

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LISA L. BEGA, RN OR Supervisor

Bega joined the USC staff in 2007 serving as a staff nurse in the ASC's preoperative and post-anesthesia care units and floating into the OR as needed. In 2008, she was promoted to OR supervisor, the position she still fills today. One of the biggest challenges she says she faces at the ASC each day is recognizing that she will not be able to completely satisfy all of the ASC's physicians, staff, other managers and anesthesia providers each day. She says she manages that challenge by continually doing whatever is best for the ASC's patients. "And when I'm doing what's best for them," she says, "I'm doing what's best for everyone."



Before coming to USC, Bega was a staff nurse in women's services at a nearby medical center. There she provided antepartum, labor and delivery and postpartum care to women and was cross-trained to work in the medical center's newborn nursery. Her other work experience includes providing nursing care in a variety of settings and specialties that range from dental surgery to neurosurgery in Tennessee and Illinois.

REACHING OUT TO THE COMMUNITY

In an effort to meet its own needs and contribute to job training opportunities in the community, USC provides clinical experiences for students enrolled in a local surgical technician training program. "This gives us an edge when it comes to hiring new techs," says Danielson.

Last year, USC also joined with urology practices across the US in support of the first annual 5K Run/1 Mile Fun Walk in Nashville. Proceeds from the event, which was known as The Great Prostate Cancer Challenge of 2008, went to the American Urological Association Foundation, an organization that works to improve the prevention, detection and treatment of urologic diseases. Vouchers for free prostate screenings were distributed to eligible men at the race, and sponsors distributed free goodie bags to the racers.

WHAT'S NEXT?

"I don't think ASCs can possibly lose," says Flora, "and I want to be careful about how I say this because nobody, including ASCs, can afford to work for free or to actually lose money every time they go to

work. But although ASCs may pay us a little less, for physicians, it's all about the patients. As a physician, you want happy customers and good outcomes. And when it comes to happy customers and good outcomes, there's no equal to ASCs."

Recognizing that hospitals continue to be important in their communities and to physicians like himself who need to perform their more complex cases there and acknowledging that Nashville's hospitals have made a serious effort to accommodate local physicians, Flora says, "But they just can't compete with the ASC setting."

"The buzzwords in surgery centers these days are outcome measurements," adds Flora. "We need to prove that we are what we say we are: more efficient, able to provide better quality services than other surgery providers."

"I have to be honest with you," says Samiere, "I'm not as optimistic about the future of ASCs as Dr. Flora. I feel that there is a movement in health care to inhibit our ability to operate our centers. They're making it very tough on us. That being said, from a management standpoint, we keep finding ways to demonstrate our effectiveness in ways that help us fight for our survival. The ASC setting . . . especially in a single-specialty ASC such as ours . . . is a more efficient setting for the health care system as a whole from a quality standpoint."

"That being said," Samiere continues, "our physicians still want to run this center because it still continues to contribute to their efficiency and their ability to deliver quality care. This ASC is the best place for them to take care of our patients."

"I think the whole nation is going to be challenged by our economy," says Terry. "It just all needs to be brought home that we are responsible for our nation's resources. Whether it's a surgery center or gas and electric, it's critically important. We will meet the challenges here, as I'm sure we will nationwide. It's just time to evaluate every single thing we do all the time, with quality of health care as our foremost concern here. To do that, we have to be frugal and mindful, take ownership in our own place and, then, go forward. I'm sure USC and ASCs will withstand these challenges because the quality of care is already here. It's going to be harder work, but we're good at that."

"ASCs do a great job providing health care effectively and reasonably," adds Danielson. "Now, as an industry, we need to continue to lobby and be heard at the federal and state levels. We need to speak with a voice as powerful as the hospitals and insurance companies to promote our cause. I think we're just going to have to persevere, dig in our heels and fight, and say 'We're here to stay.'" -ASC

Below: Mark Flora, MD, Keith Hagan, MD, and Whitson Lowe, MD, at the prostate cancer awareness race; Right: Claude Workman, III, MD, completes the race.

