Facing the Hurdles in the Race to Develop Cardiovascular ASCs

With a focus on careful planning, technology investment, and patient safety, cardiovascular ambulatory surgery centers can revolutionize how cardiovascular care is delivered.

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Interventional cardiology and electrophysiology have taken center stage in the ambulatory surgery center (ASC) space. With the continued expansion of cardiovascular procedure reimbursement by Centers for Medicare & Medicaid Services in the ASC site of care, cardiovascular ASCs are "the fastest-growing ASC specialty," according to an Avanza 2022 report.[1]

Although the growth is rapid, significant reimbursement in the ASC setting for cardiovascular procedures was not introduced until 2020. Therefore, there are a limited number of "role models" within the specialty for health care leaders designing new ASCs, even now at the beginning of 2025. Several factors need to be considered when launching and managing a new cardiovascular ASC, including government regulations and state-based certificates of need, insurance and reimbursement, and physician and provider compensation and team structure.[1] All of these factors become highly variable when you throw in demographic factors and case volumes specific to the patient population within a given health system, as well as access to evolving technology.

With the race to build an ASC and the variability of factors affecting success, it's essential to embark on ASC development with an understanding of the challenges, a plan to address those challenges, and a solid structure of resources to support the execution of that plan. This article dissects the roadblocks and opportunities facing the development of cardiovascular ASCs and provides resources to get started.

UNTAPPING THE POTENTIAL BENEFITS OF ASCs

Coronary artery angiography, percutaneous coronary intervention, rhythm management implantation, and peripheral artery angiography/intervention are increasingly being performed in low-acuity ASCs. With a reduced need for recovery time and a strong safety profile for these elective procedure types, ASCs offer an outpatient setting that supports same-day discharge, procedural throughput reliability and efficiency, patient satisfaction, and clinical team satisfaction, all reducing the burden on hospital-based cath labs and allowing them to focus on complex and acute cases.

ASCs are designed to be highly specialized, focusing on specific types of procedures. This specialization often translates into focused skills and expertise among staff that promotes quality and efficiency for these procedure types. Cardiovascular procedures performed at ASCs have similar patient outcomes compared to those done in hospitals.[2]

As cardiology transitions from the fee-for-service model to value-based care, ASCs also offer an opportunity to reduce costs compared to traditional inpatient stays, largely due to lower facility fees, fewer overhead costs, and greater efficiency in patient flow.

IDENTIFYING THE HURDLES

Despite these benefits, ASCs also pose unique challenges to cardiovascular leaders, administrators, physicians, and providers. Even elective, low-acuity

procedures require sophisticated technology and highly skilled personnel. For most markets, the ASC procedures are not necessarily incremental volumes but rather patients being diverted from hospital-based labs to ambulatory-based labs. A comprehensive review of current volumes, patient and procedure types, capacity, staffing requirements and operations is an important exercise when making a decision to add an ASC lab to a cardiovascular delivery portfolio.

Not all cardiovascular patients are suitable candidates for ambulatory-based procedures. Although the procedures may be low risk, some patients are not. High-risk patients (eg, those with advanced heart disease and significant comorbidities, such as lung or kidney disease) may need to be treated in a hospital setting. Establishing clear guidelines for patient selection and ensuring that appropriate care pathways are available for those who require hospital-level treatment is essential to prevent complications and ensure patient safety.

Although cardiovascular ASCs offer significant cost savings for many procedures, financial sustainability remains a concern. Initial start-up costs can be significant and include facility construction, equipment purchases, and recruitment of specialized staff. Initial procedure volume ramp-up can be slow as well due to facility accreditation and payer contracting processes. Financial planning and effective management of revenue streams are crucial for the long-term viability of cardiovascular ASCs.

ADDRESSING THE HURDLES, TAPPING INTO THE POTENTIAL

Cardiovascular organizations and ambulatory surgery experts are bridging the gap between newly designed ASCs and successful development with new tools and resources. As the introduction of ASCs into the cardiovascular procedure space grows, organizations can learn from each other through community networking, case studies, and ASC roadmap resources. Organizations exploring an ASC strategy have several opportunities to learn more about the cardiovascular ASC environment and key considerations. They can gain access to these resources through vendors, professional organizations (eg, MedAxiom), colleagues who may be early adopters of their own ASC strategy, and consulting firms that specialize in ASC development and management. In addition, there are several key ASC ownership models that include opportunities for joint ventures between a hospital organization and an ASC management company, a physician group and an ASC management company, or a three-way relationship between a health care organization, a physician group, and an ASC management company. Combining initial investments and allowing for a broader range of expertise related to cardiovascular procedural care has been a proven model for executing a successful ASC.

ABOUT MEDAXIOM

MedAxiom offers key resources for ASC feasibility analyses, ASC staffing and operations, ASC revenue cycle processes, and ASC quality assurance. In addition, MedAxiom offers extensive information on how to structure, engage, and compensate your team to ensure optimal patient care and leverage staff at the top of their licenses. Published at the end of 2024, MedAxiom's 2024 Cardiovascular Provider Compensation and Production Survey and Cardiovascular Advanced Practice Provider Compensation and Utilization Report collate data from MedAxiom's membership organizations to share current trends and best practices in a team-based care structure. These reports define appropriate compensation as well as incentives and performance management opportunities to retain and motivate physicians and advanced practice providers—important leaders in the ASC environment.

CONCLUSION

With the continued broadening of ASC-approved cardiovascular procedures, proven cost-of-care benefits, and quality outcomes, ASCs will continue to grow and evolve. Additionally, as patients increasingly demand convenience and cost-effective options, the shift toward outpatient care will continue to gain momentum from a consumer perspective. With careful planning, investment in technology, and a focus on patient safety, these centers have the potential to revolutionize the way cardiovascular care is delivered in the United States and beyond. ■

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2. Fornell D. What the rise of outpatient cardiac OBLs and ASCs means for cardiology. Cardiovascular Business. Published March 22, 2023. Accessed January 3, 2025. https://cardiovascularbusiness.com/topics/healthcare-management/healthcare-economics/what-rise-outpatient-cardiac-obls-and-ascs-means-cardiology

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