Ambulatory Surgery Centers
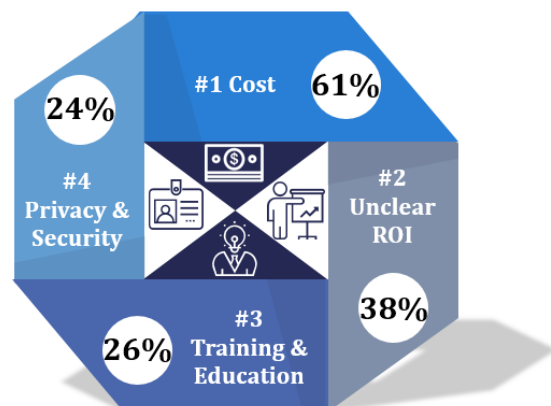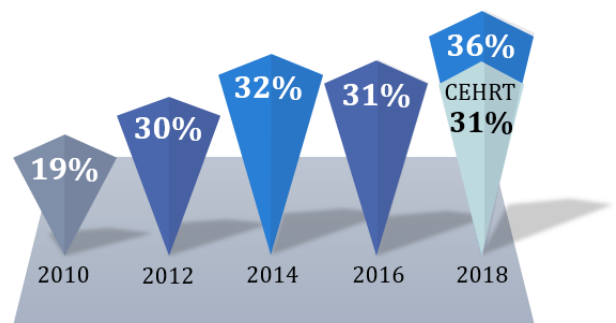## *Certified Electronic Health Record Technology (CEHRT) Adoption*

The Maryland Health Care Commission, in partnership with the Maryland Ambulatory Surgery Association, distributed a questionnaire to Ambulatory Surgery Centers (ASCs) in the State. The questionnaire inquired about ASC adoption and perceived value of Electronic Health Records (EHRs). Data was self-reported by 108 ASCs.

Observations
Diffusion among responding ASCs

- Diffusion of certified EHR technology (CEHRT)[1] among ASCs remains low compared to other health care settings.[2] Adoption of EHRs in Maryland is about 71 percent among office-based physicians (2016) and 100 percent among acute care hospitals (2016).[3]

- ASCs that do not use CEHRT report using non-CEHRT or other electronic systems that support care delivery (e.g., decision support, order management, etc.)[4].

Adoption Challenges
ASCs struggle to find value

- Adoption of CEHRT has not been mandated by third party payors. ASCs are generally excluded from alternative care delivery programs where incentives are paid based on quality outcomes and utilization.[5]

- CEHRT customization enables specialized reporting and efficient workflows but can also increase the cost of implementation.[6] In order to meet the needs of multispecialty ASCs, CEHRTs need to be tailored to support multiple procedural and clinical workflows.[7]

[1] A CEHRT meets certain technological capability, functionality, and security requirements. More information is available at: www.healthit.gov/topic/certification-ehrs/about-onc-health-it-certification-program.
[2] More information is available at: mhcc.maryland.gov/mhcc/pages/hit/hit_ehr/hit_ehr.aspx.
[3] *Ibid.*
[4] Becker's ASC Review, 7 Observations on ASC-Based EMR, July 2010. Available at: www.beckersasc.com/news-analysis/7-observations-on-asc-based-emr.html.
[5] Ambulatory Surgery Center Association, MACRA: Quality Payment Program. Available at: www.ascassociation.org/federalregulations/macra-qpp.
[6] ASC Focus Magazine. *Pick the Right EHR*, December 2018. Available at: www.ascfocus.org/ascfocus/content/articles-content/articles/2018/digital-debut/201812-pick-the-right-ehr.
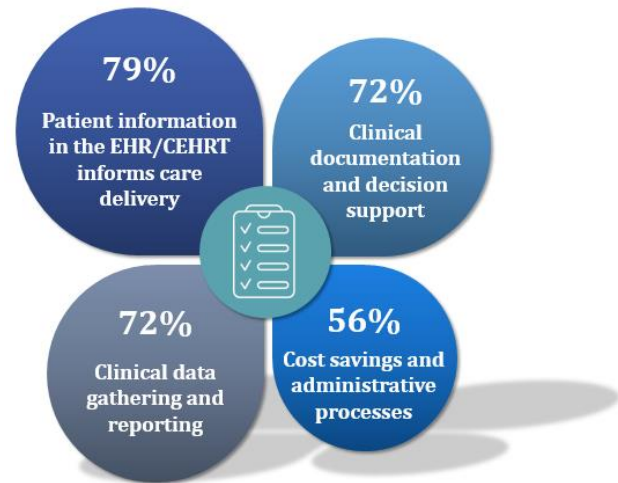[7] Advisory Board, Tiebreaker: How to choose between multi-and single specialty ASCs, September 2015. Available at: www.advisory.com/research/market-innovation-center/the-growth-channel/2015/09/ambulatory-single-vs-multispecialty-center.
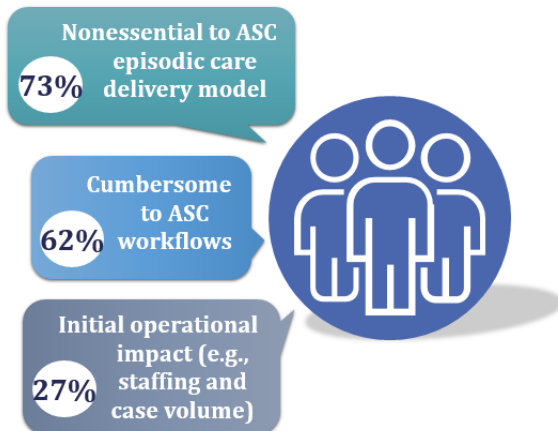
Perceived Advantages
Importance of innovation

- The use of data to enhance business operations is improved when an EHR or CEHRT is integrated with an ASC's practice management software.[8]

- ASCs benefit from increased clinical efficiencies as EHRs and CEHRT enable streamlined procedural processes (e.g. charting, image capture).[9]

Innovation is Not Easy
What needs to be addressed

- In response to Meaningful Use requirements, CEHRTs are designed to support longitudinal care as is commonly provided by hospitals and in ambulatory settings. These solutions do not seamlessly align with the episodic care delivery model of ASCs, reducing the value proposition for ASCs to invest in CEHRT.[10]

- A lack of ASC-specific CEHRT hampers the ability of ASC physicians to be assessed accurately under the Merit-based Incentive Payment System payment adjustment formula; CEHRT is required to report under the Promoting Interoperability performance category of the Merit-based Incentive Payment System.[11]

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[8] Ophthalmology Times, Moving EHR beyond the clinical practice, April 2015. Available at: www.ophthalmologytimes.com/modern-medicine-feature-articles/moving-ehr-beyond-clinical-practice.

[9] *Ibid.*

[10] More information on Meaningful Use and ASCs is available at: www.beckersasc.com/asc-supply-chain-materials-management/5-things-surgery-centers-need-to-know-about-meaningful-use-and-the-50-rule.html.

[11] See n. 5, *Supra.*