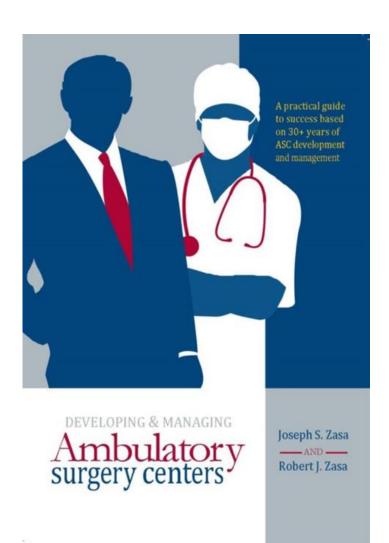
# Strategic Considerations Developing & Managing ASC's

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#### Introduction







# **Strategic Planning for ASCs**

#### How and why are these developed?

- 1. Physician Independence and Control
- 2. Patient Care and Physician/Patient Satisfaction
- 3. Competitive Advantage
  - Patients
  - Payers Economic Credentialing
  - Market Competition
- 4. Economic Benefit for Physicians/Ancillary Income

## The Growth of Musculoskeletal ASC's

- Total Joints
  Spine
  Sports Medicine
- ► Pain

Payers are pushing more complex procedures to ASC's due to data showing patient preference & safer outcomes while maintaining a lower cost/reimbursement to ASC's.

### Key Considerations when Developing an ASC

"Measure Twice, Cut Once"

#### Prepare a thorough and comprehensive Business Plan

- **1.** Develop Financial Projections
  - Cases
  - Sizing (*Pitfall*)
  - Staffing
  - Reimbursement & Cost
- Sources & Uses of Funds
   Income Statement
   Cash Flow
   Balance Sheet

#### **Business Plan Continued**

- 2. Structuring your ASC
  - Who? Hospital JV or Physician Only: Pros & Cons
    - Ownership
    - Governance
  - Where(?) will it be located Real Estate
    - Own or Build
    - 3<sup>rd</sup> Party
  - Why? Competitors in market, trends and committed surgeons/cases
  - How? Management and Development Expertise
  - When? Timeline
- 3. Letter of Intent
- **4**. Financing
- 5. Finalize Offering and Raise Equity

### **TYPICAL CAPITALIZATION**

Construction-A&E (15,000 ft)	\$ 7,500,000
Land Cost (1.5 acre)	300,000
Equipment	3,000,000
Pre-Opening Supplies & Salaries	300,000
Legal and Accounting	100,000
Construction Period Interest	100,000
Development Fees	200,000
Working Capital (3 months fixed)	900,000
Miscellaneous	<u>100,000</u>
Total	\$ 1 <mark>2,</mark> 500,000

### Keys To Better Managing Your Surgery Center

Financial Analysis – it tells you where to look

- 1. Use Benchmark Information
- 2. Critical Management Factors
  - Revenue per Case
  - Supply Cost per Case,
  - Hours worked per Patient,
  - A/R Days etc.
- 3. Income Statement: Line-Item expense benchmarking
- 4. Statement of Cash Flows: Does the cash flow tie to the accrual? Cash variance?
- 5. Balance Sheet Debt Analysis, Equity (skin in the game?), Liabilities

### Building your House - Ensuring Effective Operating Systems

The <u>Four</u> Cornerstones:

- 1. Patient Care
- 2. Enterprise Risk Management
- 3. Managed Care/Payer Contracting
- 4. Business Office
- ➤Who are the Walls?
  - Staff
  - Surgeons
  - Anesthesia
  - Managers

#### **Continued**

- The Roof: Leadership
  - Board of Managers, Medical Director and Administrator
  - The Best Leaders have:
    - Vision getting a group accustomed to underperforming to buy into the vision.
    - Communication Skills
    - ✓ People Skills
    - ✓ Character
    - ✓ Competence
    - ✓A Serving Heart
  - Creating a Winning Culture Achieving Buy In
    - ✓ Staff and Surgeon Buy-In
    - ✓ Anesthesia
    - ✓ Staffing Assessment
  - Key Pitfalls for Managers: Disney Princesses, Queens, and Kings

#### New Program Development

 Determine what your ASC does well and how it can improve
 Areas of growth are Joints (Ortho), Spine, and Cardiovascular

 Patient Care Analysis, Preparation and Safety is critical
 Understand your Cost to include disposables, equipment and service agreements to ensure the new program is justified.

Payer Contracting is Key – discussing with the payers and negotiate carve outs, explain the disparity between hospital and ASC reimbursement and show why this is in their favor – create a win/win scenario

# **Questions?**