



**CASA** 2019

ANNUAL CONFERENCE  
& EXHIBITS

**SEPTEMBER 4-6, 2019**

PORTOLA HOTEL & SPA  
MONTEREY, CA



# CASA President's Message



On behalf of CASA, I would like to officially welcome you to our 2019 annual conference. This will be our 32nd annual meeting. My term as president is ending, and I can assure you the CASA Board has never been more active and is diligently working in several areas to better serve California ASCs.

As California's new Governor works toward his legacy, healthcare will be a priority in California. CASA is working with our elected officials to assure they have a profound understanding of how California ASCs provide significant cost savings, innovation and quality outcomes. As you well realize, ASCs are not without their challenges, and I am sure you have dealt with emerging concerns on a daily basis. We will highlight these challenges and strategies to address utilizing the VUCA (volatility, uncertainty, complexity, ambiguity) principles. On Wednesday, our panel of distinguished experts will set the stage, and General George W. Casey, Jr., will provide us with a tactical approach to meet these challenges head-on.

Our Thursday, Keynote speaker John Izzo, Ph.D., will motivate us to take on these responsibilities and be the agent of change. Following the morning sessions, the conference committee has organized a diverse program of breakout sessions, and we are fortunate to have the breadth of expert speakers to share their knowledge with us.

The CASA Board is continually striving to address the changing needs of our members and effectively move the CASA organization forward. I will be highlighting the Board's activities during my presentation on Thursday morning, at 8:00 a.m. I am excited to be unveiling some new CASA benefits and opportunities to help you run your center. This informative business session is a great opportunity to see all the areas CASA is working for your ASC's success.

Friday's sessions will bring us a panel on using quality metrics and marketing your ASC and an important session of staff engagement with Greg Miller, Ph.D. We are grateful for the open dialogue CASA has with our regulators. Friday's closing session will bring us a wide variety of experts representing the Medical Board of California, California Department of Public Health, Centers for Medicare and Medicaid Services and accreditation agencies.

We will take some time to relax and enjoy a bit of Monterey history for the Thursday Evening Rustic Roundup. This event is off-site at the historic Barnes, just a short walk up the road. This is a great time to network while enjoying good music, food and games.

Our sponsors and vendors are critical to the success of our meetings. Please take the opportunity to thank them throughout the meeting, and make sure to maximize your time in the exhibit hall. The diversity of exhibitors will allow you to investigate the latest in technology, products, and services affecting our industry. As always, we have included a fun game to enhance the experience, and who doesn't like an opportunity to win cash and prizes?

In closing, I want to assure you that the CASA Board and administrative team are here to help you and your ASC. Your input is critical for our success. Be sure to take full advantage of the conference app and complete your evaluations for education credit. Your feedback will help us with the planning of future meetings and better serve you in all areas. The CASA Board and staff want to get to know you. So please take this opportunity to say hello; we welcome the opportunity to learn more about you and your center.

Enjoy the meeting and networking with peers,

A handwritten signature in black ink that reads "Deborah Miller". The signature is fluid and cursive.

Deborah Miller  
CASA President

# CASA THANKS OUR PLATINUM SPONSOR

## McKesson

## Get the business and operation solutions you need. Stat.

From the business office to the surgical suite, McKesson Medical-Surgical delivers inventory management solutions to help you increase efficiency, save time and reduce costs so you can focus on patient care.

- **McKesson Implant Manager** – automated IOL tracking reduces risk of inventory discrepancies
- **McKesson CSOSManager<sup>SM</sup>** - order controlled substances, but avoid delays and eliminate manual paperwork

Visit us online to learn more about how we can help you manage your inventory and more.

[mms.mckesson.com/asc](https://mms.mckesson.com/asc) | 866.MCK.ANSWer (866.625.2679)

*“Prior to Implant Manager we would spend hours figuring out where a lens went, which doctor implanted what lens and which lens was associated with a specific patient. I would have to spend hours looking at expiration dates of over 4,500 lenses. Now it is a simple click and complete.”*

*- Anna Conley, Purchasing Agent  
Cincinnati Eye Institute*

# CASA's Mission Statement

**CASA's Mission is to serve as a proactive leader in the California ambulatory surgery industry.**

## Vision Statement

The California Ambulatory Surgery Association will increase surgical care quality and value through communication, education and advocacy. By:

- Dramatically increasing membership from both multi-specialty and single specialty centers
- Effectively partnering with organizations with similar goals and objectives
- Leading/supporting critical legislative and regulatory reform
- Utilizing/leveraging information and communication technologies
- Electing a motivated and committed Board of Directors
- Becoming more influential in the industry, the community and the legislative branches

## Member Code of Conduct

The California Ambulatory Surgery Association ("CASA") and each of its members agree to adopt and implement policies to promote ethical management in the ambulatory surgery industry. Members shall promote the advancement of ambulatory surgery technology and methods, encourage educational activities demonstrating the benefits of ambulatory surgery, promote the efficient, safe and effective utilization of medical care resources and operate facilities in a fiscally responsible manner benefiting and protecting the general public.

As part of these ethical obligations, each member agrees to observe, to the extent applicable to a facility, ethical business practices, including but not limited to:

A member facility should not charge or collect an illegal or excessive fee. A fee is considered excessive when after a review of the facts a person knowledgeable as to current charges made by facilities would be left with a definite and firm conviction that the fee is in excess of a reasonable fee. Factors to be considered as guides in determining the reasonableness of a fee include the following:

- (1) The difficulty and/or uniqueness of the services performed and the time, skill, and experience required
- (2) The fee customarily charged in the locality for similar care by facilities that are committed to providing safe and effective care in an efficient and fiscally responsible manner benefitting and protecting the general public.
- (3) The amount of the charges involved.
- (4) The quality of performance.
- (5) The experience, reputation, and ability of the facility in performing the kind of services involved.

The above statement regarding fees is modeled from Opinion 6.05 (as modified in 1994) of the American Medical Association Code of Medical Ethics.

A member facility agrees to be transparent and lawful in its billing and collection practices. Factors to be considered as guides in determining transparency and lawfulness include the following:

- (1) Timely pre and post-treatment notifications of the patient (or parent or legal conservator if the patient is a minor, or an adult with a legal conservatorship) of anticipated and real charges, and expectations regarding the financial responsibilities of the patient, parent or legal conservator, and of any third party payer to be billed.
- (2) Avoidance of unlawful payments or other improper inducements for referral of patients to the facility. (amended 2013)



## **Delivering the highest standard of care and quality to our highest priority—our patients.**

**AMSURG is committed to offering the safest, highest-quality patient experience.**

Each of our centers:

- Are Medicare-approved
- Undergo voluntary accreditation by the Accreditation Association for Ambulatory Health Care (AAAHC) or the Joint Commission
- Voluntarily comply with OAS CAHPS (Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems)

Our centers' Governing Boards and medical staff meet quarterly to continually ensure a patient-centric culture. Providing every patient personalized and compassionate care is at the center of all we do.

**Learn more at [AMSURG.com](https://www.amsurg.com)**

**Proud CASA Sponsor**

# **AMSURG**

An **Envision Healthcare** Solution

# Program at a glance

## WEDNESDAY, SEPTEMBER 4, 2019

### CONFERENCE BEGINS ON WEDNESDAY

10:00 AM to 5:00 PM	Conference Registration
3:00 PM to 5:00 PM	ASCs in a VUCA World (Volatility, Uncertainty, Complexity, and Ambiguity)
5:00 PM to 7:00 PM	Welcome Reception in Exhibit Hall

## THURSDAY, SEPTEMBER 5, 2019

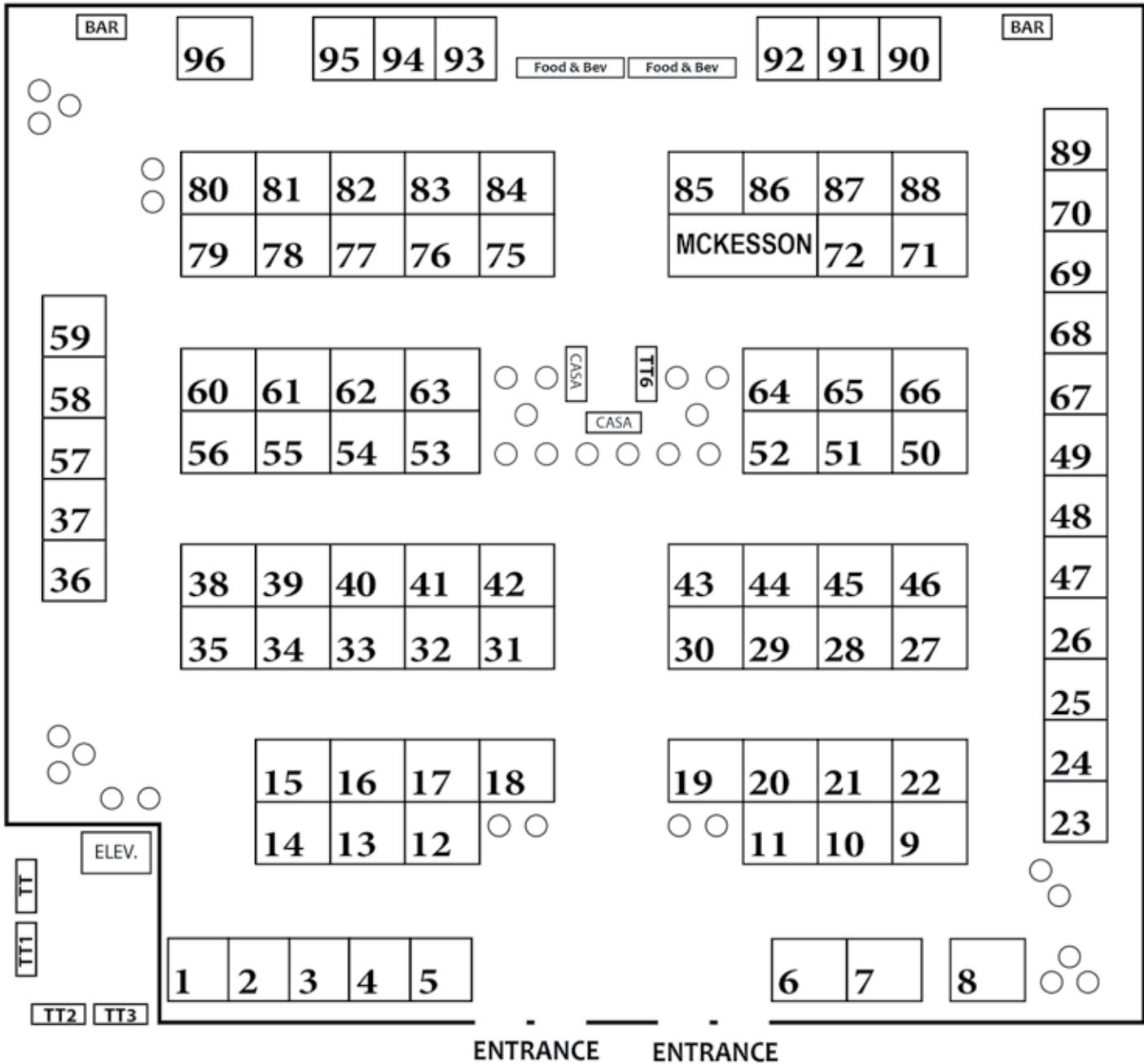
7:00 AM to 8:00 AM	Conference Registration	
8:00 AM to 8:30 AM	CASA Business Meeting	
8:30 AM to 9:30 AM	California and National Legislative Update	
9:30 AM to 9:45 AM	Break	
9:45 AM to 11:00 AM	<b>KEYNOTE:</b> John Izzo - Leadership Expert & Author 100% Responsibility - 0% Excuses: Creating a Culture of Ownership	
11:00 AM to 1:00 PM	Lunch with Exhibitors	
1:00 PM to 2:00 PM	Track 1 - Expanding Revenue in an ASC to Increase Profits	FINANCIAL
	Track 2 - The Difficult Employee and a Proactive Approach from a Leadership Perspective	HR
	Track 3 - Surgical Smoke in the Clinical Environment	CLINICAL
	Track 4 - Quality, Safety & the Patient Experience How Improving your Facility's Culture and Employee Engagement Drives These Three Areas	QUALITY
2:05 PM to 3:05 PM	Track 1 - Improving Sales Skills to Grow Case Volume	FINANCIAL
	Track 2 - The Top Mistakes When Dealing with the Injured Worker	HR
	Track 3 - Communication in the Clinical Setting	CLINICAL
	Track 4 - Developing a Reliable On-Boarding Program for Registry Staff & Per Diem Nurses	QUALITY
3:05 PM to 4:00 PM	Break with Exhibitors	
4:00 PM to 5:00 PM	Track 1 - Best Practices for Revenue Cycle Management	FINANCIAL
	Track 2 - Incorporating Social Media for ASC Success	HR
	Track 3 - High Caliber Clinicians/High Acuity Patients and Screening for Both	CLINICAL
	Track 4 - Training & Developing Your Safety Officer	QUALITY
5:05 PM to 6:05 PM	Accreditation 4-1-1	
7:00 PM to 9:30 PM	Thursday Special Event	

## FRIDAY, SEPTEMBER 6, 2019

8:00 AM to 9:00 AM	Quality and Safety in the ASC - Telling the ASC Story
9:00 AM to 10:00 AM	Gaining the Edge with Staff Engagement
10:00 AM to 10:20 AM	Break
10:20 AM to 12:00 PM	Regulatory Update Panel

# MONTEREY CONVENTION CENTER (EXHIBIT HALL)

## SERRA BALLROOM



## EXHIBITORS

3M Healthcare	9
AAHC	20
AcelRx Pharmaceuticals, Inc	93
Advocare+	68
AlSCO	79
AORN	87
ARC Medical	37
ASC Connect	TT3
ASC Pharmacist Consultants	48
Avante Health Solutions	49
BD/CAREFUSION/BARD	28
Boston Scientific	61
Bryton Corporation	81
Cadmet, Inc.	22
California Cancer Registry	7
Cardinal Health	60
Cardio Surgical Partners	44
CAREDirect	77
Casetabs	14
Clariti Health	47
Clorox	71
Coding Network (The)	42
Credit Consulting Services	41
Crosstex	72
Eagle Pharmaceuticals	55
ECG Management Consultants	76
Echelon Medical Capital	31
eClinicalWorks	40
EH Butland Corp	10
Ellex iTrack	8
Envision Physician Services	19
Excellentia Advisory Group	50
Getinge	16
Global 1	86
Halyard Global Products Division	6
Henry Schein	89
HST ASC Software	12
Image Diagnostics	92
ImageFIRST	96
Inform Diagnostics	85
Institute for Medical Quality	57
Intalere	26
Inventory Optimization Solutions (IOS)	15
IPG	84
James G. Parker Insurance Associates	70
Key Surgical	65
LabCorp	1
McKesson	73.74
Medely	63
Medical Products Resource	38
MediMax Tech	25
Medline Industries	39
MedTek, Inc.	32
MedWest Surgical	66
Merritt Healthcare Advisors	94
Mizuho OSI	56
Mobile Instrument Service & Repair	21
Modernizing Medicine Gastroenterology	78
MTBC	17
MultiMedical Systems	29
Nanosonics, Inc	3
National Cardiovascular Partners	TT6
National Medical Billing Services	83
Nuance Communications	35
One Medical Passport	62
OneSource Document Management Services	75
Pacira Biosciences, Inc.	30
Parcus Medical	91
Precision Medical Products	45.46
Prescott's Inc	67
Provation Medical	TT1
Provista	36
SCM Associates	5
Seattle Technology	24
SI-BONE, Inc.	95
Silikal America	27
Simple PRM	23
Simplify ASC	64
Smith & Nephew	18
Sodexo CTM	58
SOMA Technology	59
Sportstek Medical	54
SurgeryLink, Inc	34
Surgical Care Affiliates	53
Surgical Information Systems	11
Surgical Notes	13
SurgLogs	80
Sutter Health	2
Sweet Dreams Anesthesia	52
The Alternative Source Medical	69
The Joint Commission	4
The SSI Group	33
United Medical Instruments, Inc.	TT2
US WorldMeds	82
WorkLogicHR	88
Ziehm Imaging	90
ZRG Medical	51
Zulu Health	43

With sincere appreciation, we thank our  
**Sponsors & Exhibitors**

## PLATINUM SPONSOR

# McKesson

## CONFERENCE SPONSORS

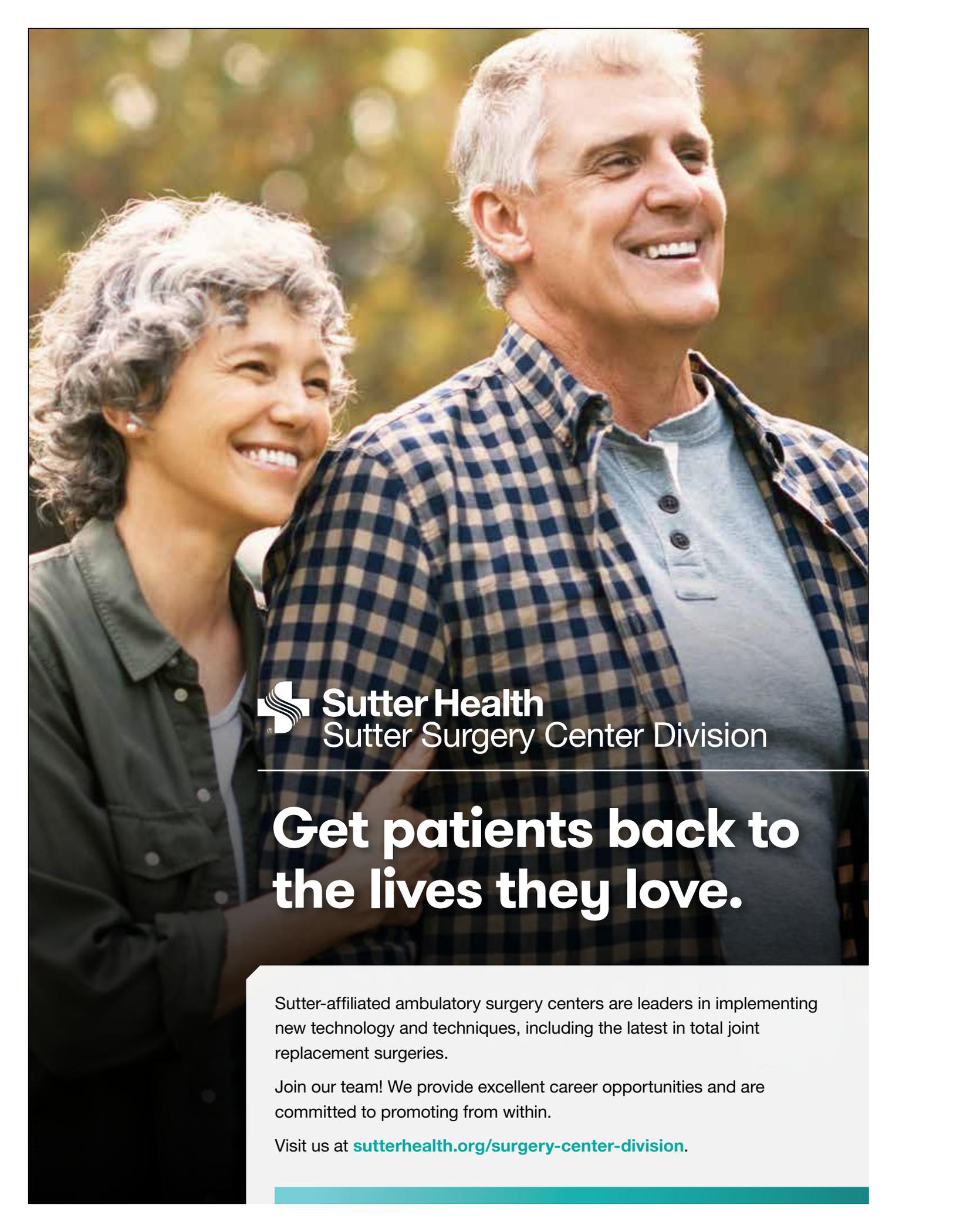
AMSURG  
Ambulatory Systems Development  
Anthem Blue Cross  
ASC Connect, LLC  
Blue Shield of CA  
Cigna  
Envision Physician Services  
HCA Healthcare  
HealthNet of CA  
National Cardiovascular Partners  
Nossaman LLP  
Provation Medical  
SOMA Technology  
Surgery Partners  
Sutter Health  
UnitedHealthcare  
United Surgical Partners  
International

## EVENT SPONSORS



## ELITE SPONSORS



A photograph of an elderly couple smiling and looking off to the side. The woman is on the left, wearing a dark green button-down shirt. The man is on the right, wearing a blue and white checkered shirt over a grey polo shirt. The background is a soft-focus outdoor setting with green foliage.

 **Sutter Health**  
Sutter Surgery Center Division

**Get patients back to  
the lives they love.**

Sutter-affiliated ambulatory surgery centers are leaders in implementing new technology and techniques, including the latest in total joint replacement surgeries.

Join our team! We provide excellent career opportunities and are committed to promoting from within.

Visit us at [sutterhealth.org/surgery-center-division](https://sutterhealth.org/surgery-center-division).

# Speakers

## KEYNOTE SPEAKER

### Dr. John Izzo, Ph.D LEADERSHIP EXPERT/ AUTHOR

Vancouver, BC  
info@drjohnizzo.com

**100% Responsibility -  
0% Excuses: Creating a Culture  
of Ownership**  
**Thursday • 9:45 AM**

#### Michael Bennett

*Medical Consultant*  
*Licensing & Certification Program*  
*California Department of Public Health*  
850 Marina Bay Parkway  
Building P, 1st Floor  
Richmond, CA 94804-6403

**Regulatory Update Panel**  
**Friday • 10:20 AM**

#### Gen. George W. Casey, Jr.

*U.S Army (RET)*  
*Worldwide Speakers Group*  
99 Canal Center Plaza Ste. 100  
Alexandria, VA 22314

**ASCs in a VUCA World**  
**Wednesday • 4:00 PM**

#### Lisa Cooper

*Principal, Advocare+*  
Lisa@advocareplus.com

**The Difficult Employee and  
a Proactive Approach from a  
Leadership Perspective**  
**Thursday • 1:00 PM**

#### Diana Dang

*PR Consultant, KP Public Affairs*  
621 Capitol Mall Ste. 1900  
Sacramento, CA 95814  
ddang@ka-pow.com

**Incorporating Social Media  
for ASC Success**  
**Thursday • 4:00 PM**

#### Missy Danforth

*VP, Health Care Ratings*  
*The Leapfrog Group*  
1660 L Street NW, Ste. 308  
Washington, DC 20036  
mdanforth@leapfroggroup.org  
**Quality and Safety in the ASC -  
Telling the ASC Story**  
**Friday • 8:00 AM**

#### Tarin English

*Assistant Director, Regulatory Compliance*  
*Accreditation Association for Ambulatory  
Health Care*  
5250 Old Orchard Rd, Ste. 200  
Skokie, IL 60077  
tenglish@aaahc.org  
**Accreditation 411 - AAAHC**  
**Thursday • 5:05 PM**

#### Tim Fuchs

*VP, Client Services*  
*National Medical Billing Services*  
7 Arnage Road  
St. Louis, MO 63005  
tim.fuchs@nationalascbilling.com  
**Best Practices for  
Revenue Cycle Management**  
**Thursday • 4:00 PM**

#### John J. Goehle, MBA, CASC, CPA

*(moderator)*  
*Chief Operating Officer*  
*Ambulatory Healthcare Strategies, LLC*  
2 Valley Meadow Dr.  
Spencerport, NY 14559  
jgoehle@ah-strategies.com

**Quality and Safety in the ASC -  
Telling the ASC Story**  
**Friday • 8:00 AM**

#### Kelly Kapp, RN

*Senior Director, Group Clinical Educator*  
*Surgical Care Affiliates*  
234 E. Colorado Blvd., Ste. 220  
Pasadena, CA 91101  
kelly.kapp@scasurgery.com  
**Communication in the Clinical Setting**  
**Thursday • 2:05 PM**

#### I. Naya Kehayes

*Principal, ECG Management Consultants*  
1111 Third Ave. Ste. 2500  
Seattle, WA 98101  
nkehayes@ecgmc.com  
**ASCs in a VUCA World**  
**Wednesday • 3:00 PM**

#### Kimberly Kirchmeyer

*Executive Director, Medical Board of CA*  
2005 Evergreen St.  
Sacramento, CA 95815  
kimberly.kirchmeyer@mbc.ca.gov  
**Regulatory Update**  
**Friday • 10:20 AM**

#### Shea Lansberry, RN, MPA

*Regional Clinical Director, Sutter Health*  
LansbeS@sutterhealth.org  
**Training & Developing your  
Safety Officer**  
**Thursday • 4:00 PM**

#### Michael B. Larsen

*Executive Director, MCSIG*  
76 Stephanie Dr.  
Salinas, CA 93901  
**Quality and Safety in the ASC -  
Telling the ASC Story**  
**Friday • 8:00 AM**

#### Alethea Leandro-Farr

*Safety & Loss Control Manager*  
*James G. Parker Insurance Associates*  
1368 S. Main St., Ste A  
Salinas, CA 93901  
alethea@jgparker.com  
**The Top Mistakes when Dealing with  
the Injured Worker**  
**Thursday • 2:05 PM**

#### Scott Leggett

*Co-Principal, Global 1 Ventures, LLC*  
6125 Paseo Del Norte, Ste. 210  
Carlsbad, CA 92011  
scott@globaloneventures.com  
**ASCs in a VUCA World**  
**Wednesday • 3:00 PM**



Easy on the eyes.  
Literally.



## HSTeChart

When it comes to charting patients, we set the standard. And now we've raised the bar with an innovative, eyestrain-reducing design. More than that, we've also added real-time data collection to help your entire ASC operation run smoothly. And to really add some efficiency to your workflows, we've included concurrent charting which allows all your clinicians to provide patient updates as they happen. You truly have to see it to believe it.

For more information or to schedule a demo, visit [hstpathways.com/echart](http://hstpathways.com/echart)

## Speakers *cont.*

### **Jacqueline A. Lincer, Chief**

*Region VI - Field Operations Branch  
California Department of Public Health  
-L&C*

#### **Regulatory Update**

**Friday • 10:20 AM**

### **Deborah L. Mack, RN, BSN, CASC, CAIP**

*Independent Healthcare Consultant  
11194 West Yucca  
Littleton, CO 80125  
dmack1957@gmail.com*

#### **Training & Developing your Safety Officer**

**Thursday • 4:00 PM**

### **Alison MacLeod**

*Partner, KP Public Affairs  
621 Capitol Mall Ste. 1900  
Sacramento, CA 95814  
amacleod@ka-pow.com*

#### **Incorporating Social Media for ASC Success**

**Thursday • 4:00 PM**

### **Greg Miller, Ph.D**

*VP, Talent Management & Development  
Tenet Healthcare  
1445 Ross Ave., Ste. 1400  
Dallas, TX 75202  
greg1.miller@tenethealth.com*

#### **Gaining the Edge with Staff Engagement**

**Friday • 9:00 AM**

### **Janet Miller, RN, MHA, CAIP**

*Group Manager, Clinical Services  
Surgical Care Affiliates  
5065 Nantucket Street  
Roseville, CA 95747  
Janet.Miller@scasurgery.com*

#### **Developing a Reliable On-Boarding Program for Registry Staff & Per diem Nurses**

**Thursday • 2:05 PM**

### **Amanda Olderog, MHA (moderator)**

*Senior Director, Sg2  
5250 Old Orchard Rd.  
Skokie, IL 60077  
aolderog@sg2.com*

#### **ASCs in a VUCA World**

**Wednesday • 3:00 PM**

### **Alden J. Parker**

*Regional Managing Partner  
Fisher Phillips  
621 Capitol Mall, Ste. 1400  
Sacramento, CA 95814  
aparker@fisherphillips.com*

#### **The Difficult Employee and a Proactive Approach from a Leadership Perspective**

**Thursday • 1:00 PM**

### **Trey Parsons, RN**

*Sr. Vice President, Operations  
Ambulatory Systems Development, LLC  
850 E. Ocean Blvd., Unit 901  
Long Beach, CA 90802  
tparsons@asd-asc.com*

#### **Legislative Update**

**Thursday • 8:30 AM**

#### **Expanding Revenue in an ASC to Increase Profits**

**Thursday • 1:00 PM**

### **Bill Prentice**

*Chief Executive Officer  
Ambulatory Surgery Center Association  
81012 Cameron St.  
Alexandria, VA 22314  
wprentice@ascassociation.org*

#### **Legislative Update**

**Thursday • 8:30 AM**

### **William Rutland**

*KP Public Affairs  
81012 Cameron St.  
621 Capitol Mall Ste. 1900  
Sacramento, CA 95814  
wrutland@ka-pow.com*

#### **Legislative Update**

**Thursday • 8:30 AM**

### **Victoria Samper, MS**

*Vice President, Ambulatory Accreditation  
Institute for Medical Quality  
180 Howard Street, Ste. 210  
San Francisco, CA 94105  
victoria@imq.org*

#### **Accreditation 411 - IMQ**

**Thursday • 5:05 PM**

### **Ann Shimek, RN, BSN, MSN, CASC**

*Independent Consultant  
5805 Braemer Drive  
Plano, TX 75093  
ashimekco@gmail.com*

#### **Quality, Safety & the Patient Experience - How Improving your Facility's Culture and Employee Engagement Drives These Three Areas**

**Thursday • 1:00 PM**

#### **Quality and Safety in the ASC - Telling the ASC Story**

**Friday • 8:00 AM**

### **Mark Shirley, MS, CSP**

*Environmental Risk Consultant  
Sutter Health  
2200 River Plaza Dr.  
Sacramento, CA 95833  
ShirleM@sutterhealth.org*

#### **Surgical Smoke in the Clinical Environment**

**Thursday • 1:00 PM**

### **Stuart Simon, MD**

*Medical Director  
United Surgical Partners International  
4514 Lively Lane  
Dallas, TX 75220  
ssimon@uspi.com*

#### **High Caliber Clinicians/High Acuity Patients and Screening for Both**

**Thursday • 4:00 PM**

### **Jason J. Strauss**

*Chief Operating Officer  
Surgical Care Affiliates  
569 Brookwood Village, Ste. 901  
Birmingham, AL 35209  
jason.strauss@scasurgery.com*

#### **ASCs in a VUCA World**

**Wednesday • 3:00 PM**



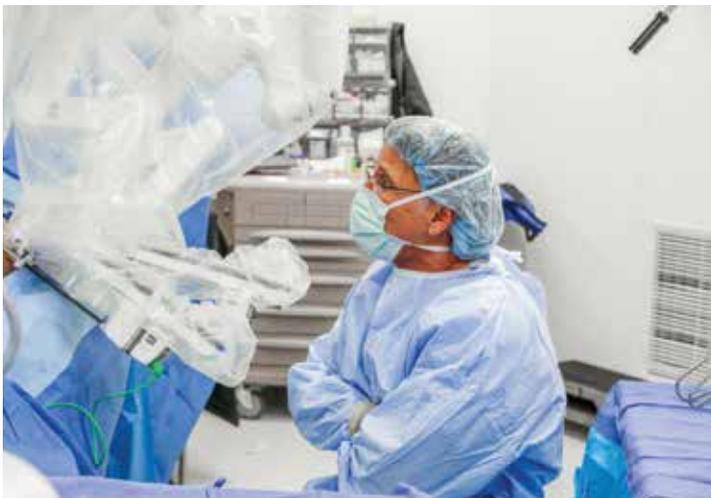
United Surgical Partners  
INTERNATIONAL



United Surgical Partners International specializes in the development and operations of over 400 ambulatory surgery centers, surgical hospitals, urgent care, and imaging centers.

By leveraging the strength of joint venture partnerships and through a strong commitment to clinical quality and excellence, USPI remains an innovative leader within the industry.

Thank you to our outstanding administrators and employees for living out our mission every day, and for Every Day Giving Excellence!



## Speakers *cont.*

### **Devan Telken**

*Director of Business Development  
Surgery Partners*

310 Seven Springs Way, Ste. 500  
Brentwood, TN 37027

DTelken@surgerypartners.com

### **Improving Sales Skills to**

### **Grow Case Volume**

**Thursday • 2:05 PM**

### **Tara Vail**

*Chief Operating Officer  
HST ASC Software*

3675 Mt. Diablo Blvd., Ste. 100  
Lafayette, CA 94595

tara.vail@hstpathways.com

### **ASCs in a VUCA World**

**Wednesday • 3:00 PM**

### **Darla VanPutten-Adams, MD**

*Field Surveyor  
The Joint Commission*

One Renaissance Boulevard  
Oakbrook Terrace, IL 60181

### **Accreditation 411 – The Joint Commission**

**Thursday • 5:05 PM**

### **Peggy Wellman (moderator)**

*Market President, USPI*

200 N. Westlake Blvd., Suite 104  
Westlake Village, CA 91362

pwelldman@uspi.com

### **Regulatory Update**

**Friday • 10:20 AM**

### **John Wogec, MD**

*Exercise Coordinator  
California Department of Public Health  
Emergency Preparedness Office*

John.Wogec@cdph.ca.gov

### **Quality and Safety in the ASC -**

### **Telling the ASC Story**

**Friday • 8:00 AM**

### **Robert J. Zasa, MSHHA, FACMPE**

*President/CEO  
Ambulatory Systems Development, LLC*

21 Terraza Del Mar  
Dana Point, CA 92629

rsaza@asd-asc.com

### **Expanding Revenue in an**

### **ASC to Increase Profits**

**Thursday • 1:00 PM**

## CONTINUING HEALTH PROFESSIONS EDUCATION

This CME activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education through the joint providership of The Institute for Medical Studies (IMS) and the California Ambulatory Surgery Association. The Institute for Medical Studies is accredited by the ACCME to provide continuing medical education for physicians. The Institute for Medical Studies designates this live activity for a maximum of 11.75 AMA PRA Category 1 Credits™ for the full general conference, and 4 credits for the Pre-Conference. \*Physicians should claim only the credit commensurate with the extent of their participation in the activity.

This program is also provider approved by the California Board of Registered Nursing, provider number CEP 9344 for 11.75 contact hours for the full General Conference and 4 contact hours for the Pre-Conference. This program is approved for 11.75 hours of AEU credits by BASC Provider #7990 and 4 contact hours for the Pre-Conference.



## **Surgery centers only succeed when physicians succeed.**

Our commitment to our physician partners is the cornerstone of our company's growth and success.

Physicians at more than 260 surgery centers have chosen AMSURG as their business partner.

We proudly partner with over 300 specialty physicians at over 25 multi- and single-specialty centers in California.

**Find out more at [AMSURG.com](http://AMSURG.com)**

**Proud CASA Sponsor**

# AMSURG

An Envision Healthcare Solution

# Integrated Surgical Solutions

VISIT BOOTH #84 AT THE CASA TRADESHOW!



## What we do

IPG works with commercial health plans to drive higher acuity procedures to ASCs by ensuring the **right reimbursement structure** is in place and by **taking on the financial risk of the device** to allow our participating ASCs to perform all procedure types involving an implant.

## How we achieve results for ASCs



We provide **national benchmarks** to the health plan relative to appropriate reimbursement rates.



We **fund the cost of the device** for our partner ASCs.



We have an extensive **network of manufacturers** across all procedure types.

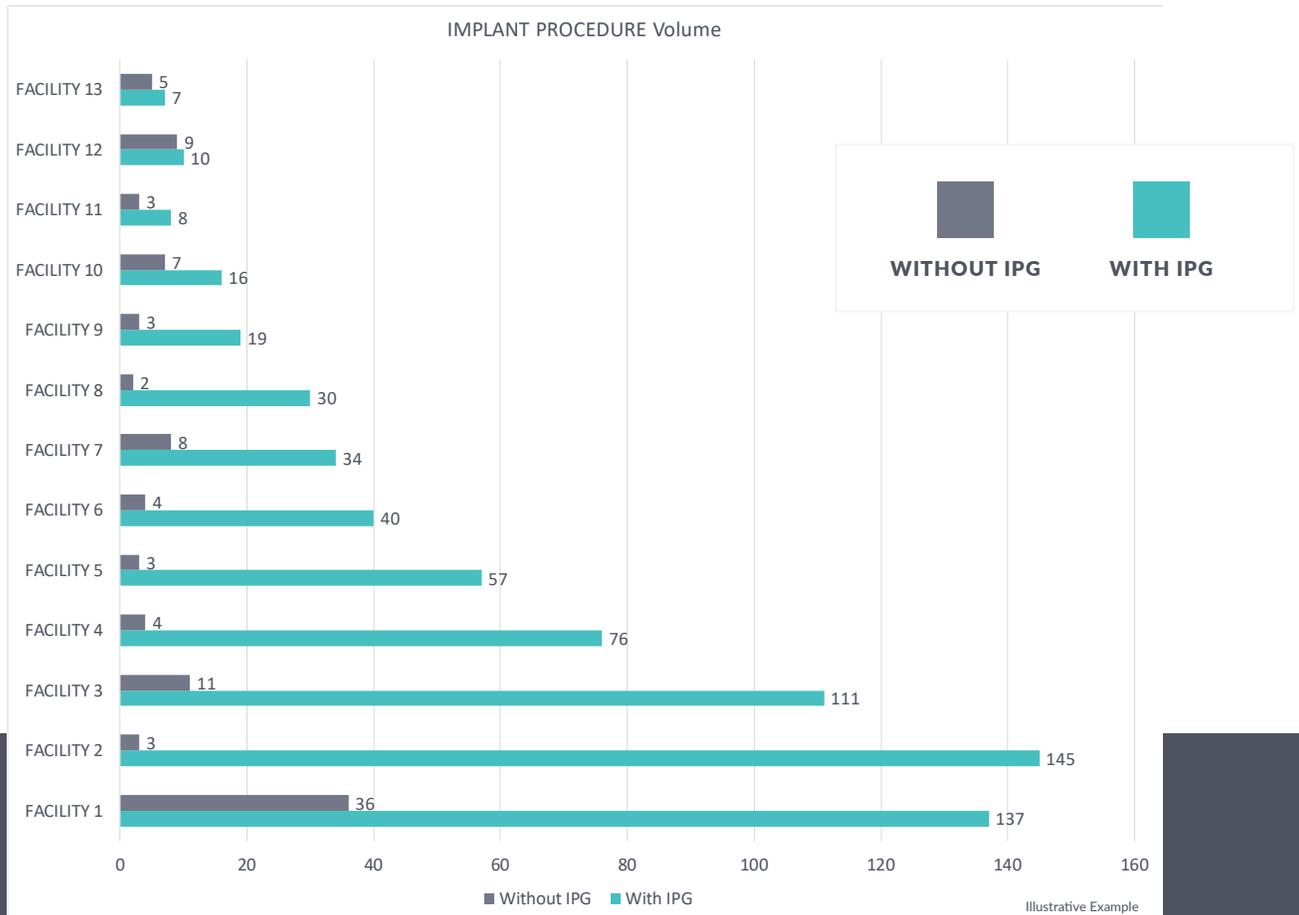


We manage the **payment and billing** of the device.



We take on the **patient collection** risk.

**IPG partnering facilities perform on average 3x more procedures than they did without IPG.**



## What That Means to Your ASC

- You get paid appropriately to do more volume and more profitable procedures.
- There is no cash outlay for the device and no costs associated with the program.
- You and your surgeons have access to newer technology and device options.
- The resource and financial burden for payment and billing of the device is removed.
- The impact of outstanding patient collections to your bottom line is removed.



# 2019 SALARY SURVEY NOW AVAILABLE

## SPECIAL OFFER **ONLY** FOR CONFERENCE ATTENDEES

See us at the CASA registration desk  
to purchase on-the-spot  
**Or order online at this discounted rate:**  
[casurgery.org/surveypromo2019](http://casurgery.org/surveypromo2019)

reg. \$500

Conference  
Attendee Price

**\$250**

## FREE Exclusive Benchmarking

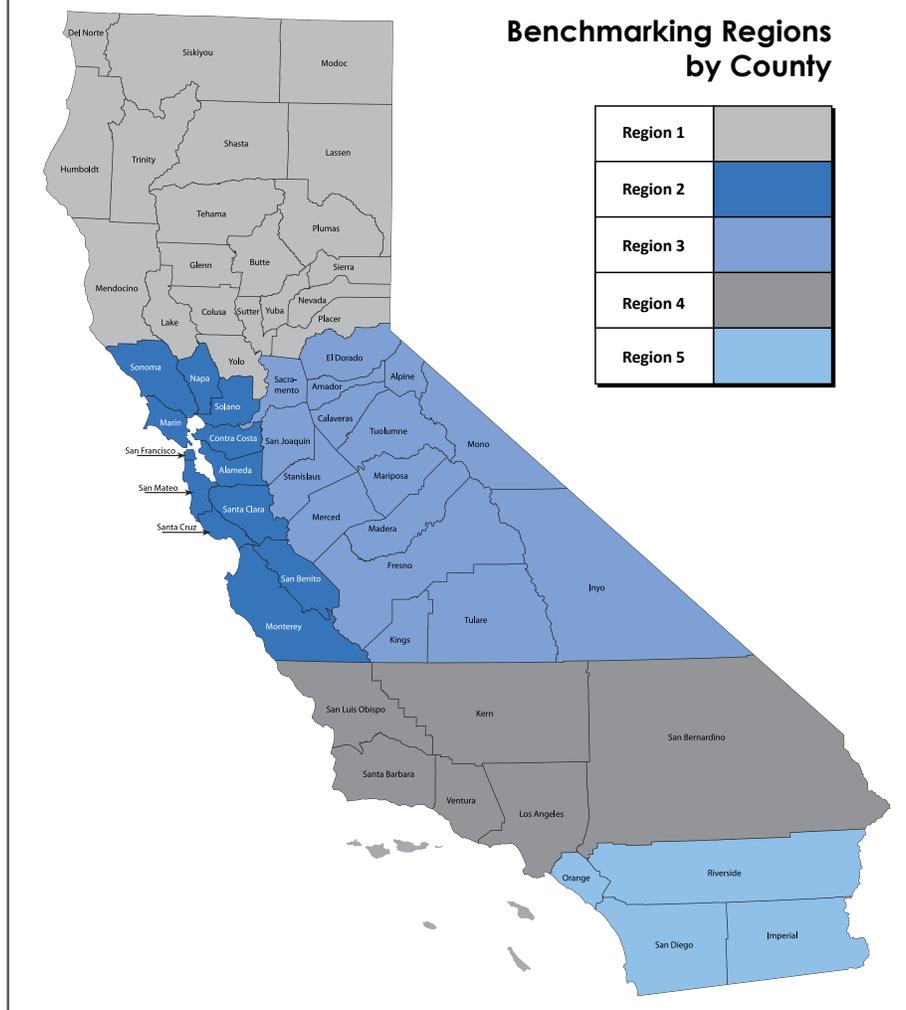
Our newly upgraded CASA benchmarking is FREE to members and includes areas mandated by CMS and accreditation bodies.

**This is the only benchmarking program that provides information specific to your California region.**

### Data Highlights include:

- Demographic & Ownership Structure
- Accreditation
- Payor Mix
- Net Revenue
- Days In AR
- Supplies as a % of Net Revenue
- Productive Hours Per Case
- Cancellation Rates
- Complications
- Incidents
- Hospital Transfers
- Infection Rates
- Complaints
- Post-Operative Normothermia
- Unplanned Anterior Vitrectomies

CASA Benchmarking is a critical component for progressive ASCs. Take advantage of this free opportunity to improve your operations.



# BOOTH 30

## Learn how non-opioid EXPAREL improves recovery in the ASC

- Pain is the most common cause of PACU delays and the second most common reason for hospital-based acute care admission after discharge from an ASC<sup>1,2</sup>

### EXPAREL provides long-lasting pain control<sup>3</sup> AND...

Reduces or eliminates opioid use<sup>3\*</sup>



Enables faster achievement of recovery milestones<sup>4</sup>

\*The clinical benefit of the decrease in opioid consumption was not demonstrated in the pivotal trials. ASC, ambulatory surgery center; PACU, post-anesthesia care unit.

#### Indication

EXPAREL is indicated for single-dose infiltration in adults to produce postsurgical local analgesia and as an interscalene brachial plexus nerve block to produce postsurgical regional analgesia. Safety and efficacy have not been established in other nerve blocks.

#### Important Safety Information

EXPAREL is contraindicated in obstetrical paracervical block anesthesia. Adverse reactions reported with an incidence greater than or equal to 10% following EXPAREL administration via infiltration were nausea, constipation, and vomiting; adverse reactions reported with an incidence greater than or equal to 10% following EXPAREL administration via interscalene brachial plexus nerve block were nausea, pyrexia, and constipation. If EXPAREL and other non-bupivacaine local anesthetics, including lidocaine, are administered at the same site, there may be an immediate release of bupivacaine from EXPAREL. Therefore, EXPAREL may be administered to the same site 20 minutes after injecting lidocaine. EXPAREL is not recommended to be used in the following patient population: patients <18 years old and/or pregnant patients. Because amide-type local anesthetics, such as bupivacaine, are metabolized by the liver, EXPAREL should be used cautiously in patients with hepatic disease.

**Warnings and Precautions Specific to EXPAREL:** Avoid additional use of local anesthetics within 96 hours following administration of EXPAREL. EXPAREL is not recommended for the following types or routes of administration: epidural, intrathecal, regional nerve blocks **other than interscalene brachial plexus nerve block**, or intravascular or intra-articular use. The potential sensory and/or motor loss with EXPAREL is temporary and varies in degree and duration depending on the site of injection and dosage administered and may last for up to 5 days, as seen in clinical trials.

#### Warnings and Precautions for Bupivacaine-Containing Products

**Central Nervous System (CNS) Reactions:** There have been reports of adverse neurologic reactions with the use of local anesthetics. These include persistent anesthesia and paresthesia. CNS reactions are characterized by excitation and/or depression. **Cardiovascular System Reactions:** Toxic blood concentrations depress cardiac conductivity and excitability which may lead to dysrhythmias, sometimes leading to death. **Allergic Reactions:** Allergic-type reactions (eg, anaphylaxis and angioedema) are rare and may occur as a result of hypersensitivity to the local anesthetic or to other formulation ingredients. **Chondrolysis:** There have been reports of chondrolysis (mostly in the shoulder joint) following intra-articular infusion of local anesthetics, which is an unapproved use. **Methemoglobinemia:** Cases of methemoglobinemia have been reported with local anesthetic use.

Please refer to brief summary of full Prescribing Information on adjacent page.

Full Prescribing Information is available at [www.EXPAREL.com](http://www.EXPAREL.com).

For more information, please visit [www.EXPAREL.com](http://www.EXPAREL.com) or call 1-855-RX-EXPAREL (793-9727).

**References:** 1. Joshi GP, Ogunnaike BO. Consequences of inadequate postoperative pain relief and chronic persistent postoperative pain. *Anesthesiol Clin North Am.* 2005;23(1):21-36. 2. Fox JP, Vashi AA, Ross JS, Gross CP. Hospital-based, acute care after ambulatory surgery center discharge. *Surgery.* 2014;155(5):743-753. 3. Mont MA, Beaver WB, Dysart SH, Barrington JW, Del Gaizo DJ. Local infiltration analgesia with liposomal bupivacaine improves pain scores and reduces opioid use after total knee arthroplasty: results of a randomized controlled trial. *J Arthroplasty.* 2018;33(1):90-96. 4. Yu S, Dundon J, Solovyova O, Bosco J, Iorio R. Can multimodal pain management in TKA eliminate patient-controlled analgesia and femoral nerve blocks? *Clin Orthop Relat Res.* 2018;476(1):101-109.



Scan me for  
ASC outcomes  
data

PACIRA  
BIOSCIENCES, INC.

©2019 Pacira BioSciences, Inc.  
Parsippany, NJ 07054 PP-EX-US-5080 07/19

EXPAREL®  
(bupivacaine liposome injectable suspension)

OPIOID FREE

# EXPAREL®

(bupivacaine liposome injectable suspension)

**Brief Summary**  
(For full prescribing information refer to package insert)

## INDICATIONS AND USAGE

EXPAREL is indicated for single-dose infiltration in adults to produce postsurgical local analgesia and as an interscalene brachial plexus nerve block to produce postsurgical regional analgesia.

Limitation of Use: Safety and efficacy has not been established in other nerve blocks.

## CONTRAINDICATIONS

EXPAREL is contraindicated in obstetrical paracervical block anesthesia. While EXPAREL has not been tested with this technique, the use of bupivacaine HCl with this technique has resulted in fetal bradycardia and death.

## WARNINGS AND PRECAUTIONS

### Warnings and Precautions Specific for EXPAREL

As there is a potential risk of severe life-threatening adverse effects associated with the administration of bupivacaine, EXPAREL should be administered in a setting where trained personnel and equipment are available to promptly treat patients who show evidence of neurological or cardiac toxicity. Caution should be taken to avoid accidental intravascular injection of EXPAREL. Convulsions and cardiac arrest have occurred following accidental intravascular injection of bupivacaine and other amide-containing products.

Avoid additional use of local anesthetics within 96 hours following administration of EXPAREL.

EXPAREL has not been evaluated for the following uses and, therefore, is not recommended for these types of analgesia or routes of administration.

- epidural
- intrathecal
- regional nerve blocks other than interscalene brachial plexus nerve block
- intravascular or intra-articular use

EXPAREL has not been evaluated for use in the following patient population and, therefore, it is not recommended for administration to these groups.

- patients younger than 18 years old
- pregnant patients

The potential sensory and/or motor loss with EXPAREL is temporary and varies in degree and duration depending on the site of injection and dosage administered and may last for up to 5 days as seen in clinical trials.

## ADVERSE REACTIONS

### Clinical Trial Experience

#### Adverse Reactions Reported in Local Infiltration Clinical Studies

The safety of EXPAREL was evaluated in 10 randomized, double-blind, local administration into the surgical site clinical studies involving 823 patients undergoing various surgical procedures. Patients were administered a dose ranging from 66 to 532 mg of EXPAREL. In these studies, the most common adverse reactions (incidence greater than or equal to 10%) following EXPAREL administration were nausea, constipation, and vomiting. The common adverse reactions (incidence greater than or equal to 2% to less than 10%) following EXPAREL administration were pyrexia, dizziness, edema peripheral, anemia, hypotension, pruritus, tachycardia, headache, insomnia, anemia postoperative, muscle spasms, hemorrhagic anemia, back pain, somnolence, and procedural pain.

#### Adverse Reactions Reported in Nerve Block Clinical Studies

The safety of EXPAREL was evaluated in four randomized, double-blind, placebo-controlled nerve block clinical studies involving 469 patients undergoing various surgical procedures. Patients were administered a dose of either 133 or 266 mg of EXPAREL. In these studies, the most common adverse reactions (incidence greater than or equal to 10%) following EXPAREL administration were nausea, pyrexia, and constipation.

The common adverse reactions (incidence greater than or equal to 2% to less than 10%) following EXPAREL administration as a nerve block were muscle twitching, dysgeusia, urinary retention, fatigue, headache, confusional state, hypotension, hypertension, hypoesthesia oral, pruritus generalized, hyperhidrosis, tachycardia, sinus tachycardia, anxiety, fall, body temperature increased, edema peripheral, sensory loss, hepatic enzyme increased, hiccups, hypoxia, post-procedural hematoma.

#### Postmarketing Experience

These adverse reactions are consistent with those observed in clinical studies and most commonly involve the following system organ classes (SOCs): Injury, Poisoning, and Procedural Complications (e.g., drug-drug interaction, procedural pain), Nervous System Disorders (e.g., palsy, seizure), General Disorders And Administration Site Conditions (e.g., lack of efficacy, pain), Skin and Subcutaneous Tissue Disorders (e.g., erythema, rash), and Cardiac Disorders (e.g., bradycardia, cardiac arrest).

## DRUG INTERACTIONS

The toxic effects of local anesthetics are additive and their co-administration should be used with caution including monitoring for neurologic and cardiovascular effects related to local anesthetic systemic toxicity. Avoid additional use of local anesthetics within 96 hours following administration of EXPAREL.

Patients who are administered local anesthetics may be at increased risk of developing methemoglobinemia when concurrently exposed to the following drugs, which could include other local anesthetics:

### Examples of Drugs Associated with Methemoglobinemia:

Class	Examples
Nitrates/Nitrites	nitric oxide, nitroglycerin, nitroprusside, nitrous oxide
Local anesthetics	articaine, benzocaine, bupivacaine, lidocaine, mepivacaine, prilocaine, procaine, ropivacaine, tetracaine
Antineoplastic agents	cyclophosphamide, flutamide, hydroxyurea, ifosfamide, rasburicase
Antibiotics	dapsone, nitrofurantoin, para-aminosalicylic acid, sulfonamides
Antimalarials	chloroquine, primaquine
Anticonvulsants	Phenobarbital, phenytoin, sodium valproate
Other drugs	acetaminophen, metoclopramide, quinine, sulfasalazine

#### Bupivacaine

Bupivacaine HCl administered together with EXPAREL may impact the pharmacokinetic and/or physicochemical properties of EXPAREL, and this effect is concentration dependent. Therefore, bupivacaine HCl and EXPAREL may be administered simultaneously in the same syringe, and bupivacaine HCl may be injected immediately before EXPAREL as long as the ratio of the milligram dose of bupivacaine HCl solution to EXPAREL does not exceed 1:2.

#### Non-bupivacaine Local Anesthetics

EXPAREL should not be admixed with local anesthetics other than bupivacaine. Nonbupivacaine based local anesthetics, including lidocaine, may cause an immediate release of bupivacaine from EXPAREL if administered together locally. The administration of EXPAREL may follow the administration of lidocaine after a delay of 20 minutes or more. There are no data to support administration of other local anesthetics prior to administration of EXPAREL.

Other than bupivacaine as noted above, EXPAREL should not be admixed with other drugs prior to administration.

#### Water and Hypotonic Agents

Do not dilute EXPAREL with water or other hypotonic agents, as it will result in disruption of the liposomal particles.

## USE IN SPECIFIC POPULATIONS

### Pregnancy

#### Risk Summary

There are no studies conducted with EXPAREL in pregnant women. In animal reproduction studies, embryo-fetal deaths were observed with subcutaneous administration of bupivacaine to rabbits during organogenesis at a dose equivalent to 1.6 times the maximum recommended human dose (MRHD) of 266 mg. Subcutaneous administration of bupivacaine to rats from implantation through weaning produced decreased pup survival at a dose equivalent to 1.5 times the MRHD [see Data]. Based on animal data, advise pregnant women of the potential risks to a fetus.

The background risk of major birth defects and miscarriage for the indicated population is unknown. However, the background risk in the U.S. general population of major birth defects is 2-4% and of miscarriage is 15-20% of clinically recognized pregnancies.

#### Clinical Considerations

##### Labor or Delivery

Bupivacaine is contraindicated for obstetrical paracervical block anesthesia. While EXPAREL has not been studied with this technique, the use of bupivacaine for obstetrical paracervical block anesthesia has resulted in fetal bradycardia and death.

Bupivacaine can rapidly cross the placenta, and when used for epidural, caudal, or pudendal block anesthesia, can cause varying degrees of maternal, fetal, and neonatal toxicity. The incidence and degree of toxicity depend upon the procedure performed, the type, and amount of drug used, and the technique of drug administration. Adverse reactions in the parturient, fetus, and neonate involve alterations of the central nervous system, peripheral vascular tone, and cardiac function.

#### Data

##### Animal Data

Bupivacaine hydrochloride was administered subcutaneously to rats and rabbits during the period of organogenesis (implantation to closure of the hard plate). Rat doses were 4.4, 13.3, and 40 mg/kg/day (equivalent to 0.2, 0.5 and 1.5 times the MRHD, respectively, based on the BSA comparisons and a 60 kg human weight) and rabbit doses were 1.3, 5.8, and 22.2 mg/kg/day (equivalent to 0.1, 0.4 and 1.6 times the MRHD, respectively, based on the BSA comparisons and a 60 kg human weight). No embryo-fetal effects were observed in rats at the doses tested with the high dose causing increased maternal lethality. An increase in embryo-fetal deaths was observed in rabbits at the high dose in the absence of maternal toxicity.

Decreased pup survival was noted at 1.5 times the MRHD in a rat pre- and post-natal development study when pregnant animals were administered subcutaneous doses of 4.4, 13.3, and 40 mg/kg/day buprenorphine hydrochloride (equivalent to 0.2, 0.5 and 1.5 times the MRHD, respectively, based on the BSA comparisons and a 60 kg human weight) from implantation through weaning (during pregnancy and lactation).

#### Lactation

##### Risk Summary

Limited published literature reports that bupivacaine and its metabolite, pipercoloylidide, are present in human milk at low levels. There is no available information on effects of the drug in the breastfed infant or effects of the drug on milk production. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for EXPAREL and any potential adverse effects on the breastfed infant from EXPAREL or from the underlying maternal condition.

#### Pediatric Use

Safety and effectiveness in pediatric patients have not been established.

#### Geriatric Use

Of the total number of patients in the EXPAREL local infiltration clinical studies (N=823), 171 patients were greater than or equal to 65 years of age and 47 patients were greater than or equal to 75 years of age. Of the total number of patients in the EXPAREL nerve block clinical studies (N=531), 241 patients were greater than or equal to 65 years of age and 60 patients were greater than or equal to 75 years of age. No overall differences in safety or effectiveness were observed between these patients and younger patients. Clinical experience with EXPAREL has not identified differences in efficacy or safety between elderly and younger patients, but greater sensitivity of some older individuals cannot be ruled out.

#### Hepatic Impairment

Amide-type local anesthetics, such as bupivacaine, are metabolized by the liver. Patients with severe hepatic disease, because of their inability to metabolize local anesthetics normally, are at a greater risk of developing toxic plasma concentrations, and potentially local anesthetic systemic toxicity. Therefore, consider increased monitoring for local anesthetic systemic toxicity in subjects with moderate to severe hepatic disease.

#### Renal Impairment

Bupivacaine is known to be substantially excreted by the kidney, and the risk of toxic reactions to this drug may be greater in patients with impaired renal function. This should be considered when performing dose selection of EXPAREL.

## OVERDOSAGE

### Clinical Presentation

Acute emergencies from local anesthetics are generally related to high plasma concentrations encountered during therapeutic use of local anesthetics or to unintended intravascular injection of local anesthetic solution.

Signs and symptoms of overdose include CNS symptoms (perioral paresthesia, dizziness, dysarthria, confusion, mental obtundation, sensory and visual disturbances and eventually convulsions) and cardiovascular effects (that range from hypertension and tachycardia to myocardial depression, hypotension, bradycardia and asystole).

Plasma levels of bupivacaine associated with toxicity can vary. Although concentrations of 2,500 to 4,000 ng/mL have been reported to elicit early subjective CNS symptoms of bupivacaine toxicity, symptoms of toxicity have been reported at levels as low as 800 ng/mL.

#### Management of Local Anesthetic Overdose

At the first sign of change, oxygen should be administered.

The first step in the management of convulsions, as well as underventilation or apnea, consists of immediate attention to the maintenance of a patent airway and assisted or controlled ventilation with oxygen and a delivery system capable of permitting immediate positive airway pressure by mask. Immediately after the institution of these ventilatory measures, the adequacy of the circulation should be evaluated, keeping in mind that drugs used to treat convulsions sometimes depress the circulation when administered intravenously. Should convulsions persist despite adequate respiratory support, and if the status of the circulation permits, small increments of an ultra-short acting barbiturate (such as thiopental or thiamylal) or a benzodiazepine (such as diazepam) may be administered intravenously. The clinician should be familiar, prior to the use of anesthetics, with these anticonvulsant drugs. Supportive treatment of

circulatory depression may require administration of intravenous fluids and, when appropriate, a vasopressor dictated by the clinical situation (such as ephedrine to enhance myocardial contractile force).

If not treated immediately, both convulsions and cardiovascular depression can result in hypoxia, acidosis, bradycardia, arrhythmias and cardiac arrest. If cardiac arrest should occur, standard cardiopulmonary resuscitative measures should be instituted.

Endotracheal intubation, employing drugs and techniques familiar to the clinician, maybe indicated, after initial administration of oxygen by mask, if difficulty is encountered in the maintenance of a patent airway or if prolonged ventilatory support (assisted or controlled) is indicated.

## DOSSAGE AND ADMINISTRATION

### Important Dosage and Administration Information

- EXPAREL is intended for single-dose administration only.
- Different formulations of bupivacaine are not bioequivalent even if the milligram strength is the same. Therefore, it is not possible to convert dosing from any other formulations of bupivacaine to EXPAREL.
- DO NOT dilute EXPAREL with water for injection or other hypotonic agents, as it will result in disruption of the liposomal particles.
- Use suspensions of EXPAREL diluted with preservative-free normal (0.9%) saline for injection or lactated Ringer's solution within 4 hours of preparation in a syringe.
- Do not administer EXPAREL if it is suspected that the vial has been frozen or exposed to high temperature (greater than 40°C or 104°F) for an extended period.
- Inspect EXPAREL visually for particulate matter and discoloration prior to administration, whenever solution and container permit. Do not administer EXPAREL if the product is discolored.

### Recommended Dosing in Adults

#### Local Analgesia via Infiltration

The recommended dose of EXPAREL for local infiltration in adults is up to a maximum dose of 266mg (20 mL), and is based on the following factors:

- Size of the surgical site
- Volume required to cover the area
- Individual patient factors that may impact the safety of an amide local anesthetic

As general guidance in selecting the proper dosing, two examples of infiltration dosing are provided:

- In patients undergoing bunionectomy, a total of 106 mg (8 mL) of EXPAREL was administered with 7 mL infiltrated into the tissues surrounding the osteotomy, and 1 mL infiltrated into the subcutaneous tissue.
- In patients undergoing hemorrhoidectomy, a total of 266 mg (20 mL) of EXPAREL was diluted with 10 mL of saline, for a total of 30 mL, divided into six 5 mL aliquots, injected by visualizing the anal sphincter as a clock face and slowly infiltrating one aliquot to each of the even numbers to produce a field block.

#### Regional Analgesia via Interscalene Brachial Plexus Nerve Block

The recommended dose of EXPAREL for interscalene brachial plexus nerve block in adults is 133 mg (10 mL), and is based upon one study of patients undergoing either total shoulder arthroplasty or rotator cuff repair.

### Compatibility Considerations

Admixing EXPAREL with drugs other than bupivacaine HCl prior to administration is not recommended.

- Non-bupivacaine based local anesthetics, including lidocaine, may cause an immediate release of bupivacaine from EXPAREL if administered together locally. The administration of EXPAREL may follow the administration of lidocaine after a delay of 20 minutes or more.
- Bupivacaine HCl administered together with EXPAREL may impact the pharmacokinetic and/or physicochemical properties of EXPAREL, and this effect is concentration dependent. Therefore, bupivacaine HCl and EXPAREL may be administered simultaneously in the same syringe, and bupivacaine HCl may be injected immediately before EXPAREL as long as the ratio of the milligram dose of bupivacaine HCl solution to EXPAREL does not exceed 1:2.

The toxic effects of these drugs are additive and their administration should be used with caution including monitoring for neurologic and cardiovascular effects related to local anesthetic systemic toxicity.

- When a topical antiseptic such as povidone iodine (e.g., Betadine®) is applied, the site should be allowed to dry before EXPAREL is administered into the surgical site. EXPAREL should not be allowed to come into contact with antiseptics such as povidone iodine in solution.

Studies conducted with EXPAREL demonstrated that the most common implantable materials (polypropylene, PTFE, silicone, stainless steel, and titanium) are not affected by the presence of EXPAREL any more than they are by saline. None of the materials studied had an adverse effect on EXPAREL.

### Non-Interchangeability with Other Formulations of Bupivacaine

Different formulations of bupivacaine are not bioequivalent even if the milligram dosage is the same. Therefore, it is not possible to convert dosing from any other formulations of bupivacaine to EXPAREL and vice versa.

Liposomal encapsulation or incorporation in a lipid complex can substantially affect a drug's functional properties relative to those of the unencapsulated or nonlipid-associated drug. In addition, different liposomal or lipid-complexed products with a common active ingredient may vary from one another in the chemical composition and physical form of the lipid component. Such differences may affect functional properties of these drug products. Do not substitute.

## CLINICAL PHARMACOLOGY

### Pharmacokinetics

Administration of EXPAREL results in significant systemic plasma levels of bupivacaine which can persist for 96 hours after local infiltration and 120 hours after interscalene brachial plexus nerve block. In general, peripheral nerve blocks have shown systemic plasma levels of bupivacaine for extended duration when compared to local infiltration. Systemic plasma levels of bupivacaine following administration of EXPAREL are not correlated with local efficacy.

### PATIENT COUNSELING

Inform patients that use of local anesthetics may cause methemoglobinemia, a serious condition that must be treated promptly. Advise patients or caregivers to seek immediate medical attention if they or someone in their care experience the following signs or symptoms: pale, gray, or blue colored skin (cyanosis); headache; rapid heart rate; shortness of breath; lightheadedness; or fatigue.

**PACIRA**  
PHARMACEUTICALS, INC.

Pacira Pharmaceuticals, Inc.

San Diego, CA 92121 USA

Patent Numbers:

6,132,766      5,891,467      5,766,627      8,182,835

Trademark of Pacira Pharmaceuticals, Inc.

**For additional information call 1-855-RX-EXPAREL (1-855-793-9272)**

**Rx only**

**November 2018**

# CASA 2019 Board of Directors

## OFFICERS

### PRESIDENT

#### **Deborah J. Miller**

Division VP Operations, AMSURG  
645 E. Missouri Ave., Ste. 300  
Phoenix, AZ 85012  
Phone: 602-659-0108  
Email: dmiller@amsurg.com  
Term Expires: Dec. 2021

### PRESIDENT ELECT

#### **Michelle George RN, MSN, CASC**

VP, Professional Development  
Surgical Care Affiliates  
Phone: 209-385-3525  
E-mail: michelle.george@scasurgery.com  
Term Expires: Dec. 2021

#### **Research Benchmarking Chair**

### SECRETARY

#### **Trey Parsons**

VP of Operations  
Ambulatory Systems Development, LLC  
850 E. Ocean Blvd., Unit 901  
Long Beach, CA 90802  
Phone: 760-710-1757  
Email: tparsons@asd-asc.com  
Term Expires: Dec. 2022

#### **Federal Advocacy Chair**

### TREASURER

#### **Tersa Lech**

Consultant  
295 Fox Hills Drive  
Thousand Oaks, CA 91361  
Phone: 805-794-5823  
Email: tersalech36@gmail.com  
Term Expires: Dec. 2020

#### **Finance Chair**

### IMMEDIATE PAST PRESIDENT

#### **Peggy Wellman**

Market President, USPI  
200 N. Westlake Blvd., Suite 104  
Westlake Village, CA 91362  
Phone: 805-241-6764  
Email: pwellman@uspi.com  
Term Expires: Dec. 2019

#### **Danny Bundren, CASC, CPA, JD**

VP, Operations and Development  
Administrator  
Specialty Surgical Centers of Beverly Hills  
310 Seven Springs Way, Suite 500  
Brentwood, Tennessee 37027  
Phone: 615-234-7952  
E-mail: DBundren@surgerypartners.com  
Term Expires: Dec. 2022

#### **Bill Davis**

ASC Consultant  
ASC Solutions  
Phone: 916-715-1448  
E-mail: bdavis@asc-solutions.org  
Term Expires: Dec. 2021

#### **Brad Heaton, CASC**

Regional Director of Operations  
Sutter Surgery Center Division  
2880 Gateway Oaks, Ste 220  
Sacramento, CA 95833  
Phone: 916-566-4907  
E-mail: heatonb@sutterhealth.org  
Term Expires: Dec. 2021

#### **Membership Chair**

#### **Kian Karimi, MD, FACS**

Medical Director & Founder,  
Rejuva Medical Aesthetics  
Medical Director, CosmoFrance Inc.  
Medical Director, NovaThreads Inc.  
11645 Wilshire Blvd., Suite 605  
Los Angeles, CA 90025  
Phone: 424-644-2400  
E-mail: kiankarimi@gmail.com  
Term Expires: Dec. 2022

#### **Ethics Chair**

#### **Carrie Millsap**

Chief Operating Officer  
Monterey Peninsula Surgery Centers LLC  
966 Cass St. #150  
Monterey, CA 93940  
Phone: 949-244-7772  
E-Mail: cmillsap@mpscllc.org  
Term Expires: Dec. 2020

#### **Jessie Monnier, RN, MSN, MBA, CASC**

Regional VP, USPI  
2695 Townsend Court  
Sacramento, CA 95864  
Phone: 916-213-7874  
E-Mail: jmonnier@uspi.com  
Term Expires: Dec. 2020

#### **Education Chair**

#### **Dr. Michael Stuntz**

Monterey Peninsula Surgery Center  
966 Cass Street #210  
Monterey, CA 9394  
Phone: 831.521.3125  
Email: mikestuntz@hotmail.com  
Term Expires: Dec. 2022

#### **Randy Todorovich, RN, CASC**

Senior VP Managed Care  
Ambulatory Systems Development, LLC  
24353 Allegra Way  
Valencia, CA 91355  
Email: randyt@asd-asc.com  
Term Expires: Dec. 2019

#### **Health Plan Chair**

#### **Tara Vail**

Chief Operating Officer  
HST ASC Software  
3675 Mt. Diablo Blvd., Suite 100B  
Lafayette, CA 94549  
Phone: 925-282-1980  
E-Mail: tara.vail@hstpathways.com  
Term Expires: Dec. 2022

## CASA ANCILLARY SERVICES

### EXECUTIVE DIRECTOR

Beth LaBouyer, RN, CNOR, CASC  
PO Box 292698  
Sacramento, CA 95829  
Phone: 530-790-7990  
Fax: 530-790-7644  
E-mail: blabouyer@casurgery.org

### LEGISLATIVE ADVOCATE

Bryce Docherty – KP Public Affairs  
1201 K Street, Suite 800  
Sacramento, California 95814  
Phone: 916-448-2162  
E-Mail: bdocherty@ka-pow.com

### Administrative Support

#### **Conference Manager**

April Ligtenberg  
PO Box 292698  
Sacramento, CA 95829  
Phone: 916-594-9351  
Cell: 714-330-2343  
E-Mail: aligtenberg@casurgery.org

### Marketing & Member Services

Shellee Randol | Randol Graphics  
PO Box 292698  
Sacramento, CA 95829  
Phone: 209-384-1640  
Fax: 844-273-8336  
E-Mail: membership@casurgery.org

## 2019 Conference Committee

**Deb Miller, Chairperson**

Rita Bowen  
Christine  
Constable  
Jennifer Fox  
Nate Garner  
Michelle George  
Charlene Goff  
Lori Jerome

Beth LaBouyer  
Shea Lansberry  
Tersa Lech  
April Ligtenberg  
Janette Lischeske  
Alexandra Luckhardt  
Debbie Mack  
Kristi McCarthy

Jessie Monnier  
Tito Perez  
Shellee Randol  
Patty Robles  
Carmen Romoff  
Karen Roy  
Shawndra Simpson  
Tonyanika Simpson

Vanessa Sindell  
Laura Stangrover  
Kari Stewart  
Peggy Wellman  
Mary Whitmore  
Rita Williamson

# Thank you to our generous PAC contributors

## PLATINUM CONTRIBUTORS

Central California Endoscopy Center  
Endoscopy Center of Marin

## GOLD CONTRIBUTORS

Folsom Surgery Center  
Hacienda Surgery Center  
Pain Diagnostics & Treatment Center, LP  
Mission Valley Heights Surgery Center  
Mercy Surgery Center  
Memorial Care Surgical Center Orange Coast  
Memorial Care Surgery Center - Laguna Woods  
Memorial Care Surgical Center Saddleback Memorial  
Sequoia Surgical Pavillion  
Fountain Valley Surgery Center  
DISC Surgery Center at Newport Beach  
Millennium Surgery Center Inc.  
Oasis Surgery Center - San Diego  
Pacific Endoscopy & Surgery Center  
SCA Corporate  
Scripps Encinitas Surgery Center  
University Surgery Center - Merced

## SILVER CONTRIBUTORS

HCA  
University Ambulatory Surgery Center - San Diego  
Advanced Ambulatory Surgery Center  
Advanced Eye Surgery Center  
Advanced OptiSurgical Inc.  
Arcadia Surgery Center  
Bon Air Surgery Center  
Capitola Surgery Center  
Cedars Sinai Endsocopy  
Channel Islands Surgery Center  
Coastal Surgical Institute  
De La Vina Surgery Center  
Digestive Disease Center  
Endocsopy Center  
Endoscopy Center of Chula Vista  
Fremont Ambulatory Surgery Center  
Fresno Ambulatory Surgery Center  
Glenwood Surgery Center  
Greenbrae Surgery Center  
Hoag Orthopedic Institute  
Inland Surgery Center  
Magnolia Surgery Center  
Main Street Specialty Surgery Center, LP  
Monterey Peninsula Surgery Center - Munras  
Monterey Peninsula Surgery Center - Ryan Ranch  
Monterey Peninsula Surgery Center, LLC  
Newport Center Surgical  
North Coast Surgery Center  
North Orange County Outpatient Surgery Center  
OneSource Document Management Services  
Pasadena Plastic Surgery Center

## SILVER CONTRIBUTORS *cont.*

Providence Summit Surgery Center  
Rancho Bernardo Surgery Center  
Reagan Street Surgery Center  
Sacramento Midtown Endoscopy  
Salinas Surgery Center  
San Gabriel Valley Surgery Center  
San Luis Obispo Surgery Center  
Skyway Surgery Center  
Summit Surgical  
Surgical Center of San Diego  
T Surgery Center  
United Surgical Partners Corporate  
Ventura Endoscopy Center  
Visalia Dental Surgery Center  
West Wilshire Medical Center/  
Specialty Surgical Center Wilshire

## BRONZE CONTRIBUTORS

Mountain View Surgery Center  
Aspen Surgery Center  
Marin Specialty Surgery Center  
ASC Pharmacist Consultants Inc.  
Bakersfield Specialist Surgery Center  
Memorial Care Surgical Center Laguna Niguel  
Advanced Endoscopy & Pain Center

## ADVOCACY CONTRIBUTORS

Arcadia Surgery Center  
East Bay Endoscopy Center  
Fort Sutter Surgery Center  
Melody States  
North Bay Regional Surgery Center  
PAMF Surgery Center Fremont  
PAMF Surgery Center Los Altos  
PAMF Surgery Center Mountain View  
PAMF Surgery Center Palo Alto  
PAMF Surgery Center San Carlos  
PAMF Surgery Center San Jose  
Peninsula Eye Surgery Center  
Presidio Surgery Center  
San Leandro Surgery Center  
Santa Rosa Surgery & Endoscopy Center  
Sutter Alhambra Surgery Center  
Sutter Auburn Surgery Center  
Sutter Elk Grove Surgery Center  
Sutter Gould Medical Foundation  
Briggsmore Surgery Center  
Sutter Gould Medical Foundation  
Stockton Surgery Center  
Sutter Health - Sutter Surgery Center Division  
Sutter Roseville Endoscopy Center  
Sutter Sierra Surgery Center  
The Surgery Center of Alta Bates  
Summit Medical Center

# Why should you contribute to the PAC?

- We Must Continue to:**
  - Defend Physician Ownership**
  - Protect ASC Reimbursement and Out-of-Network Options**
  - Drive discussions around value-based care**

The PAC fund is crucial and allows CASA the ability to back candidates and/or elected officials who champion important ASC issues.

**It is critical that every ASC participate. Participation leads to results that benefit the ASC industry.**

## CASA has become the "go to" organization for ASC issues

### Why do we need a PAC?

- PAC funds raise CASA's name identification and recognition at the State Capitol and amongst the Legislature.
- There is strength in unity and numbers.
- Making various contributions to key individuals on behalf of CASA places and keeps our name at the forefront of healthcare-related discussions.
- A PAC allows CASA to be pro-active in the political arena.

### What our Legislators need to hear...

- ASCs are an integral part of the healthcare delivery system.
- Surgery centers provide significant cost savings to the Medicare and Medi-Cal programs.
- More patients prefer ASCs for outpatient surgeries.
- Infection rates at ASCs are extremely low.
- Surgery centers deliver high quality, efficient care that is cost-effective.
- More surgeons are referring patients to ASCs.

### Who Can Contribute

- All surgery centers in California should participate in the CASA PAC Fund. Maximum contribution per year is \$7,800.
- Donations can come from the center, corporate or individual physicians.

## CASA PAC Fund Contribution Reporting Form | 2019

**Contribution Level**  \$7,800 (max)  \$5,000  \$2,500  \$1,000  \$500  Other \_\_\_\_\_

### Contact Details

Full name of contributor or company \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

### Payment Preference

- I will mail a check (mailing address below)
- Please charge my credit card the full amount indicated above
- Please charge my credit card \_\_\_\_\_ equal payments over the next 12 months totalling amount above

*Credit card transaction receipt(s) will be sent to email address provided*

### Credit Card Details

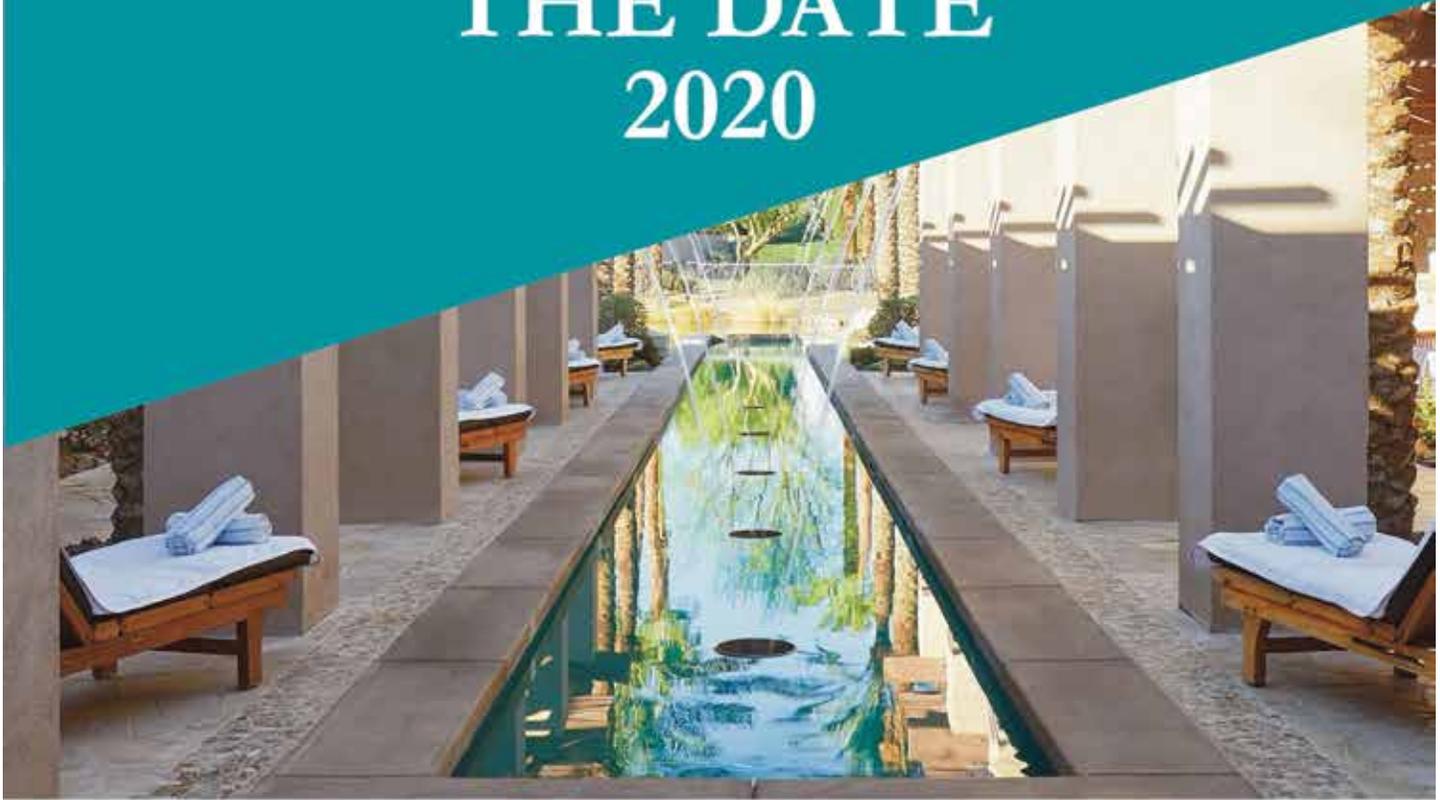
Card Numbers \_\_\_\_\_ Exp \_\_\_\_\_

Authorized Signature \_\_\_\_\_

**Please make checks payable  
and mail with completed form to:  
CASA PAC, 1127 11th Street, Suite 300  
Sacramento, CA 95814**

**Contribution Rules:** Contributions are not tax deductible and can only be used for political purposes and not to pay for lobbying services. Corporate and company contributions cannot exceed \$7,800 per calendar year. If an individual owns 50% or more of the contributing company, the individual's personal contribution and the company's contribution cannot exceed \$7,800.

**SAVE  
THE DATE  
2020**



**CASA**  
CALIFORNIA  
AMBULATORY SURGERY  
ASSOCIATION

**Annual Conference & Exhibits**

September 9 - 11, 2020

Hyatt Regency  
Indian Wells  
Resort & Spa



## NEW BENEFIT FOR CASA MEMBERS

**You asked,  
and we listened.**

**Based on member feedback to CASA's 2018 Member Survey, one of the greatest areas of concern for ASCs was staffing.**

**Specifically, staffing and growing ASC leaders was one of the number one concerns highlighted by our members. The CASA Board implemented a special committee to research opportunities to assist our members with meeting these demands.**

**We are pleased to announce that we have partnered with AORN to provide our members with a significant discount and access to AORN's Periop 101 training program.**

**Through this partnership, CASA members can access this program for**

**Only \$535 per seat**

**This is a \$460.00 discount off the \$995.00 list price.**

### **What is Periop 101?**

Periop 101 ASC is an Ambulatory Surgery Center-specific curriculum that utilizes a blended learning model incorporating online didactic content, skills-based labs, and a clinical preceptorship focused on challenges specific to the ASC environment. Help ensure your nurses have the ASC-specific knowledge they need to keep patients safe.

Periop 101 ASC is a comprehensive, blended educational program that is:

- Developed by AORN's expert perioperative nurse authors
- Based on AORN's latest, evidence-based Guidelines for Perioperative Practice

Periop 101 includes the graduate level QSEN competencies. Incorporating QSEN in the online course and clinical course work will allow your students to apply these competencies to real-time patient care, case studies, and simulation experiences. All Periop 101 ASC students receive a 1-year, complimentary AORN membership.

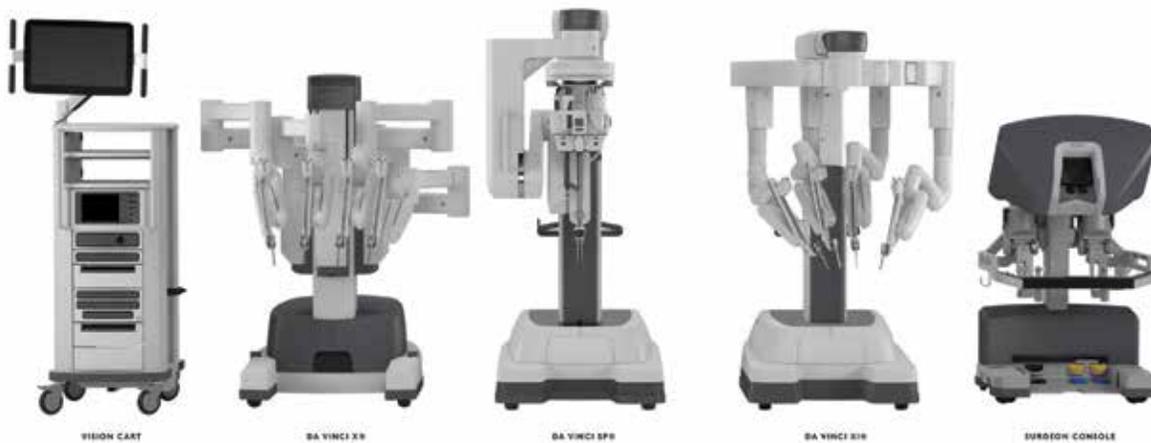
### **Who Is This Course Designed For?**

This course is for all novice ASC perioperative nurses including new graduates, nurses transitioning into the perioperative suite from other nursing specialties, and other surgical team members.

### **How do I take advantage of this offer?**

- 1 Attend the informational breakfast at the CASA Conference, Friday, September 6, 2019 at 7:00 a.m. or the webinar Wednesday, September 18, 2019 at 1:00 p.m.
- 2 Complete your order form with your facility name and CASA in the "Facility Name" field. For example: "Deschutes Surgery Center/CASA". Order form is at the link below: <https://www.aorn.org/education/facility-solutions/periop-101/order-forms>
- 3 Send your payment and order form to AORN for processing.
- 4 AORN contacts the CASA for member confirmation.
- 5 After receiving CASA approval, AORN processes the order and your seats become available. You have until September 30, 2021 to utilize these seats.

# Moving surgery forward. Again.



## da Vinci SP is a fourth-generation da Vinci surgical system.

### Make one incision.

Rediscover the vision, precision and control that you trust in da Vinci® surgery - through a single port. da Vinci SP empowers you with narrow, deep access\* and broad versatility so you can create the next era of surgical outcomes.



### Control more.

Through a single 2.5 cm cannula, control three fully-wristed, elbowed instruments, and the first fully-wristed da Vinci® endoscope. Reach up to 24 cm deep and triangulate your instruments at the distal tip.



### Reach anywhere.

Reach anatomy anywhere within 360° from one port placement. Rotate the da Vinci SP boom more than 360° around the remote center of the cannula and turn the instrument cluster over 360° within the cannula.



### Work intuitively.

Continuity across da Vinci systems means you'll have a familiar - yet expanded - user experience.<sup>1</sup> Swap an instrument between hands or flip the camera view 180° with the press of a button, and keep track of it all with the new instrument navigator interface.

**INTUITIVE**<sup>™</sup>  
intuitive.com | 800-876-1310

# SAVE-THE-DATE FOR CASA'S 12TH ANNUAL Infection Prevention and Surveillance in the ASC NOVEMBER 7-8, 2019

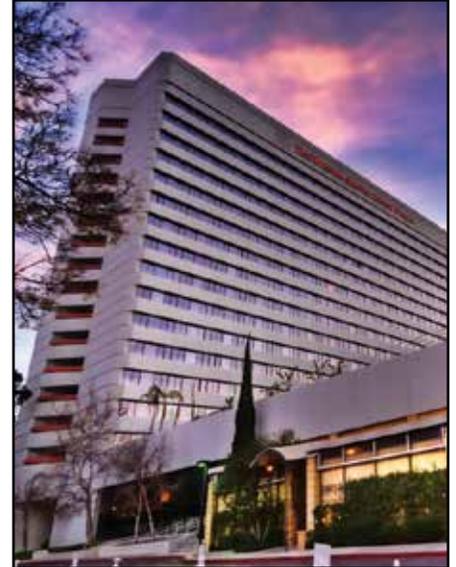
*at Westin  
South Coast Plaza,  
Costa Mesa*



SCAN CODE TO REGISTER

Register online now and receive a special room rate of **just \$205.**

Call 1-800-WESTIN1 for reservations prior to October 15 for this rate.



Register online at <http://www.casurgery.org/IP19>

SCA and OptumCare now offer broader ASC and practice capabilities to physicians, health systems and health plans serving major metropolitan markets in California.

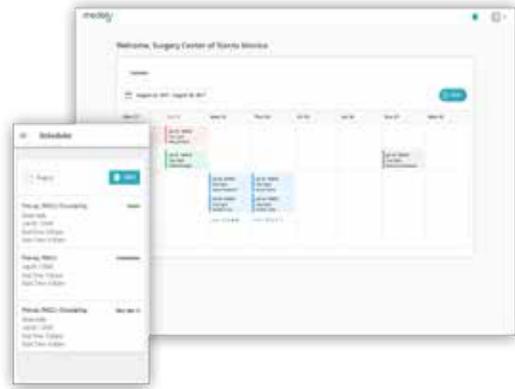
**SCA**  
Surgical Care Affiliates®

The growth partner you need in  
today's evolving health care market



## A BETTER WAY TO STAFF

PACU • PRE-OP • CIRCULATING • TECHS • MEDICAL ASSISTANTS • MORE



Join the 5,000+ facilities using Medely every day. It's free to sign up. Just post your job and you can book a nurse or tech within minutes, allowing you to get back to focusing on patient care.

[www.medely.com](http://www.medely.com)



SWEET DREAMS  
A N E S T H E S I A

[www.sweetdreamsanesthesia.com](http://www.sweetdreamsanesthesia.com)



# MAKE YOUR surgery. better.



Global 1 is your partner to move high-revenue, complex cases to your ASC through our well-developed relationships with insurance companies and large self-insured groups.

With more than 10,000 completed cases, Global 1 is the leader in commercially insured surgical bundled procedures.

Contact us about the opportunity to increase your case volume and improve your revenue.

888.292.5518 or [info@surgerybetter.com](mailto:info@surgerybetter.com)

## BUNDLED PAYMENT EXPERTS



ATTRACT HIGH-VOLUME SURGEONS



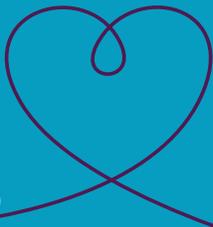
MORE CASES



INCREASED REVENUE

[surgerybetter.com](http://surgerybetter.com)

## We want California ASCs to love the way they work!



## SIMPLIFY ASC

The only management platform designed specifically for ASCs from the ground up.



SCHEDULING & REGISTRATION



DIGITAL PATIENT CHART



ANESTHESIA BILLING



CLAIMS MANAGEMENT



INVENTORY MANAGEMENT



QUALITY & COMPLIANCE



REPORTING

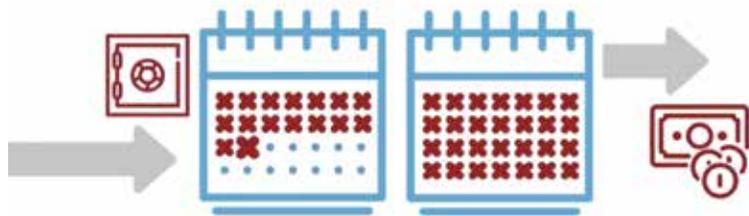


YOU-CENTERED SUPPORT

Complete. Flexible. Beautifully Intuitive.

[SimplifyASC.com](http://SimplifyASC.com)

# Collections Made Easy!



- Assign Accounts Online
- Data Analytics
- Effective Collection Letters
- Professionally-Trained Collectors
- Credit Reporting
- Payments Accepted 24/7
- Virtual Online Collectors
- Timely Remittance
- Client Care Center
- Professional Practice Management Systems

**24**  
HOUR



ONLINE  
CONVENIENCE



**US-BASED**

CCS REPRESENTATIVES



CREDIT CONSULTING SERVICES, INC.  
creditconsultingservices.com | 800-679-6888

Scan the code  
to watch our  
short video!



VISIT US AT BOOTH #41 AND RECEIVE A FREE GIFT!

## RIGHT NOW, MAKING PAYROLL IS THE LAST THING ON YOUR MIND.

Accelerate your cash flow with Echelon,  
and you'll keep it that way.

Turn your insurance and medical  
lien receivables into cash now.

To learn how we can help grow your  
business, contact us today.



Better Than a Bank™

EchelonMedicalCapital.com | (888) 932-7791

# LEADING AMBULATORY SURGICAL CARE FORWARD

## Strategy

Service expansion

M&A advisory & due diligence

Block box analysis

## Finance

Feasibility studies

Fee schedule analyses & development

Financial dashboards & statistics

## Operations

State licensing, Medicare certification & accreditation

Business office reviews & interim ASC management

QA/ Infection control/ MEC/ Risk management

Mock surveys

Policies & procedures

## Managed Care/ Payer Contracting

Reimbursement analyses & modeling

Contract negotiations

Out-of-network analyses

**ECG** MANAGEMENT CONSULTANTS

## REDEFINING THE REVENUE CYCLE

### THE ASC REVENUE CYCLE.

It's all we do.  
It's all we think about.  
And it shows.



**National Medical**  
Billing Services

Our ASC Expertise. Your Advantage.

877-236-5245 • nationalASCbilling.com

REVENUE CYCLE MANAGEMENT | MANAGED CARE CONTRACTING | CODING | BUSINESS ANALYTICS | CONSULTING | TRANSCRIPTION

Modern Healthcare  
**BEST PLACES TO WORK**  
2018



TOP  
100  
POST  
DISPATCH  
ST. LOUIS POST DISPATCH

BY SOURCE BUSINESS JOURNAL  
**B P I W**  
BEST PLACES TO WORK

1000+ BUSINESS LEADERS  
**M I B W**  
MOST INFLUENTIAL BUSINESS WOMEN  
2016

**ASCA**  
AFFILIATE  
LEADER



## YOUR ONE COMPLIANCE SOURCE FOR THE LATEST IFUs



**CONTINUOUSLY UPDATED. ALWAYS ONLINE.** Consider this. When a patient's life hangs in the balance, are you confident you have the latest validated manufacturers' IFU documents? With oneSOURCE you never have to worry.

Thousands of the IFUs you need are available instantly online, keeping you in compliance with the CMS, The Joint Commission, and AAAHC Accreditation. And if we don't have it, we'll do our best to find it for you ASAP. So, join the thousands of facilities that have relied on oneSOURCE for the past 10 years, and put your IFU concerns to bed.



[ONESOURCEDOCS.COM](http://ONESOURCEDOCS.COM) | 1-800-701-3560 | VISIT US AT BOOTH #84

→ Celebrating 10 years of changing the face of patient safety

Last year there were over 280,000 Cardiology cases approved by Medicare for the ASC

How many were in your facility?

If you are looking to add Cardiology to your ASC, contact us.

CSP can assist in all aspects of adding this specialty to your business. From recruiting, contracting, billing, and providing preferential vendor contracts, CSP can make your cardiology department successful and profitable.



CARDIO  
SURGICAL  
PARTNERS

[info@cardiosp.com](mailto:info@cardiosp.com) | [cardiosp.com](http://cardiosp.com)

# we are an industry leader

Surgery Partners is the largest standalone, independent surgical facilities company in the nation.



**SURGERY PARTNERS**

310 Seven Springs Way | Suite 500 | Brentwood, TN 37027

P: 615.234.5900 | F: 615.234.5998

[www.surgerypartners.com](http://www.surgerypartners.com)



**E.H. BUTLAND CORP**  
HEALTHCARE FACILITY CONSTRUCTION SPECIALISTS

**Specializing in  
Medical  
Construction  
for over  
45 Years**

**VISIT US IN BOOTH 10**

Outpatient Surgery Centers | Imaging Centers  
Medical Office Buildings | Tenant Improvement  
Hospital Renovations and Additions

## **BUILDING SUCCESS**

- COLLABORATION WITH PROJECT TEAM
- TIME-TESTED/FOWARD-THINKING MANAGEMENT
- COMPLETED ON SCHEDULE AND WITHIN BUDGET

**EXPERIENCE COUNTS. BUILD BETTER WITH E.H. BUTLAND CORP.**

6100 Yolanda Avenue | Reseda, CA | 818.996.7600 | [ehbutland.com](http://ehbutland.com) | Lic. #831933

Stop by our table during Wednesday night's reception or during regular exhibitor hall hours!

## Pioneering the Hybrid Cardiovascular Center model since 2006

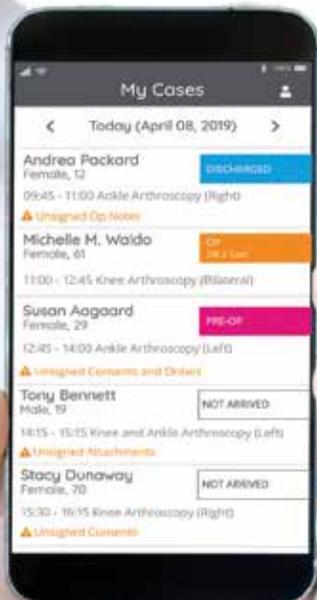
National Cardiovascular Partners is the market leader of the Hybrid Cardiovascular Center model (ASC and office-based lab) in the US.

We help our physician partners create, sustain and grow their independent centers and labs.

- More than 15,000 procedures were performed in our Cardiovascular Centers in 2018, with a patient satisfaction rate of 98.5%.
- Procedures include pacemaker and defibrillator implants/generator changes, cardiac catheterizations, peripheral vascular interventions and interventional cardiology cases.
- We provide greater clinical and financial control for our partner physicians.



**NATIONAL  
CARDIOVASCULAR  
PARTNERS**



 **SIS**  
COMPLETE

ASC SOFTWARE  
**REDEFINED**

Comprehensive solutions for  
ASC operational, financial, and  
clinical performance.

Learn more at booth 11

 **SURGICAL  
INFORMATION  
SYSTEMS™**

 *Powering Surgical Performance*

# Excellence in Anatomic Pathology

- More than 20 GI pathologists—all fellowship-trained subspecialists
- Consensus medicine
- Sub-specialization for comprehensive expertise
- Automation of your practice's data—Adenoma and cancer registry report



Visit booth 85 to learn about our unmatched quality measures and service



## Streamline Your ASC with ONE RCM PROVIDER.

Only One ASC Technology Partner Provides Complete RCM Solutions:  
**From Procedure to Collections.**



**SNChart**<sup>®</sup>

Transcription

**SNCoder**

Coding & Coding Audits

**SNBilling**

Revenue Cycle Management

**ScanChart ASC**

Document Management

Visit us at the **CASA Conference booth #13**

(800) 459-5616 | [sales@surgicalnotes.com](mailto:sales@surgicalnotes.com) | [www.surgicalnotes.com](http://www.surgicalnotes.com)



# WHY CHOOSE PRECISION MEDICAL PRODUCTS?

We specialize in DVT prevention programs that protect your patients, reduce your costs, & reduce your staff's workload.



## Your patients are protected

- Intraoperative prevention
- Post-operatively at the ASC
- At home when the patient is most at risk



## The most efficient process to reduce your workload

- Our reps manage your inventory
- No cords or tubes to clean between cases
- Pre-charged units



## A no cost DVT solution

- Intraoperative & take-home DVT prophylaxis at no cost to your center



## Industry leading patient care

- Take-home DVT prevention
- Patient education portal
- Post-surgery follow up



[pmpmed.com](http://pmpmed.com)

[info@pmpmed.com](mailto:info@pmpmed.com)

888-963-6265

2217 Plaza Dr.  
Rocklin, CA 95765

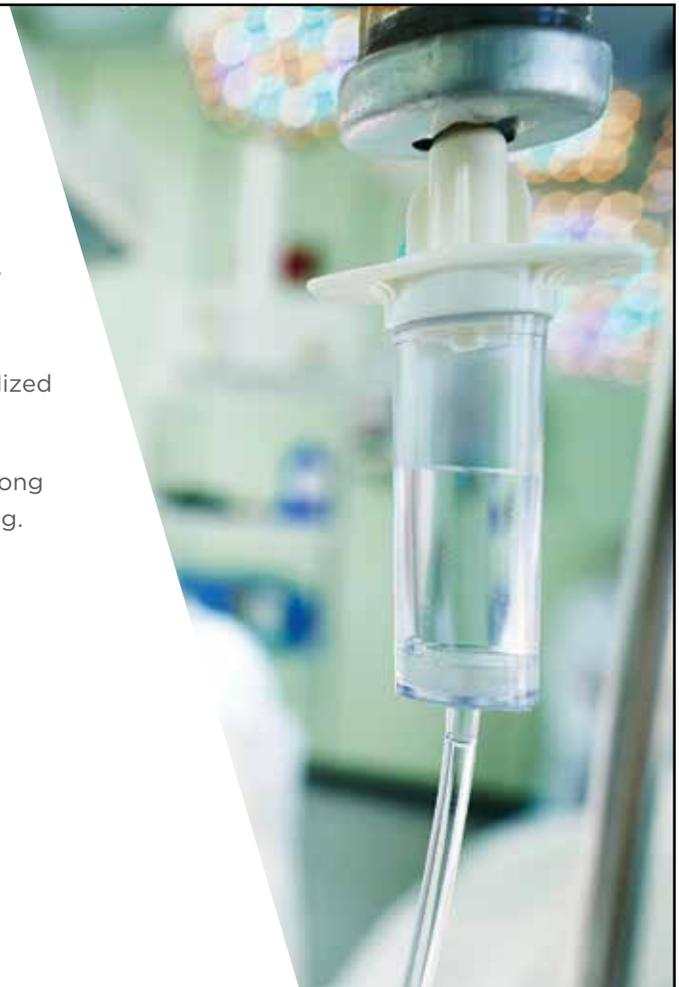
## Leading the Future of Anesthesiology

The Envision Physician Services Division of Ambulatory Anesthesia is designed to provide a higher level of specialized care to ASCs and their patients.

Stop by **BOOTH #19** to discover why we're rated No. 1 among anesthesia providers in reliability and availability of staffing.

Enter for your chance to win a pair of Apple AirPods!

**855.793.9353** | [EnvisionPhysicianServices.com](http://EnvisionPhysicianServices.com)



# PRECISION IS CRUCIAL TO MEDICINE.



The Same Holds True for Your Revenue Cycle.

From handling every detail of revenue cycle management to our steadfast commitment to profitability, our services allow you to focus on what matters most — THE BEST PATIENT CARE.

**VISIT US AT BOOTH 44**

ZULUHEALTH.COM

 **ZULUHEALTH**



 **SOMA TECHNOLOGY, INC.™**  
New, Demo & Refurbished Medical Equipment



**CASA SPONSOR**  
CALIFORNIA  
SIMULATORY SURGERY  
ASSOCIATION

**BOOTH # 59**



**CAPITAL MEDICAL EQUIPMENT**

**50%  
BELOW**

**OEM PRICES**

**SAME SERVICE & WARRANTY  
AS NEW**

[www.SomaTechnology.com](http://www.SomaTechnology.com)

[Soma@SomaTechnology.com](mailto:Soma@SomaTechnology.com)

(800) GET-SOMA

2019 CASA CONFERENCE SPECIAL



# Save 10% on your order of xenon lamps or patient monitoring accessories\*



Patient Monitoring  
Accessories

Xenon Replacement Bulbs  
and Drop-in Solutions

Visit Karen  
and Jeff at  
booth #22



Offer code: KCTS1910  
Expires: 10/31/19

**One Stop, Many Solutions.**  
**800-543-7282 | www.cadmet.com**

*How much  
can we save you?  
FIND OUT TODAY!*

\* Offer is for one-time use only. Please reference KCTS1910 when placing your order to receive discount. Orders must be approved for credit and shipped by 10/31/19.

# IS CODING DRIVING YOU NUTS?

**Then you need to visit The Coding Network's booth #42 and talk to us for all of your ambulatory surgery remote coding needs (permanent or temporary). Our coders are simply the best in the business. We also provide ASC coding audits and coding helpline services.**

We have the largest team of ASC coders in the industry with 30 + ASC multispecialty coders and auditors. All of our coders/auditors are certified, based in the U.S., and have a minimum of 3 years of ASC coding experience (5 years for auditors).

Our contracts require no minimums which allows you to start and stop services at your discretion. We've handled the toughest cases and not a single client has ever paid a penny for recoupments, fines or penalties for a case coded by us. We provide services to 350 ASCs across the country.

For more information, contact Neal Green at : (310) 459-4186 or [ngreen@codingnetwork.com](mailto:ngreen@codingnetwork.com)

**Ask about our free 10 case ASC coding audit !**



THE CODING NETWORK, LLC

Remote Coding • Coding Accuracy Audits • Coding Helpline • Documentation Training

# Life Unlimited



Joint Replacement



Robotics



Trauma and Extremities



Sports Medicine



ENT



Wound Management

## Dedicated ASC programs

- Outcomes and satisfaction
- Savings and efficiencies
- Growth and development

For more information contact [ASCsolutions.US@smith-nephew.com](mailto:ASCsolutions.US@smith-nephew.com) or visit [www.smith-nephew.com/professional/asc](http://www.smith-nephew.com/professional/asc)

\*Trademark of Smith & Nephew. ©2019 Smith & Nephew, Inc. 11223 V2 07/19 Smith & Nephew, Inc. [www.smith-nephew.com](http://www.smith-nephew.com)

## WELCOME AND THANK YOU TO OUR NEW 2019 MEMBERS

**CASA**  
CALIFORNIA  
AMBULATORY SURGERY  
ASSOCIATION

Aesthetic Artistry Surgical and Medical Center  
Alma At Addison Surgery Center  
Avanza Healthcare Strategies  
Cal Med ASC  
Carmen Surgical Center  
Centinela Valley Endoscopy Center  
Corona Outpatient Surgicenter, LLC  
Endoscopy Center of South Sacramento  
Folsom Sierra Endoscopy Center  
Healthcare Partners ASC HB, LLC  
Integrated Anesthesia Medical Group  
Irvine Surgical Partners LLC  
Med-Laser Surgical Center  
MediMax Tech

Michele McKinley  
Napa Valley Surgery Center  
No World Borders  
OSPITEK  
Physicians Surgery Center  
Plastic & Reconstructive Surgery Center  
Source Surgery Center  
The Endoscopy Center, Inc  
Tri County Surgery Center  
Unicare Surgery Center A Medical Corporation  
Ventana Surgical Center  
West Coast Joint and Spine Center  
Younique Surgery

# Schedule of Events

## WEDNESDAY SESSIONS • CONFERENCE BEGINS

3:00 PM to 4:00 PM

### ASCs in a VUCA World | *Panel*

VUCA is a concept that originated with students at the U.S. Army War College to describe the volatility, uncertainty, complexity, and ambiguity of the world after the Cold War. These terms are prevalent in healthcare as we move towards the future. ASCs and their leadership teams will need to be agile to meet the changing demands. This panel of industry leaders from different aspects of ASC healthcare delivery will discuss the vision they forecast. They will set the stage for the conference as we learn and move forward with new tools and concepts to prepare to succeed in tomorrow's world.

4:00 PM to 5:00 PM

### ASCs in a VUCA World | *General George W. Casey, Jr.*

Building on the panel's discussion, General Casey will lead us into a thought-provoking discussion on a tactical approach to VUCA challenges. General Casey is one of the most accomplished soldiers in U.S. history and an authority on strategic leadership. As the 36th Chief of Staff of the U.S. Army from April 2007 to 2011, General Casey led what is arguably the world's largest and most complex organization, 1.1 million people strong, with a \$200+ billion annual budget, during one of the most extraordinary periods in military and global political history.

## THURSDAY BREAKOUT SESSIONS

### FINANCIAL

1:00 PM to 2:00 PM

#### Expanding Revenue in an ASC to Increase Profits

*Trey Parsons, RN, Sr. VP of Operations  
Ambulatory Systems Development, LLC*  
*Robert J. Zasa, MSHHA, FACMPE, President/CEO  
Ambulatory Systems Development, LLC*

Adding new service lines is an excellent opportunity to expand ASC revenue. This session will educate participants on how to add a new specialty service line to the ASC. This will include a review of case costs, capital equipment purchases and prepare staff for implementation of new service lines.

2:05 PM to 3:05 PM

#### Improving Sales Skills to Grow Case Volume

*Devan Telken  
Director of Business Development  
Surgery Partners*

Outreach to physicians is key to growing volume, but few Administrators or Marketing Team Members have had formal sales training. This presentation will provide an introduction to basic concepts in making an effective sales call to a physician.

4:00 PM to 5:00 PM

#### Best Practices for Revenue Cycle Management

*Tim Fuchs, VP, Client Services  
National Medical Billing Services*

In today's increasingly challenging healthcare reimbursement environment, it is incredibly important to ensure that your revenue cycle is efficient, effective and designed to maximize your revenue by utilizing best practices and financial benchmarks. This session will discuss areas of process improvement, analytics, technology and training of skilled personnel.

### HUMAN RESOURCES

1:00 PM to 2:00 PM

#### The Difficult Employee and a Proactive Approach from a Leadership Perspective

*Lisa Cooper, Principal, Advocate+*  
*Alden J. Parker, Regional Managing Partner  
Fisher & Phillips LLC*

The goal for a great manager is to improve employee performance. Understanding what the core root for performance issues is and then addressing it in a way to motivate improvement is often easier said than done. In this session we will identify the different types of problem employees, ways to motivate to improve performance and how to navigate the legal landmines of running a business in 2019.

2:05 PM to 3:05 PM

#### The Top Mistakes When Dealing with the Injured Worker

*Alethea Leandro-Farr  
Safety & Loss Control Manager  
James G. Parker Insurance Associates*

When trying to control your organization's workers' compensation claims it is imperative that the appropriate actions are executed promptly and correctly. This session will address common mistakes employers make in proactively dealing with the injured worker and discuss how forming a partnership to manage the claim can help to reach a proper resolution.

4:00 PM to 5:00 PM

#### Incorporating Social Media for ASC Success

*Diana Dang  
Public Relations Consultant, KP Public Affairs*  
*Alison MacLeod  
Partner, KP Public Affairs*

Healthcare is being transformed through the use of Facebook, Twitter, Instagram, YouTube and other web tools to improve patient engagement and interaction. Establishing a strong media presence is an excellent way to tell your ASC story. From relaying ASC benefits, to responding to negative Yelp reviews, using these platforms properly is crucial. This session will discuss how to successfully integrate these opportunities for your ASC's success.

### CLINICAL

1:00 PM to 2:00 PM

#### Surgical Smoke in the Clinical Environment

*Mark Shirley, MS, CSP  
Environmental Risk Consultant, Sutter Health*

There are many questions that surround the dangers of surgical smoke and the appropriate response ASCs should provide for their employees. This session will address the common concerns and approaches as well as the policies and practices employers must put in place to meet OSHA standards.

2:05 PM to 3:05 PM

#### Communication in the Clinical Setting

*Kelly Kapp, RN  
Senior Director, Group Clinical Educator  
Surgical Care Affiliates*

Communication is the key to safe patient care and building collaborative teams. Failure to communicate effectively has been identified as a key contributing factor in patient harm events, the development of an unhealthy culture and the loss of qualified employees. This presentation will focus on strategies that engage your team, set clinical priorities and build employee loyalty.

4:00 PM to 5:00 PM

#### High Caliber Clinicians/ High Acuity Patients and Screening for Both

*Stuart Simon, MD, Medical Director  
United Surgical Partners International*

As higher acuity patients seek care in our ASCs, appropriate patient screening and the level of training for staff require renewed focus. Dr. Simon will discuss patient selection and admission criteria from an anesthesiologist's point of view, and will provide his perspective on the hiring and training processes of nurses that treat higher acuity patients.

**YOU MUST  
SIGN IN EACH DAY TO  
RECEIVE  
YOUR CERTIFICATE**

# Schedule of Events

## THURSDAY SESSIONS

8:30 AM to 9:30 AM

### California and National Legislative Update

*Trey Parsons, RN (moderator)*

*Sr. VP, Operations Ambulatory Systems Development*

*Bill Prentice, CEO, Ambulatory Surgery Center Association*

*William Rutland, KP Affairs*

This popular session will discuss recent national and state legislative and regulatory activities. As California moves forward under new leadership and we move into another presidential election season, this session explores the healthcare implications ASCs can anticipate on both the national and state level with interesting insights from panel experts.

## THURSDAY BREAKOUT SESSIONS

### QUALITY

1:00 PM to 2:00 PM

#### Quality, Safety & the Patient Experience - How Improving your Facility's Culture and Employee Engagement Drives These Three Areas

*Ann Shimek, MSN, RN, Independent Consultant*

This interactive session will discuss and review the cornerstone to every ASC, which is the overall culture imperative to driving quality, safety and the patient experience. Without a strong culture of safety, where every employee feels completely free to speak up every time without the fear of retribution, patient safety will be compromised. The most important component revolves around communication, care based on empathy and a patient-centric approach.

2:05 PM to 3:05 PM

#### Developing a Reliable On-Boarding Program for Registry Staff & Per diem Nurses

*Janet Miller, RN, MHA, CAIP*

*Group Manager, Clinical Services*

*Surgical Care Affiliates*

California has been dealing with a nursing shortage for many years, and this issue is not expected to change any time soon. Because of this, coupled with the challenges of staff retention, ASCs typically need to fill staffing needs with registry and per diem nurses. This presentation is designed to assist the surgery center in creating a reliable program and toolkit that ensures your nurses are appropriately oriented to your center and are provided with the tools to be successful in their roles.

4:00 PM to 5:00 PM

#### Training & Developing your Safety Officer

*Shea Lansberry, MPA, RN*

*Clinical Director, Valley Region*

*Sutter Surgery Center Division*

*Deborah L. Mack, RN, BSN, CASC, CAIP*

*Independent Healthcare Consultant*

The ASC Safety Officer is often the person whose function is to develop and recommend measures for assuring personnel safety and to assess and/or anticipate hazardous and unsafe situations. This session will provide an overview of the training, checklists and tools.

## KEYNOTE

9:45 AM to 11:00 PM

### John Izzo - Leadership Expert & Author

#### 100% Responsibility - 0% Excuses: Creating A Culture Of Ownership

Taking responsibility means stepping up and seeing yourself as the agent of change, whether it is changing your company or the world. Dr. Izzo shows how "stepping up" creates positive change while improving satisfaction at work and in life. Dr. Izzo's simple concept, called "100 - 0" (100% responsibility - 0 excuses) can transform a company when we decide to put aside our excuses and take initiative to create change. Filled with inspiring examples of how people have "stepped up," you will leave knowing that the more each of us takes personal accountability the better the workplace, the better our life and the better the world.

## FRIDAY SESSIONS

8:00 AM to 9:00 AM

#### Quality and Safety in the ASC - Telling the ASC Story

##### Panel

ASCs are being scrutinized by the media, payors and the employer community regarding their safety and outcomes. How can ASCs successfully respond to questions and their patients' concerns? This panel will address current programs evaluating ASC outcomes, their findings and how ASCs can utilize these products for the benefit of the industry and their own ASC.

9:00 AM to 10:00 AM

#### Gaining the Edge with Staff Engagement

*Greg Miller, Ph.D*

*VP, Talent Management & Development*

*Tenet Healthcare*

Attracting, retaining and engaging ambulatory surgical staff is a high priority for each facility. The shortage of qualified talent requires leaders to focus on strategies for keeping and motivating our best employees. This session examines key elements for leaders to consider as it relates to solving these issues. The focus will be on practical approaches for driving employee engagement and reducing turnover.

10:20 AM to 12:00 PM

#### Regulatory Update

##### Regulatory Panel

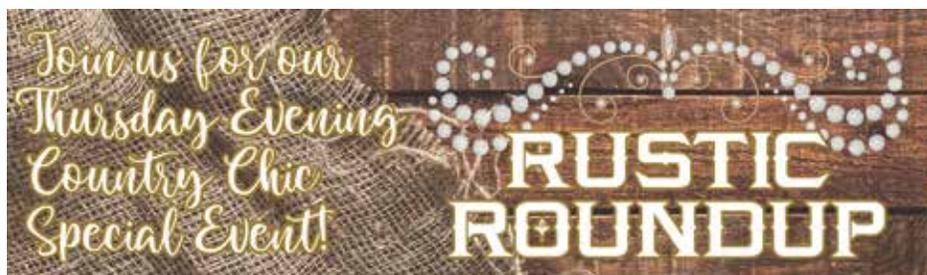
Navigating through the different regulating bodies in California can be difficult. This popular session will review and provide the latest update by ASC regulators in California, including the California Department of Public Health (CDPH) and the Medical Board of California. This session will review their oversight, common questions and whose authority the oversight falls to. This will be an interactive session allowing the audience to ask questions to the panel on common issues, reporting, requirements and accreditation.

## WEDNESDAY EVENING WELCOME RECEPTION

### Wednesday Welcome Reception in Exhibit Hall

5:00 PM to 7:00 PM

This is a great opportunity to make new friends and meet up with old ones! Vendors will welcome you to the conference and share the latest information about their services. Great prizes, games and raffles, as well as lots of food and fun. It's the perfect way to kick off the conference! Your paid conference registration includes the Welcome Reception.



## New Service Lines = Increased Revenue

Do your homework to ensure you'll be profitable. What new service line is right for your ASC and medical staff? Is it economically feasible? Does it fit your market? How will additions impact your managed care and hospital relations? It takes the right insight, financial modeling, advance planning, team training and implementation to get the greatest ROI. We do that and more.



**Work with the experts.**

**Robert J Zasa**  
RZasa@asd-asc.com  
**626.840.4248**

# Celebrating true trailblazers.

UnitedHealthcare is proud to sponsor the California Ambulatory Surgery Association (CASA) Annual Conference.



Visit us at  
Booth #82

# Are You Prepared for a CRISIS?

- ▶ 36 month shelf life\*
- ▶ Ready to administer in 20 seconds†



Visit [www.revonto.com](http://www.revonto.com) or call (877) 411-USWM (8796) to learn more and see the full Prescribing Information.

\*from the date of manufacture  
†or until solution is clear

**Revonto**<sup>®</sup>  
(dantrolene sodium for injection)

#### Important Safety Information

The use of Revonto in the management of malignant hyperthermia crisis is not a substitute for previously known supportive measures. These measures must be individualized, but it will usually be necessary to discontinue the suspect triggering agents, attend to increased oxygen requirements, manage the metabolic acidosis, institute cooling when necessary, monitor urinary output, and monitor for electrolyte imbalance. Patients who receive i.v. dantrolene sodium preoperatively should have vital signs monitored.

If patients judged malignant hyperthermia susceptible are administered dantrolene sodium preoperatively, anesthetic preparation must still follow a standard malignant hyperthermia susceptible regimen, including the avoidance of known triggering agents. Monitoring for early clinical and metabolic signs of malignant hyperthermia is indicated because attenuation of malignant hyperthermia, rather than prevention, is possible.

Despite initial satisfactory response to i.v. dantrolene there have been reports of fatality, which involve patients who could not be weaned from dantrolene after initial treatment. The administration of i.v. dantrolene is associated with loss of grip strength and weakness in the legs, as well as drowsiness and dizziness. There have been reports of thrombophlebitis following administration of intravenous dantrolene. Tissue necrosis secondary to extravasation has been reported. Injection site reactions (pain, erythema, swelling), commonly due to extravasation, have been reported. Fatal and non-fatal liver disorders of an idiosyncratic or hypersensitivity type may occur with dantrolene sodium therapy.

To report SUSPECTED ADVERSE REACTIONS contact US WorldMeds at 1-888-900-8796 or MEDWATCH at 1-800-FDA-1088 (1-800-332-1088) or <http://www.FDA.gov/medwatch/>.

To see the full prescribing information visit [www.revonto.com](http://www.revonto.com).

© 2019. US WorldMeds, LLC. Revonto is a registered trademark of US WorldMeds, LLC.

US WorldMeds<sup>®</sup>  
REV-103-0719



Health Net is proud to support the California Ambulatory Surgery Association (CASA).

Providing communities with affordable health coverage for more than 35 years.

We are your Health Net.™



Health Net®

Health Net is a registered service mark of Health Net, Inc. © 2019 Health Net of California, Inc. and Health Net Life Insurance Company are subsidiaries of Health Net, Inc. All rights reserved.



**Cigna**®

**Together, all the way.**®



for the ones who never  
fail to dream big.



Blue Shield is proud to sponsor the California Ambulatory Surgery Association (CASA) Annual Conference.

We're working to make healthcare coverage affordable, with more flexible choices, highly qualified provider networks, stellar customer support, and better access to quality care.

**You can count on us to work as a team.**



# CASA ANNUAL CONFERENCE 2019

**Wednesday, September 4, 2019**

3:00 pm to 4:00 pm

---

## **ASCs in a VUCA World**

---

### **PANEL**

**Amanda Olderog, MHA** (Moderator)

*Senior Director, Sg2*

**I. Naya Kehayes**

*Principal, ECG Management Consultants*

**Scott Leggett**

*Co-Principal, Global 1 Ventures, LLC*

**Jason J. Strauss**

*Chief Operating Officer, Surgical Care Affiliates*

**Tara Vail**

*Chief Operating Officer, HST ASC Software*

VUCA is a concept that originated with students at the U.S. Army War College to describe the volatility, uncertainty, complexity, and ambiguity of the world after the Cold War. These terms are prevalent in healthcare as we move towards the future. ASCs and their leadership teams will need to be agile to meet the changing demands. This panel of industry leaders from different aspects of ASC healthcare delivery will discuss the vision they forecast. They will set the stage for the conference as we learn and move forward with new tools and concepts to prepare to succeed in tomorrow's world.

### **Objectives:**

- Define volatilities ASCs are facing now and in the future.
- Describe complexities specific to healthcare and obstacles and opportunities on the horizon.
- Describe opportunities to tactically approach future challenges



# CASA ANNUAL CONFERENCE 2019

**Wednesday, September 4, 2019**

4:00 pm to 5:00 pm

---

## **ASCs in a VUCA World**

---

### **General George W. Casey, Jr.**

Building on the panel's discussion, General George W. Casey, Jr. will lead us into a thought-provoking discussion on a tactical approach to VUCA challenges. General George W. Casey, Jr. is one of the most accomplished soldiers in U.S. history and an authority on strategic leadership. As the 36th Chief of Staff of the U.S. Army from April 2007 to 2011, General Casey led what is arguably the world's largest and most complex organization, 1.1 million people strong, with a \$200+ billion annual budget, during one of the most extraordinary periods in military and global political history. He is widely credited with restoring balance to the war-weary U.S. Army and leading the transformation necessary to ensure the Army remained relevant in current conflicts.

He currently lectures on leadership at the Johnson School of Management, Cornell University, at other business schools, and to the leaders of national and multinational corporations. He also lectures on International Relations at the Korbel School, University of Denver. He has published a book, *Strategic Reflections, Operation Iraqi Freedom, July 2004-2007* (October 2012), about his experiences in Iraq, and several articles on leadership including, "Leading in a VUCA World," *Fortune Magazine* (March 20, 2014). Known for his vision, candor, integrity and humor, General Casey's story is one of personal courage and commitment to excellence.

### **Objectives:**

- Define VUCA and how it relates to ASCs
- Describe opportunities to tactically approach future challenges

# CASA BUSINESS MEETING REPORT

Thursday, September 5, 2019 • 8:00 am to 8:30 am

## 2018 YEAR IN REVIEW AND 2019 HIGHLIGHTS

### MEMBERSHIP

We rebounded from 2017's atypical year of membership decline with a significant increase, particularly in facilities, to reach an all time high of 331. Closures for 2018 fell back into alignment at 6. The CASA staff and the membership committee worked diligently on membership retention as well as securing new members. We continue to build momentum as ASCs are seeing the value CASA brings to them. A survey of our membership was conducted in September, with very favorable results in all areas. The committee and staff will dig into these results to pull out areas for improvement amidst the positive comments.

	Facility	Auxiliary	Individual	Total	New Fac/Aux/Ind	Non-Renew Fac/Aux/Ind	Closed/Merged	Recaptured
2018	331	53	10	394	35/10/4	16/11/3	6	15
2017	318	53	9	380	27/8/2	32/14/6	14	5
2016	322	59	14	395	27/12/5	22/16/3	6	5
2015	311	61	12	384	29/11/4	26/14/2	7	
2014	308	64	6	378	26/13/0	28/12/4	7	
2013	302	65	10	377	38/12/2	21/8/2	4	
2012	277	55	15	347	31/17/4	23/9/4	5	

### ADVOCACY

#### FEDERAL

- The CASA Board sent 13 ASC representatives and members of CASA to the Ambulatory Surgery Center Association (ASCA) Washington, D.C. Fly-In in June of 2018. The CASA team was able to take the ASC message to 23 California legislators. In addition to educating on the benefit of ASCs, the group was encouraging our lawmakers to co-sponsor the Ambulatory Surgical Center Quality and Access Act of 2017 (HR 1838 / S.1001) and Removing Barriers to Colorectal Cancer Screening Act of 2017 (HR 1017 / S.479). The Board plans on sending a contingency this September, in conjunction with ASCA's 2019 fly-in.
- At last, this advocacy effort along with prior years' efforts saw success in 2018! In November, the Centers for Medicare & Medicaid Services (CMS) released the 2019 final payment rule for ASCs and hospital outpatient departments (HOPDs). CMS addressed several long-requested ASC priorities, including proposing to align update factors, moving ASCs to the hospital market basket that is used to update HOPD payments. The final rule also included the addition of approved cardiovascular procedures and an overhaul of the quality reporting program for ASCs.
- In the final rule mentioned above, CMS basically gutted the quality reporting program. However in July, the Ambulatory Surgical Center Quality Reporting (ASCQR) Program launched a new webpage, **ASC Facility Compare Tool**, designed to enhance the display of measure data from Hospital Compare. **ASC Facility Compare Tool** allows the public to compare ASCQR Program quality measure information for the past payment year.
- In late December 2018, CMS launched a new online tool, the **Procedure Price Lookup**. This unique consumer service allows users to compare Medicare payments and copayments for certain procedures that are performed in both hospital outpatient departments (HOPDs) and ASCs.

#### STATE

AB 2476 (Rubio): ASC Medicare Conditions of Participation Licensure Standards

CASA has been working with the Legislature to permanently extend the California Department of Public Health (CDPH) authority to use the Medicare Conditions of Participation (in effect immediately preceding January 1, 2018) as the default state licensure standards for "surgical clinics" (i.e. ASCs). This was accomplished in the budget process by way of Budget Health Trailer Bill AB 1810 which immediately became law upon Governor Brown's signature on June 27, 2018.

The CASA PR team created a useful graphic simplifying the California ASC oversight rubric which is posted on the CASA website.

# CASA BUSINESS MEETING

Thursday, September 5, 2019 • 8:00 am to 8:30 am

## CA DEPARTMENT OF PUBLIC HEALTH

We continue to have quarterly meetings with CDPH to assure an ongoing dialogue. CASA continues to work with CDPH and their Central Applications Unit to streamline the application and CHOW process. In early 2018, CDPH updated their online consumer tool **Cal Health Find**. This tool now includes CMS certified ASCs, their survey history including complaints, as well as ownership information.

## EMERGENCY PREPAREDNESS

CASA conducted a webinar in July, on Emergency Preparedness with John Wogec of the California Department of Public Health Emergency Preparedness Office. This webinar is recorded and available on the CASA website. CASA has developed useful tools to assist with meeting the CMS requirements; these are also available on the CASA website.

## GRASSROOTS

In addition to the 23 legislative visits in DC, CASA members have toured 8 state representatives and 2 congressmen. The CASA Board also met with 13 state legislators or their staff in January, 2019. CASA has also participated in 10 private events with key legislators in 2019.

## MEDIA

2018 saw a focus by Kaiser Health News on ASCs. This was a national campaign picked up by several outlets including network TV. The 3rd article in a series of 4 focused on California oversight. In response, the CASA Board secured the services of the KP Public Affairs public relations arm in late October, 2018. This campaign is focusing on the positive aspects ASCs provide for their communities including costs savings, quality and serving the underserved. The theme is #casacares. Op-eds have been submitted to the major media outlets and TV. The social media campaign has been expanded as well.

## PAYORS AND IMPORTANT PARTNERS

The articles referenced above are a concern to the payor community and employers. CASA established a research committee in 2018, to work with stakeholders to provide objective data-driven studies on ASC quality. This committee has been collaborating with the Ambulatory Surgery Center Association (ASCA). This committee has also reached out to UC Berkeley and payors for a CA-specific study regarding ASC quality.

We continue to meet periodically with the payor community. It is interesting to see their shift in positive attitude regarding ASCs, and there is a significant interest in driving surgeries to the ASC market.

## QUALITY DATA AND BENCHMARKING

Benchmarking participation continues to average around 125 centers. In 2018, CASA began submitting their data to the ASC Quality Collaboration and became an active member. A series of luncheon meetings were held in 2019, to discuss quality reporting with our members and market the benchmarking program. The CASA benchmarking reporting was updated to calculate quarterly data to an incident per 1000 to be consistent with industry standards.

Leap Frog announced in 2018, that they will begin a program focusing on ASCs. Several of our members have offered to be volunteer participants as they roll the program out. A representative from Leap Frog presented at the 2019 Summit and will be presenting at the 2019 CASA Conference.

CASA continues to work with the Health Service Advisory Group (HSAG) who has a grant to educate ASCs in infection prevention.

The 2019 Salary Survey continued to grow with a record participation of 186 ASCs.

## EDUCATION

In the Spring of 2019, CASA partnered with the law firm of Nossaman LLP for their West Coast ASC Seminar focusing on legal issues impacting ASCs. This one-day seminar was extremely successful and surpassed all expectations. The Seminar saw 156 attendees.

The annual conference continues to grow, and 2018 was CASA's largest and most successful. The conference was attended by a record 440 attendees.

The CASA Infection Prevention and Surveillance Seminar continues to grow and receive acclaim across the industry. The 2018 Seminar saw a record 298 attendees.



# CASA ANNUAL CONFERENCE 2019

**Thursday, September 5, 2019**

8:30 am to 9:30 am

---

## California and National Legislative Update

---

### **PANEL**

**Trey Parsons, RN** (Moderator)

*Sr. Vice President, Ambulatory Systems Development*

**Bill Prentice**

*Chief Executive Office, ASCA*

**William Rutland**

*KP Public Affairs*

This popular session will discuss recent national and state legislative and regulatory activities. As California moves forward under new leadership and we move into another presidential election season, this session explores the healthcare implications ASCs can anticipate on both the national and state level with interesting insights from panel experts.

### **Objectives:**

- List political challenges facing ASCs
- Describe opportunities for CASA members to take action on the state and national level.



# CASA ANNUAL CONFERENCE 2019

**Thursday, September 5, 2019**

9:45 am to 11:00 am

---

## **KEYNOTE**

### **100% Responsibility - 0% Excuses: Creating a Culture of Ownership**

---

**DR. JOHN IZZO, Ph.D**

*Leadership Expert & Author*

Taking responsibility means stepping up and seeing yourself as the agent of change, whether it is changing your company or the world. Dr. Izzo shows how "stepping up" creates positive change while improving satisfaction at work and in life. Dr. Izzo's simple concept, called "100 - 0" (100% responsibility - 0 excuses) can transform a company when we decide to put aside our excuses and take initiative to create change. Filled with inspiring examples of how people have "stepped up," you will leave knowing that the more each of us takes personal accountability the better the workplace, the better our life and the better the world.

**Objectives:**

- Identify areas to demonstrate responsibility to effect change in your ASC
- List specific steps one can take to set the example and implement change



# CASA ANNUAL CONFERENCE 2019

**Thursday, September 5, 2019**

1:00 pm to 2:00 pm

## Financial

---

### **Expanding Revenue in an ASC to Increase Profits**

---

**Trey Parsons, RN**

*Sr. Vice President of Operations, Ambulatory Systems Development, LLC*

**Robert J. Zasa, MSHHA, FACMPE**

*President/CEO, Ambulatory Systems Development, LLC*

Adding new service lines is an excellent opportunity to expand ASC revenue. This session will educate participants on how to add a new specialty service line to the ASC. This will include a review of case costs, capital equipment purchases and prepare staff for implementation of new service lines.

**Objectives:**

- How to assess new revenue opportunities
- Which new revenue services fit best in market and the ASC
- How to implement new revenue services



# CASA ANNUAL CONFERENCE 2019

**Thursday, September 5, 2019**

1:00 pm to 2:00 pm

## Human Resources

### **The Difficult Employee and a Proactive Approach from a Leadership Perspective**

**Lisa Cooper**

*Principal, Advocare+*

**Alden J. Parker**

*Regional Managing Partner, Fisher Phillips LLC*

The goal for a great manager is to improve employee performance. Understanding what the core root for performance issues is and then addressing it in a way to motivate improvement is often easier said than done. In this session we will identify the different types of problem employees, ways to motivate to improve performance and how to navigate the legal landmines of running a business in 2019.

**Objectives:**

- Identify different types of problem employees
- How to motivate problem employees to improve their performance
- Understanding and taking into consideration legal factors when address performance issues



# CASA ANNUAL CONFERENCE 2019

**Thursday, September 5, 2019**

1:00 pm to 2:00 pm

## Clinical

---

### **Surgical Smoke in the Clinical Environment**

---

**Mark Shirley, MS, CSP**

*Environmental Risk Consultant, Sutter Health*

There are many questions that surround the dangers of surgical smoke and the appropriate response ASCs should provide for their employees. This session will address the common concerns and approaches as well as the policies and practices employers must put in place to meet OSHA standards.

**Objectives:**

- Define the dangers of surgical smoke
- List the standards and responses employers must take to meet OSHA standards



# CASA ANNUAL CONFERENCE 2019

Thursday, September 5, 2019

1:00 pm to 2:00 pm

Quality

## **Quality, Safety & the Patient Experience - How Improving your Facility's Culture and Employee Engagement Drives These Three Areas**

**Ann Shimek, RN, BSN, MSN, CASC**

*Independent Consultant*

This interactive session will discuss and review the cornerstone to every ASC which is the overall culture imperative to driving quality, safety and the patient experience. Without a strong culture of safety, where every employee feels completely free to speak up every time without the fear of retribution, patient safety will be compromised. The most important component revolves around communication, care based on empathy and a patient-centric approach.

### **Objectives:**

- Explain the different communication methods that can be used for communication to the patient, about the patient and for the patient
- Define the difference between empathy and sympathy in delivering care to the patient
- Describe three things you can implement at your facility to improve the culture of safety
- Discuss several different initiatives that you can put into place at center to enhance the patient experience



# CASA ANNUAL CONFERENCE 2019

**Thursday, September 5, 2019**

2:05 pm to 3:05 pm

## Financial

---

### **Improving Sales Skills to Grow Case Volume**

---

**Devan Telken**

*Director of Business Development*

*Surgery Partners*

Outreach to physicians is key to growing volume, but few Administrators or Marketing Team Members have had formal sales training. This presentation will provide an introduction to basic concepts in making an effective sales call to a physician.

**Objectives:**

- Expanded case volume from existing partners
- Improved recruitment of physicians
- Gaining case volume from non-partners



# CASA ANNUAL CONFERENCE 2019

Thursday, September 5, 2019

2:05 pm to 3:05 pm

## Human Resources

### The Top Mistakes When Dealing with the Injured Worker

**Alethea Leandro-Farr**

*Safety & Loss Control Manager, James G. Parker Insurance Associates*

When trying to control your organization's workers' compensation claims it is imperative that the appropriate actions are executed promptly and correctly. This session will address common mistakes employers make in proactively dealing with the injured worker and discuss how forming a partnership to manage the claim can help to reach a proper resolution.

**Objectives:**

- List the common errors when handling a workers' compensation claim
- Describe alternative work assignment including the pros and cons
- Identify important components to a claim investigation



# CASA ANNUAL CONFERENCE 2019

**Thursday, September 5, 2019**

2:05 pm to 3:05 pm

## Clinical

---

### **Communication in the Clinical Setting**

---

**Kelly Kapp, RN**

*Senior Director, Group Clinical Educator, Surgical Care Affiliates*

Communication is the key to safe patient care and building collaborative teams. Failure to communicate effectively has been identified as a key contributing factor in patient harm events, the development of an unhealthy culture and the loss of qualified employees. This presentation will focus on strategies that engage your team, set clinical priorities and build employee loyalty.

**Objectives:**

- Have a clear understanding of the “Why” and the importance of good communication in the clinical setting
- Understand how to create a culture that supports good communication and collaboration
- Learn new strategies and gain tools to building healthy, good team communication
- Learn what is at risk when there is unhealthy communication in the clinical setting



# CASA ANNUAL CONFERENCE 2019

**Thursday, September 5, 2019**

2:05 pm to 3:05 pm

Quality

## **Developing a Reliable On-Boarding Program for Registry Staff & Per diem Nurses**

**Janet Miller, RN, MHA, CAIP**

*Group Manager, Clinical Services, Surgical Care Affiliates*

California has been dealing with a nursing shortage for many years, and this issue is not expected to change any time soon. Because of this, coupled with the challenges of staff retention, ASCs typically need to fill staffing needs with registry and per diem nurses. This presentation is designed to assist the surgery center in creating a reliable program and toolkit that ensures your nurses are appropriately oriented to your center and are provided with the tools to be successful in their roles.

### **Objectives:**

- Describe strategies for developing a reliable on-boarding program for registry and per diem nurses
- Identify specific orientation topics required
- Provide examples of orientation toolkits to ensure the successful transition of registry nurses
- Identify strategies for ensuring per diem nurses are informed of on-going policy and practice changes within your center



# CASA ANNUAL CONFERENCE 2019

**Thursday, September 5, 2019**

4:00 pm to 5:00 pm

## Financial

---

### **Best Practices for Revenue Cycle Management**

---

**Tim Fuchs**

*Vice President, Client Services, National Medical Billing Services*

In today's increasingly challenging healthcare reimbursement environment, it is incredibly important to ensure that your revenue cycle is efficient, effective and designed to maximize your revenue by utilizing best practices and financial benchmarks. This session will discuss areas of process improvement, analytics, technology and training of skilled personnel.

**Objectives:**

- List important benchmarks to include in financial analysis
- Discuss how to incorporate analytics and train your ASC staff to use appropriately
- Identify areas of technology to simplify the analytical process



# CASA ANNUAL CONFERENCE 2019

**Thursday, September 5, 2019**

4:00 pm to 5:00 pm

## Human Resources

---

### **Incorporating Social Media for ASC Success**

---

**Diana Dang**

*Public Relations Consultant, KP Public Affairs*

**Alison MacLeod**

*Partner, KP Public Affairs*

Healthcare is being transformed through the use of Facebook, Twitter, Instagram, YouTube and other web tools to improve patient engagement and interaction. Establishing a strong media presence is an excellent way to tell your ASC story. From relaying ASC benefits, to responding to negative Yelp reviews using these platforms properly is crucial. This session will discuss how to successfully integrate these opportunities for your ASC's success.

**Objectives:**

- List opportunities ASCs can utilize to market their surgery center
- Describe strategies to successfully use social media platforms for ASCs
- Understand appropriate responses and actions for Yelp reviews



# CASA ANNUAL CONFERENCE 2019

**Thursday, September 5, 2019**

4:00 pm to 5:00 pm

**Clinical**

---

## **High Caliber Clinicians/ High Acuity Patients and Screening for Both**

---

**Stuart Simon, MD**

*Medical Director, United Surgical Partners International*

As higher acuity patients seek care in our ASCs, appropriate patient screening and the level of training for staff require renewed focus. Dr. Simon will discuss patient selection and admission criteria from an anesthesiologist's point of view, and will provide his perspective on the hiring and training processes of nurses that treat higher acuity patients.

**Objectives:**

- Describe the process at your facility to pre-assess the patients prior to the day of surgery to ensure the highest quality of care for the patient.
- List the attributes of experience needed for nursing personnel while we continue to see the shift to higher acuity patients in the ambulatory space.
- Explain the appropriate pre-screening process and admission criteria from an anesthesiologist's perspective
- Describe the training an anesthesiologist thinks is needed to adjust to caring for more acute patients in the outpatient setting



# CASA ANNUAL CONFERENCE 2019

**Thursday, September 5, 2019**

4:00 pm to 5:00 pm

**Quality**

---

## **Training & Developing your Safety Officer**

---

**Shea Lansberry, MPA, RN**

*Regional Clinical Director, Sutter Health*

**Deborah L. Mack, RN, BSN, CASC, CAIP**

*Independent Healthcare Consultant*

The ASC Safety Officer is often the person whose function is to develop and recommend measures for assuring personnel safety and to assess and/or anticipate hazardous and unsafe situations. This session will provide an overview of the training, checklists and tools.

**Objectives:**

- Review common responsibilities/duties of the ASC Safety Officer
- Acknowledge when to delegate responsibilities to a vendor/ specialist
- Discuss safety rounding, review sample tools, how to lead a safety meeting



# CASA ANNUAL CONFERENCE 2019

**Thursday, September 5, 2019**

5:05 pm to 6:05 pm

---

## **ACCREDITATION 4-1-1**

---

**AAAHC session ..... DeAnza II**

**IMQ session ..... DeAnza I**

**The Joint Commission session..... DeAnza III**

### **Tarin English**

*Assistant Director, Regulatory Compliance, AAAHC*

### **Victoria Samper, MS**

*Vice President, Ambulatory Accreditation, Institute for Medical Quality*

### **Darla VanPutten-Adams, MD**

*Field Surveyor, The Joint Commission*

A new twist on a familiar topic! CASA invites you to hear about changes, opportunities, and challenges from experts representing the accrediting agencies during concurrent sessions. You are encouraged to ask questions, share your thoughts, and participate in an open dialogue during these informal agency-specific sessions. This is an excellent chance to improve your understanding of the regulations that are vitally important to your center.

### **Objectives:**

- Understand critical components of accreditation
- Identify recent changes to current accreditation standards
- Document benefits of accreditation for the healthcare delivery



# CASA ANNUAL CONFERENCE 2019

**Friday, September 6, 2019**

8:00 am to 9:00 am

---

## **Quality and Safety in the ASC - Telling the ASC Story**

---

### **PANEL**

**John J. Goehle, MBA, CASC, CPA** (Moderator)

**Missy Danforth**

*VP, Health Care Ratings, The Leapfrog Group*

**Michael B. Larsen**

*Executive Director, MCSIG*

**Ann Shimek, RN, BSN, MSN, CASC**

*Independent Consultant*

ASCs are being scrutinized by the media, payors and the employer community regarding their safety and outcomes. How can ASCs successfully respond to questions and their patients' concerns? This panel will address current programs evaluating ASC outcomes, their findings and how ASCs can utilize these products for the benefit of the industry and their own ASC.

### **Objectives:**

- Describe the different platforms to demonstrate ASC quality
- Identify the opportunities to incorporate these platforms into your ASC marketing with patients, physicians and plans
- List the outcomes ASCs should be messaging to the public and their partners



# CASA ANNUAL CONFERENCE 2019

**Friday, September 6, 2019**

9:00 am to 10:00 am

---

## **Gaining the Edge with Staff Engagement**

---

**Greg Miller, Ph.D**

*Vice President, Talent Management & Development, Tenet Healthcare*

Attracting, retaining and engaging ambulatory surgical staff is a high priority for each facility. The shortage of qualified talent requires leaders to focus on strategies for keeping and motivating our best employees. This session examines key elements for leaders to consider as it relates to solving these issues. The focus will be on practical approaches for driving employee engagement and reducing turnover.

**Objectives:**

- Understand why top talent disengages
- Identify key causes of turnover and offer solutions for addressing
- Understand employee engagement, how to measure and implement solutions to drive engagement
- Understand the importance of culture and management capability as it relates to engagement of top talent: Front-Line Managers, Leader of Leaders, etc.



# CASA ANNUAL CONFERENCE 2019

**Friday, September 6, 2019**

10:00 am to 12:00 pm

---

## **Regulatory Update**

---

### **Regulatory Panel**

**Peggy Wellman** (Moderator)

*Market President, USPI*

**Kimberly Kirchmeyer**

*Executive Director, Medical Board of California*

**Jacqueline A. Lincer, Chief**

*Region VI - Field Operations Branch*

*California Department of Public Health - L&C*

**John Wogec, MD**

*Exercise Coordinator*

*California Department of Public Health, Emergency Preparedness Office*

Navigating through the different regulating bodies in California can be difficult. This popular session will review and provide the latest update by ASC regulators in California, including the California Department of Public Health (CDPH) and the Medical Board of California. This session will review their oversight, common questions and whose authority the oversight falls to. This will be an interactive session allowing the audience to ask questions to the panel on common issues, reporting, requirements and accreditation.

### **Objectives:**

- List common areas of CMS survey and accreditation deficiencies for California ASCs
- Identify reporting requirements and the appropriate state regulatory body





# Quality Driven Trusted Partner Innovative Leader

**“ Our mission  
is to care for every patient and  
their family as if they were our  
own. Each patient, each family,  
each and every time. ”**

