NJ AASC
New Jersey Association of Ambulatory Surgery Centers

July 8, 2020

Via E-Mail & First Class Mail
New Jersey Department of Health
Commissioner Judith Persichilli
Po Box 360
Trenton, NJ 08625
Judith.Persichilli@doh.nj.gov

Re: Testing Concerns and Reporting Issues for Ambulatory Surgical Centers

Dear Commissioner Persichilli:

Recent events have placed additional stress on ASCs in New Jersey as regards pre-op testing, and compliance with the guidelines issued by the Department.
While there have always been problems with testing, delivery and response, it has reached epic proportions in the last week.
Due to the lack or shortage of reagents, and the tremendous strain put on labs due to the outbreaks and spikes in many states, ASCs are finding it difficult-sometimes impossible to get patients tested for elective surgeries.
I have over the past several days forwarded a few e-mails to the Department from centers who are experiencing these issues, including centers managed by national companies.

This is a serious problem with no easy or completely satisfactory answers to the reagent and lab backlog issues, but something needs to be done.
We do not believe that increasing the time frame (currently six days) would really do much good, thus other solutions need to be examined.
We would suggest for instance loosening up the types of testing allowed. Originally there was language in the revision to ED 20-016 for antigen testing, which was subsequently removed.
When you click on the link provided in the ED revision you find that it is acceptable.
'Molecular assays that detect nucleic acid from the SARS-COV-2 virus are considered a gold standard for the detection of SARS-COV-2 in persons suspected of having COVID-19. There are several molecular assays that have received an EUA, including two point of care tests that can be used outside of a laboratory setting and provide results within 30 minutes. Rapid antigen tests are also acceptable for diagnosing acute illness.'
We would also ask as a short term measure, to allow centers to perform procedures if the patient was tested and quarantined, but the labs cannot/did not provide results within the six day time frame.
This is already provided for in ED 20-016 as 'time sensitive' cases. By following those guidelines (page 8 of the ED) and increased and very aggressive screening, it could alleviate the issues we are facing.

From the beginning, testing has been a very time consuming and stressful endeavor for all ASCs. Unfortunately this is sometimes missed as part of the conversation, and is not a very easy point to quantify.
Indeed centers tell me that this is one of the most difficult issues they face with testing. It is eating up manpower and resources, and places considerable stress on their staff. There are only so many man hours to go around, and if a large proportion of those man hours are used by centers for testing and getting results, talking to patients, trying to make doctors understand what they need to do, etc., that means fewer man hours for other routine and important
tasks to keep a center compliant. With decreased case loads and resultant reduced revenue streams, ASCs cannot hire more staff.

While there is a pandemic and NJAASC has always supported and collaborated with the Department on testing and guidelines, ASCs as businesses also have to be taken into consideration.
Indeed above all else, ASCs are small businesses struggling to get back on their feet financially while trying to balance business with safe practices that safeguard patients and employees. That is a very delicate balancing act.

Also sometimes missed is the burden placed on the patient and their family. With the re-opening of various segments of the state for business, more people are back to work. But this also means they are less able and willing to undergo the mandated quarantine under the guidelines, and miss work. Even if they follow the guidelines, the quarantine may be all for naught if the center cannot get test results in time, meaning the case is cancelled. The patient then has to start all over again, take off from work and hope that everything goes according to plan, this time. This is not just a matter of simply rescheduling, centers are losing cases and business as patients decide it is not worth it, so it is important to get it right the first time.
We are not advocating against the guidelines mind you, just pointing out the reality of the current situation.

Removal of the requirement for case reporting from the portal in our opinion was the wrong decision. While centers are reporting case cancellations via the portal for various reasons, those numbers have absolutely no point of reference or perspective, without case totals.
The Department can look at a center that reports twelve cancellations and think- that is not so bad. But without a point of reference- how many cases did the center actually have, it means nothing. For instance if a center only had thirty cases for the week, twelve cancellations is a lot of lost business!
Similarly benchmarking cases from 2019 vs 2020 has real value, and shows the Department the decline in business and where centers are at now, following the resumption of elective surgery.
What the Department first sent us as portal content had a rationale for every category. However that rationale never made it to the final version!
For case reporting you stated: ***Monitor if/when patient volumes return to pre-COVID 'normal' levels.***
That is a perfectly logical and appropriate request.

We still do not believe that reporting case totals infringes on proprietary information at all, indeed instead of being proprietary we believe it is NECESSARY.
We took it upon ourselves last month to collect our own data which we forwarded to the Department was before the portal up and running. We had absolutely no problem with centers giving us case totals, and our data tool compiled those daily.
In all honesty, centers are going to be reporting this information anyway (2019 totals), when the ambulatory assessment reporting is due!
We are perfectly satisfied that the safeguards built into the portal, and the assurances from the Department and NJHA are sufficient and do not infringe on anything proprietary and confidential.

From the beginning, NJAASC has worked closely with the Department on elective surgery and the guidelines mandated. This has proven to be a very fruitful and responsive relationship for the ASC industry as you value our input and are receptive and responsive to our questions/concerns and initiatives.
As such, we ask that you carefully consider our concerns contained in this letter.

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