

The March 4 edition of the Los Angeles Times contained a thought-provoking article “Lap-band promoters' troubled history” by Michael Hiltzik addressing significant issues related to ambulatory surgery in California.

Read the full article: www.latimes.com/business/la-fi-hiltzik4-2010mar04_0,5208327.column

AAAASF responded to the article with a letter to the editor supporting the importance of accrediting organizations and better controls to protect the public:

In California each of the accrediting associations applies to the Medical Board of California to be recognized as an accrediting body of free-standing surgical centers. The accrediting organizations report changes in accreditation on a monthly basis and reapply for accrediting status every three years. Additionally, if the facility is a Medicare facility they also are under their stringent oversight process.

Nearly all surgeons operating in accredited ambulatory facilities adhere to the strictest standards of ethics and safety. There are published articles demonstrating the incredible safety record of surgery performed in accredited facilities. The difficulty in the case cited by Mr. Hiltzik is that a few problematic physicians are attempting to skirt the regulatory systems in place. It is a testimony to the quality of the accreditation processes that once a complaint was received, the accrediting bodies performed a thorough investigation and a swift adjudication. AAAASF was transparent with all the governmental bodies involved and moved quickly to protect the people of California. The private accrediting organizations provide a valuable service to the State of California, saving the State the expense of a separate inspection process. However, there is a problem evidenced by the facility being able to move from one accrediting body to another.

The Medical Board of California has a dedicated hard-working staff that always puts patient safety first. The issue related to the cited case can be best addressed by better communication from the Medical Board of California to each of the accrediting bodies to inform these organizations when action has been taken by one of the other accrediting bodies, or by the State against physicians practicing in an accredited facility. The American Association for Accreditation of Surgery Facilities (AAAASF) now requires that facilities identify any previous accreditations they have held and the reason they are no longer working with that agency.

But the problem is deeper and is not unique to California. Only 15 states have either mandated accreditation or licensure. The problem in all of the states is one of enforcement. Even if the laws have stringent penalties, even if it is a licensure state; there may be some facilities that ignore the requirements, assuming they will not get caught if they do not have problems. The issue is not licensure vs private accreditation. The key to patient safety is mandatory accreditation of office surgical facilities and effective enforcement mechanisms of deficient facilities. It is also having enforcement mechanisms in place that track whether a physician is performing surgery in his office. If that is solved then all of the other issues would resolve. Enforcement varies from state

to state and the private accrediting organizations work hard to accommodate the specific requirements of each state.

We offer two solutions for consideration. First, state insurance laws can be amended to require accreditation of free-standing surgery centers before claims can be paid. Second, the State can begin to track where anesthesia is purchased and used to assure that all physicians using sedative agents that may result in moderate to deep sedation are working in accredited facilities. Unless enforcement action is taken, then the valiant efforts of the accrediting bodies and the Medical Board of California will continue to result in an inadequately regulated industry that has the potential for abuse.

Lawrence S. Reed, MD, AAAASF President
Jeff Percy, AAAASF Executive Director