

Same-day Plastic Surgery: Evaluating The Association Of Facility Ownership With Access, Cost, And Unexpected Postoperative Visits Among Propensity-matched Patients

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STUDY PURPOSE

42% of cosmetic and 25% of reconstructive surgeries are performed in Ambulatory Surgery Centers (ASCs). Freestanding ASCs (F-ASCs) and Hospital-owned ASCs (HO-ASCs) are 50% less costly than hospital outpatient departments (HOPDs). Plastic Surgeons frequently own and operate ASCs. Studies evaluating cost and access trends among ASCs by ownership are necessary in the setting of current policy initiatives aiming to reduce spending on surgical care and shift care to ASCs.

METHODS

The 2016-2019 State Ambulatory Surgery Databases from Florida, New York, and Maryland were queried for common plastic surgery procedures, including laceration repair, local tissue rearrangement, skin grafting, panniculectomy, reduction mammoplasty, breast reconstruction, and revision breast reconstruction. The resulting 128,805 patients were propensity matched using individual comorbidity data for all three same-day surgery facility types. Access, charges, and postoperative visits were evaluated using logistic regression.

RESULTS

Access



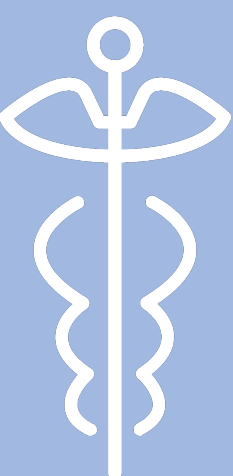
Medicare FFS

39% less likely to use HO-ASCs (95% CI: 0.55 to 0.69, $p < 0.001$)
*increased by 2%/quarter (95% CI: 1.01 to 1.03, $p < 0.001$)
22% less likely to use F-ASCs (95% CI: 0.70 to 0.88, $p < 0.001$)
*increased by 1%/quarter (95% CI: 1.00 to 1.02, $p = 0.04$)

Medicaid

32% less likely to use HO-ASCs (95% CI: 0.55 to 0.76, $p < 0.001$)
84% less likely to use F-ASCs (95% CI: 0.14 to 0.19, $p < 0.001$)
*increased by 3% per quarter (95% CI: 1.02 to 1.05, $p < 0.001$)

7-day ED or Hospital Admissions



F-ASC 70% lower odds versus HOPD
95% CI: 0.27 to 0.33, $p < 0.001$
HO-ASC: 53% lower odds versus HOPD
95% CI: 0.49 to 0.57, $p < 0.001$

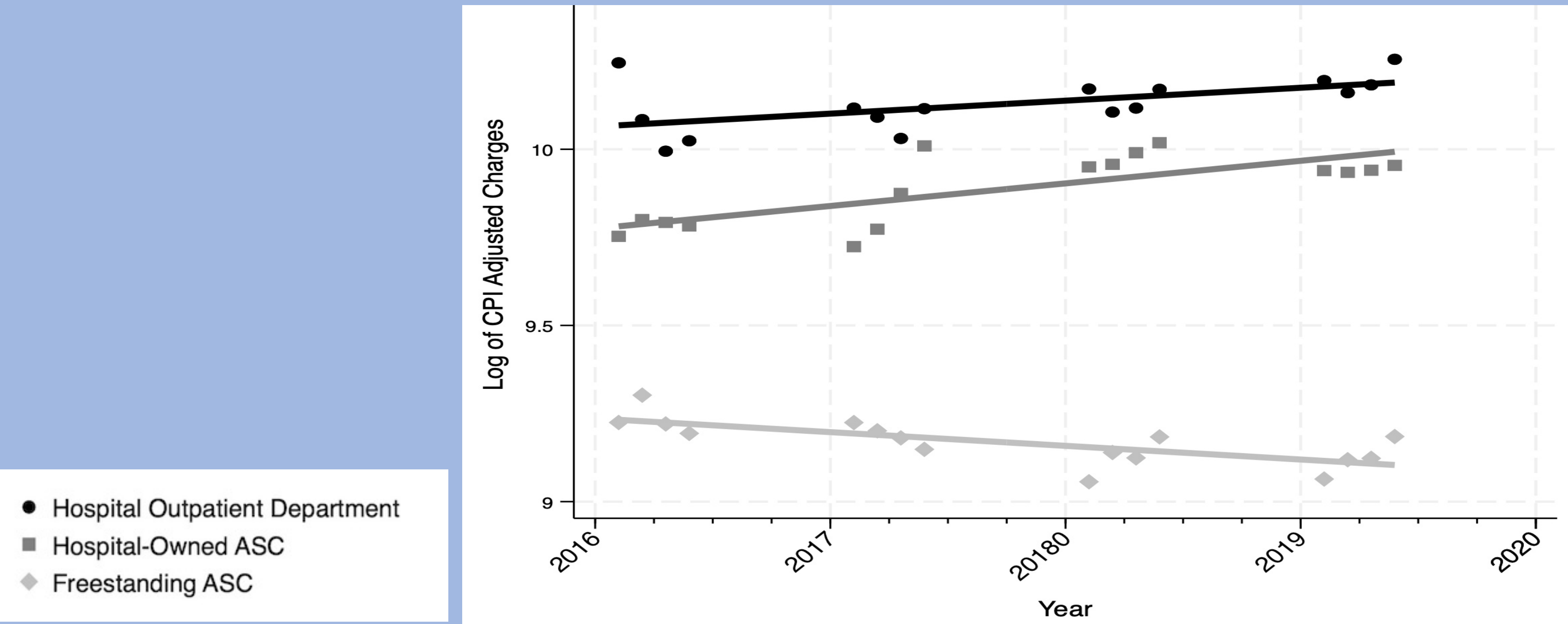
Surgery Charges



HO-ASC: \$7,523 less than HOPD
95% CI: -\$7,899 to -\$7,147, $p < 0.001$
F-ASC: \$19,058 less than HOPD
95% CI: -\$19,446 to -\$18,669, $p < 0.001$

Charge Trends

HO-ASC: no change versus HOPD over time
OR: 1.00, 95% CI: 0.98 to 1.1, $p = 0.2$
F-ASC: 8% less per quarter versus HOPD over time
95% CI: 0.89 to 0.96, $p < 0.001$



CONCLUSIONS

Incentives encouraging ASC use are maligned with same-day surgery payment policy in the US. Site-neutral payment policies that decrease HOPD reimbursement will improve access and constrain costs. Narrowing ASC access disparities suggest that F-ASCs may improve access to same-day plastic surgery care.