

Review

The history of the Federated Ambulatory Surgery Association

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The article is intended to provide the reader with a perspective of the creation and historical evolution of the Federated Ambulatory Surgery Association. This Association which began as the Society for the Advancement of Freestanding Ambulatory Surgical Centers, is the national clinical trade association for the non-hospital based ambulatory surgery industry. The article references the dynamics and circumstances surrounding the very first meeting and traces the progressive accomplishments of the organization from its inception in 1974 to its present level of activity in 1993.

FASA, the Federated Ambulatory Surgery Association located in Alexandria, Virginia, is the national trade association for the ambulatory surgical care industry. It currently represents almost 2000 facilities and individuals from 49 states, Puerto Rico, Canada and South Africa. Its membership is diverse and includes freestanding and/or hospital-affiliated for-profit ambulatory surgical centres, as well freestanding not-for-profit centres that are affiliated with, but organizationally separate from, hospitals. Its constituents are physicians, podiatrists, osteopaths, professional registered nurses, dentists, certified registered nurse anaesthetists, medical administrators, corporate health care officers, vendors and other health care professionals—all of whom are either involved with, committed to or, at the very least, have interest in the provision of high-quality and cost-effective ambulatory surgical care.

It is virtually impossible to separate the dynamics of the creation and growth of FASA from the creation and growth of the entire industry.

Accordingly, one cannot talk about the history and evolution of FASA without ascribing appropriate attention to the singular event which spawned this modality of health care.

The event being referenced occurred on February 12, 1970, and it was the opening of The Surgicenter in Phoenix,

Arizona, the oldest surviving freestanding multi-specialty outpatient surgical centre in the United States.

This facility started under the auspices of anaesthesiologists, Wallace A Reed, MD and John L Ford, MD and it was to focus attention on the applicability of performing ambulatory surgery under general anaesthesia not in a hospital setting and yet in a safe environment, thereby producing a revolution in health care.

An article appearing in an issue of *Arizona Medicine* talked about, "this new entity in the health care system". Concurrently, a panel discussion entitled, 'Ambulatory Surgical Care', sponsored by the American Academy of Anesthesiologists, considered the safety of the concept of ambulatory surgical care. It remained, however, for Drs Reed and Ford to show that high quality care and safety could be delivered and maintained outside both the physical and administrative framework of the hospital. The pioneers in this industry could not have been more aptly chosen. For it was their unswerving commitment to the preservation of the highest possible clinical standards which enabled their fledgling new facility to withstand all the pressures brought against it during its early days. Within 12 months of The Surgicenter opening its doors, over 400 visitors (not patients) toured the facility, all interested in learning more about it and anxious to replicate the experience.

It became clearly evident by this time that the idea of an independently operated surgical centre was attracting the attention of the health care system in a very powerful way and articles describing this new phenomenon appeared in *Medical World News*, *Medical Tribune*, *Medical Economics* and *Physician Management*. Indeed, in conjunction with these articles, two large national insurance companies promoted the new concept. Both talked about the promotion of high-quality, cost-effective

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tive ambulatory surgical care, and additionally expounded on the need for both qualitative and quantitative standards.

By early 1974 a second freestanding surgical centre appeared under the direction of Dr M Robert Knapp of Wichita, Kansas, and with both centres being inundated with requests for tours and information it became compellingly obvious to both Drs Reed and Knapp that there was a need for a forum for discussion and more to the point a need for the establishment of a national society to both act as a clearing house for information and to develop standards for ambulatory surgical facilities.

The enthusiastic group of organizers included Dr Boyden Crouch, anaesthesiologist at Surgicenter in Phoenix, Mr Bernard A Kershner, Medical Developer from Connecticut and former hospital administrator in New York, Dr Robert Likens, an anaesthesiologist from Louisville, Kentucky, Dr Neil Swissman, an anaesthesiologist from Las Vegas, Nevada and Mr Robert Williams, Administrative Director at the Surgicenter. The group was to be called the Society for the Advancement of Freestanding Ambulatory Surgical Care. The first meeting in November 1974 was entitled, 'The Impact of Ambulatory Surgical Care on the Health Care Delivery System.' In spite of the short lead time, a remarkably well-rounded programme was put together, (see Figure 1) covering political as well as medical aspects of the 'how-to's' of launching a freestanding outpatient surgical centre. 'Quality of Care' was covered by one of the pioneers of ambulatory anaesthesia, Dr John B Dillon. Donald S Orkand, President of the Orkand Corporation, a company that had just been awarded a contract authorized by the Department of Health, Education and Welfare (today's Health and Human Services Department) to determine whether freestanding facilities were a worthwhile addition to the health care system, described how the project would be conducted.

All of this activity, together with medically-oriented presentations and visits to the Surgicenter produced excitement and anticipation throughout the seminar.

In describing 'The Need for and the Objectives of the Organization,' Dr Knapp put 'highest quality of patient care' at the top of the list, saying with pride that this was to be "a patient-oriented organization!" As 'one of the most important' objectives, he listed the development of Standards of Care. "No less important an objective," Dr Knapp went on to say, is "to give continuing study to all possible efforts to minimize cost of such (ambulatory surgical) care without diminishing the quality of care."

By the end of the meeting, the new Society was up and running; the by-laws and constitution were approved, Dr Wallace A Reed was elected as the first President and the Charter Members left for their respective destinations with high enthusiasm for 'spreading the gospel' of this exciting new concept. Each year following the first, saw growth in the organization and meetings which were better attended with more extensive programmes.

From its inception in 1974 through early 1984, the Society operated out of the offices of the Surgicenter in

Phoenix, Arizona. Mr Robert Williams, Administrative Director at Surgicenter, served in the capacity of Executive Director of FASA for the first 10 years of its life from 1974 to 1984. Although his time was limited his effort was not and he gave the fledgling group its first sense of organizational structure. In spite of limited support services, the organization grew and its growth was reflected in the parallel growth of the industry.

The Government Relations Committee was created early in 1980 with Mr Bernard A Kershner serving as its initial Chairman. With virtually no budget allocable to government relations activities, several individuals on the Board of Directors (Mr Kershner, Drs William Funderburk, Herbert Natof, M Robert Knapp, Wallace Reed and Harry Wong) frequently travelled, at their own expense, to Washington to attend meetings, offer testimony to both House and Senate Subcommittees on new or proposed legislation and to meet with representatives of government.

The efforts of the government relations committee (largely relating to seeking Medicare reimbursement) peaked in conjunction with the signing by the then President Jimmy Carter of the Omnibus Budget Reconciliation Act of 1980, which for the first time provided for Medicare reimbursement to freestanding ambulatory surgical centres.

By late 1983 it had become apparent to the then leadership of the Society that if the industry and its Society were to continue to grow and flourish, better organization, stronger financial capabilities, and more visibility on the national political scene were essential.

It also became obvious that the Society needed full-time staff and also needed to relocate to the Washington DC area. This direction was reinforced by several companies (Med-21, Alternacare, Surgical Care Affiliates, American Medical International, and Intermountain Health Care) some of which recently formed for the purpose of conducting business in this new and growing industry.

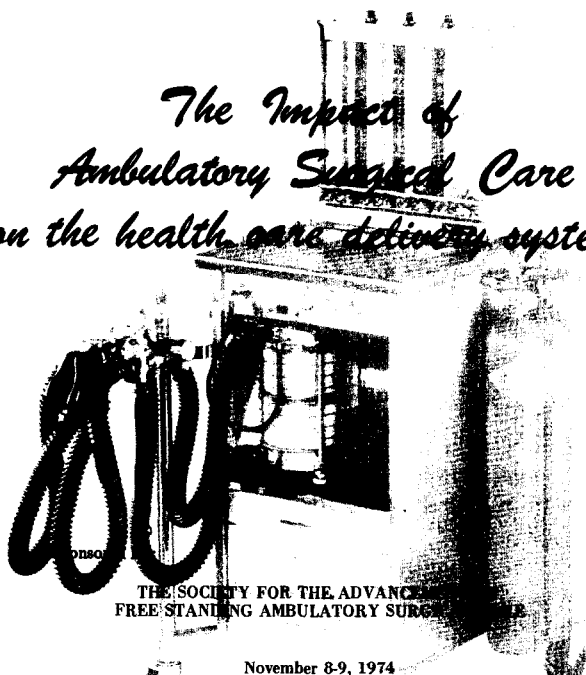
Mr Kershner presented an outline of a proposed new organization for the Society with full-time staff, offices in Washington DC, and a sufficient dues base to support the development of an agenda to address legislative, industry and political issues. New by-laws were prepared under the auspices of the Executive Committee and the name of the organization was changed to the Freestanding Ambulatory Surgical Association (FASA).

Corporate representation on the Board was accommodated in the new structure along with facility and individual representation. The membership also enthusiastically accepted the new by-laws at the 1984 Annual Meeting in San Diego and Mr Kershner, the newly elected and first non-physician President, was authorized to begin a search for full-time staff.

By 1986, the industry had outgrown the original boundaries as envisioned by the founding fathers and the designation 'Freestanding' did not seem as appropriate as it had 10 years earlier. After much deliberation; and in a move designed to preserve the FASA name, while embracing the changing dynamics of the now rapidly

A SEMINAR

*The Impact of
Ambulatory Surgical Care
on the health care delivery system*



THE SOCIETY FOR THE ADVANCEMENT OF
FREE STANDING AMBULATORY SURGICAL CARE

November 8-9, 1974

Del Webb's TowneHouse
Phoenix, Arizona

Program Moderator:
Boyden L. Crouch, M.D.

This program is approved for ten hours toward the
Arizona Medical Association Certificate in Continuing Education.

FRIDAY, NOVEMBER 8

- 8:00 - 9:00 REGISTRATION
Del Webb's TowneHouse
Late Registration Until Noon
 - 9:00 - 9:15 WELCOME
David Pent, M.D.
President of the Maricopa County Medical Society; Fellow of
the American College of OB-GYN
Phoenix, Arizona
 - 9:15 - 9:45 HISTORICAL REVIEW OF AMBULATORY SURGICAL
CARE
John B. Dillon, M.D.
Former Chairman of Anesthesia Department at UCLA;
Diplomate of American Board of Anesthesiology
Koloa, Kauai, Hawaii
 - 9:45 - 10:00 PROBLEMS WITH OUTPATIENTS UNDERGOING
RECONSTRUCTIVE SURGERY
Rex A. Peterson, M.D.
Fellow of American College of Surgeons
Catalina Surgical Suite
Phoenix, Arizona
 - 10:00 - 10:15 PROBLEMS IN THE OUTPATIENT GYNECOLOGICAL
SURGICAL FACILITY
William D. Lawrence, M.D.
Fellow of American College of OB-GYN
Phoenix Surgical Facility
Phoenix, Arizona
 - 10:15 - 10:30 COFFEE
 - 10:30 - 10:45 PROBLEMS IN AN ALL-PURPOSE OUTPATIENT
SURGICAL FACILITY
Wallace A. Reed, M.D.
Diplomate of American Board of Anesthesiology
Surgicenter
Phoenix, Arizona
 - 10:45 - 11:00 PROBLEMS OF OFFICE RELATED FACILITY
DEVELOPMENT
Allan K. Clemenger, M.D.
Fellow of American College of OB-GYN
Arizona Medical Plaza
Phoenix, Arizona
 - 11:00 - 11:15 PLACE OF AMBULATORY SURGICAL CARE IN THE
HEALTH CARE DELIVERY SYSTEM
John W. Coyle
Department of Research and Statistics
Social Security Administration
Washington, D.C.
 - 11:00 - 11:15 FINANCIAL PROBLEMS IN FACILITY
DEVELOPMENT
M. Robert Knapp, M.D.
Diplomate of American Board of Anesthesiology
Minor Surgery Center of Wichita
Wichita, Kansas
 - 11:15 - 11:30 CONSTRUCTION STANDARDS IN FREE STANDING
SURGICAL FACILITIES
John L. Ford, M.D.
Member of American Society of Anesthesiologists
Surgicenter
Phoenix, Arizona
 - 11:30 - 12:00 PANEL DISCUSSION
Dr. Dillon et al
 - 12:00 - 1:30 LUNCHEON
 - 1:30 - 2:00 REVIEW OF 23,000 CASES IN A FREE STANDING
FACILITY
Wallace A. Reed, M.D.
 - 2:00 - 2:15 THE A.S.A. LOOKS AT AMBULATORY SURGICAL
FACILITIES
Donald E. Howland, M.D.
Diplomate of American Board of Anesthesiology
Surgicenter
Phoenix, Arizona
 - 2:15 - 2:30 COFFEE
- THE SOCIETY FOR THE ADVANCEMENT OF
FREE STANDING AMBULATORY SURGICAL CARE**
- 2:30 - 3:00 NEED AND OBJECTIVES OF THE ORGANIZATION
M. Robert Knapp, M.D.
 - 3:00 - 3:30 CONCEPT AND DEVELOPMENT; CONSTITUTION AND
BYLAWS
Boyden L. Crouch, M.D.
Member of American Society of Anesthesiologists
Surgicenter
Phoenix, Arizona
 - 3:30 - 4:00 DISCUSSION

SATURDAY, NOVEMBER 9

- 9:00 - 9:30 QUALITY CONTROL
John B. Dillon, M.D.
- 9:30 - 10:00 IMPACT OF FREE STANDING SURGICAL CARE ON
HEALTH CARE COSTS
Joseph H. Clune
Managing Consultant
Metropolitan Life Insurance Company
New York
- 10:00 - 10:15 COFFEE
- 10:15 - 10:30 THE POLITICAL HURDLES IN FACILITY
DEVELOPMENT
Neil Swissman, M.D.
Diplomate of American Board of Anesthesiology
Las Vegas, Nevada
- 10:30 - 10:45 FREE STANDING SURGICAL CARE AND THE
ANESTHESIOLOGIST
Robert W. Lykins, M.D.
Diplomate of American Board of Anesthesiology
Louisville, Kentucky
- 10:45 - 11:00 EVALUATING OUTPATIENT SURGICAL CARE
Donald S. Orkand, President
Orkand Corporation
Silver Springs, Maryland

Figure 1. Programme from the inaugural meeting of the Association

evolving industry, the name was changed to 'Federated Ambulatory Surgery Association'.

Under the dynamic leadership of its executive director Ms Gail Durant, the new structure provided expanded services and activities. The Board of Directors was enlarged, non-physicians were encouraged to participate fully and indeed the new Board saw equal representation of clinical, corporate and individual facility interest. More committees were added to address and provide services in: group purchasing, public relations and media, liability insurance, and recovery care. Independent annual seminars were developed and are currently held for legislative matters and nursing practice issues. FASA now employs the services of a national marketing firm as well as an accounting and financial consulting firm to help meet its overall objective of not only enhancing public awareness and appreciation for the validity of the provision of freestanding ambulatory surgical care,

but also the validation of the cost-saving benefits available through increased utilization.

FASA continues to evolve as is evidenced by the current mission statement endorsed by the Board of Directors in May 1992: "The Federated Ambulatory Surgery Association is an association which represents interests and concerns of the ambulatory surgery centre industry including extended recovery care before Congress and government agencies, business, industry, insurers and consumers; and develops, collects and disseminates information regarding ambulatory surgery issues to its members and other entities."

Even as FASA has grown and changed, it has remained true to its founding principles. It continues to speak for quality, cost effectiveness and appropriate clinical utilization in the ambulatory surgical centre setting. This commitment has served it well and will continue to endure for future generations.

22nd Congress of the Scandinavian Society of Anaesthesiologists

Kuopio, Finland 28th June — 2nd July 1993

The congress will consist of a series of symposia dealing with different aspects of anaesthesiology. A number of special lectures have also been organized to complement the symposia. Free papers will be presented during parallel sessions.

Symposia topics

- Postoperative pain relief
- Paediatric anaesthesia
- The realization of minimal monitoring guidelines
- Obstetric anaesthesia
- Acute respiratory failure
- Anaesthesia and the immune response
- New drugs in anaesthesia
- Disaster medicine
- Prevention of awareness during anaesthesia
- Acute pain relief, update
- Alpha₂-agonists in anaesthesia
- Computer technology in anaesthesia
- Ophthalmic anaesthesia
- What's new in the treatment of chronic pain

For further information and registration details please contact: **The Conference Secretariat, University of Kuopio, Center for Training and Development, Ms. Karin Koivisto, PO Box 1627, SF-70211 Kuopio, Finland. Tel: +358 71 163939 Fax: +358 71 163903.**