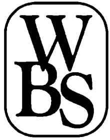

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GASTROINTESTINAL
ENDOSCOPY
CLINICS OF
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Preface

Ambulatory Endoscopy Centers

James T. Frakes, MD, MS
Guest Editor

In the 1980s there was a dramatic shift of gastroenterology services, including endoscopic procedures, to the outpatient setting. Initially, this shift resulted in increased outpatient activity in the hospital endoscopy unit and then led to office-based endoscopy. The next and current trend was a shift in endoscopic procedures to the ambulatory endoscopy center (AEC), which has since evolved into state-licensed, Medicare-certified ambulatory surgery centers (ASCs) dedicated to endoscopy, so-called endoscopic ambulatory surgery centers (EASCs).

The migration of endoscopy from hospitals to offices to AECs was driven primarily by three forces: the need for a less costly service environment, the need for endoscopists to recoup facility expenses (ie, facility or ASC reimbursement), and the need to assure quality in these new service locations. Today in the year 2002, there are more than 400 AECs in the United States. Patients, endoscopists, and payers have all benefitted from the evolution and growth of AECs. These units provide patients with a setting for endoscopy which is convenient, pleasant, efficient, economical and more personal and less threatening than the hospital environment. For gastrointestinal endoscopists, these centers allow control, efficiency, convenience, enhanced reimbursement, marketing advantages and opportunities for clinical research. Payers value the high quality, enhanced service and reduced cost.

Despite these clear-cut advantages, some questions remain regarding the future for AECs in the increasingly difficult economic environment for health care. Many interested parties affect AECs, including managed care organizations, health plans, legislators, regulators, professional societies and accreditation agencies. However, although there are questions and challenges for AECs, the

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overall climate is positive and the outlook is bright. I see the AEC, particularly the EASC, as the ideal environment for delivering good clinical outcomes, enhanced service and reasonable costs—that is, value.

I am extremely pleased that Charles J. Lightdale, MD, as consulting editor, decided to devote an entire issue of *Gastrointestinal Endoscopy Clinics of North America* to this topic, and I am indebted to the talented authors who contributed to this issue. These authors are, in large part, clinicians in private practice who have maintained a scholarly approach to private clinical practice while exhibiting the pioneering spirit to break new ground, to do things differently and better.

The movement of gastrointestinal endoscopy from the inpatient to the outpatient setting will surely continue. Ambulatory endoscopy centers will continue to provide the optimal environment for delivery of gastrointestinal endoscopic services. I hope that this issue of *Gastrointestinal Endoscopy Clinics of North America* will provide the background and knowledge to help endoscopists deliver high-quality endoscopic services in an environment that reassures and protects patients, serves endoscopists well, and is economically responsible.

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