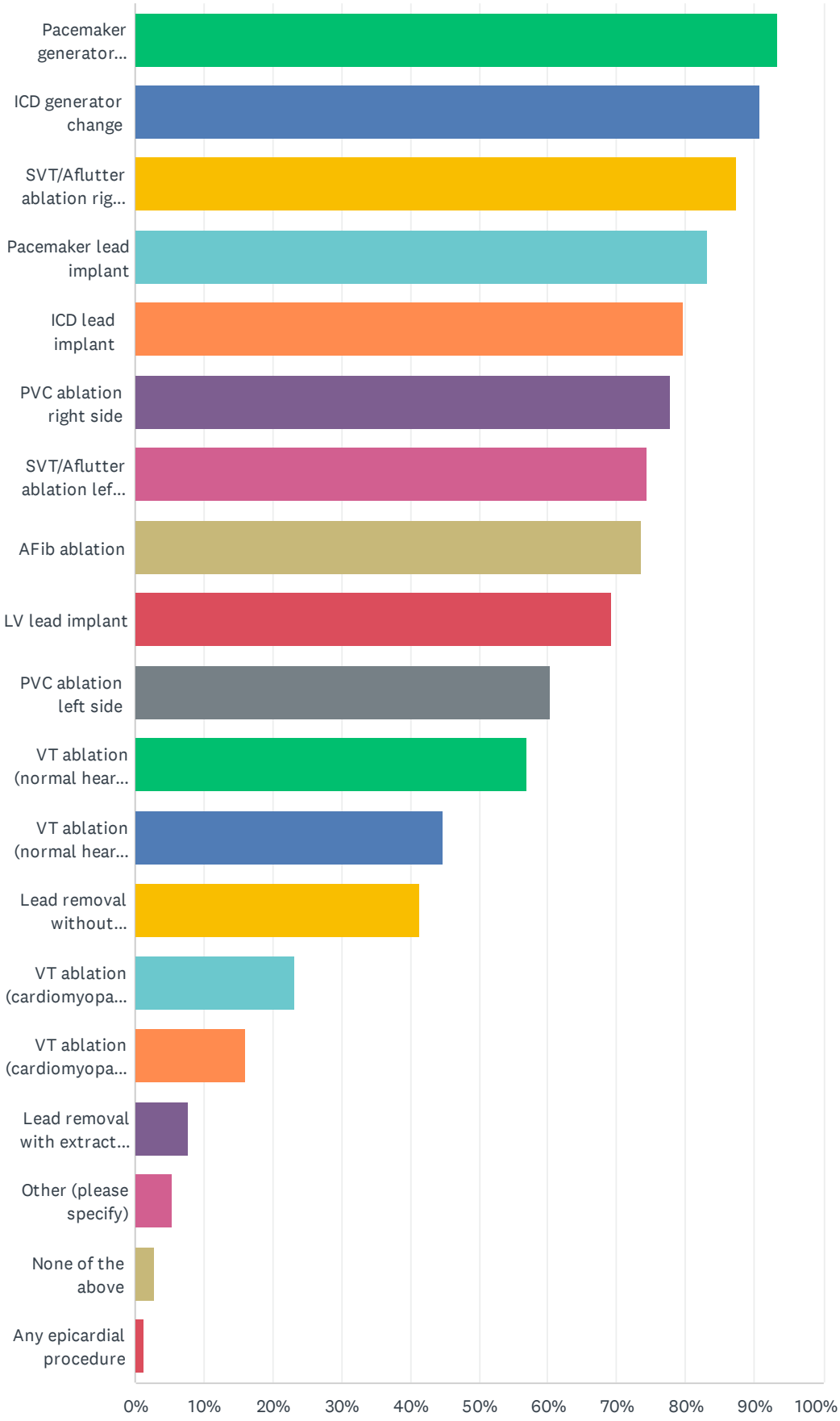
Q1 For which of the following procedures do you currently allow any same day discharge? Check all that apply.

Answered: 705 Skipped: 0

EP Procedures at Ambulatory Surgery Centers (ASCs)



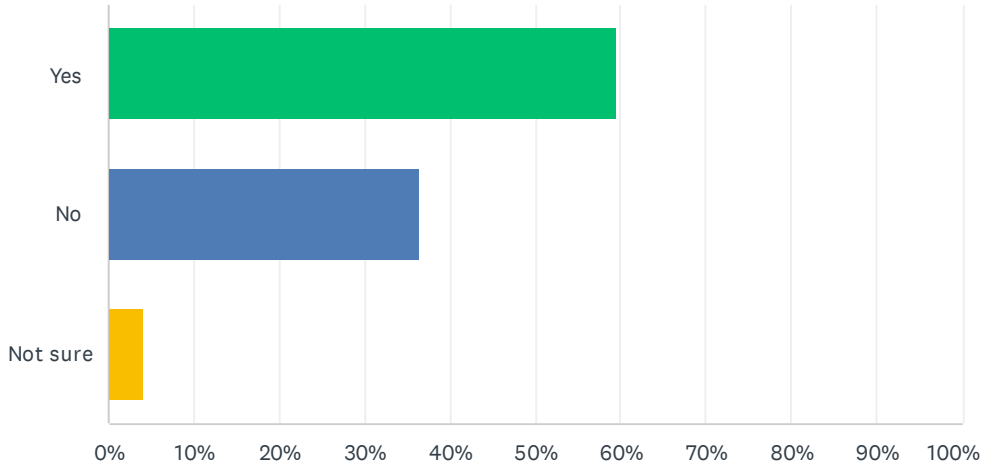
ANSWER CHOICES	RESPONSES	
Pacemaker generator change	93.48%	659
ICD generator change	90.92%	641
SVT/Aflutter ablation right side	87.52%	617
Pacemaker lead implant	83.12%	586
ICD lead implant	79.72%	562
PVC ablation right side	77.87%	549
SVT/Aflutter ablation left side	74.33%	524
AFib ablation	73.48%	518
LV lead implant	69.36%	489
PVC ablation left side	60.28%	425
VT ablation (normal heart) right side	57.02%	402
VT ablation (normal heart) left side	44.68%	315
Lead removal without extraction tools	41.42%	292
VT ablation (cardiomyopathy) right side	23.26%	164
VT ablation (cardiomyopathy) left side	15.89%	112
Lead removal with extraction tools	7.66%	54
Other (please specify)	5.39%	38
None of the above	2.70%	19
Any epicardial procedure	1.28%	9
Total Respondents: 705		

#	OTHER (PLEASE SPECIFY)	DATE
1	Subcutaneous cardiac rhythm monitor (SCRM) such as an implantable loop recorder	5/22/2023 2:49 PM
2	I am not a clinician.	5/22/2023 7:31 AM
3	Loop recorder implant or explant	5/22/2023 4:51 AM
4	Electric Cardioversion, Atropine Test, Tilt Test, pocket plástico, hematoma drainage,	5/22/2023 1:08 AM
5	Implantable loop recorder implant and explant	5/21/2023 10:16 PM
6	ILR	5/21/2023 8:41 PM
7	Watchman	5/21/2023 7:15 PM
8	LAAC	5/21/2023 5:41 PM
9	We would DC home VT ablation L side if done via transeptal. Usually with arterial access we stay overnight. We also discharge Watchman same day.	5/21/2023 4:50 PM
10	Cardioversion	5/21/2023 4:22 PM
11	I'm an industry stakeholder	5/20/2023 5:08 PM
12	Asd closure	5/16/2023 2:55 PM

13	Looper implantation	5/15/2023 7:47 AM
14	Left atrial appendage closures - Watchmans and amulets	5/12/2023 12:28 PM
15	For VT ablations it’s on a case by case basis along with left atrial cases.. if possible afib ablations are sent home the same day	5/11/2023 9:05 PM
16	Watchman	5/11/2023 4:39 PM
17	Loop recorders, cardioversions	5/11/2023 3:40 PM
18	Loop Recorder Implants and Removals	5/11/2023 2:29 PM
19	Watchman	5/10/2023 7:05 PM
20	Left atrial appendage occlusion	5/10/2023 3:41 PM
21	Watchman, Leadless pacer	5/10/2023 7:19 AM
22	VT ablations - about 50% but i clicked yes and left the other 50% for cardiomyopathy and LV epicardial is a 2-4 day LOS in my world	5/9/2023 4:28 PM
23	Leadless pacers	5/8/2023 10:33 PM
24	Watchman implants	5/8/2023 10:08 PM
25	LOOP	5/8/2023 10:29 AM
26	CRT, AV node ablation	5/7/2023 10:04 AM
27	All device implant procedures	5/5/2023 9:53 PM
28	tilts, cardioversion	5/4/2023 8:46 AM
29	Cardiac Loop Recorders	5/3/2023 1:40 PM
30	Leadless Pacemaker	5/2/2023 11:23 PM
31	LAA closure	5/2/2023 8:56 PM
32	I don’t do ablation, so can’t answer some of the questions.	5/2/2023 6:20 PM
33	loop recorder implantation	5/2/2023 10:45 AM
34	Watchman implantation	5/2/2023 8:20 AM
35	LAAC	5/2/2023 2:48 AM
36	Loop recorders, cardioversions	5/1/2023 6:21 PM
37	ILR implantation, EPS, PM Battery change	5/1/2023 6:10 PM
38	Watchman	5/1/2023 4:51 PM

Q2 Is cardiothoracic (CT) surgical backup available on-site for ablation procedures at every hospital (not including ASC's) where you practice?

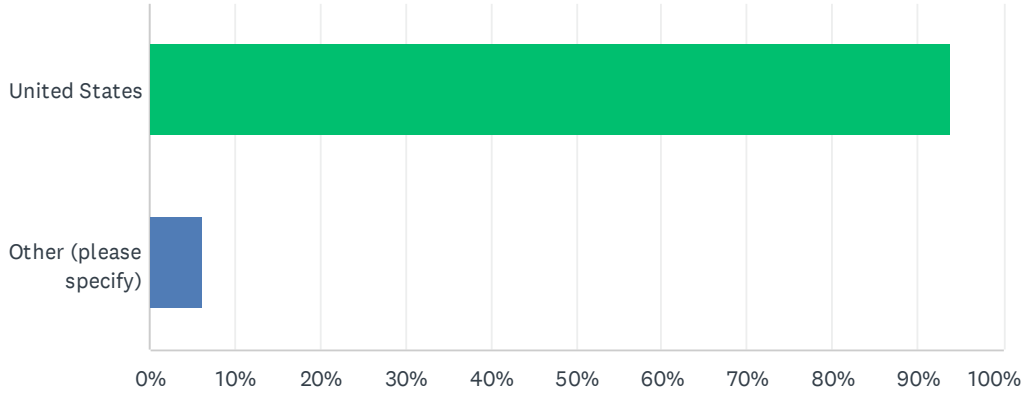
Answered: 705 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	59.57%	420
No	36.45%	257
Not sure	3.97%	28
TOTAL		705

Q3 In what country do you currently reside?

Answered: 705 Skipped: 0



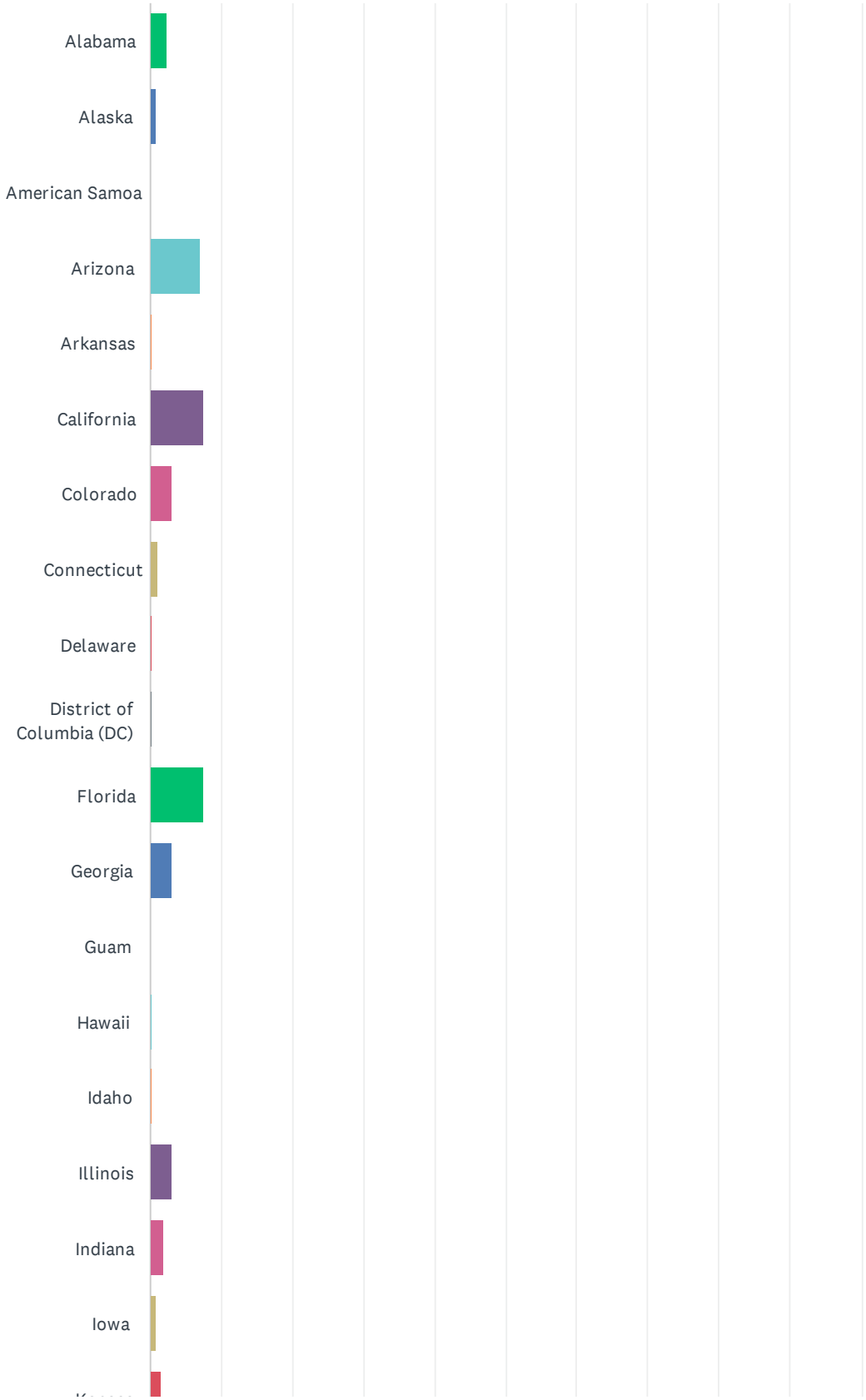
ANSWER CHOICES	RESPONSES	
United States	93.76%	661
Other (please specify)	6.24%	44
TOTAL		705

#	OTHER (PLEASE SPECIFY)	DATE
1	India	5/23/2023 1:43 PM
2	UK	5/22/2023 6:50 PM
3	Canada	5/22/2023 1:58 PM
4	Argentina	5/22/2023 6:38 AM
5	Pakistan	5/22/2023 6:13 AM
6	China	5/22/2023 1:38 AM
7	Peru	5/22/2023 1:08 AM
8	Mexico	5/21/2023 9:40 PM
9	Canada	5/21/2023 9:21 PM
10	Colombia	5/21/2023 6:39 PM
11	Canada	5/21/2023 5:42 PM
12	Canada	5/21/2023 5:27 PM
13	Italy	5/21/2023 5:16 PM
14	Australia	5/21/2023 5:04 PM
15	Brasil	5/21/2023 4:13 PM
16	Brazil	5/21/2023 4:02 PM
17	Turkey	5/16/2023 2:15 AM
18	Brazil	5/15/2023 7:47 AM

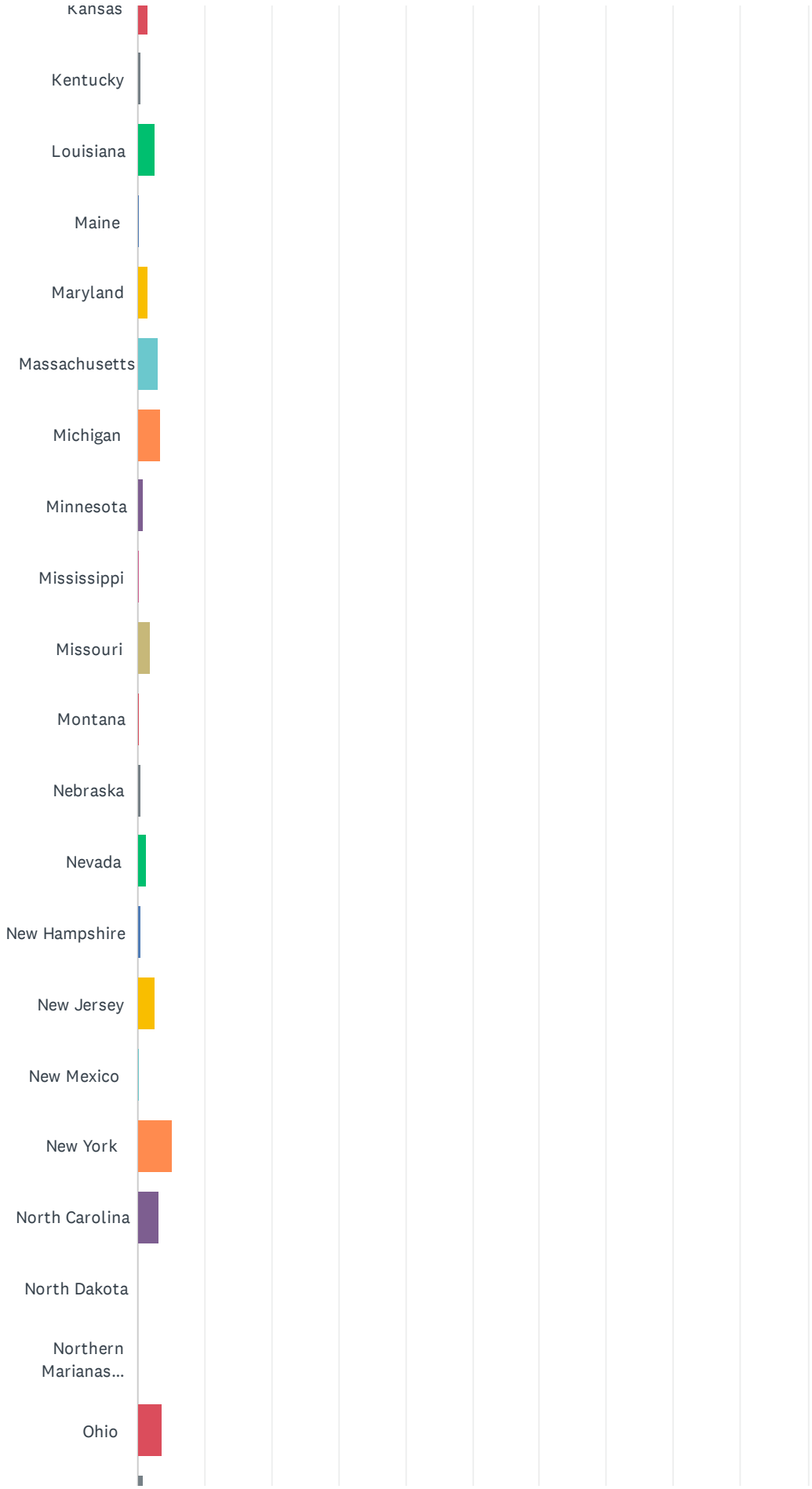
19	China	5/15/2023 1:58 AM
20	Germany	5/14/2023 5:18 AM
21	Costa Rica	5/12/2023 9:02 AM
22	JAPAN	5/11/2023 11:48 PM
23	Colombia	5/11/2023 4:12 PM
24	Israel	5/11/2023 2:49 PM
25	Switzerland	5/11/2023 2:47 PM
26	Europe	5/10/2023 3:47 PM
27	Netherlands	5/8/2023 2:56 AM
28	UK	5/5/2023 6:13 AM
29	Pakistan	5/3/2023 12:11 AM
30	Canada	5/2/2023 11:06 AM
31	TAIWAN	5/2/2023 10:45 AM
32	Singapore	5/2/2023 8:21 AM
33	JAPAN	5/2/2023 4:36 AM
34	Vietnam	5/1/2023 10:19 PM
35	INDIA	5/1/2023 7:56 PM
36	Argentina	5/1/2023 6:57 PM
37	Germany	5/1/2023 6:43 PM
38	Brazil	5/1/2023 6:10 PM
39	Japan	5/1/2023 6:02 PM
40	Colombia	5/1/2023 5:43 PM
41	Canada	5/1/2023 5:04 PM
42	Argentina	5/1/2023 4:41 PM
43	Canada	5/1/2023 4:24 PM
44	CANADA	5/1/2023 4:22 PM

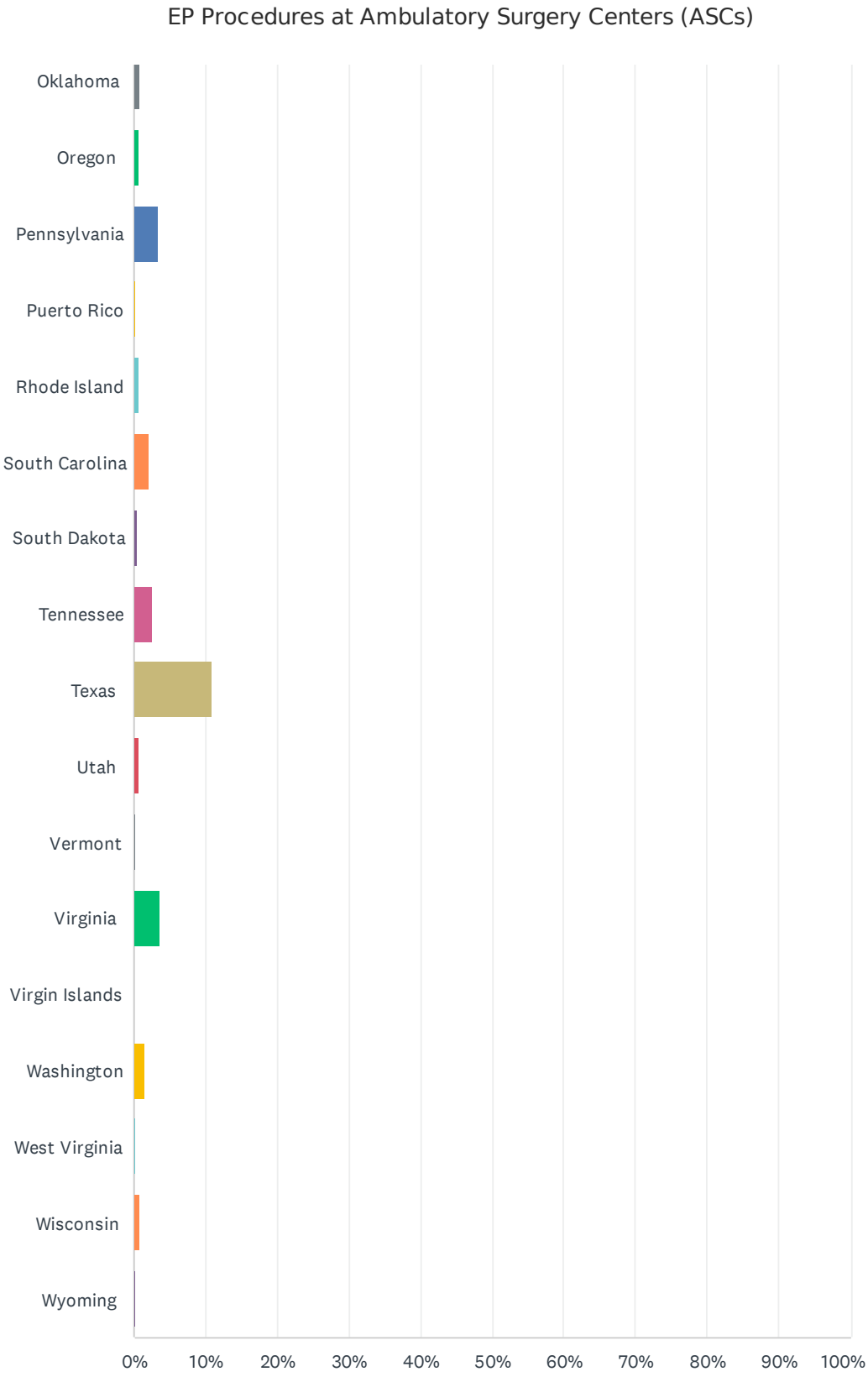
Q4 In what state or U.S. territory do you primarily practice?

Answered: 648 Skipped: 57



EP Procedures at Ambulatory Surgery Centers (ASCs)



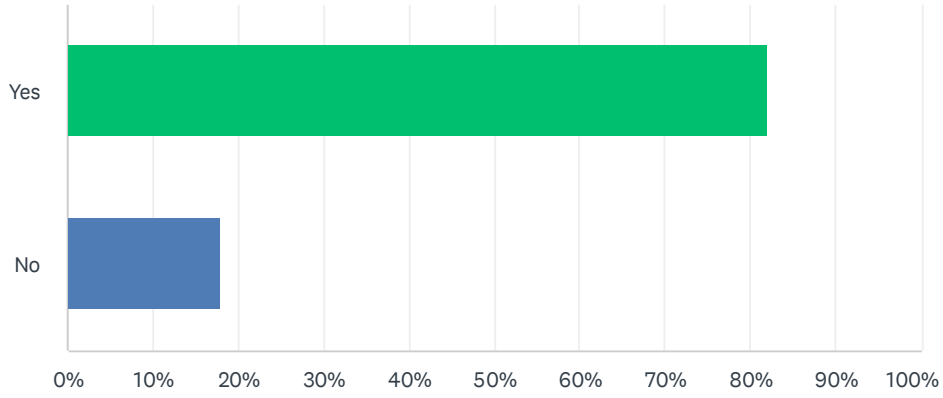

EP Procedures at Ambulatory Surgery Centers (ASCs)
Oklahoma
Oregon
Pennsylvania
Puerto Rico
Rhode Island
South Carolina
South Dakota
Tennessee
Texas
Utah
Vermont
Virginia
Virgin Islands
Washington
West Virginia
Wisconsin
Wyoming
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%

ANSWER CHOICES	RESPONSES	
Alabama	2.31%	15
Alaska	0.77%	5
American Samoa	0.00%	0
Arizona	6.94%	45
Arkansas	0.15%	1
California	7.56%	49
Colorado	2.93%	19
Connecticut	1.08%	7
Delaware	0.15%	1
District of Columbia (DC)	0.15%	1
Florida	7.41%	48
Georgia	3.09%	20
Guam	0.00%	0
Hawaii	0.15%	1
Idaho	0.31%	2
Illinois	3.09%	20
Indiana	1.85%	12
Iowa	0.77%	5
Kansas	1.39%	9
Kentucky	0.46%	3
Louisiana	2.47%	16
Maine	0.31%	2
Maryland	1.39%	9
Massachusetts	3.09%	20
Michigan	3.40%	22
Minnesota	0.77%	5
Mississippi	0.31%	2
Missouri	2.01%	13
Montana	0.15%	1
Nebraska	0.46%	3
Nevada	1.23%	8
New Hampshire	0.46%	3

New Jersey	2.47%	16
New Mexico	0.15%	1
New York	5.09%	33
North Carolina	3.24%	21
North Dakota	0.00%	0
Northern Marianas Islands	0.00%	0
Ohio	3.55%	23
Oklahoma	0.93%	6
Oregon	0.62%	4
Pennsylvania	3.40%	22
Puerto Rico	0.31%	2
Rhode Island	0.62%	4
South Carolina	2.16%	14
South Dakota	0.46%	3
Tennessee	2.47%	16
Texas	10.80%	70
Utah	0.62%	4
Vermont	0.15%	1
Virginia	3.55%	23
Virgin Islands	0.00%	0
Washington	1.54%	10
West Virginia	0.15%	1
Wisconsin	0.93%	6
Wyoming	0.15%	1
TOTAL		648

Q5 Are you aware that certain EP device implant procedures are already covered and performed in ASCs?

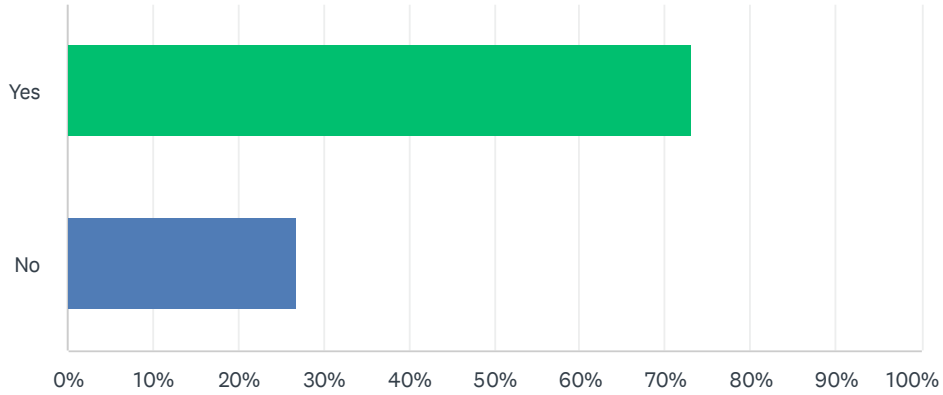
Answered: 648 Skipped: 57



ANSWER CHOICES	RESPONSES	
Yes	82.10%	532
No	17.90%	116
TOTAL		648

Q6 Are you aware that there is a difference in facility payment (not physician payment) for procedures performed at ASCs (lower) compared to hospitals?

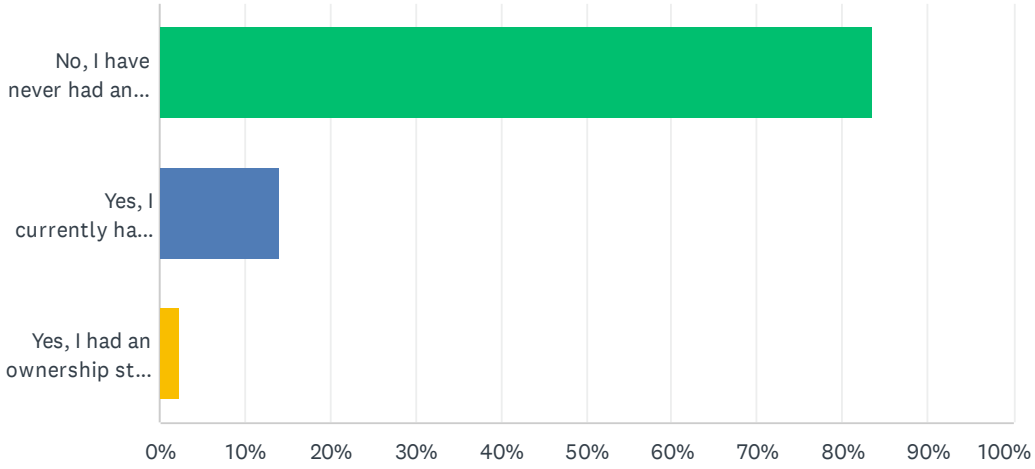
Answered: 648 Skipped: 57



ANSWER CHOICES	RESPONSES	
Yes	73.15%	474
No	26.85%	174
TOTAL		648

Q7 Have you ever had an ownership stake in an ASC?

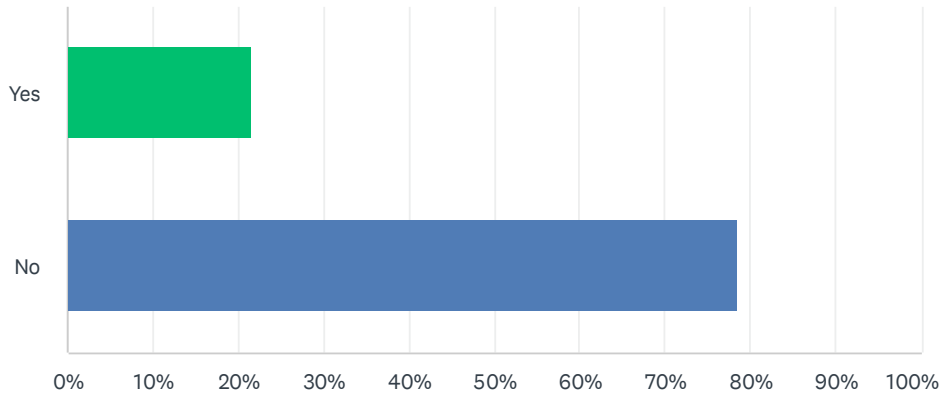
Answered: 648 Skipped: 57



ANSWER CHOICES	RESPONSES	
No, I have never had an ownership stake in an ASC	83.64%	542
Yes, I currently have an ownership stake in an ASC	14.04%	91
Yes, I had an ownership stake in an ASC in the past but do not have one now	2.31%	15
TOTAL		648

Q8 Do you currently perform (or assist with) any EP services in an ASC?

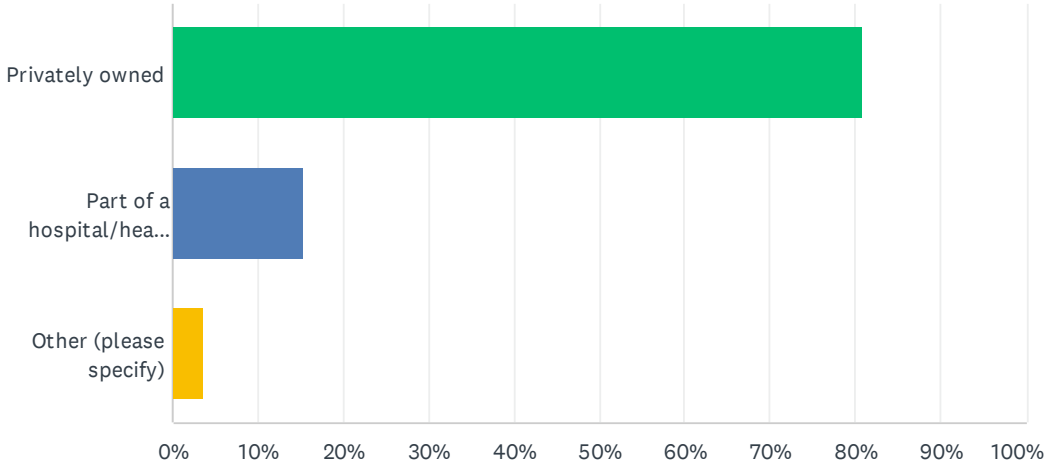
Answered: 648 Skipped: 57



ANSWER CHOICES	RESPONSES	
Yes	21.60%	140
No	78.40%	508
TOTAL		648

Q9 Is the ASC in which you perform procedures...

Answered: 136 Skipped: 569

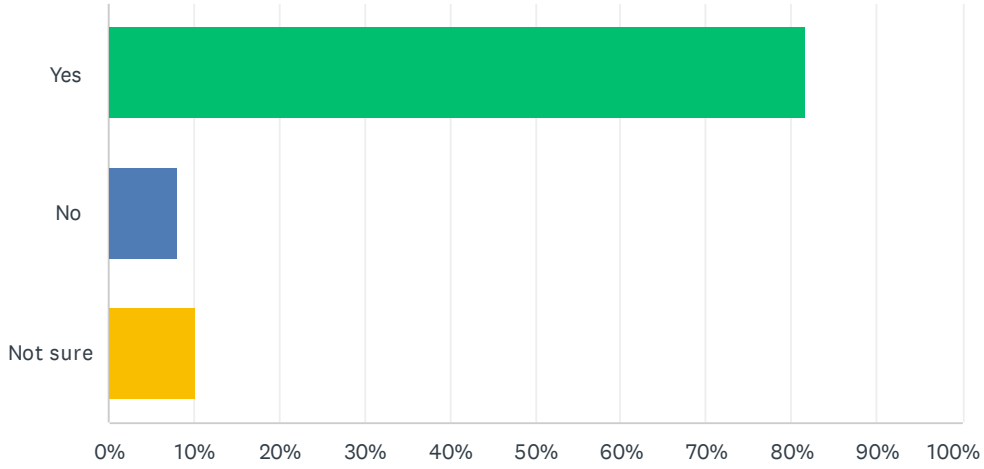


ANSWER CHOICES	RESPONSES	
Privately owned	80.88%	110
Part of a hospital/health system	15.44%	21
Other (please specify)	3.68%	5
TOTAL		136

#	OTHER (PLEASE SPECIFY)	DATE
1	Joint ownership physician health system	5/21/2023 5:43 PM
2	Joint venture	5/12/2023 7:24 AM
3	Joint Venture between a hospital system and physician owners.	5/3/2023 1:37 PM
4	JV	5/2/2023 3:54 PM
5	We are in a hospital	5/2/2023 2:05 PM

Q10 Does the ASC have a hospital transfer agreement in place?

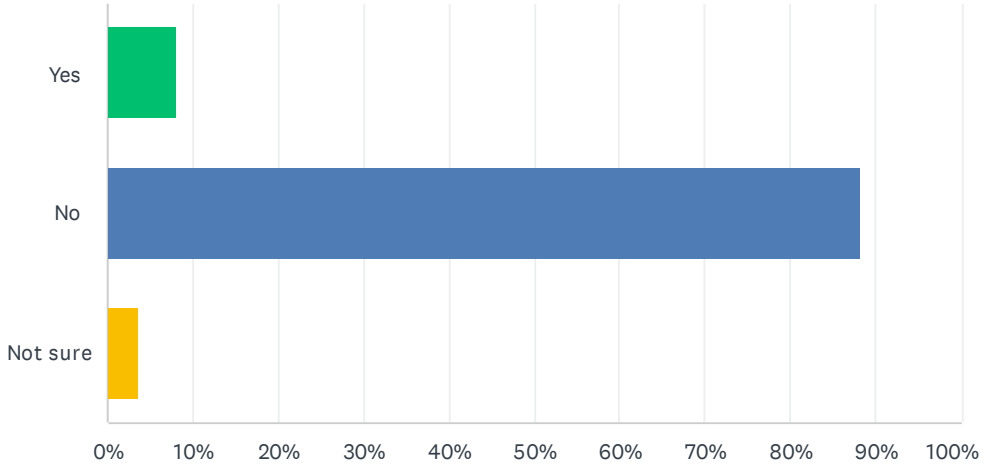
Answered: 136 Skipped: 569



ANSWER CHOICES	RESPONSES	
Yes	81.62%	111
No	8.09%	11
Not sure	10.29%	14
TOTAL		136

Q11 Does the ASC have on-site CT surgical backup?

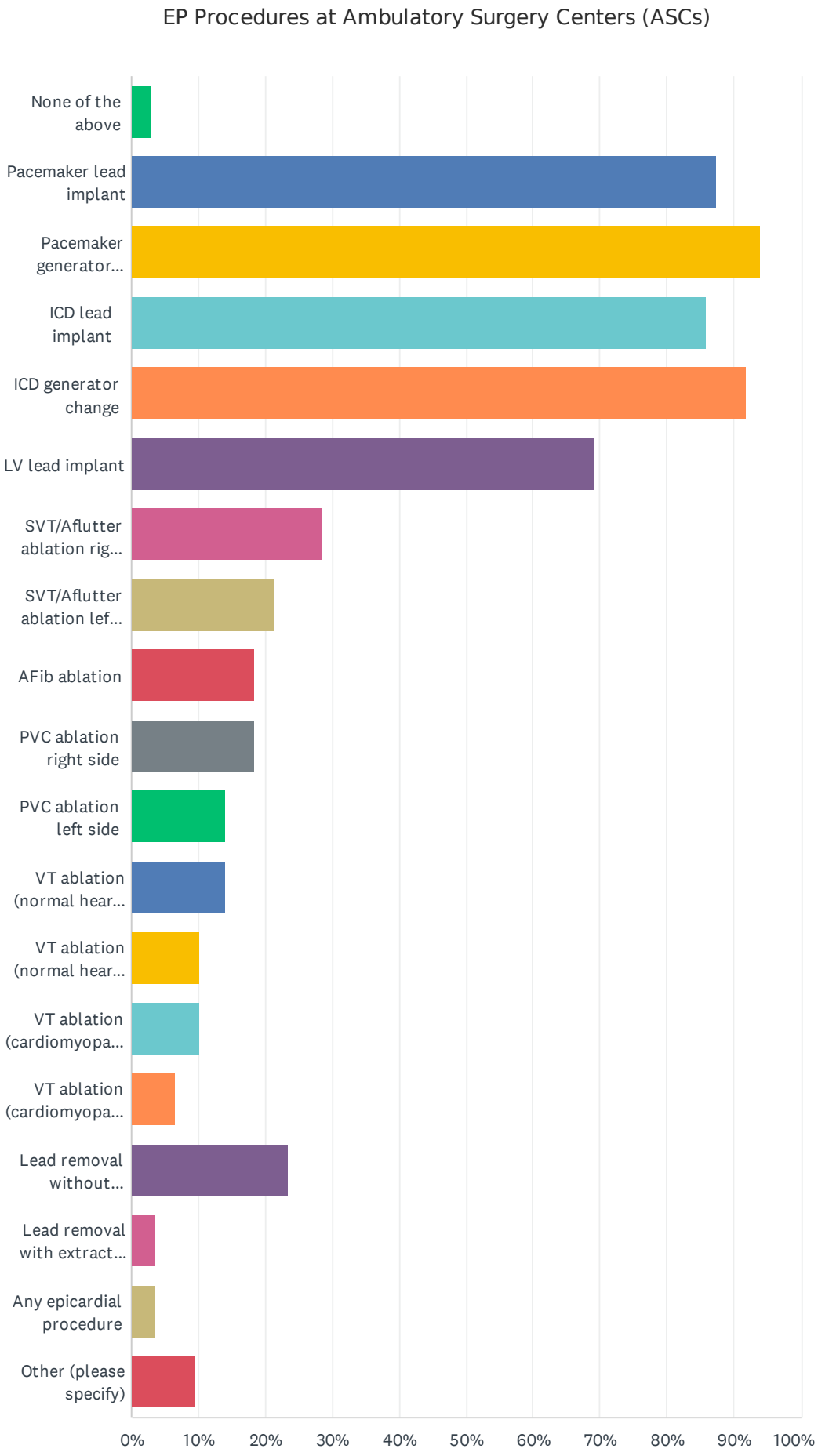
Answered: 136 Skipped: 569



ANSWER CHOICES	RESPONSES	
Yes	8.09%	11
No	88.24%	120
Not sure	3.68%	5
TOTAL		136

Q12 Which procedures do you currently perform (or assist with) in an ASC? Check all that apply.

Answered: 136 Skipped: 569


EP Procedures at Ambulatory Surgery Centers (ASCs)
None of the above
Pacemaker lead implant
Pacemaker generator...
ICD lead implant
ICD generator change
LV lead implant
SVT/Aflutter ablation rig...
SVT/Aflutter ablation lef...
AFib ablation
PVC ablation right side
PVC ablation left side
VT ablation (normal hear...
VT ablation (normal hear...
VT ablation (cardiomyopa...
VT ablation (cardiomyopa...
Lead removal without...
Lead removal with extract...
Any epicardial procedure
Other (please specify)
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%

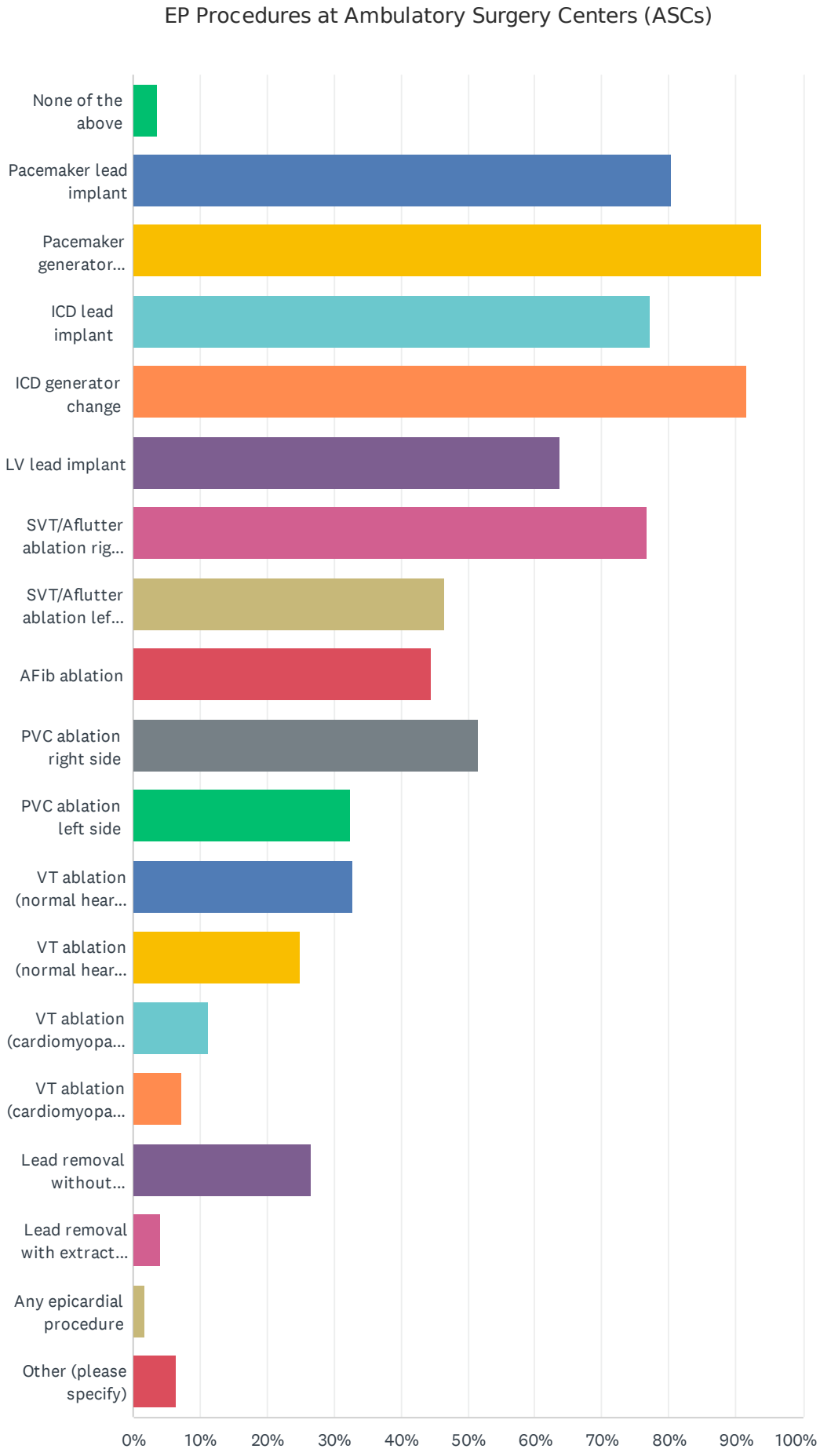
ANSWER CHOICES	RESPONSES	
None of the above	2.94%	4
Pacemaker lead implant	87.50%	119
Pacemaker generator change	94.12%	128
ICD lead implant	86.03%	117
ICD generator change	91.91%	125
LV lead implant	69.12%	94
SVT/Aflutter ablation right side	28.68%	39
SVT/Aflutter ablation left side	21.32%	29
AFib ablation	18.38%	25
PVC ablation right side	18.38%	25
PVC ablation left side	13.97%	19
VT ablation (normal heart) right side	13.97%	19
VT ablation (normal heart) left side	10.29%	14
VT ablation (cardiomyopathy) right side	10.29%	14
VT ablation (cardiomyopathy) left side	6.62%	9
Lead removal without extraction tools	23.53%	32
Lead removal with extraction tools	3.68%	5
Any epicardial procedure	3.68%	5
Other (please specify)	9.56%	13
Total Respondents: 136		

#	OTHER (PLEASE SPECIFY)	DATE
1	ILR implant/explant	5/21/2023 4:36 PM
2	Guardian implant, Optimizer implant, loop removal/loop implant	5/15/2023 5:02 PM
3	Linq implant	5/10/2023 6:21 PM
4	Loop implants, Transesophageal and Transthoracic Echocardiograms, Tilt Table Procedures	5/8/2023 7:52 PM
5	LOOP	5/8/2023 10:30 AM
6	Loop implant	5/6/2023 11:43 AM
7	All pacemaker and ICD procedures	5/5/2023 9:55 PM
8	Cardiac Catheterization/Intervention, Peripheral Angiography/Intervention	5/3/2023 1:43 PM
9	Loop implants	5/3/2023 12:53 PM
10	Implantable cardiac monitor implantation	5/2/2023 10:14 PM
11	ILR	5/1/2023 10:12 PM
12	We do outpatient ablation in the same space but it is operating as an outpatient cath lab those days.	5/1/2023 10:06 PM

13	ILR removal	5/1/2023 5:50 PM

Q13 Which of the following procedures do you believe could be safely performed in an ASC setting (with proper implementation and patient selection)? Check all that apply.

Answered: 677 Skipped: 28


EP Procedures at Ambulatory Surgery Centers (ASCs)
None of the above
Pacemaker lead implant
Pacemaker generator...
ICD lead implant
ICD generator change
LV lead implant
SVT/Aflutter ablation rig...
SVT/Aflutter ablation lef...
AFib ablation
PVC ablation right side
PVC ablation left side
VT ablation (normal hear...
VT ablation (normal hear...
VT ablation (cardiomyopa...
VT ablation (cardiomyopa...
Lead removal without...
Lead removal with extract...
Any epicardial procedure
Other (please specify)
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%

ANSWER CHOICES	RESPONSES	
None of the above	3.69%	25
Pacemaker lead implant	80.35%	544
Pacemaker generator change	93.80%	635
ICD lead implant	77.25%	523
ICD generator change	91.73%	621
LV lead implant	63.66%	431
SVT/Aflutter ablation right side	76.66%	519
SVT/Aflutter ablation left side	46.38%	314
AFib ablation	44.61%	302
PVC ablation right side	51.55%	349
PVC ablation left side	32.50%	220
VT ablation (normal heart) right side	32.79%	222
VT ablation (normal heart) left side	24.96%	169
VT ablation (cardiomyopathy) right side	11.37%	77
VT ablation (cardiomyopathy) left side	7.24%	49
Lead removal without extraction tools	26.59%	180
Lead removal with extraction tools	4.14%	28
Any epicardial procedure	1.62%	11
Other (please specify)	6.50%	44
Total Respondents: 677		

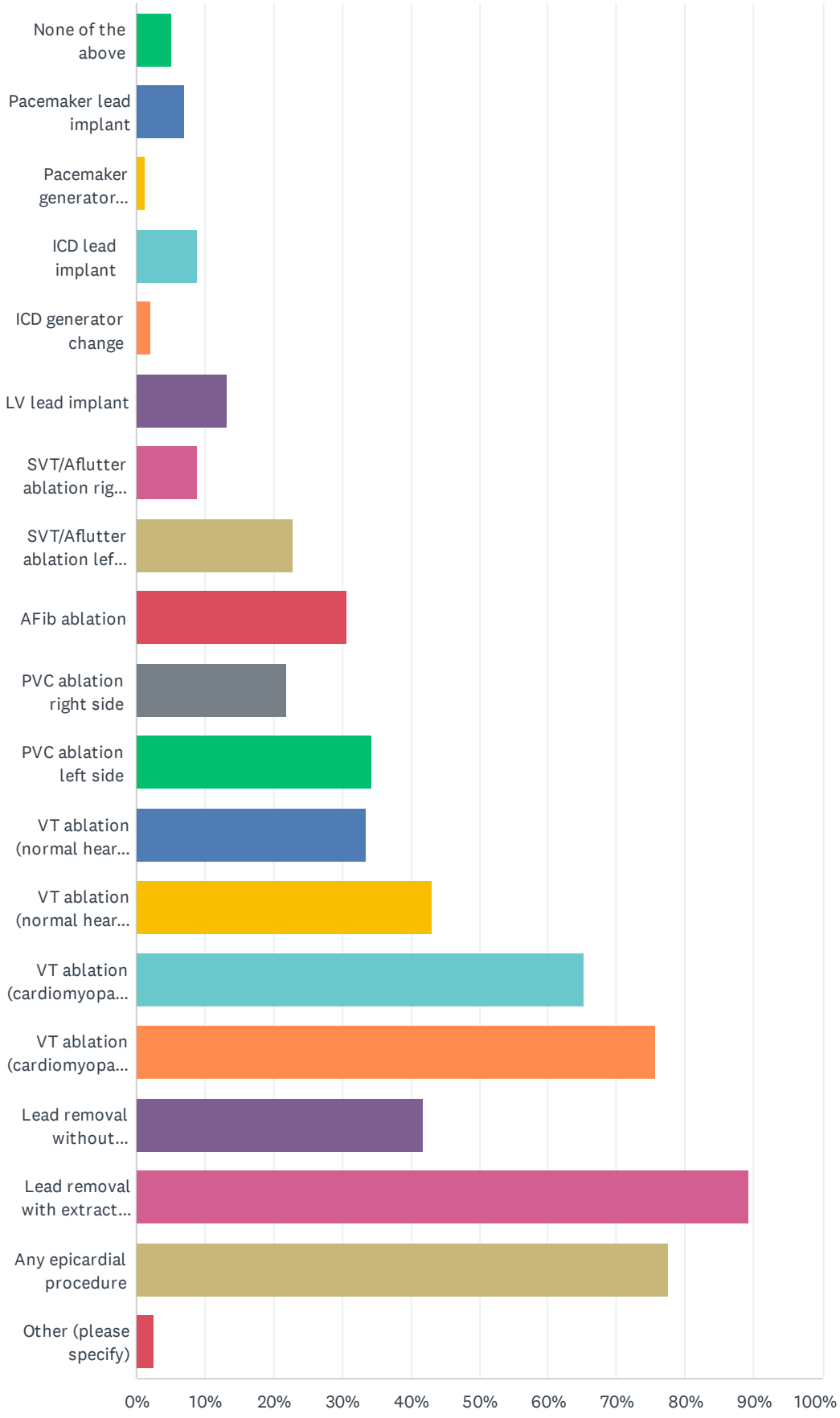
#	OTHER (PLEASE SPECIFY)	DATE
1	loop implant / explant, s-ICD,	5/23/2023 6:53 AM
2	SCRM placement	5/22/2023 2:50 PM
3	I am not a clinician.	5/22/2023 7:32 AM
4	cardioversions; ILRs	5/22/2023 3:41 AM
5	LAAO	5/22/2023 1:40 AM
6	ILR in and out, cardioversion	5/21/2023 8:18 PM
7	It is possible that af abltion might be considered with a one shot technology as risk is probably similar to svt/afl	5/21/2023 7:16 PM
8	Depends if the asc is attached to hospital with capability of transferring to OR urgently. If so, I would be comfortable doing any procedure in asc	5/21/2023 5:49 PM
9	ICM/ ILR	5/21/2023 1:57 PM
10	Only low risk extractions	5/21/2023 10:55 AM
11	Asd implant	5/16/2023 3:01 PM
12	Watchman implants, cardiomems implants	5/15/2023 5:05 PM

13	Looper implantation	5/15/2023 7:49 AM
14	AV Node ablation with Pacemaker implant	5/12/2023 2:56 PM
15	AFIB Private payer	5/11/2023 4:40 PM
16	loop recorders and cardioversions	5/11/2023 3:41 PM
17	loop	5/11/2023 3:30 PM
18	implantable loop monitor, CCM device implantation	5/11/2023 2:58 PM
19	Watchman	5/11/2023 2:36 PM
20	Loop recorder implant/explant	5/11/2023 12:26 PM
21	Watchman are mostly Same day discharges although this can be challenging due to the IP Only rule.	5/10/2023 1:09 PM
22	Leadless pacers	5/8/2023 10:36 PM
23	Watchman implant	5/8/2023 10:10 PM
24	AV node ablation	5/7/2023 10:06 AM
25	I think any that involve transseptal puncture might need to stay in a hospital setting so if a left sided procedure were performed retrograde aortic, then it could be done at an ASC	5/5/2023 1:46 PM
26	TEE	5/4/2023 7:20 PM
27	Tee, dccv, dft, pfo closure	5/4/2023 1:50 PM
28	loop recorder implant/explant	5/4/2023 11:28 AM
29	tilt, cardioversion, loops	5/4/2023 8:49 AM
30	AV node ablation, Loop implant and explant	5/3/2023 12:55 PM
31	Loop recorder implants	5/3/2023 10:17 AM
32	Leadless pacemaker	5/2/2023 11:25 PM
33	Transesophageal echocardiography and electrical cardioversion	5/2/2023 10:16 PM
34	LAA closure	5/2/2023 8:57 PM
35	ILR implant /removal	5/2/2023 7:05 AM
36	Loop implant/explant	5/2/2023 7:04 AM
37	LAAC	5/2/2023 2:49 AM
38	we have been doing all of the above for over 4 years in this space	5/1/2023 10:08 PM
39	loop recorders and cardioversions	5/1/2023 6:37 PM
40	ILR	5/1/2023 6:22 PM
41	ILR insertion, diagnostic EPS	5/1/2023 6:12 PM
42	Biv icd implant, av node ablation	5/1/2023 4:59 PM
43	Loop recorder implant e plant	5/1/2023 4:43 PM
44	I really don't know	5/1/2023 4:18 PM

Q14 Which of the following procedures do you believe should never be performed in an ASC setting? Check all that apply.

Answered: 677 Skipped: 28

EP Procedures at Ambulatory Surgery Centers (ASCs)



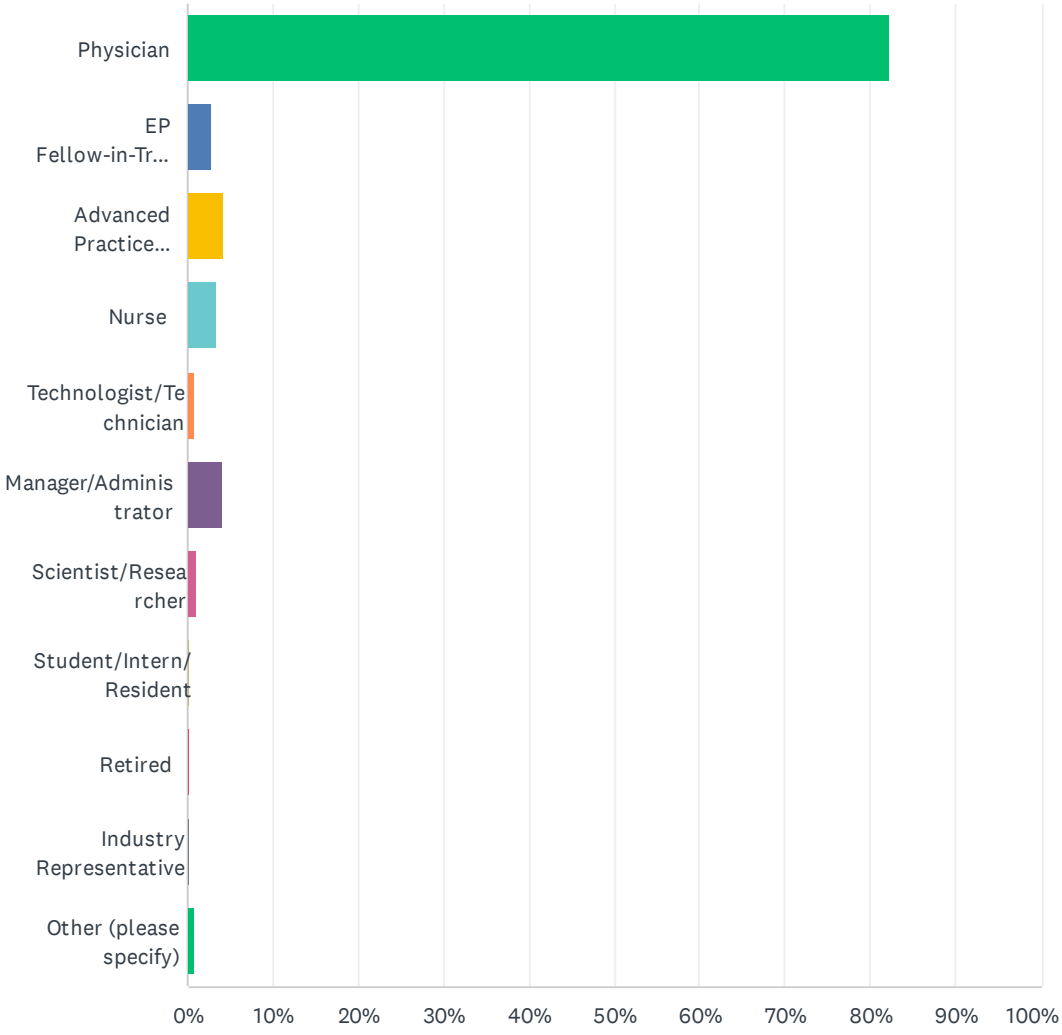
ANSWER CHOICES	RESPONSES	
None of the above	5.02%	34
Pacemaker lead implant	6.94%	47
Pacemaker generator change	1.18%	8
ICD lead implant	8.86%	60
ICD generator change	2.22%	15
LV lead implant	13.15%	89
SVT/Aflutter ablation right side	8.86%	60
SVT/Aflutter ablation left side	22.90%	155
AFib ablation	30.72%	208
PVC ablation right side	21.86%	148
PVC ablation left side	34.42%	233
VT ablation (normal heart) right side	33.53%	227
VT ablation (normal heart) left side	42.98%	291
VT ablation (cardiomyopathy) right side	65.14%	441
VT ablation (cardiomyopathy) left side	75.63%	512
Lead removal without extraction tools	41.80%	283
Lead removal with extraction tools	89.36%	605
Any epicardial procedure	77.70%	526
Other (please specify)	2.51%	17
Total Respondents: 677		

#	OTHER (PLEASE SPECIFY)	DATE
1	I am not a clinician.	5/22/2023 7:32 AM
2	Complicated ambulatory procedures	5/22/2023 1:10 AM
3	Would be willing to do in ASC if on same premises as hospital with capability to transfer to oR if needed	5/21/2023 5:49 PM
4	LAAC	5/21/2023 5:44 PM
5	High risk extractions	5/21/2023 10:55 AM
6	Cardioneuroablation	5/15/2023 7:49 AM
7	.	5/12/2023 9:18 AM
8	Watchman	5/11/2023 4:45 PM
9	Watchman	5/11/2023 4:41 PM
10	patient selection based upon past and current H & P, previous cardiac procedures/outcomes, qualified LIP's, quality of the ASC and available emergency resources should determine if a procedure can be performed	5/11/2023 2:45 PM
11	Watchman	5/10/2023 7:06 PM

12	LAA occlusion	5/10/2023 4:01 PM
13	Again, transseptal punctures and left sided atrial procedures carry risk for perforation that I am not sure I am comfortable with occurring in an ASC	5/5/2023 1:46 PM
14	Watchman	5/2/2023 7:05 AM
15	Any of these can be performed in ASC with appropriate preparation and backup support.	5/1/2023 10:08 PM
16	Watchman	5/1/2023 4:53 PM
17	Again, I don't know	5/1/2023 4:18 PM

Q15 Which of the following best describes your role? (Select only one):

Answered: 672 Skipped: 33

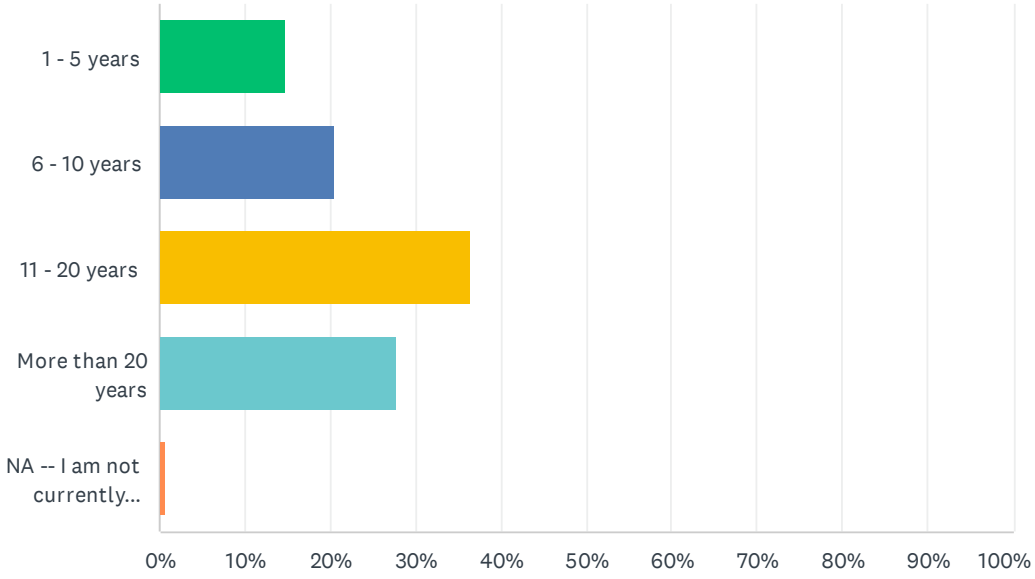


ANSWER CHOICES	RESPONSES	
Physician	82.29%	553
EP Fellow-in-Training	2.83%	19
Advanced Practice Provider (NP, PA)	4.17%	28
Nurse	3.42%	23
Technologist/Technician	0.89%	6
Manager/Administrator	4.02%	27
Scientist/Researcher	1.04%	7
Student/Intern/Resident	0.15%	1
Retired	0.15%	1
Industry Representative	0.15%	1
Other (please specify)	0.89%	6
TOTAL		672

#	OTHER (PLEASE SPECIFY)	DATE
1	Front office	5/16/2023 7:19 AM
2	Die	5/14/2023 5:26 AM
3	RN and EP lab/clinic manager	5/12/2023 12:33 PM
4	Nurse and Facility Administrator	5/11/2023 2:52 PM
5	Nurse Administrator multispecialty Surgical Center that does Cardilogy Procedures	5/8/2023 10:32 AM
6	Crna	5/4/2023 1:58 PM

Q16 How many years have you been in practice?

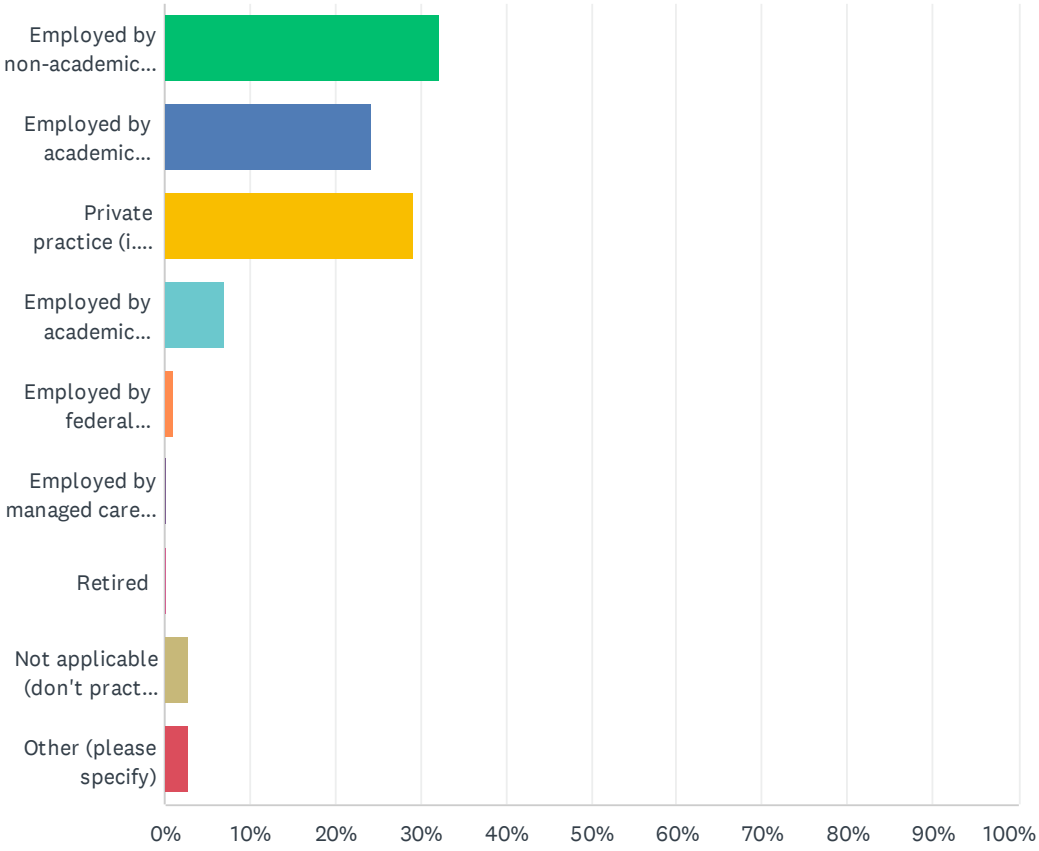
Answered: 672 Skipped: 33



ANSWER CHOICES	RESPONSES	
1 - 5 years	14.73%	99
6 - 10 years	20.39%	137
11 - 20 years	36.46%	245
More than 20 years	27.68%	186
NA -- I am not currently practicing	0.74%	5
TOTAL		672

Q17 What is the primary setting in which you practice electrophysiology?

Answered: 672 Skipped: 33



ANSWER CHOICES	RESPONSES	
Employed by non-academic hospital or health system	32.29%	217
Employed by academic university	24.40%	164
Private practice (i.e., self-employed)	29.17%	196
Employed by academic hospital not affiliated with a university	7.14%	48
Employed by federal institution	1.04%	7
Employed by managed care consortium	0.30%	2
Retired	0.15%	1
Not applicable (don't practice EP)	2.68%	18
Other (please specify)	2.83%	19
TOTAL		672

#	OTHER (PLEASE SPECIFY)	DATE
1	Employed cross site at a semi teaching hospital (district general hospital) and academic	5/22/2023 7:01 PM

	hospital (university hospital). EP and leadless pacing at the University hospital site, devices including all complex devices/ conduction system pacing at both sites but mainly at the district general hospital. But previously simple EP was done at district hospital.	
2	Starting new employment in June. Taking time off now.	5/21/2023 9:42 AM
3	I am an Universitary Professor, Physician, Investigator and head of a large private clinic.	5/15/2023 8:04 AM
4	Employee in a Heart Center (Cardiology and Heart Surgery) in a Academic Hospital (not University Hospital but teaching hospital if a university	5/14/2023 5:26 AM
5	ASC / OBL	5/12/2023 2:56 PM
6	Nurse Manager of Cardiac ASC	5/12/2023 9:19 AM
7	Private practice with PE ownership	5/12/2023 7:27 AM
8	Large multi-specialty practice	5/12/2023 1:03 AM
9	I am a pen nurse for ab EP ASC. Prior to that, I was a CVICU RN at a private cardiac specialty hospital.	5/11/2023 3:05 PM
10	as nurse worked cath lab for more than 10 years, currently our ASC does not perform EP	5/11/2023 2:52 PM
11	OBL/ASC	5/10/2023 3:44 PM
12	I am not a practicing physician but have been in the business over 35 years	5/9/2023 4:33 PM
13	Employed by private practice group	5/8/2023 10:41 PM
14	private cardiology group practice	5/4/2023 9:30 PM
15	Employed by insurance company (Optum)	5/1/2023 8:43 PM
16	I will be working again for a hospital system very part time to help out as they are shorthanded but not do ep procedures.	5/1/2023 7:54 PM
17	Locums	5/1/2023 4:41 PM
18	Fee for service clinical MD working at academic institution	5/1/2023 4:27 PM
19	Employed by a community hospital with affiliation with academic center	5/1/2023 4:25 PM

Q18 Please share your comments and suggestions for HRS on the issue of performing ablation (and EP procedures in general) in ASCs.

Answered: 194 Skipped: 511

#	RESPONSES	DATE
1	I think several EP procedures (as listed above) can be performed in an ASC with high safety and efficacy, provided adequate safety standards in ASC are adhered to and proper patient selection (especially re: co-morbidites) as well a solid plan in place for tackling complications/emergent situation that has been developed in collaboration with a well equipped tertiary care hospital. I support this initiative from CMS re: opening up ASC's for EP service. Outcome should be collected and assessed to determine long-term safety	5/23/2023 4:06 PM
2	Very useful	5/23/2023 1:59 PM
3	atrial flutter and AV node RFA can be safely performed at this time. For more complex / lengthy procedures,it is best avoided in ASCs	5/23/2023 6:56 AM
4	Operators with 5+ years of experience preferably Operators with experience performing arterial access, ICE/TEE or TTE, pericardiocenthesis CT surgery backup within 5-10 miles of ASC Anesthesia support on site ICE/TTE/TEE access on site Recovery telemetry room Urgent/ emergency transfer to hospital workflow in place- ideally transfer time <30 min	5/23/2023 12:22 AM
5	In the UK we have multiple sites that EP; both simple EP and complex EP including Cryo balloon AF ablation is preformed in nonsurgical sites. There are selection criteria and pathways in place for tamponade and to activate major hemorrhage and surgical intervention pathways. There are a few nonsurgical leadless pacemaker implantation sites.	5/22/2023 7:01 PM
6	Can be performed safely	5/22/2023 4:10 PM
7	ASCs should not be a location where ablations are performed. These are high risk procedures from both cardiovascular and anesthesia perspective. They should be limited to the hospital setting where back up is available. This is a key issue where HRS needs to lead on for the safety of our patients.	5/22/2023 2:51 PM
8	I am happy to see HRS provide guidance on how to implement EP procedures being performed at ASCs. An eventual move to ASCs is necessary for efficient delivery of care since hospital costs are skyrocketing. However, patient safety should be the first priority and there should be heavy HRS involvement in the process to ensure this	5/22/2023 9:57 AM
9	I think that in that cases ambulatory control should be sooner. And maybe ecocardiography or another esas previos the dischsrge	5/22/2023 9:33 AM
10	Please communicate with us on an ongoing basis regarding changes and advocacy in this area.	5/22/2023 8:17 AM
11	May run into issues with anesthesia	5/22/2023 8:13 AM
12	I think that atrial appendage closure should be discuss.	5/22/2023 6:41 AM
13	Should be	5/22/2023 6:16 AM
14	Will improve efficiency	5/22/2023 12:41 AM
15	ASCs are another money grab away from and hurting hospitals to treat all patients. They inherently have COIs written all over themselves and owners.	5/21/2023 11:16 PM
16	This is a slippery slope, and rigorous process for selection is important to ensure good outcomes!	5/21/2023 10:47 PM
17	Support services including anesthesia and surgical backup are best provided in a hospital. With teduced reimbursement the overhead of asc will not be financially worth it	5/21/2023 10:21 PM
18	It was very good	5/21/2023 9:43 PM

19	Even the most routine of EP procedures can have major complications that could require surgical intervention. I do not think these are procedures that should be done outside of hospital settings	5/21/2023 9:37 PM
20	Main concern is that many routine procedures may require escalation in care	5/21/2023 9:15 PM
21	This terrifies me. I'd not let a family member have this, thus I'd not subject my patients to it.	5/21/2023 8:20 PM
22	Our first and primary responsibility is to our patients - safety and efficacy for elective procedures.	5/21/2023 7:57 PM
23	It will be necessary in the near future to expand left sided ablation to ASCs. With the advent of ICE and mapping systems, there is essentially no difference in risk in my group between left and right sided procedures. The idea that only left sided procedures can happen in certain locations is something that should be challenged and reversed.	5/21/2023 7:38 PM
24	I think whether we like it or not the genie is out of the bottle. The real deal as this survey is trying to outline is what type of procedures	5/21/2023 7:36 PM
25	Should be allowed for those physicians three years or more into clinical practice, independently. Should be discouraged for new fellows and very early career physicians	5/21/2023 7:18 PM
26	I used to think this was a bad idea but I think there are safe ways to do this to enhance our access for patients and improve patient satisfaction.	5/21/2023 7:17 PM
27	Time for some procedures to be performed at ASC has come and it will be important to regulate the quality and come up with guidelines	5/21/2023 7:09 PM
28	ASC may provide for more cost effective care delivery in future	5/21/2023 7:02 PM
29	i think the dedicated staff and support system for ablations requires a hospital	5/21/2023 6:57 PM
30	I believe it is safe and cost effective to perform majority of ep procedures in ASC setting with high patient satisfaction rate.	5/21/2023 5:58 PM
31	This is coming our way and best if there is clear guidance	5/21/2023 5:54 PM
32	They are getting better but they are overdone based on studies where the controls are selected to fail.	5/21/2023 5:47 PM
33	Considering the lower cost of ASCs, device implants and many ablation procedures should be performed there	5/21/2023 5:43 PM
34	Please communicate more clearly How this would be an advantage for ep physicians	5/21/2023 5:42 PM
35	In my opinion, EP procedures can safely be performed in the ASC. I recommend guidelines by HRS to recommend which procedures can be performed in ASCs.	5/21/2023 5:39 PM
36	Many devices and some ablations should be able to be performed in AS s.	5/21/2023 5:36 PM
37	It is reasonable to consider	5/21/2023 5:32 PM
38	I think this should be allowed more easily	5/21/2023 5:30 PM
39	Complication rate may be low, but you should rely on inhospital facilities to manage them promptly and successfully	5/21/2023 5:18 PM
40	HRS should make a statement about which procedures should ideally require a CT surgeon back up. ASC ownership should be physician based and HRS should support ownership so physicians are not at the mercy of the large hospital systems.	5/21/2023 5:11 PM
41	We should move forward as quickly as possible with ACS	5/21/2023 4:58 PM
42	I think our group may be soon be acquired by a VC firm and be forced to do procedures in non-hospital setting. I'm generally uncomfortable with the idea of not having CV surgery and other specialties backing us up, but I may not have a choice. I personally doubt we can overcome all risks through patient selection.	5/21/2023 4:54 PM
43	It’s the future very much looking forward to it for policy and suppose from HRS ACC	5/21/2023 4:43 PM
44	This should be allowed given angioplasty is already being done	5/21/2023 4:28 PM

45	Increasing reimbursement for ASC procedures overall as they decrease overall costs to insurances and healthcare system incentivizing this	5/21/2023 4:25 PM
46	I absolutely recommend doing procedures at ASC. The current status provided monopoly to hospitals and resulted in extremely high cost to patients and to our nation, and this is taking place under cover without any awareness of the public and primarily driven by high profit for certain interest groups Please do not hesitate to use my name or call me on my cell 937-902-6463 sincerely Ash Koraym, MBA, FACC, FHRS	5/21/2023 4:23 PM
47	Consider safety of our patients as number 1 priority	5/21/2023 4:18 PM
48	The >6-8% rates of major complications for atrial fibrillation ablation are marked underestimated in current clinical practice and patients in general are under counseled on the risks and generally misinformed about the role of AF ablation. Placing these procedures in ASC is ill advised.	5/21/2023 4:18 PM
49	Basically all my procedures go home the same day. They're all considered "outpatient" except Watchman because we call it an "inpatient only procedure" although they still go home 4 hours post op. Seems like a waste of money to perform these procedures in a hospital setting if they can cost patients and the health system less money at an ASC. My employer does not allow physician financial interest in ASC.	5/21/2023 4:16 PM
50	I think it’s good, if u minimize small problems	5/21/2023 4:15 PM
51	Would like to see data	5/21/2023 1:58 PM
52	It seems to be the way of the near future as there is a pendulum swing from hospital employment back to private practice employment. ASCs will vacate many of the labs in the hospital because PCIs are moving to ASCs. Hospitals will need to plan for more empty labs. ASCs are jointly owned with private practice groups which will encourage a resurgence of the private practice EP.	5/21/2023 9:42 AM
53	We absolutely need to be able to do ablations in out pt setting	5/20/2023 12:55 PM
54	We should definitely consider reimbursement in ASC setting as we already do same day discharge for afib ablation in hospital setting.	5/20/2023 9:46 AM
55	I’d you’re using this information, please use it to make real and/or hard recommendations to EP physicians or insurers, instead of just collecting opinions for the sake of collecting opinions.	5/20/2023 12:49 AM
56	Need pathways for transfer under almost every scenario if complications develop. Need high end anesthesia service support for ablations.	5/19/2023 3:13 PM
57	More efficient and cost effective	5/18/2023 9:26 PM
58	There are already a few surgery centers in NJ where the procedures are performed. Due to lack of concensus/ recommendations I am hesitant to start now.	5/17/2023 6:06 PM
59	Need to be very selective on what EP procedures can be completed at an ACS	5/16/2023 8:01 AM
60	Need equal payments with hospital outpatient procedures. Should be able to do all but a few procedures in the ASC. Faster, safer, less expensive.	5/15/2023 5:05 PM
61	I apologize, and I don't want to disappoint you; however, in my view, the use of ASCs can trivialize the EP and cause severe damage and risks to the patient and to the medical work. I am stating this based on 43 years of experience in invasive electrophysiology. I hope that HRS realizes its great role in EP history and prevents this possible trend.	5/15/2023 8:04 AM
62	While life threatening complications from many of the perceived low risk procedures are rare, they are not non-existent. Immediate ability to have cardiac surgeon involved emergently will be key to safety. Without it, there will likely be preventable deaths.	5/14/2023 10:09 PM
63	I do not think this is a good idea and is subject to abuse.	5/14/2023 7:13 PM
64	Physicians should decide if the postprocedual setting should be ambulatory or not!	5/14/2023 5:26 AM
65	We send almost all of our patients home same day. It would be dramatically more economical, improve patient access, and remove barriers to care. It is almost impossible to build new EP labs in the hospital setting due to constrained geography and cost. Hospitals will not be able to keep up with the increases need for afib ablation in the coming years.	5/14/2023 5:24 AM

66	Performing appropriate ablations within an ASC can significantly increase access for our patients, reduce cost to the healthcare system and also improve efficiency.	5/13/2023 8:25 PM
67	HRS should support ASC.	5/12/2023 10:19 PM
68	If ACS centers is the future, there needs to be emergency back up available.	5/12/2023 7:40 PM
69	If you're going to support this, you should also advise EPs of the implications and conflicts having ownership of the facilities where procedures are performed.	5/12/2023 5:47 PM
70	We have been performing an average of 5 EP Ablations per month in our ASC for 6 years and not one transfer. Our longest stay is 6hr for Afib. We are looking forward to Medicare approving as we currently can only do Private Insurance. I've been in EP for 12 years now and look forward to the opportunities ahead in the ASC space.	5/12/2023 12:37 PM
71	Essential to the financial viability of EP. After recent cuts to reimbursement it is not.	5/12/2023 12:29 PM
72	I believe surgical back up must be available for any lead placement or high risk patient. We need surgery so infrequently, that it is leading to the cognitive error that they are not needed at all. I do not know how you could go to court and defend a perforation and say that there was no CV surgery on site, much less discuss the safety of said procedure with a patient and look them in the face and tell them you can do their procedure safely and that you are prepared for any and all complications	5/12/2023 7:39 AM
73	ASCs will save money. These are a good way to go for patients as well. However, clinical judgment is key in these cases - choosing lower risk patients is important. Or, have anesthesia and surgeon as a back up if planning to take higher risk procedures. Patient safety comes first.	5/12/2023 12:49 AM
74	There are clearly select cases that can be safely performed in an ASC setting and can be done at a lower cost to the healthcare system	5/12/2023 12:07 AM
75	I recognize that most EP procedures “can” be safely done in an ACS, however, severe complications can occur and without a CT surgeon in house, there will be deaths that otherwise would have occurred. Tamponades will occur and will rarely need emergent open hear surgery. Personally I’m not comfortable doing higher risk ablations in a setting where CT surgery is not available.	5/11/2023 10:27 PM
76	Ablations, including atrial fibrillation, can safely be performed in ASCs with the proper commitment. Patient safety can be better in ASCs than some hospitals in which I work due to more physician input into the patient care process.	5/11/2023 9:44 PM
77	Number one I have seen at least in my area of Florida, what types of physicians tend to run ASCs.. are procedures are often performed with a much lower threshold in many instances with the primary gain being monetary. Her number one goal should be ongoing patient safety. My concern is that if we start opening up ASCs for oblations the patients will be put at risk, and that there will be some bad outcomes. The need for surgical back up is rare but a necessary component of safely performing ablations particularly oblations, where patients are fully anticoagulated. As we all know, even a simple CTI ablation can result in Tamponade with a small percentage of those cases requiring surgical repair. I am personally opposed and see no reason why oblations should be moved to an ASC. I am someone who is in “private practice “but I see no reason for this to occur other than monetary gain for those interested in doing this at least at this point in time. This is something that can be revisited in the future but at this point in time I am 100% opposed to the concept of doing oblations in ambulatory surgery centers or similar facilities without surgical back up preferably on site. Dr.Bolanos	5/11/2023 9:12 PM
78	Asking for several years of EP experience (ie 5) prior to performing procedures in ASCs.	5/11/2023 8:24 PM
79	This is long overdue. We need to embrace ASCs.	5/11/2023 4:45 PM
80	I’ve performed 30 afib ablation procedures at an ASC during the Hospital without Walls program during the Covid emergency. Patient selection and operator experience are key	5/11/2023 4:31 PM
81	cardiovascular surgery backup is necessary in complex cases of ep ablation. Or procedure with high risk of cardiovascular lesions. All the procedures with the necessity of cardiovascular surgery backup shouldn’t be executed in ASCs.	5/11/2023 4:20 PM
82	A fib, aflutter ablation can be safely performed at an ASC. The risks for perforation and other complications are minimal. Just like Angioplasty can be done safely at an ASC, most ablation	5/11/2023 3:22 PM

	can be done also	
83	I have great concerns that this financial incentive for physician/owners of ASCs will result in unnecessary procedures as well as patients being placed at unnecessary risk.	5/11/2023 3:14 PM
84	Atrial fibrillation ablation is selected patients is low risk and can be safely performed at ASCs	5/11/2023 3:08 PM
85	Honestly, I feel like I'm our ASC setting patients are safer than they ever were in our hosptial. In the ASC setting the physicians and usually another provider (NP/PA) are always there when we are there. Everyone there knows all of the patients, what they had done, what to watch for, etc. The ASC I work at has 6 beds that are used for pre-op/Pacu and 2 ORs. So, we have a max of 6 patients at any given time. In the hospital as a nurse I could have. 4-5 patients completely on my own! 1-2 fresh from surgery and 2-3 at varying degrees of recovery. The providers have to be paged, none of the other nurses know what is going on with my patients, and it's usually an elevator ride to and from the OR. These transitions are typically where patients decompensate and code. The patients also have significantly less waiting. We check them in and they can easily be in procedure an hour after their initial arrival. Patients love it and it's less costly for the system. With 18 years of cardiac nursing experience, I have never felt that our particular ASC setting was unsafe, and actually feel like it is at many times, safer than a large hospital.	5/11/2023 3:05 PM
86	This discussion may generate conflict between hospitals and outpatient practices, given the diversion of revenue one way or another. Ideally, the whole health system should have aligned interests (and share profits), but if that is not the case, this type of tug-of-war can create animosity and conflict.	5/11/2023 3:00 PM
87	An OP setting for cardiac procedures including EP that consist of highly qualified LIP's, experienced cath lab nurses and techs, and a support team working in a properly set up OP environment can perform EP procedures and many other procedures in not just cardiac. The OP environment shows a higher patient satisfaction, efficiency of practice/process, historically has quality metrics that out perform hospital environments, and physicians satisfaction for ease of scheduling and consistency of care.	5/11/2023 2:52 PM
88	ACS is safe and effective. I do these procedure exclusively for 15 years (>2000 cases) without any major complication.	5/11/2023 2:51 PM
89	Expansion for EP procedure to ASC puts them at unnecessary risk of poor management of any major complications. Any procedure with the risk of perforation or cardiac tamponade should be done in a hospital. Perforation risk is 1%.	5/11/2023 2:41 PM
90	let's bring these procedures to ASC!	5/11/2023 2:38 PM
91	HRS should help us to move to cases to ASC. I do afib and left sided ablation in hospital without backup CT surgery without any major issues.	5/11/2023 2:38 PM
92	Obviously, new circumstances developing in the course of or following the procedure can change the plans for early discharge.	5/11/2023 2:38 PM
93	Please include Watchman in the ASC discussion	5/11/2023 2:37 PM
94	This is a really bad idea to do ablations in Ambulatory Centers. 1. No CVS backup. 2. Conflicts of interest ALL OVER the PLACE with nothing but $$$ on their mind. 3. Reducing hospital access to other service lines in underserved areas. 4 Can go on for 4 hours about this and similar topics.	5/11/2023 2:36 PM
95	None	5/11/2023 2:34 PM
96	Currently, we do EP studies and ablation for commercial insurances and have great success in our ASC. We also send our ablations home the same day from the hospital. It makes financial sense for CMS to allow codes to be in an out patient setting to reduce cost and improve patient satisfaction by letting them be in a well trained, smaller setting. More specialized post op care and education are often much better in a facility that only takes care of cardiac patients as well as a better patient to nurse ratio. I feel that the ASC is the perfect place for EP studies as we have shown over the last several years with heart caths and device implants, it is a safe and preferable location for many patients.	5/11/2023 2:03 PM
97	Procedures in ASCs should be extremely limited and with very careful patient selection due to patient safety concerns.	5/11/2023 12:27 PM

98	Like many of my colleagues I am in disagreement with the recent changes on wRVU compensation for ablation procedures. It will discourage many EPs to perform this type of interventions.	5/11/2023 1:07 AM
99	HRS should strongly support performing simple and right sided ablations in the ASC. There is a significant cost savings for CMS and other payors if such procedures are performed in an ASC.	5/11/2023 12:36 AM
100	Afib ablation has been shown, in the right patient population, to be a safe procedure performed in the outpatient setting. Most pts sent home same day and with the right patient population would not only improve patient satisfaction but also lower costs based on reimbursements vs hospital setting	5/10/2023 9:13 PM
101	Don't do it	5/10/2023 7:06 PM
102	Another logical step forward in improving patient care and satisfaction while lowering health care cost with neutral or favorable impact on patient safety and outcomes.	5/10/2023 4:31 PM
103	Micra should be a separate category on the surveys	5/10/2023 4:06 PM
104	I think most EP procedures can be safely done in an AS	5/10/2023 4:02 PM
105	I have been performing cardiac ablations including afib and vt in asc setting in commercial insurance patients since 2015. Procedures have been very safe and effective for patients. The savings for the payers and the system have been significant.	5/10/2023 3:55 PM
106	Cardiac tamponade remains an issue with atrial fibrillation and other ablation procedures. Until the tamponade rate approaches zero these need to be done in a facility that can provide definitive management. The location and mechanism of injury for these procedures is different than lead placement for devices.	5/10/2023 7:50 AM
107	We have been successfully doing the EP procedures in our ASC setting with the Hospital Without Walls designation and no transfers. These are safe procedures in this setting with the right team in place	5/9/2023 4:33 PM
108	It should be done	5/9/2023 7:59 AM
109	While perforation and tamponade are uncommon, surgical backup is appropriate for patient safety for most ablation and lead extraction procedures.	5/8/2023 10:41 PM
110	Can be done safely with proper patient selection. Very much needed, hospitals are abusing the health care system by overcharging significantly for services.	5/8/2023 10:41 PM
111	I believe the ability to perform ablations in the ASC setting is long overdue and needs to be pushed.	5/8/2023 10:11 PM
112	Ready to be move some of the ablations and cardioversion into the ASC	5/8/2023 10:32 AM
113	ASCs would dramatically change practice, improve the patient experience and eliminate the need for costly 23 hour stays and hospital admissions.	5/8/2023 9:27 AM
114	None	5/6/2023 5:42 PM
115	No brainer…	5/6/2023 11:27 AM
116	Please consider adding left atrial appendage occlusion to the list of ASC procedures	5/5/2023 7:36 PM
117	Major benefit to patients and physicians	5/5/2023 6:08 PM
118	In addition to the procedures listed, the ask should also in include TEE and Cardioversions.	5/5/2023 11:06 AM
119	Currently a number of patient are discharged home the same day after ablation procedure is done at the hospital. Some ablations could be done at PSC on stable and/or low risk patients.	5/4/2023 9:30 PM
120	Given the progression of our electrophysiology tools, I believe that moving ablations into the ASC setting is the evolutionary step for our field	5/4/2023 4:32 PM
121	These are safe to perform now.	5/4/2023 3:37 PM
122	With changing times in healthcare , hospitals , insurance managenent and increasing safety established in several EP trials it is appropriate to perform several EP procedures in ASC	5/4/2023 2:09 PM

	settings which will bring down cost to patients and insurance as well along with making the experience better.	
123	During hospital without walls we have demonstrated high level of safety in performing wide range of Ep procedures in ASC. Ablations have safety profiles better than many other procedures (esp ortho/spine) that are routinely done in ASC.	5/4/2023 1:52 PM
124	We need to advocate for higher pay to physicians not the facility.	5/4/2023 11:29 AM
125	The motivation to use ASCs is 100% financial. If there was any advantage to the patients, there would be a valid argument for them. I do not think the patient benefits in any way from an ASC, so I am not in favor of their use in EP.	5/4/2023 10:54 AM
126	I think some procedures could be performed if family support and the patient stays near by for 24 hours	5/4/2023 8:51 AM
127	State is loosing money to pay exorbitant amount of money to hospitals ASC are better for the patient and the system	5/4/2023 7:15 AM
128	I think with proper patient selection, experienced physician operators, proper anesthesia coverage, comfort by the operator or on site partner of performing epicardial drainage and the ability to transport a patient to a nearby CT surgery staffed hospital, the procedures I mentioned above can be performed safely.	5/4/2023 7:09 AM
129	n/a	5/3/2023 5:39 PM
130	Epicardial procedures, extraction and VT ablations in presence of cardiomyopathy are not appropriate for ASC and same day discharge I however with availability of mapping, intracardiac echo, vascular closure devices, cryo ablation, contact force ablation and PFA systems, EP ablations can be safely performed	5/3/2023 5:36 PM
131	I feel it is safe & appropriate to perform right sided EP studies/ablations in ASC. I recommend looking at 2020 SCAI recommendations for outpatient PCI for examples of patient selection, lesion selection & facility structure requirements as template for guidance for EP safety in ASC. Set restrictions & guidelines!	5/3/2023 3:20 PM
132	We should be able to perform devices and ablations on patients in ASC as there is significant cost savings and has been shown to be safe. We have been implanting devices at our ASC for over 6 years and have done ablations for the last year with excellent results and without significant complications. The process and environment also is a huge patient satisfied. Our ASC has the highest patient satisfaction of any health care center in our county of > 1 million residents	5/3/2023 12:29 PM
133	In favor!	5/3/2023 10:09 AM
134	We are in the process of building an ASC and will be performing all device implants, svt and AF ablations in the facility starting next year	5/3/2023 9:33 AM
135	We should push for everything except VT and epicardial cases to be covered in ASC setting (higher risk of decompensation) - safe, efficient, and we need to take power back. Hospitals keep getting more for our work we need to advocate for ourselves. Same day discharges have proven safe, prior to and including the last two years when it was forced.	5/2/2023 11:28 PM
136	EP procedures including ablations can be safely performed in ASCs. Surgical back up is not needed for EP procedures other than complex chronic lead extractions.	5/2/2023 10:21 PM
137	Would be great to improve patient access - don't know a single EP program w massive wait lists for procedures.	5/2/2023 8:59 PM
138	All device cases and all ablations should be able to be performs in an ambulatory surgical center. These are all low risk procedures with same day discharges in current practice.	5/2/2023 8:53 PM
139	We should be involved in these discussions because this is where things are heading. Hopefully we will have a seat at the table and will give us more leverage with hospitals.	5/2/2023 8:00 PM
140	I think it’s totally doable	5/2/2023 7:02 PM
141	Technology has greatly improved the safety of ablation procedures. I believe all atrial based procedures could be performed safely at an ASC by an experienced operator	5/2/2023 6:56 PM
142	If done properly should increase access to care to our patients at a cheaper cost.	5/2/2023 6:56 PM

143	Guidance statement (in similar fashion to prior statements on driving recommendations)	5/2/2023 6:39 PM
144	I believe that electrophysiology has come along way, and it is very safe to perform these in an outpatient setting. With Covid we were able to discharge all patients home the same day with complex left-sided afib ablations as well. We learned with a three year experience that it is safe to perform these procedures in an outpatient ASC setting as we have more than three years of experience with it.	5/2/2023 6:23 PM
145	The procedures with low rate of complications should be allowed	5/2/2023 6:22 PM
146	Very reasonable and safe	5/2/2023 6:18 PM
147	All of my ablations are done as an outpatient with same-day discharge from the hospital. My patients love having procedures performed in the AFC. It's more cost-effective, more convenient, and will eventually be safer in the ASC than in the hospital. We have incredibly train staff who are exceptionally competent were the hospital has only travelers who rotate through.	5/2/2023 6:09 PM
148	Need for a HRS committee	5/2/2023 5:26 PM
149	Complex issue, encouragement will decrease cost at expense of some rare catastrophic outcomes.	5/2/2023 5:21 PM
150	Huge opportunity for cost savings, physician ownership, value based care, patient and physician satisfaction. We need leadership in firm of dedicated committee from HRS to advocate at state and federal level and ensure CMS coverage of ablation in ASC.	5/2/2023 4:55 PM
151	Support ASC care to provide more efficient and cost effective care for patients.	5/2/2023 4:42 PM
152	It is better for patient care to expand access to ASCs. Hospital systems have monopolized EP procedures and have driven up costs while burdening patients with copayments and deductibles. Much of EP procedures can safely be done in a well managed ASC. This is no different than orthopedic, GI, urologic, ENT, pain management, pulmonary, interventional radiology based procedures. Peripheral vascular procedures and elective coronary cases are already done safely for years. Let’s break the hospital hegemony and improve access for our patients.	5/2/2023 12:57 PM
153	I do believe there is room for growth in the types of procedures done in ASCs (or in hospitals without CT surgery backup). There will always be some very low risk of major complications with any EP procedure, but with current tools and careful patient selection, I do believe some left-sided ablation procedures should be considered for ASCs and/or hospitals without CT surgical backup. Ultimately, however, these procedures are almost purely elective, so if a tertiary care hospital is close enough geographically, I think it makes sense to do these procedures in that setting when possible.	5/2/2023 11:33 AM
154	Afib ablation has a higher safety profile than pacemaker implantation, in trials and in clinical practice, and should be considered in ASC practices along right sided ablations	5/2/2023 8:24 AM
155	In our country where there is bed crunch we are keen to explore such options but I think cardiology has limited procedures for ASC	5/2/2023 8:23 AM
156	ASCs are currently safely utilized by other specialties, and I believe many EP procedures are also amenable to be done at ASCs. A statement by HRS on this would further support transitioning some EP procedures to ASC. Hospital systems are typically inefficient and do not fully value physician time and expertise. HRS should also work towards leveling the facility fee between hospital and ASCs.	5/2/2023 7:09 AM
157	Bad idea to do Ep procedures in venues where staff have no ep Background. , pacu and anesthesia have no experience	5/2/2023 7:06 AM
158	EP procedures are too high of a risk to be done without surgical back up and in ambulatory surgical setting.	5/2/2023 6:41 AM
159	Most ablation/ device procedures can be performed in ASC safely. It is the future.	5/2/2023 3:19 AM
160	Not a safe practice at all. Too many chances for complications without any surgical back up plan.	5/2/2023 2:58 AM
161	HRS should support this	5/2/2023 2:49 AM

162	Currently we do all device implants in an ASC. PA does not allow ablation procedures, but if the law changes, we would perform them as well.	5/1/2023 10:26 PM
163	N/A	5/1/2023 10:21 PM
164	We have been doing outpatient ablation and device work for many years, same day discharge.	5/1/2023 10:09 PM
165	In NY, we need to get approval for AFib ablation in hospitals without immediate CT surgery backup as a top priority before getting ASC approval for a bunch of stuff. So much AFib and such a resource crunch in tertiary care hospitals.	5/1/2023 8:43 PM
166	Tempting to do SVT and idiopathic VT ablation in outpatient setting. However, having seen RV perforation from a 6F quadripolar catheter that didn't stop despite pericardiocentesis and required emergent patch repair, there will always be a chance the usual complication will not respond to the usual treatment. Safety of same day discharge following ablation in hospital lab cannot be extrapolated to ASCs. Even complications like vascular injury or bleeding can prove catastrophic if in a non-hospital setting.	5/1/2023 8:05 PM
167	It's a good idea. It will be a boon for the patients who cannot travel and can't come to hospitals sue to various reasons	5/1/2023 8:00 PM
168	This is a topic of continued conversation particularly with AF ablation; however, if there are centers with CV surgery back up in the same areas as ASCs, I would be concerned about the local "standard of care" and wonder if that would place providers at risk for litigation if a complication were to occur. Having a guideline or consensus document would provide support for those wishing to expand to ASCs in order to provide unmet needs of the AF population.	5/1/2023 7:55 PM
169	I feel it depends if it is in experienced hands or not. If something goes wrong- then hard to bail out.	5/1/2023 7:54 PM
170	Complications requiring emergency surgical interventions are extraordinarily rare. If they occur in an ASC I suspect there'll be outsized consequences	5/1/2023 7:43 PM
171	given the large amount of same-day, discharges, and the changing landscape, I believe complex ablatioblns are now safe enough to be done at ASC's, as most of these patients are discharge the same day at hospitals. This will reduce the overall burden on the healthcare system to pay for ablations. She	5/1/2023 7:07 PM
172	I would not have a procedure (nor would I allow my family to have procedure) other than gen chg in a facility that does not have CTS backup. Perforation risk <1% for most procedures, but if no back up you take a reversible complication and make it fatal.	5/1/2023 7:03 PM
173	It is time for physicians to take charge rather than hospitals mandate and negotiate everything, ASCs are a tool physicians have to control the care they provide	5/1/2023 6:39 PM
174	I believe that there will be excess deaths for ablations performed at an ASC versus a hospital with surgical backup, though there are currently ablations performed at hospitals without surgical backup as well and I also suspect that there are excess deaths.	5/1/2023 6:36 PM
175	Increasing payment to ASCs which are primarily used by private practices may have the side effect of worsening the pay gap between private practice and academics	5/1/2023 6:12 PM
176	I will be submitting a manuscript this week to HRS with our initial experience of 476 patients ablated for atrial fibrillation in an ambulatory surgery center.	5/1/2023 6:03 PM
177	If standards for a particular procedure are same-day discharge and no CT surgery on site, then ASC ok.	5/1/2023 5:39 PM
178	Limited access for emergency situations are available at ASC's even the best most experienced physicians have emergent difficulties, quick response is required to decrease complications, injury and death	5/1/2023 5:21 PM
179	Should be more asc procedures	5/1/2023 5:10 PM
180	I believe that performing ablation and other EP procedures in ASCs will promote poor medicine. It is a money-grab. Although EP procedures are usually routine, when the shit hits the fan, it makes a real mess. We are not orthopods or ENTs. We should be doing right by patients, and this may not be the most lucrative way to do things.	5/1/2023 5:08 PM
181	I do not think it is safe without CT surgery back up despite the low risks that are quoted. A	5/1/2023 5:08 PM

	complication requiring surgical intervention would not make it to the OR in time using 911 ambulance.	
182	Can start with av node ablation and flutter and svt Then expand to afib and laa occlusion after demonstration of safety	5/1/2023 5:01 PM
183	Performing routine ep procedures in ASC can be achieved	5/1/2023 5:00 PM
184	I believe that procedures involving the pericardium should never be perform In a center without cardiac surgery. AF ablation I believe to be feasible in an ambulatory center with ICE and expert hands.	5/1/2023 4:51 PM
185	I believe this should be allowed with a slow rollout and reporting of outcomes to assess if this advances care or doesn't	5/1/2023 4:51 PM
186	ASCs provide the best access and efficiency for many procedures. I am currently building an ASC with an EP lab and will focus on single shot PVI. A Westin hotel is being built next door as part of the overall property development and experience for the patients.	5/1/2023 4:45 PM
187	The medical system needs this option in order to better care for community and patients at a lower cost. Ablation codes are essential to regain physician leadership. I would like to meet with Dr Liu and the committee at HRS. Martin Burke DO	5/1/2023 4:43 PM
188	MOST EP PROCEDURES CAN BE SAFELY DONE AT AN ASC. SOME PROCEDURES WILL STILL BE DONE AT HOSPITAL, NOT ONLY FOR SAFETY, BUT FOR COST AND LAB TIME REASONS	5/1/2023 4:42 PM
189	Some are safe. I think there is concern that lower tier devices may be used and there should be full fusclisure.	5/1/2023 4:41 PM
190	I think it becomes difficult in some circumstances to paint with broad strokes. I think many afib ablations can be performed in this circumstance, but not all. Depends on a combination of techniques being used (and associated risk) as well as patient factors. Also depends on opportunities for access to support in event they are needed (ex echo, pericardiocentesis) and comfort/expertise at site to manage complications	5/1/2023 4:27 PM
191	Thanks for putting this survey together. Happy to help the committee in any capacity I can. Amit Thosani MD	5/1/2023 4:26 PM
192	They need to be done in surgical centers or hospitals without CT surgical backup to increase access	5/1/2023 4:25 PM
193	Ohio state has started allowing Afib ablations to be performed without CT Surgery backup on-site, and I think that this sets up a very dangerous precedence, given how complex the ablation procedure is.	5/1/2023 4:21 PM
194	That is a place I would not go	5/1/2023 4:20 PM