

POST | Gastroenterology

Regulation of office based endoscopy in New York

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Posted by [woods3](#) on June 12, 2007 - 09:31PM EDT

Author Specialties: Gastroenterology

Anyone have any insight into upcoming legislation in New York state that will require accreditation by JCAHO or similar organization for office based procedures that require sedation (eg. endoscopy).

I heard that legislation will soon be passed in New York requiring that any office during procedures or surgery requiring sedation be accredited. I've spoken to colleagues who have gone through JCAHO accreditation (with help of a for-profit company such as Validare) and find the process to be very onerous and difficult.

Hospitals are pushing for this legislation because it may mean the demise of many office procedures.

Any suggestions would be appreciated.



What do you think?

Choose one:

- ☐ This would mean the demise of office procedures and surgery
- ☐ I will start the accreditation process now
- ☐ I will wait and see what the legislation requires
- ☐ This legislation will never pass, at least not in its current form
- ☐ We should fight to make this legislation more palatable
- ☐ Sorry, I don't know anything about this. 
- ☐ I think this is a fair move & surgicenters as any place-including office- where anything more than minor procedures are done should be accredited facilities 

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Pediatrics



Posted June 12, 2007 - 09:44PM EDT

My father practiced from the 1920's until the 1990's. In the early days he did surgery such as tonsillectomies in his office and my mother administered the ether; she had no medical training. The patients stayed in a little recovery room until they woke up and walked home!

In later years he changed his mind about tonsillectomies and did almost none of them and did all surgery in the hospital. He made the decisions about what procedures he would do and where he would do them.

Times have changed. Others make our decisions for us. Some of these decisions are over-reactions to bad results of procedures physicians did in their offices that were beyond their level of expertise.

Twenty years ago some pediatric patients died in Columbus during dental procedures performed in a dental clinic. Today we are not even allowed to do conscious sedation in hospitals without certification.

Some of the changes are good; some are over-reactions to our mistakes. If we do not police ourselves and take back control of our profession, others will do it for us.

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[sleepze](#)

Anesthesiology



Posted June 12, 2007 - 09:50PM EDT

Having given anesthesia in office settings, there can't be too many regulations. The crap that goes on in office procedures would make your hair stand on end. Our group abandoned office anesthesia before the lawsuits began.

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[docnag1](#)

Family Medicine



Posted June 12, 2007 - 10:33PM EDT

Is this happening in dental offices as well?? Or are physicians being singled out? What about midlevels doing office procedures? Especially those without physician supervision.

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 [woods3](#)

Gastroenterology

Posted June 13, 2007 - 06:39AM EDT

I believe it affects any physician or dentist who gives anesthesia (other than local). As for what sleepze said, there

certainly are some bad apples but do we need to throw out the baby with the bathwater?

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[Phillip](#)

Surgery - General



Posted June 13, 2007 - 09:59PM EDT

Agree that this is a situation that physicians have brought upon themselves, either by unscrupulous behavior, or by ignoring that behavior in our peers. We were warned for the past 40 years that lack of supervision would bring about onerous consequences. It seems disingenuous at this point to cry about it.

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[sleepze](#)

Anesthesiology



Posted June 15, 2007 - 11:11AM EDT

woods3...I'm not advocating elimination of office-based surgery w/ anesthesia, but some oversight/regulations to clean up their act. The most effective tool would be unannounced inspections.

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[rickoshearabbit](#)

Gastroenterology

Posted June 23, 2007 - 11:52PM EDT

The hospitals charge unfair and onerous amounts for room charges. Sigmoidoscopy cant even be done in a hospital because the room charge is \$400.00. before our fee of a hundred bucks. In the hospital I work at, many procedures are done with the doctor doing the anaesthesia, putting the scope down, waiting and trying to manage sedation while scoping. This is certainly less safe than endoscopy in an office with a board certified anaesthesiologist giving sedation and monitoring.

Another issue is what type of legislation should be passed. JCAoH is an absolutely unfair and absurd group of unrealistic zealots: they require matching binders and millions of pages of nonsense. Requiring us to JCaoh certify would not improve care, but would put us out of business, which is what the hospitals want.; they want to eat our lunch. However, if the legislation just required proper monitoring, a board certified anaesthesiologist, certification by the manufacturer every 6 mo that the cleaning machine is working appropriately, record keeping of disiinfection, biomed testing of equipment every 6 months then I think it would be reasonable. Unfortunately, as in all of medicine, any doctor who says "STOP: THIS IS RIDICULOUS" is suddenly a bad doctor who is not persuing excellence. It is simply not the case.

By the way, no one has collected any extra money for certifying their office, that was just a carrot. Why in the world would they pay more, when they could offer you even less than you take now, and you would accept it?

Finally, if you are foolish enough to pay theses parasites to help get Jcaoh certification, just imagine what will happen the day you decide not to renew? What will you do as JCAOH increases their fees? If you suddenly get Decertified, what will happen? Will you be investigated by the state for failing JCAOH? It is yet another unfunded mandate.

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[docqi1](#)

Gastroenterology

Posted June 26, 2007 - 01:06PM EDT

Is there any data to support an increased rate of complications from office-based endoscopy or sedation?

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Family Medicine



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