Medtronic

Streamlining the squeeze

Operational efficiency insights from the frontlines of ambulatory surgery centers (ASCs)

How ASC leaders are turning operational efficiency from best practice into survival strategy.



Featuring:

- **Allison Stock**, Chief Operating Officer at Surgical Management Professionals
- **Todd Currier**, CEO and Administrator at Bend Surgery Center
- **Janet Carlson**, Founder and CEO of Vertex Surgical Solutions
- **Austin Cheng**, CEO of Gramercy Surgery Center
- **Tiffany Williams**, OR Lead at Central Ohio Urology
- **Brooke Day**, Administrator at Hastings Surgical Center
- **Shane Stanford**, Healthcare Consultant

For ASC leaders, the margin has changed the job.

Reimbursement has flattened while the cost of everything, including labor, anesthesia, disposables, and capital, continues to climb. For calendar year 2026, the Centers for Medicare and Medicaid Services (CMS) finalized a 2.6 percent payment update for ASCs, derived from a 3.3 percent market basket increase reduced by a 0.7 percent productivity adjustment.[1] That update does not keep pace with the cost growth operators are absorbing every day.

The result is a narrowing gap between what a case costs to deliver and what it reimburses. And in that gap, efficiency has quietly crossed a threshold.

"We're having to be significantly more operationally efficient."

Allison Stock



The leaders featured here, spanning a multi-site management company, a high-volume multi-specialty center, a rural independent, a single-specialty urology group, and national development consultants, describe the same pressure from different vantage points. And they converge on the same four levers for defending margin without compromising care.

The changing ASC landscape

By the numbers

289

new procedures added to the ASC covered list for 2026[1]

2029

CMS phasing out the inpatient-only list by 2029[1]

2.6%

ASC payment update for 2026[1]

$56.322

ASC conversion factor of $56.322 versus $91.415 for hospital outpatient departments[2]

~30%

anesthesiologists projected to leave practice by 2033[3]

Lever one
Scheduling discipline and OR throughput

The operating room is the ASC's revenue engine, and unused or inefficiently used block time can be the fastest way for margin to leak out of the building.

But scheduling in an ASC is a distinct discipline that rewards collaboration and foresight.

Allison Stock frames throughput as a whole-system exercise, rather than a single-department fix.

“How can we get the most value out of the time that we have?" she said. "You have to think about how SPD is affected. How is pre-op affected? How is our front office staff affected? And I think we have to look at it from a global picture to make sure that you're hitting all of those things to be the most efficient."

At Central Ohio Urology, OR Lead Tiffany Williams is in the middle of exactly this restructuring, moving away from stacking multiple surgeons into a single room on a single day because the hidden cost is constant teardown and setup.

"We are moving to trying to get one surgeon per room, on one day instead of doing four different surgeons in one day," Williams said. "When they have different types of cases, you have to constantly tear down your equipment and put a different piece of equipment in. It's time that we waste."

Her broader lesson is about foresight.



"To really look ahead. As I'm in leadership, looking ahead could not be more important."

Tiffany Williams



Lever two
Workforce design and culture

Staffing is the line item leaders talk about most, but the most sophisticated operators reframe it. The challenge is not simply a shortage of people. It is designing a workforce model that flexes with case mix, retains institutional knowledge, and builds a culture people do not want to leave.

Todd Currier, CEO and Administrator at Bend Surgery Center, Oregon, running eight ORs and six procedure rooms at roughly 15,000 cases a year, refuses even to use the standard phrasing.



"I don't like to put those two words together, because the staff is not our problem. The reality is it's creating a culture and an environment where you want to invite staff to be part of your center."

Todd Currier

Janet Carlson, Founder and CEO of Vertex Surgical Solutions, translates culture into a concrete staffing model built around the block schedule and, critically, around flexibility negotiated at hire.



"Looking ahead at the block schedule is how I do the staffing. I would have nurses that would work three twelves one week. But the next week, if we don't have those cases, they're willing to work four tens, or four nines, or four eights. They still get their hours. And I'm also managing them out of overtime."

Janet Carlson

For Brooke Day, Administrator at Hastings Surgical Center, the rural picture adds another dimension. Where staff tenure runs 10, 15, even 20 years, the challenge inverts.

"One of the things that is challenging for me is trying to keep the people who've been there 20 years engaged and not on just autopilot," Day says.

This workforce pressure is not an anecdotal one, but a structural one. **Nearly 30 percent** of anesthesiologists are projected to leave practice by 2033, even as outpatient volume rises.[3] And the nursing pipeline cannot expand fast enough to relieve it – the American Association of Colleges of Nursing reported that 93,176 qualified applicants were turned away from nursing programs in the 2025–2026 academic year, driven by faculty shortages, limited clinical placements, and funding gaps.[4]

Lever three
Supply chain resilience

Supply chain moved from a back-office function to a margin-critical, patient-critical one, and the operators who internalized that lesson have not let go of it. The consensus is that resilience now matters as much as price, and the mechanism for resilience is relationships plus redundancy.

Shane Stanford, a consultant focused on interventional radiology and cardiac ASC development across all 50 states, states the redundancy principle directly.

"It's good to have some redundancy in your supply chain because of backorders, especially in the pharmacological local medications," Stanford says. "Having more than this one primary vendor, having a secondary vendor, will help offset some of those backorders and delays."



Brooke Day describes how vendor loyalty becomes an operational hedge when supply tightens.



"I think we're loyal to our vendors. And because of that, when there's shortages, back orders, allocations, we can sometimes get moved up to the top of the list. It is important to have those relationships."

Brooke Day

Janet Carlson ties redundancy back to the ultimate cost of a supply failure: a canceled case.

"It behooves any practice to have multiple supply, disposable, and pharmaceutical partnerships," Carlson says. "We had a shortage with normal saline flushes. And I was like, buy as many as you can and hold on to them, because we will never cancel cases if we can figure out a way, because we want to take care of the patient."

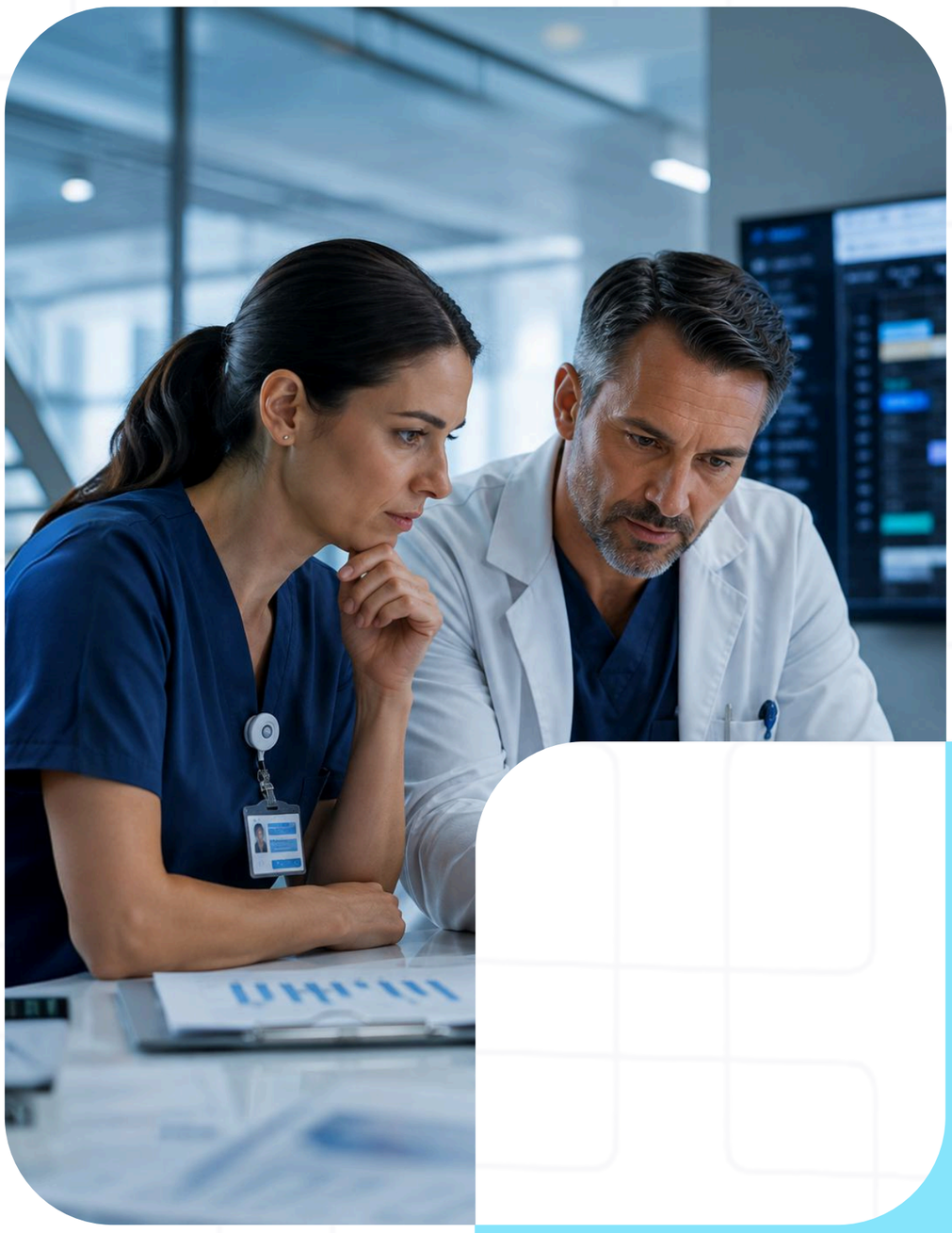
Lever four
Data-driven decision-making

The final lever is what separates operators who feel their way through margin pressure from those who manage it: consistent, disciplined use of data.

Todd Currier's expansion taught him that intuition does not scale.

"Probably the biggest shift has just been becoming more disciplined and trying to use our data to help guide us in our decisions. Not just collecting the data, but really reviewing it consistently, and sharing it with our team, and helping us make small incremental decisions and improvements."

The operative phrase is "not just collecting the data." Most centers already generate it. The efficiency gain comes from the discipline of reviewing it consistently and converting it into small, compounding improvements, from room utilization, turnover times, and staffing models to case scheduling.



The bottom line
Efficiency as the operating system

Across every conversation, the same reframing surfaces. Efficiency is no longer where an ASC finds a little extra profit. It is how the center runs.

The margin pressure will not ease. CMS continues to steer volume toward the lowest-cost setting while holding that setting to the tightest reimbursement. The operators thriving are the ones who treat the four levers as one interlocking system: a better block schedule enables smarter staffing, smarter staffing protects margin without burning out the team, supply redundancy keeps the schedule intact, and data discipline reveals which lever to pull next.

What efficient ASCs are doing

1. Building the schedule around the whole perioperative system, not just the calendar
2. Staffing to the forward block schedule and managing proactively out of overtime
3. Protecting culture and institutional knowledge as retention assets
4. Pairing genuine vendor partnership with deliberate supply redundancy
5. Reviewing performance data consistently and acting on it incrementally

Take the next step

Interested in more insights from ASC leaders navigating today's operational pressures?

Listen to the full ASC Insights podcast series, featuring conversations recorded live at ASCA/SAMBA 2026.

To explore more from the series, visit **outcomesrocket.com/ASCInsights**

Insights reflect the perspectives of individual ASC leaders interviewed for the ASC Insights series and are solely those of the speakers.

References

1. CMS Calendar Year 2026 Hospital Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center Final Rule (CMS-1834-FC), November 2025.
2. Becker's Spine Review, "The reimbursement fight reshaping orthopedic ASCs," 2026.
3. Becker's ASC, "Good news, bad news for ASCs in 2025," December 2025.
4. American Association of Colleges of Nursing, Enrollment data reported May 2026.

©2026 Medtronic. Medtronic, Medtronic logo, and Engineering the extraordinary are trademarks of Medtronic. All other brands are trademarks of a Medtronic company.
09/2026 – US-NA-2600259