

## Summary of Concurrent and Overlapping Surgeries White Paper

In December 2015, the Senate Finance Committee staff became aware of a surgical practice—referred to by hospitals as “concurrent”, “overlapping”, or “simultaneous” surgeries—from a Boston Globe article.<sup>1</sup> Regardless of the specific terminology used, the practice involves a surgeon scheduling and conducting operations on two different patients during the same period of time. Concerned by the allegations raised in the article, the Committee sent a letter to 20 teaching hospitals querying them about the practice in their institutions. Committee staff also examined guidance issued by the Centers for Medicare & Medicaid Services (CMS) and the American College of Surgeons (ACS), policies and other information provided to the Committee by hospitals and others in response to our letter, and other information gathered from stakeholders including the American Hospital Association (AHA). This report is a summary of the Committee’s staff’s findings to date and an overview of key issues and areas of Congressional concern.

Advocates of concurrent surgeries argue that this longstanding practice enables timelier access to high-skilled, in-demand surgeons by freeing up their time to perform more specialized operations, helps train medical professionals by pairing senior doctors with residents or fellows, and improves the utilization of operating facilities. However, Committee staff found that little if any data or research exists on the frequency, cost-effectiveness, or impact of concurrent surgeries on surgical outcomes and patient health.

Although CMS has Medicare billing requirements that pertain to the practice of overlapping surgeries, they apply to the treatment of Medicare beneficiaries in teaching hospitals only.<sup>2</sup> Furthermore, CMS has not routinely monitored or audited teaching hospitals for conformance with those billing restrictions. In April, 2016, the ACS modified its guidance to surgeons on the practice of concurrent and overlapping surgeries, as the result of the increase in public awareness and scrutiny of those practices.<sup>3</sup>

The Committee staff commends the steps that some hospitals and surgeons have taken in a relatively short timeframe to address many of the concerns surrounding concurrent and overlapping surgeries. During the course of the investigation, in order to be consistent with the revised ACS guidance, 17 of the 20 teaching hospitals the Committee contacted modified existing or created new hospital-wide policies specific to concurrent and overlapping surgeries, and the remaining 3 hospitals were in the process of doing so. Furthermore, all 17 of the hospitals that recently revised their policies now have specific policies that generally prohibit concurrent surgeries and enumerate the circumstances under which their surgeons may perform overlapping surgeries. However, the Committee staff analyzed only a small portion of the policies from the nation’s approximately 4,900 hospitals and those policies reviewed ranged in their thoroughness. Thus, the Committee staff continues to have concerns about patient safety and improper payments and, as a result, makes recommendations to the Secretary of the Department of Health and Human Services and to hospitals.

---

<sup>1</sup>See Abelson J, Saltzman J, Kowalczyk L, Allen S. “[Clash in the name of care.](#)” *Boston Globe*. October 25, 2015.

<sup>2</sup>See CMS, [Medicare Claims Processing Manual: Chapter 12 – Physicians/Nonphysician Practitioners](#) (revised March 2016).

<sup>3</sup>See American College of Surgeons, [Statements on Principles](#) (revised April 12, 2016). ACS guidance defines “concurrent or simultaneous operations” separately from “overlapping operations.”