

Interoperability: Why ASCs Can No Longer Afford to Operate in Silos

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For years, ASCs were designed to be focused, efficient, and largely self-contained. That model worked well. Systems did not need to communicate with one another as long as cases were completed safely, schedules were full, staff knew their routines, communication was manageable, and reimbursements arrived as expected.

But the environment ASCs operate in today looks very different from the one many centers were built for. Staffing shortages, tighter margins, increased payer scrutiny, evolving patient expectations, and growing connectivity with hospitals and health systems have reshaped what it takes to run a successful ASC.

In this environment, interoperability has become a core operational requirement. It directly affects how effectively an ASC functions today and how well it is positioned for the future.

What Interoperability Means in Everyday ASC Operations

Interoperability is often described in technical terms, but for ASC leaders, it is best understood through its operational impact. Interoperability allows information to move securely and accurately between technologies without creating additional work for staff.

In practice, this means patient demographics, procedure details, insurance information, and scheduling requests flowing from referring offices into ASC scheduling and registration workflows without re-entry. It means anesthesia documentation, device usage, inventory activity, and clinical records staying connected throughout the case lifecycle. It also means information moving smoothly between ASC systems and external partners such as hospital EHRs, laboratories, health information exchanges (HIE), and patient engagement platforms.

When interoperability is working well, it replaces the likes of phone calls, faxes, spreadsheets, and duplicate data entry with automated workflows that run in the background. Staff spend less time managing information and more time focusing on critical areas including patient care and operational priorities.

Historically, ASCs could tolerate fragmented workflows because external demands were simpler and more predictable. Today, those same manual processes consume valuable and high-cost staff time, introduce risk, and make it more difficult to scale operations or respond to change.

What Highly Connected ASCs Are Doing Differently

ASCs that have invested in interoperable systems are seeing tangible improvements across the entire patient journey and throughout the facility.

Before the case, interoperability supports more efficient scheduling and preparation. Information from referring providers flows directly into ASC systems, reducing data entry and helping staff identify missing documentation, eligibility issues, authorization requirements, incomplete referrals, or outdated patient information earlier in the process. Patient engagement solutions can draw from the same data to automate reminders, instructions, and financial communications, improving the patient experience while reducing inbound calls.

During the case, connectivity across clinical and operational systems improves accuracy and efficiency. Integration with anesthesia documentation and device-related systems helps ensure complete records. Connections to inventory management and medicine cabinets enable more accurate supply usage, implant billing coordination, replenishment, and patient safety. Image capture solutions can automatically associate relevant images with the patient record, supporting both documentation and post-procedure communication.

These integrations reduce the need for staff to reconcile information after the case and help ensure that what happens in the OR or procedure room is correctly reflected across clinical, operational, and financial systems.

After the case, interoperability continues to deliver value. Operative notes, pathology and laboratory results, and discharge instructions can be shared electronically with the appropriate providers. For ASCs required or encouraged to participate in HIEs, interoperable systems make compliance far easier to manage.

On the patient experience side, integration with OAS CAHPS survey vendors allows patient feedback to be collected and reported more efficiently. Rather than treating surveys as a standalone compliance activity, interoperable workflows help ensure data exchange and make it easier for ASCs to incorporate patient experience results into broader quality improvement efforts.

Financially, connected technologies support cleaner claims, more accurate charge capture, better visibility into case costs, improved denial management, and faster reimbursement cycles. Staff spend less time logging into multiple portals or tracking down documentation and more time addressing issues that truly require their judgment and expertise.

Why Connectivity Has Become Essential

Several forces are driving the growing importance of interoperability for ASCs. Workforce challenges, for example, mean efficiency is no longer optional. When experienced staff spend time re-entering data, correcting errors, or tracking down missing information, it directly affects throughput, morale, and retention.

Payer expectations continue to rise. Accurate documentation, timely data sharing, and clean claims are critical to maintaining contracts and reimbursement levels. Interoperability supports these requirements without adding administrative burden.

Patient expectations have evolved as well. Patients want timely communication, transparency around costs, and coordinated care across providers. Disconnected systems make delivering that experience more difficult and less consistent.

Healthcare consolidation also continues to shape the market. Even ASCs that are not actively pursuing partnerships may find themselves needing to exchange data more seamlessly to maintain referral relationships or align with hospital and health system expectations across the state.

Interoperability supports readiness. It allows ASCs to respond to operational, financial, and strategic changes without reworking core processes each time expectations shift.

Rethinking the Role of Technology

One of the most important mindset shifts for ASC leaders is recognizing that interoperability is not about adding even more technology. Rather, it is about making existing technology work better together.

Well-designed systems reduce manual steps, support natural workflows, and allow information to move where it needs to go without constant oversight. The goal is consistency and reliability in place of complexity.

Technology conversations should focus on how data flows across departments and partners, where staff are compensating for system gaps, and which processes still rely heavily on hands-on intervention. These areas often present the greatest opportunities for improvement.

ASC Interoperability Questions Worth Considering

As you evaluate your own operations, it may be helpful to ask:

- Where are staff acting as the connection point between systems?
- Which processes rely on manual steps, re-entry, or workarounds that could be automated through better integration?
- Where does information slow down, get duplicated, or require follow-up to move to the next step?
- Which operational or financial issues stem from incomplete or disconnected data rather than true performance problems?
- Are current systems supporting efficiency and growth, or quietly limiting both?

ASCs were built to operate with focus and discipline by design. Interoperability helps ensure they remain effective and resilient as healthcare becomes more connected, more complex, and more demanding.

Lindsay Hanrahan is vice president of product management for [Surgical Information Systems](#) (SIS). She manages several core ASC products and integration solutions and data analytics across all SIS products. She also plays a critical role in the development and management of strategic partnerships. Lindsay's expertise extends to business development, implementation of product development and product management methodologies, and driving positive impacts on patient outcomes and business performance through the use of technology. With over 20 years in healthcare IT and ASC industries, she has driven a number of ASC products to maturity, navigating products through major market and regulatory changes.