

The State of EHRs in Surgery Centers

Executive Summary: Ambulatory surgery center adoption of electronic health record technology has increased in recent years, but the overall state of health information technology remains inconsistent. Federal electronic health information standards remain unclear, creating a barrier to uptake for many facilities. A cohesive roadmap that connects federal and state standards, accreditation requirements, and quality-driven data collection is necessary to facilitate broader surgery center participation in an electronic healthcare ecosystem.

Ambulatory surgery centers (ASCs) offer patients a high-quality, convenient and low-cost choice for outpatient surgical care. As of 2025, there are more than 6,500 Medicare-certified ASCs nationwide performing an ever-increasing number of outpatient procedures. Health intelligence firm [Sg2 estimates](#) that surgery center volume will increase by 21 percent from 2024 to 2034, thanks to an aging population, payer pressures and improved diagnostic capabilities. Furthermore, factors such as procedure specialization, favorable cost and efficiency, and large-scale investment will make ASCs an increasingly attractive and beneficial setting for patients, physicians and payers alike.

While ASCs are an integral part of the nation's healthcare delivery system, they have not been incorporated into federal programs that encourage and incentivize the use of health information technology (health IT). Notably, surgery centers were excluded from federal stimulus funds that generated swift electronic health record (EHR) uptake in hospitals and physician offices. Additionally, the ensuing development of standards intended to drive interoperable data connections did not consider the needs of specialized surgery centers. This produced several negative externalities, specifically slow product uptake by both ASCs and vendor developers, haphazard physician workflow integration, and, ultimately, impaired patient care coordination.

Federal Standards and Certification

Baseline standards and technological requirements are crucial in guiding vendors to develop the systems that most effectively enhance the performance of providers, facilities and the entire care continuum. Since ASCs were not included as eligible participants in meaningful use, the foundational standards for initial certified EHR technology (CEHRT) were written without considering the workflows and data collection processes of a surgery center environment. While both vendors and facilities have expressed interest in EHR proliferation, the structural uncertainty caused by shifting and convoluted federal standards has bred stakeholder hesitation.

In recent years, regulators at the office of the Assistant Secretary for Technology Policy (ASTP)/Office of the National Coordinator for Health Information Technology (ONC) have moved away from requiring a cohesive CEHRT edition and toward a modular approach to

certification. While this change was designed to give developers the ability to certify narrowly designed products that would not have met the wraparound criteria of previous CEHRT editions, it has instead created additional confusion and administrative burden. Developer and provider uncertainty about the basic elements of a federally accepted EHR system creates a barrier to adoption.

In addition to the certification process, other federal actions in recent years have created a patchwork regulatory structure that is too complicated for individual healthcare facilities to manage. This includes regulations related to information blocking, electronic prescribing, and the expansion of the HIPAA Security and Privacy Rules. When properly rolled out, standards can provide a beneficial market driver that encourages facilities to make the significant financial investment necessary to implement EHRs and other health IT. Conversely, the absence of such standards tailored for ASCs and a convoluted regulatory environment creates uncertainty in which facilities are reasonably hesitant to commit resources toward solutions that may be undercut by future regulations.

State and Federal Alignment

The negative effects of a convoluted federal environment for EHRs and electronic health information standards have been exacerbated by actions at the state level. These actions often, perhaps unintentionally, create considerable compliance issues for surgery centers and their ASC-focused technology vendors. In some instances, states are requiring providers to use “certified” EHR systems without a complete understanding of what that federal definition entails. Because EHR certification is not easily accessible to ASCs, a state requirement based on federal EHR definitions would almost certainly reduce access to ASCs and the outpatient procedures they provide.

State implementation of health information networks creates another opportunity for misalignment between state and federal requirements. For example, vendors have noted that basic data entry requirements for fields such as ethnicity, insurance plan type and language can differ greatly from state to state. These basic inconsistencies create barriers to scaled products, increasing the burden for developers who must learn new requirements for each state and the ensuing cost passed on to providers/facilities.

Patient Safety and Quality

The ultimate promise of health IT is to enhance the quality of service and safety of care. EHRs aid physicians in diagnostic evaluation, reduce the chance of clerical error, and streamline the overall care delivery process by facilitating care coordination among physicians and other caregivers. While some ASCs have implemented EHRs, wider access would ensure ASCs can more effectively participate in care coordination, thus creating greater value, convenience, engagement and satisfaction for patients. A cohesive federal and state framework around EHR standards would enhance the ability for ASCs to efficiently document and report quality performance. Facilities would have the ability to report a wider range of performance metrics with greater accuracy and transparency. This data could be compared with other care settings to demonstrate quality performance for the benefit of patients and regulators.