

Why ASC Startups Underperform and How Strategic Planning Drives Long-Term Success

Lori Griffith, RN

Ambulatory surgery centers (ASCs) remain one of healthcare's fastest-growing care settings as more procedures shift from hospitals to lower-cost outpatient environments. Health systems, physicians and investors continue to pursue ASC development to improve patient access, strengthen physician alignment, increase operational efficiency and support long-term growth. The value proposition is compelling: lower costs, convenient access, efficient care delivery and high patient satisfaction. Yet even in favorable markets, many ASC startups do not meet the volume, operational, or financial expectations established during planning.

When a new ASC underperforms, stakeholders often point to competition, reimbursement pressure, or workforce challenges. These factors matter, but they are rarely the only cause. In many cases, startup challenges trace back to decisions made months or years before opening. Unrealistic assumptions, limited feasibility analysis, weak physician alignment, and incomplete operational preparation can undermine an otherwise promising ambulatory strategy.

Through consulting work in ASC feasibility studies, strategic planning, startup development, operational assessments and performance optimization, Corazon has identified the factors that often separate high-performing centers from those that struggle to gain traction. While every market is different, successful ASC startups typically share five characteristics: disciplined strategic planning, rigorous market assessment, meaningful physician alignment, operational readiness, and a continuous focus on growth and optimization.

ASC Strategic Planning: The Foundation for Startup Success

Every successful ASC begins with a clear strategy. Too often, organizations approach

development as a construction project, real estate investment, or physician venture instead of a long-term healthcare business. Facility design, financing, and licensing are important, but they are only part of a broader strategy that must align organizational goals, market realities, operational capabilities, and physician commitment.

What should leaders define before launching an ASC? They should identify the unmet market need, the specialties and procedures most likely to drive case volume, the ASC's role within the organization's broader outpatient strategy, the metrics that will define success, and the risks that could threaten long-term viability.

These discussions should occur before significant capital investment. Too often, organizations commit to development before thoroughly testing assumptions about case volume, physician participation, reimbursement, and market demand. A thoughtful planning process gives leaders the opportunity to challenge assumptions, identify risk, and establish achievable performance expectations.

Strategic planning also aligns stakeholder interests. Physicians, health systems, administrators and investors may have different priorities. Without a shared vision, disagreements about governance, growth strategy, capital expenditures, and physician recruitment can emerge after opening and distract leadership from operational success.

A strong strategic plan creates a roadmap for decision-making. Healthcare markets change constantly, and ASC leaders must adapt to shifts in reimbursement, competition, technology, and patient expectations. Organizations with a clear strategic framework are better equipped to navigate uncertainty and pursue opportunities that support sustainable growth.

In Corazon's experience, successful ASC startups are not the result of favorable market conditions alone. They are built on disciplined planning, realistic expectations, and a deliberate strategy that guides development from concept through startup, accreditation, optimization, and long-term performance improvement.

ASC Market Assessment and Demand Validation

A common misconception in ASC development is that favorable demographics automatically translate into success. Population growth, aging communities, and rising demand for outpatient surgery create attractive market conditions, but they do not guarantee case volume or financial performance.

A successful ambulatory surgery center needs more than demand. It needs a realistic plan to capture that demand.

Comprehensive ASC market assessment should evaluate physician referral patterns, competitor activity, payer dynamics, service line opportunities, procedure migration trends, and future market developments. Leaders need to understand how much demand exists, who controls that demand and which factors may influence future market share.

Competition is a critical consideration. Existing ASCs, hospital outpatient departments, and emerging physician ventures may already serve the target market. In some communities, procedural capacity exceeds demand, making it difficult for new entrants to establish meaningful market share. Organizations that underestimate competitive pressure often find that planning projections are difficult to achieve in practice.

Payer dynamics are equally important. Reimbursement methodologies, network participation requirements, and site-of-service strategies can significantly influence ASC profitability. A specialty that performs well in one market may face reimbursement barriers in another. A strong ASC feasibility assessment evaluates these variables before development decisions are finalized.

Service line selection is another key success factor. Orthopedics, spine, total joints, cardiovascular services, ophthalmology,

gastroenterology, pain management, and other specialties each present unique opportunities and challenges. A sustainable business model depends on aligning market demand, physician expertise, facility capabilities, and financial performance.

One of the greatest risks during feasibility planning is allowing optimism to replace objective analysis. Physician enthusiasm, favorable demographics, and positive industry trends may create confidence, but investment decisions should be supported by data. Corazon's work in ASC feasibility and strategic planning frequently shows that organizations overestimate market share and underestimate competitive dynamics, payer complexity, and the time required to achieve projected utilization.

Market analysis cannot eliminate risk, but it can improve decision-making. Organizations that understand their markets, validate their assumptions, and plan accordingly are better positioned to achieve sustainable ASC growth.

Physician Alignment: Turning Interest Into ASC Utilization

Physicians are often the catalyst for ASC development and remain one of the strongest determinants of long-term performance. Yet physician ownership alone does not guarantee utilization. Many startup centers discover that anticipated case volume takes longer than expected to materialize, creating frustration among stakeholders and pressure on financial performance.

This challenge is rarely the result of inadequate physician support. It reflects the realities of modern healthcare. Physicians balance hospital obligations, office responsibilities, practice growth initiatives, and administrative demands. Even highly committed surgeon-investors may need time to transition cases, modify schedules, educate patients, and adapt workflows.

Because physician participation is critical, alignment should extend beyond ownership. Physicians should be actively engaged throughout planning and development, with input on governance, workflows, equipment, scheduling, staffing, and growth strategies. Engagement fosters accountability and encourages physicians

to view the ASC as an extension of their practice rather than another care setting.

Strong physician governance also supports long-term success. Clear expectations for utilization, recruitment, committee participation, and leadership responsibilities help create a culture of accountability from the start. Organizations that invest in physician leadership development often find that governance becomes a competitive advantage rather than a source of conflict.

Physician recruitment should remain a strategic priority. Some organizations assume startup physician partners will provide sufficient volume indefinitely. Physician turnover, retirement, practice acquisitions, and changing referral patterns can create vulnerability over time. Successful ASCs continually evaluate opportunities to recruit physicians and expand procedural capabilities.

At its core, physician alignment creates shared ownership of outcomes. When physicians are engaged in strategic and operational decision-making, they become active participants in the center's success. That engagement often translates into stronger utilization, better operational performance, and greater long-term stability.

ASC Operational Readiness: Preparing for Day One and Beyond

Even the strongest market opportunity and physician partnership can be undermined by poor operational execution. For many ASC startups, the focus on planning, financing, construction, and regulatory approvals leaves limited time for operational readiness. Yet operational performance often determines whether a center can convert opportunity into results.

Preparing for opening day involves more than hiring staff and finalizing schedules. Organizations must establish infrastructure for revenue cycle management, supply chain operations, technology systems, quality programs, compliance requirements, credentialing, and patient experience. Each component plays an important role in overall performance.

Staffing is often one of the most significant startup challenges. Recruiting and retaining experienced personnel remains difficult across

many healthcare markets. Realistic staffing models, training programs, and a positive workplace culture can help organizations manage workforce pressure while maintaining consistent patient care.

Revenue cycle performance deserves particular attention. Delays in payer contracting, coding issues, claim denials, and billing inefficiencies can affect cash flow during the critical startup period. Organizations that prepare revenue cycle processes before opening are better positioned to manage financial performance during the first several years of operation.

Operational readiness also requires strong leadership and accountability structures. High-performing ASCs establish governance processes, management responsibilities, reporting expectations, and performance metrics before patient volume begins to grow. These mechanisms allow leaders to identify problems early and implement corrective action before challenges become more significant.

Operational readiness does not end at opening. Continuous monitoring of key performance indicators, including operating room utilization, turnover time, staffing productivity, patient satisfaction, and financial results, supports ongoing improvement. Organizations that embrace performance management early often achieve stronger operational outcomes and greater physician satisfaction.

Operational excellence is rarely achieved through a single initiative. It is the result of careful planning, disciplined execution and a commitment to continuous improvement.

Long-Term ASC Growth and Performance Optimization

Opening an ASC is an important milestone, but it should not be viewed as the ultimate objective. Opening day is the beginning of a much longer journey. Some centers achieve early success only to plateau several years later because strategic planning gives way to routine operations. Others continue to evolve, expand and strengthen their market position through deliberate growth initiatives.

The highest-performing ASCs view optimization as an ongoing strategic discipline rather than a response to underperformance.

They continually assess market opportunities, physician needs, operational performance, and emerging industry trends. This approach allows leaders to identify opportunities before growth slows or competitive pressure intensifies.

Many growth opportunities exist within the modern ASC environment. Organizations may pursue physician recruitment, additional operating room capacity, expanded service lines, advanced technology investments, or managed care optimization. The migration of increasingly complex procedures, including total joints, cardiovascular interventions, and spine procedures, continues to create opportunities for organizations willing to invest in the right capabilities and infrastructure.

Data plays an increasingly important role in optimization. Leaders should routinely evaluate performance metrics such as block utilization, physician productivity, case mix, reimbursement trends, patient satisfaction, and profitability by service line. These insights help identify operational inefficiencies and support informed decision-making.

The most successful organizations also revisit assumptions established during development.

Markets change. Competitors enter and leave. Reimbursement models evolve. Physician practices consolidate. Strategies that were appropriate at startup may not remain effective five years later.

Through work with mature ASC organizations, Corazon has consistently found that sustainable success depends on a willingness to adapt. Centers that continuously evaluate opportunities, refine operations, and align strategy with changing market conditions are more likely to maintain long-term growth and strong financial performance.

Conclusion: Why ASC Strategic Planning Matters

The continued growth of the ASC industry presents significant opportunities for health-care organizations seeking to strengthen their outpatient footprint and deliver high-quality, cost-effective care. However, favorable market conditions alone do not guarantee success. ASC underperformance is often rooted not only in market forces, but also in strategic, operational, and organizational decisions made during development.

The most successful ASC startups are built on thoughtful planning, realistic assumptions, strong physician engagement, operational excellence, and ongoing optimization. They recognize that success is not determined on opening day. It is achieved through continuous alignment between strategy and execution.

As competition intensifies and outpatient care continues to evolve, organizations that treat ASC strategic planning as an ongoing discipline will be best positioned to achieve sustainable growth, strong financial performance and long-term value for patients, physicians and stakeholders. ■

Lori Griffith, RN

is a Vice President at Corazon, offering program development for the Heart, Vascular, Neuroscience, Spine, Orthopedic, and Surgical specialties, with services in Consulting, Accreditation, Recruitment, and Interim Management for hospitals, health systems, and ASCs. To learn more, visit www.corazoninc.com or call (412) 364-8200.



To reach the author, email: lori.griffith@corazoninc.com