

# ASC Total Joints Push Orthopedic Vendors Beyond Implant Sales

by EOS Implicium

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**M**ore total joint procedures are moving into ASCs, pushing orthopedic vendors beyond implant sales alone. **Total knee replacement** has moved earlier in many ASC programs, with total hip following, as patient selection criteria, protocols, and ASC readiness have matured. But reimbursement, patient selection, surgeon acceptance, and facility readiness still decide where that shift is practical. That makes the opportunity uneven for vendors. As larger ASC groups expand total joint programs, buyers are judging implant vendors on more than the implant itself. Surgeon preference, clinical performance, and reliable service still matter. But buyers are also asking what the vendor can do around workflows, training, inventory control, and rollout across sites.

For orthopedic companies, ASC strategy now has to go beyond sales coverage. The test is whether a vendor can make the whole program easier to run. That includes setup, staffing, training, equipment, and getting consistent results from one case to the next.

## ASC standardization is raising the value of network contracts

Larger ASC groups are pushing for more standardization in implants, instruments, and supply use. For large operators such as USPI, **AmSurg**, **Surgery Partners**, HCA Healthcare's **Surgery Ventures**, and **SCA Health**, even small differences in workflow, training, and supplier setup can matter once the same service line spans many sites. This happens where it fits the surgeon's practice and case mix. **They want less inventory variation, easier training and setup, and fewer points of friction as volume grows.** Centralized contracting and cross-site

consistency matter more to them now. Some ASC operators also work through GPO or contracting programs, with organizations such as **Vizient** or **HealthTrust** as another lever for standardizing vendor pricing and supplier access. Each **extra vendor on the list can mean more training, inventory, and workflow variation.**

These changes can make a network contract more valuable for vendors. One **preferred-vendor decision may open access to several ASC sites** instead of one facility at a time. That said, winning the contract does not guarantee actual use across every site. **Rollout still depends on surgeon buy-in, staff readiness, case mix, and local economics.** It also depends on whether each site can actually use the same implant and instrument setup.

Vendors with **national contracting reach and implementation support may be better placed** with a large ASC group. This is especially **true when buyers want fewer suppliers and more consistent workflows.** But scale only matters after the vendor has already cleared the clinical, pricing, and surgeon tests. Once that happens, the vendor becomes easier to use across multiple sites and harder to displace as the network standardizes. Replacing a vendor at network scale means retraining staff and disrupting workflows across many sites, not one. That gives orthopedic vendors a stronger position once their systems become part of the ASC network's routine workflow. The incumbent's position deepens the further standardization goes.

## **Simplified workflows defend ASC accounts more than they win them**

Several orthopedic companies are putting more emphasis on lower tray counts, simpler instrument flows, and systems that are easier for ASC teams to set up and turn around. These changes can reduce storage pressure, ease sterile processing, and make training simpler for high-volume outpatient programs.

Some vendors (e.g., **Medline, Cardinal Health Presource**) also provide preconfigured procedural kits to reduce case preparation work, simplify inventory handling, and make supplies more consistent. **In ASCs, these small workflow gains can add up across high-volume total joint programs.**

**Simpler workflows are becoming a baseline expectation,** especially for vendors serving larger or higher-volume ASC accounts. As these features become more common, they are less likely to drive vendor conversion on their own. This is most evident when competing products offer similar clinical performance, pricing, and service support. Practically, simpler trays and workflows may help

protect an existing account, but on their own, they rarely win a new one without surgeon acceptance, pricing, and reliable service behind them. For **larger ASC accounts, this becomes a basic entry requirement.**

## Financing support matters more for smaller ASCs than large networks

Orthopedic companies use **financing options and implementation support** to help ASCs launch or expand total joint programs. This matters most when centers add robotics or other capital-heavy equipment. These **models can reduce upfront pressure.** However, they do **not fix weak volume, limited surgeon commitment, staff training gaps, or poor payer economics.** What they can do is pull vendors into the planning conversation before the ASC settles on equipment.

Vendor-backed financing, leasing options, phased payments, or implementation support can make a new program easier to start. **Zimmer Biomet's** ZBX ASC Solutions, for example, includes financing and operational management support for ASCs, while **Stryker** markets a dedicated ASC team, equipment financing options, and ASC support around Mako robotics. This **support is most useful when it helps bridge the early ramp-up period,** but not when the case volumes or margins are too weak to support the program.

**Larger multi-site ASC operators** tend to have more capital flexibility. As a result, they **focus more on network pricing, service reliability, and consistent support** across sites. That can favor broad orthopedic companies, but it can also make these accounts harder to serve profitably because larger operators may expect better pricing and broader support. Focused vendors can still compete with strong surgeon support, clinical value, reliable service, or pricing that fits the ASC's economics.

## Surgeon preference still limits ASC standardization

**Operational support can influence vendor choice.** But it rarely actually overrides implant preference or a surgeon's long-standing loyalty to a particular system.

**Network-level standardization can create friction if it disrupts surgeon workflow,** implant familiarity, or confidence in case support. That is why ASC operators cannot treat implant selection as a pure procurement decision. A preferred vendor still has to be acceptable to the surgeons who bring cases into the center.

That gives larger vendors an opening, but not a guaranteed win. Their **advantage is strongest when they combine an accepted implant system with support** that makes the system easier to use across several sites. Surgeon onboarding, staff training, robotics education where relevant, and repeatable case support can reduce rollout disruption. Over time, that **familiarity can make a vendor harder to replace**, especially if the ASC has trained teams around one system.

For smaller vendors, this support layer can make large ASC networks harder to compete for. A **focused implant company may still win surgeon support**. However, it can run into trouble if the ASC group also wants broad rep coverage, training, logistics, and rollout support across sites. For those vendors, independent ASCs and physician-led centers tend to be more accessible ground. The buying decision there still runs closer to the individual surgeon, which is where a focused vendor's clinical strength matters more. In this case, their task is to show that their product does not create extra work for the ASC or that the clinical value justifies that extra work.

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## Orthopedic vendors use ASC-focused teams to stay embedded

Orthopedic companies are building **ASC-focused commercial teams as the sale no longer runs through the surgeon alone**. These teams still sell implants and related technologies, but they are also expected to help with program launch and workflow planning, training, equipment decisions, and the financial case for total joints.

ASC purchasing decisions often run through administrators, OR leaders, and materials managers, with input from finance and physician owners. The operating surgeon is one voice among several. Vendors need to answer those buyers' questions on implant use, case flow, staffing, and economics. That can help them stay in the discussion.

Once in an account, these **teams matter for keeping it**. Consistent rep presence, reliable troubleshooting, and familiar training processes make it easier for the ASC to stay with the same vendor. For **smaller companies** that

cannot match that coverage across several sites, **this raises the real cost of competing for larger accounts**. They may need to build more support, partner around it, or focus on settings where the buying decision is still closer to the individual surgeon.

## EOS Implic-Action: ASC networks may centralize orthopedic vendor choice

ASC growth is adding a new layer to orthopedic vendor competition. Implant performance and surgeon preference are still part of the test, but **larger ASC groups also want vendors that can pair competitive pricing with consistent operational support across multiple sites**. When these groups centralize more of the buying decision, they may **move toward narrower approved vendor lists or preferred-vendor arrangements**. That puts more pressure on smaller companies that cannot cover all of that across multiple locations.

A network contract can give an orthopedic company a **stronger path into other ASC locations, but it also raises the service burden**. The vendor has to deliver reliable support across several centers, because failure at one site can affect trust across the wider network.

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Over time, this will raise the bar for vendors trying to enter large ASC networks. Vendors that add tray burden, unusual workflow complexity, or uneven rollout will likely face more resistance. **Smaller vendors may still find openings in independent ASCs, physician-led centers, or specific clinical niches where surgeon preference and product fit carry more weight**. Even there, they will need to prove that choosing them will not leave the ASC with extra tray burden, training issues, or service gaps.

