Perioperative Surgical Home

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Conflict

Retired from the University of Washington after 25 years

Now CEO of the non profit Foundation for Health Care Quality

Unfortunately I have no commercial conflicts
Official Education Objectives

Following this presentation the participant will be able to:

- integrate best practices to create an effective surgical home program in their current environment;
- distinguish success at several different levels of surgical home deployment;
- analyze the newest developments in the surgical home model to compare against current practice or surgical home practice.
My Educational Objectives

- I want the audience to understand that the underlying forces that support and impel the Perioperative Surgical Home movement in the United States are underpinned by the idea that the modern practice of anesthesiology extends long before the patient enters the operating room and long after they leave.

- The benefits of this new model of care—no matter what its called—are being adopted everywhere it’s feasible to do so.

- If anesthesiologists don’t lead—someone else will—and they will be telling you how to do your job.
ASA definition of the Perioperative Surgical Home

• The PSH model is a physician-led, patient-centric, team-based system of coordinated care that guides patients through the entire surgical experience, from the decision to undergo surgery to discharge and beyond, with the goal of providing cost-effective, high quality perioperative care and exceptional patient experiences.

• This will be achieved through shared decision-making and seamless continuity of care for surgical patients.
Let's review the history of the PSH

- Henrik Kehlet 1993 – Bonica lecture
- 2000 ASA report on the future of anesthesiology
- 2008 Term Preoperative Surgical Home coined at Westin hotel in Rosemont Illinois
- The past gets foggy here because the past you choose becomes subjective.
  - Anesthesiologists in the USA talk about PSH and all the stuff they have done
  - Europeans anesthetists harken to ERAS—a term they trademarked
  - Surgeons –especially in the the USA—started looking around for a term and ended up licensing “Strong for Surgery” from the University of Washington
IMHOP names don’t matter

- Its progress
- Good progress
- The data for adoption is not supported by strong evidence according to academia
- Practitioners do it because a better way to take care of people
Joint Statements on Physician-Led Team Based Surgical Care

- The American Academy of Orthopaedic Surgeons (AAOS), and the American Society of Anesthesiologists (ASA) have joined together to support a Joint Statement on Physician-Led Team Based Surgical Care.

- This statement says in part that “perioperative care is focused on consistent, efficient, safe, high quality patient-centered medical care; with timely access and full functional recovery being the ultimate goal. Optimal care is best provided by a coordinated multi-disciplinary team recognizing each member’s expertise. Coordinated surgical care provides best outcomes, lowers costs, and increases patient satisfaction.”

- PSH is a model of care that is consistent with and exemplifies the principles of the Joint Statement on Physician-Led Team Based Surgical Care.
Ongoing Outreach Efforts

Medical Specialty Societies

- American Academy of Orthopaedic Surgeon
- American Academy of Pediatrics
- American Urological Association
- American College of Obstetrics and Gynecology
- American Association of Neurological Surgeons
- American Academy of Otolaryngology-Head and Neck Surgery
- American Association of Oral and Maxillofacial Surgeons
- American College of Surgeons
- Society of Vascular Surgery
- Society of Hospital Medicine

Patient Advocacy Groups

- Arthritis Foundation
- National Health Council
- Osteogenesis Imperfecta Foundation

National Hospital

American Hospital Association
Does it apply in Canada?

• Accelerated Recovery does apply—but your guys may come up with a catchy name
• The best implementation I have encountered was in England
• National Health Service hospital on paper records
• Almost 20 years perfecting production line care to reduce complications and accelerate recovery
• Mike Scott and his surgical colleagues at the Royal Surrey Hospital in Guildford England
A Coordinated System of Care: Four Phases with Supporting Teams and Microsystems

**Preoperative**
- Patient engagement
- Assessment & triage
- Optimization
- Evidence based protocols
- Education
- Transitional care plan

**Intraoperative**
- Right personnel for patient acuity and surgery
- Supply chain
- Operational efficiencies
- Reduced variation

**Postoperative**
- Right level of care
- Integrated pain management
- Prevention of complications

**Long Term Recovery**
- Coordination of discharge plans
- Education of patients and caregivers
- Transition to appropriate level of care
- Rehabilitation and return to function
- Reduced variation

**Supporting Microsystems**
- Nursing
- Pharmacy
- Human Resources
- Laboratory
- Central Supply
- Social Services
- Radiology
- Info Technology
Guiding Principles

• Provide a portal of entry to perioperative care and ensure continuity
• Stratify and manage patient populations according to acuity, comorbidities, and risk factors
• Deliver evidence-informed clinical care before, during, and after procedures
• Manage, coordinate, and follow-up on perioperative care across specialty lines
• Measure and improve performance and cost-efficiency

John Kotter: “Our Iceberg is Melting”
Aligned with the Ongoing Shift from Volume to Value

The PSH is a **care delivery model** with outcomes that are aligned with the goals of a variety of **value-based payment models**, including MACRA, but also:

- CMS Bundled Payment for Care Improvement (BPCI) Program
- CMS Comprehensive Care for Joint Replacement (CJR) Program
- CMS Episode Payment Models (EPMs)
- CMS Medicare Shared Savings Program (MSSP)
- CMS Next Generation ACO (Next Gen) Model
- Commercial Accountable Care Organizations (ACOs)
- Commercial Bundles
- Medicaid ACOs and Bundles
- Other Medicaid Reform Programs (e.g., DSRIP)
PSH 1.0 – 44 Members

- July 2014 through November 2015
- Brought together 44 leading healthcare organizations from across the country to define, pilot, and test the PSH model
PSH Learning Collaborative 1.0 - Pilots Launched

- 32 of 44 organizations (73%) successfully launched one or more pilots
- Collectively, members launched a total of 64 pilots
- The number of PSH cases completed by each pilot ranged from 14 to 2,700+
- The most common pilots include:
  - Orthopedics (20)
  - Colorectal (6)
  - Urology (5)
  - General Surgery (4)
  - ENT (3)
  - Neurosurgery/Neurovascular (3)
  - Spine (3)
PSH Learning Collaborative 1.0 - Sample Outcomes

A children’s hospital implemented the PSH for adenoidectomy procedures in early 2015. Some of their preliminary results include:

- 32% decrease in pharmacy costs
- 53% decrease in overall costs
- Savings to the hospital of nearly $50,000 across the first 19 cases

An academic medical center implemented the PSH for joint replacement procedures in 2014. Key results include:

- 28% reduction in average length of stay
- Increased percentage of patients going home rather than to a skilled nursing facility from 17.6% to 32.9%
A community hospital implemented the PSH for total hip and knee joint replacements between 2013 and 2015. Some of the preliminary results include:

- Decrease from 11.9% to 1.9% in readmission rates for total hips
- Decrease from 6.3% to 3.7% in readmission rates for total knees
- Estimated savings of $7,655 over target for each BPCI total joint episode
- Decrease from 25% of patients discharged to SNF or inpatient rehab to 7%
- Increase in patients going home without home health to 67%
PSH 2.0 Members – 58 Organizations
38 in the Core Collaborative and 20 in the Advanced Cohort
A Large and Diverse Membership

• A varied group of leading healthcare organizations:
  ✓ 25 Community Hospitals and Health Systems
  ✓ 18 Physician Groups (with Hospital Partners)
  ✓ 11 Academic Medical Centers
  ✓ 4 Pediatric Hospitals

• Representing 27 states and the District of Columbia

• A third larger than PSH 1.0
Aligned with the Ongoing Shift from Volume to Value

The PSH is a care delivery model with outcomes that are aligned with the goals of a variety of value-based payment models, including:

- CMS’ Bundled Payment for Care Improvement (BPCI) Program
- CMS’ Comprehensive Care for Joint Replacement (CJR) Program
- CMS’ Medicare Shared Savings Program (MSSP)
- Medicaid Bundled Payment Programs
- Commercial Accountable Care Organizations (ACOs)
- Commercial Bundled Payment Programs
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