2016 Joint Meeting

Washington State and British Columbia Societies of Anesthesiologists

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 its 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

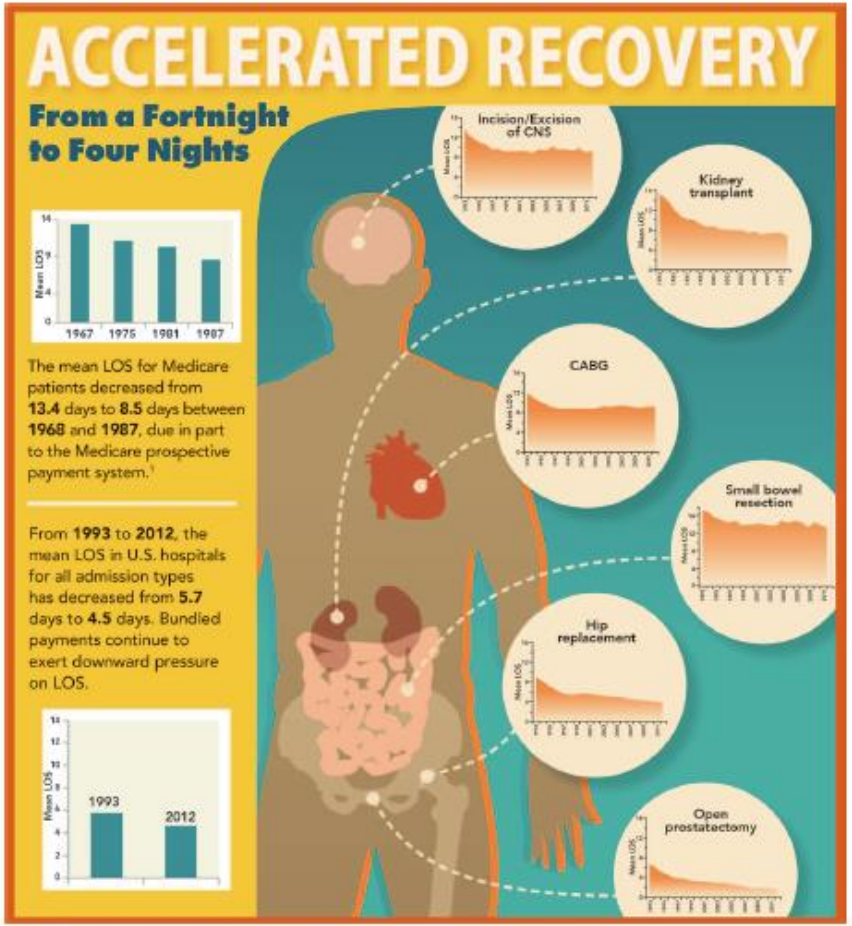
- The PSH model is a physician-led, patient-centric, team-based system of coordinated care that guides patients through the entire surgical experience, from the decision to undergo surgery to discharge and beyond, with the goal of providing cost-effective, high quality perioperative care and exceptional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

Lets 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



AAOS, ACS, and ASA Joint Statements

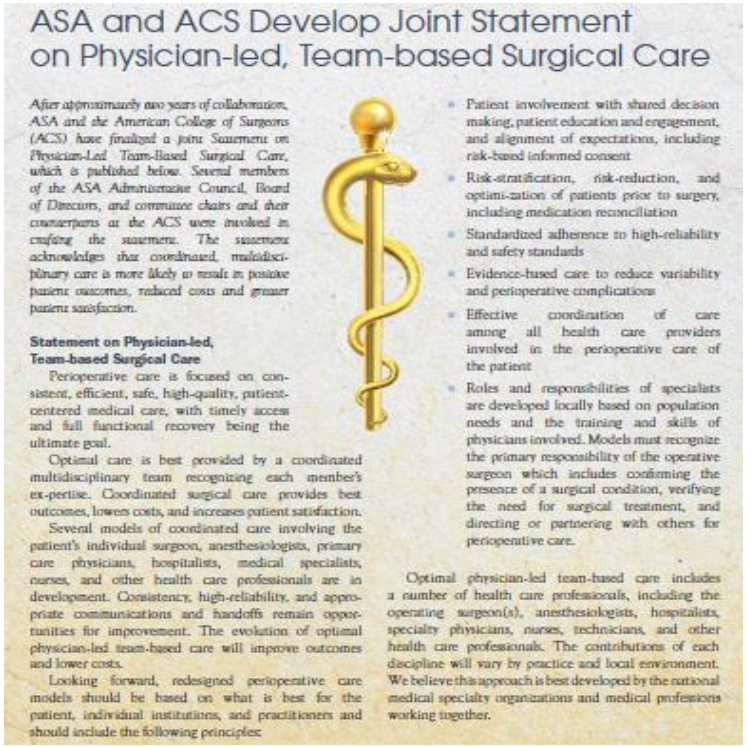
Joint Statements on Physician-Led Team Based Surgical Care

- 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.

AAOS December 2015



ASA and ACS Develop Joint Statement on Physician-led, Team-based Surgical Care

After approximately two years of collaboration, ASA and the American College of Surgeons (ACS) have finalized a joint Statement on Physician-Led Team-Based Surgical Care, which is published below. Several members of the ASA Administrative Council, Board of Directors, and committee chairs and their counterparts at the ACS were involved in crafting the statement. The statement acknowledges that coordinated, multidisciplinary care is more likely to result in positive patient outcomes, reduced costs and greater patient satisfaction.

Statement on Physician-led, Team-based Surgical Care

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 multidisciplinary team recognizing each member's expertise. Coordinated surgical care provides best outcomes, lowers costs, and increases patient satisfaction.

Several models of coordinated care involving the patient's individual surgeon, anesthesiologists, primary care physicians, hospitalists, medical specialists, nurses, and other health care professionals are in development. Consistency, high-reliability, and appropriate communications and handoffs remain opportunities for improvement. The evolution of optimal physician-led team-based care will improve outcomes and lower costs.

Looking forward, redesigned perioperative care models should be based on what is best for the patient, individual institutions, and practitioners and should include the following principles:

- Patient involvement with shared decision making, patient education and engagement, and alignment of expectations, including risk-based informed consent
- Risk-stratification, risk-reduction, and optimization of patients prior to surgery, including medication reconciliation
- Standardized adherence to high-reliability and safety standards
- Evidence-based care to reduce variability and perioperative complications
- Effective coordination of care among all health care providers involved in the perioperative care of the patient
- Roles and responsibilities of specialists are developed locally based on population needs and the training and skills of physicians involved. Models must recognize the primary responsibility of the operative surgeon which includes confirming the presence of a surgical condition, verifying the need for surgical treatment, and directing or partnering with others for perioperative care.

Optimal physician-led team-based care includes a number of health care professionals, including the operating surgeon(s), anesthesiologists, hospitalists, specialty physicians, nurses, technicians, and other health care professionals. The contributions of each discipline will vary by practice and local environment. We believe this approach is best developed by the national medical specialty organizations and medical professions working together.

American College of Surgeons (ACS) Bulletin and ASA Monitor August 2016

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

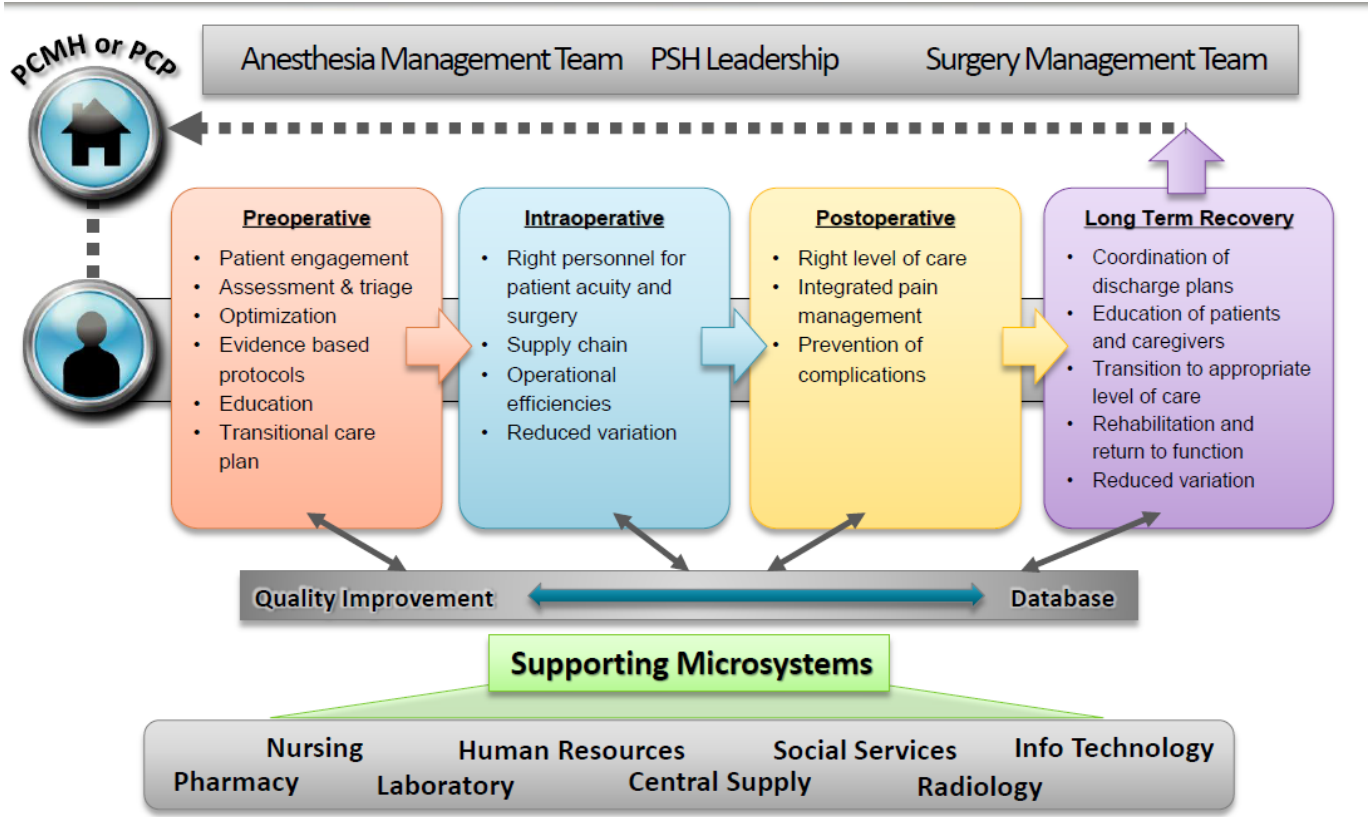
National Hospital

American Hospital Association

Does it apply in Canada?

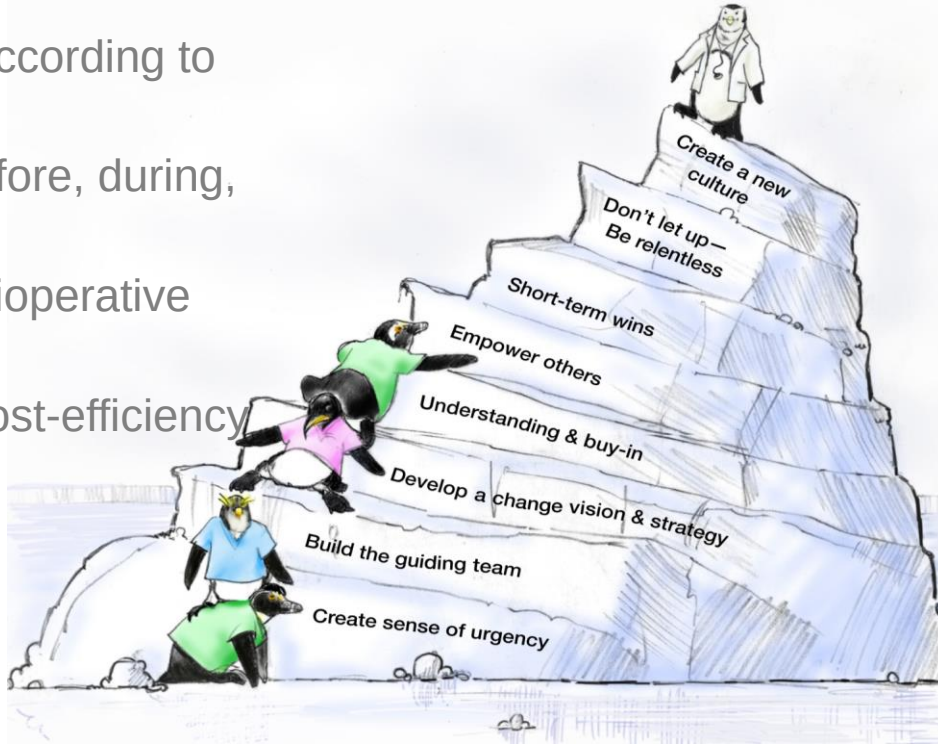
- Accelerated Recovery does apply—but your guys may come up with a catchy name
- The best implementation I have encountered was in England
- National Health Service hospital on paper records
- Almost 20 years perfecting production line care to reduce complications and accelerate recovery
- Mike Scott and his surgical colleagues at the Royal Surrey Hospital in Guildford England
- Levy BF, Scott MJ, Fawcett WJ, Rockall TA. 23-hour-stay laparoscopic colectomy. Diseases of the Colon & Rectum. LWW; 2009;52(7):1239–43.
- Grocott MP, Mythen MG. Perioperative Medicine: The Value Proposition for Anesthesia?: A UK Perspective on Delivering Value from Anesthesiology. Anesthesiol Clin. 2015 Dec;33(4):617-28.

A Coordinated System of Care:
Four Phases with Supporting Teams and Microsystems



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"

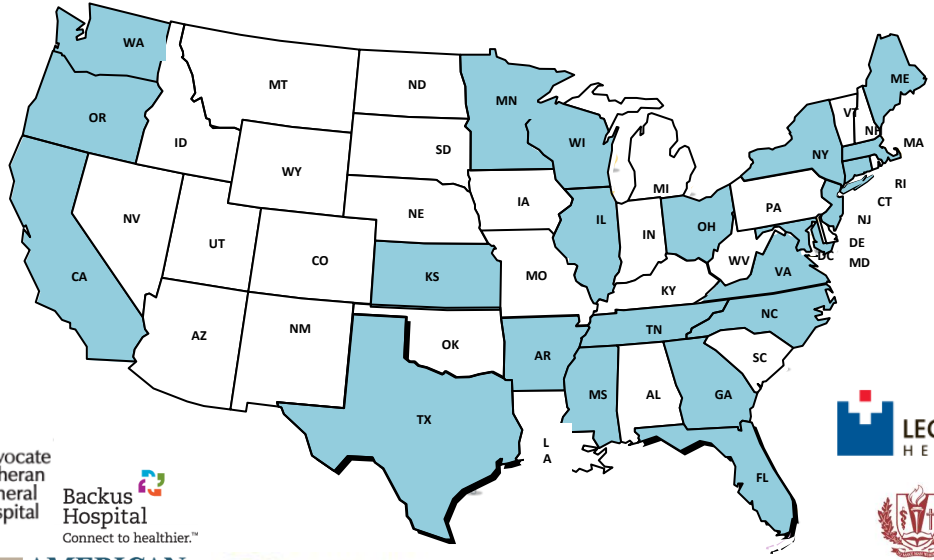
Aligned with the Ongoing Shift from Volume to Value

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:

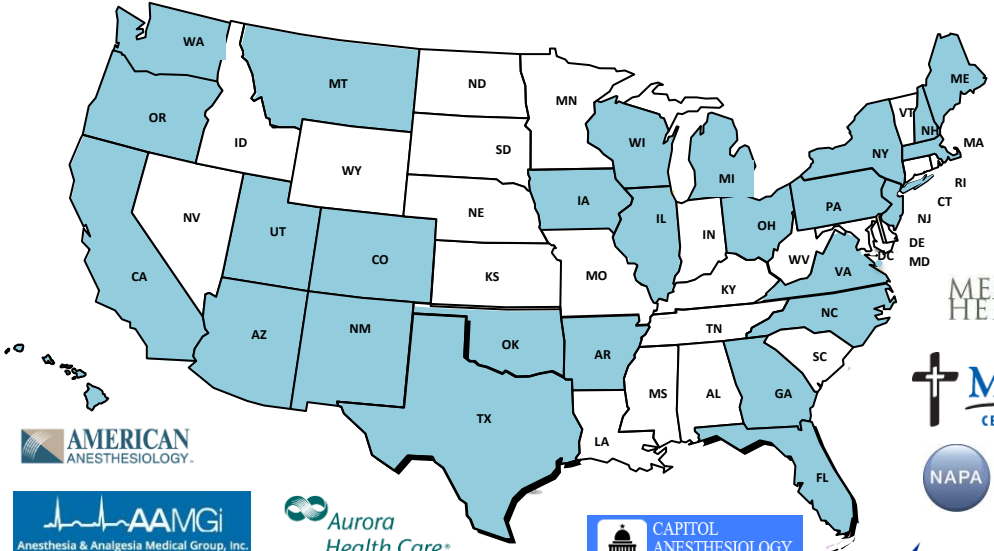
- 28% reduction in average length of stay
- Increased percentage of patients going home rather than to a skilled nursing facility from 17.6% to 32.9%

PSH Learning Collaborative 1.0 - Sample Outcomes (*continued*)

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



AMERICAN ANESTHESIOLOGY

AAMGi Anesthesia & Analgesia Medical Group, Inc.

Anesthesia Associates of New Mexico

Anesthesia CONSULTANTS OF NEW JERSEY, LLC

ASMG ANESTHESIA SERVICE MEDICAL GROUP, INC.

Health AUGUSTA UNIVERSITY

Aurora Health Care

Banner Health

bellinhealth

Bergen Anesthesia Group, PC

Boston Children's Hospital Until every child is well

CAPITOL ANESTHESIOLOGY ASSOCIATION

Central Maine Medical Center The Central Maine Medical Family

children'shealth

CEDARS-SINAI

Children's National

COMMONWEALTH ANESTHESIA ASSOCIATES

INOVA Alexandria Hospital

JAMAICA HOSPITAL MEDICAL CENTER

LEE MEMORIAL HEALTH SYSTEM

LOMA LINDA UNIVERSITY MEDICAL CENTER

LEGACY HEALTH

MEMORIAL HERMANN

McLaren BAY REGION

MERCY CEDAR RAPIDS

MERCY MEDICAL CENTER

NAPA North American Partners in Anesthesia One Exceptional Experience at a Time...Every Day.®

NorthStar ANESTHESIA

Dartmouth-Hitchcock MEDICAL CENTER

FLORIDA HOSPITAL

Henry Ford HEALTH SYSTEM

Intermountain Healthcare

THE QUEEN'S MEDICAL CENTER WEST O'AHU

STRAUB CLINIC & HOSPITAL

Riverside University HEALTH SYSTEM

RAINIER ANESTHESIA ASSOCIATES

MOFFITT CANCER CENTER

NORTHERN COLORADO ANESTHESIA PROFESSIONALS

THE OHIO STATE UNIVERSITY WEXNER MEDICAL CENTER

PeaceHealth Southwest Medical Center

PENNSTATE HERSHEY Milton S. Hershey Medical Center

TriHealth

UCIrvine

UCLA Health

UFHealth UNIVERSITY OF FLORIDA HEALTH

Somnia ANESTHESIA

UnityPoint Health

St. Charles HEALTH SYSTEM

University of Illinois Hospital & Health Sciences System

ST. MARY'S REGIONAL MEDICAL CENTER

The University of Oklahoma Health Sciences Center

PROVIDENCE St. Patrick Hospital

Texas Children's Hospital

Tri-City Medical Center

WELLSTAR West Georgia Medical Center

Wheaton Franciscan Healthcare

WHITE RIVER HEALTH SYSTEM

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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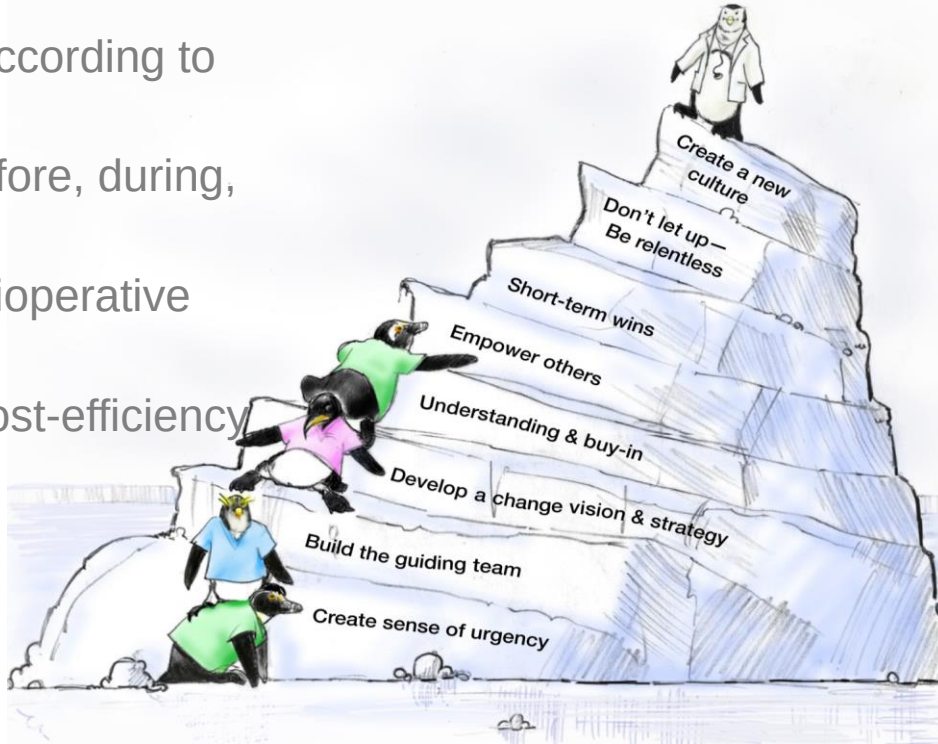

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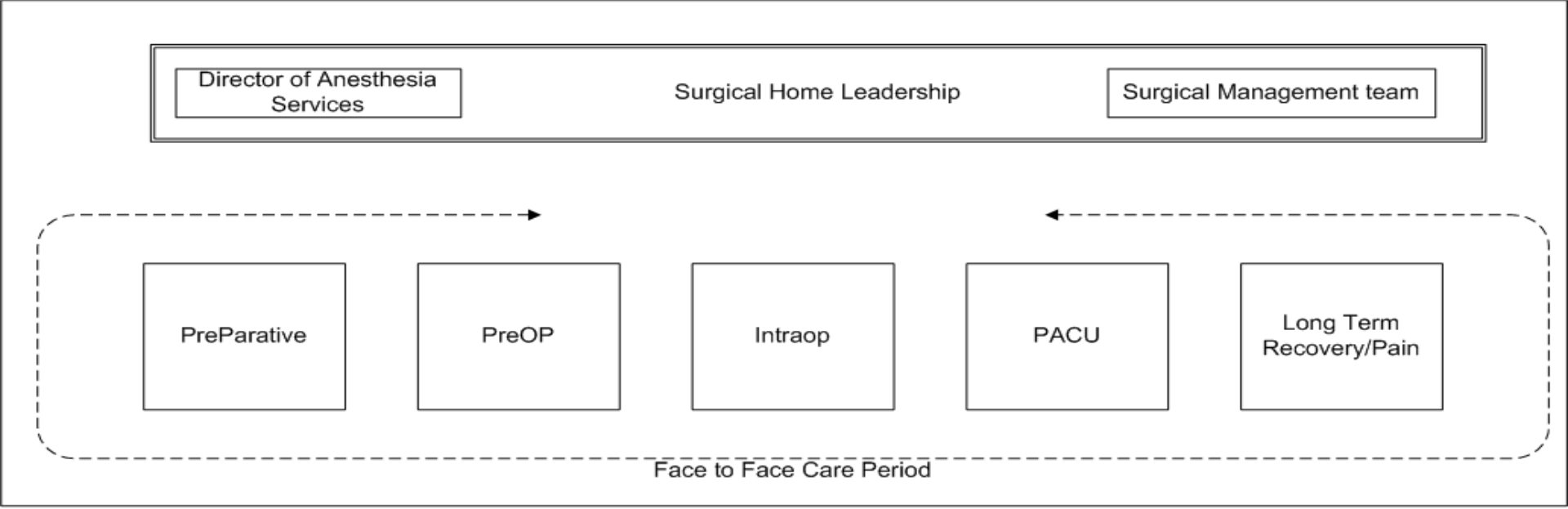

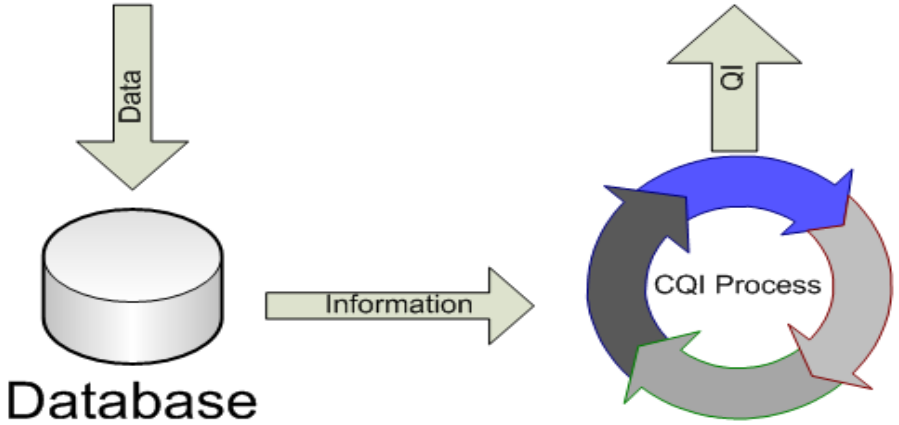

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