

Revving the Perioperative Engine

How an Engaged Anesthesia Group
Can Transform Your Hospital

Introduction

Provision of **efficient, high-quality surgical services is crucial** to the financial survival of today's hospitals and health systems.

According to the Agency for Healthcare Research and Quality, surgical admissions generated a full 48 percent of hospital revenue in 2011.

As reimbursement shifts toward value-based payments, hospitals are seeking to boost quality by integrating surgical services with other hospital-based specialties. However, differing schedules, disparate goals, and cultural clashes can inhibit cooperation — frustrating patients, fragmenting care delivery, and ultimately leading to poorer outcomes.

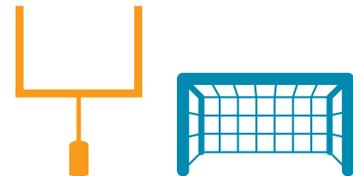
Improving surgical quality requires physician champions who are aligned with their hospital's goals and have the skills and relationships to unite their colleagues in a common cause. This white paper will explore:

- Why anesthesiologists are uniquely positioned to drive quality — both in the perioperative setting and across the hospital
- Practice models that support anesthesiologist leadership and engagement
- How engaged anesthesiologists are changing their hospitals for the better

COOPERATION WITHIN INTEGRATED SURGICAL SERVICES IS OFTEN INHIBITED BY:



Differing Schedules



Disparate Goals



Cultural Clashes

Perioperative Care: Challenges & Opportunities

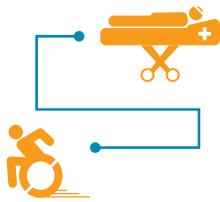
The delivery of **quality surgical care is complicated** by the growing pressures facing hospitals.

In 2014, the Centers for Medicare and Medicaid Services (CMS) added elective hip and knee surgeries to the list of conditions tracked by its Hospital Readmissions Reduction Program. Hospitals with high rates of postoperative readmissions now stand to lose up to 3 percent of their Medicare reimbursements.

Surgical readmissions are a difficult problem for hospitals to tackle. Because caring for surgical patients is such a multi-disciplinary effort, no individual or single department can be held accountable for outcomes. Anesthesiologists, for example, rarely track their patients postoperatively to assess the short- and long-term effects of their clinical decisions.

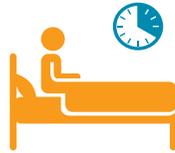
In addition to ramping up the need for quality, value-based payments also require hospitals to operate on static or shrinking budgets. This creates an urgent need for operational efficiencies.

Given most hospitals' thin operating margins...



Patient Flow

+



Length of Stay

+



OR Throughput

can mean the difference between...



Turning a Profit

OR



Closing the Doors

Perioperative Care: Challenges & Opportunities

Meanwhile, the new emphasis on quality and cost-containment has also created challenges for the anesthesia profession.

Historically, due to the high-risk nature of their work, anesthesiologists focused on intraoperative care without significant engagement beyond the recovery room.

Advances in training and medications have made anesthesia care much safer, which is great news for patients. It also means that in order to remain relevant, anesthesia groups must look beyond the OR for new ways to enhance their value. “As the drumbeat moving us toward value-based reimbursement gets louder, we must demonstrate our ability to improve not only surgical services but the entire spectrum of acute care,” says Craig Berlinberg, MD, a practicing anesthesiologist and a director of business development for CEP America.

The evolving needs of hospitals and anesthesiology groups create an opportunity for a mutually beneficial paradigm shift. Healthcare administrators are seeking strong, engaged physician partners who can help them compete financially in the surgical market while meeting the challenges of healthcare reform. And in many ways, anesthesiologists are natural partners in this endeavor. As hospital-based physicians, their fate is directly tied to the success of the facility. And as drivers of the “perioperative engine,” they are poised to lead the creation of integrated care pathways that improve quality, efficiency, and patient experience.

To make this paradigm a reality, anesthesia groups must make the cultural shift from isolated practice to engagement and leadership within their hospitals.

“Any group can come in and do anesthesia. What hospitals really need is a true partner, a group that has an impact on the shape and quality of the care that’s being delivered. That really comes down to physician leadership and the anesthesiologists being invested in all aspects of their hospitals.”

– Michael Paige, MD

Practicing Anesthesiologist and Director of Business Development at CEP America

Reving the Perioperative Engine:

How an Engaged Anesthesia Group Can Transform Your Hospital

A Framework for Engagement

CEP America, a leader in acute care delivery solutions, is committed to providing the physician leadership hospitals need to thrive in challenging times. We are a democratic, multispecialty group structured around the Acute Care Continuum that provides a seamless patient experience across settings. For over 40 years, our physicians have actively partnered with their hospital clients to lead change and transform healthcare delivery.

As a result of our collaborative culture, CEP America anesthesiologists view surgical care as a holistic perioperative program rather than a collection of independent parts. “Being part of an integrated model where hospital-based physicians work together under the same umbrella united by similar protocols makes a lot of sense,” says Paige. “It allows us to develop and disseminate best practices that drive better outcomes, improved efficiencies, and more satisfied patients.”

Here are just a few of the qualities that set CEP America's anesthesia care apart:

INTEGRATION FOCUS. “In a multispecialty organization, I think it's part of the group DNA to think of things collaboratively,” Paige says. “We're programmed to approach problems by bringing different service lines together. And that's true whether we're working with CEP America colleagues, physicians from other groups, or hospital employees.”

LEADERSHIP. CEP America provides anesthesiologists with an arsenal of strategies and resources for transforming their hospitals. “Our physicians have pioneered process improvements like [Rapid Medical Evaluation \(RME\)](#)[®] that enhance emergency department (ED) throughput and decrease inpatient length of stay,” says Theo Koury, MD, chief operations officer. “We're now applying many of those same concepts to surgical efficiency, which is so crucial to the hospital's bottom line.”

ALIGNMENT. When anesthesiologists become leaders within their hospitals, it facilitates their integration into the organizational culture. This gives them a better understanding of the hospital's goals as well as motivation to align with those goals.

ENGAGEMENT. As physician-owners of their practice, CEP America anesthesiologists take a personal interest in their hospitals' successes. The democratic model fosters a sense of ownership that drives engagement and continuous improvement. This energized environment has sparked process innovations like [Team Care](#), [RME](#), and early adoption of ultrasound-guided regional anesthesia.

INCENTIVES. Rather than paying anesthesiologists by the case, CEP America rewards them for getting involved with their hospitals and assuming leadership roles.

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Leading Perioperative Integration

One of the most promising innovations for integrating surgical services delivery is the Perioperative Surgical Home (PSH). This model tasks anesthesiologists with proactively managing surgical patients across care settings from the surgical decision to 30 days post-discharge.

As care managers, PSH anesthesiologists help to coordinate the entire care team, including surgeons, primary care providers, hospitalists, emergency physicians, intensivists, and physical therapists. “The idea is to create a spectrum of care that’s seamless, that facilitates transitions, and that gets people on the trajectory to health and rapid recovery,” Paige says.

While the PSH is championed by the American Society of Anesthesiologists, it can be difficult to achieve in practice. It’s generally been most successful in teaching hospitals, where teamwork and innovation are woven into the culture. By contrast, specialists in private hospitals often work for different physician groups that lack both opportunities and incentives to collaborate with one another.

CEP America’s Acute Care Continuum provides the necessary cultural and structural framework for the PSH to take root. “An integrated, multispecialty practice can take the broad and long-term perspective, developing strategies for clinical excellence that satisfy not just one physician or specialty but the entire organization,” says Peter Nosé, MD, director of anesthesia operations for CEP America. “We recognize the value of integrating our efforts and get excited about the possibility of creating novel advances in healthcare.”

PERIOPERATIVE SURGICAL HOME

As care managers, anesthesiologists help to coordinate the entire team:



Emergency Physicians



Surgeons



Physical Therapists



Hospitalists



Primary Care Providers



Intensivists

Leading Perioperative Integration

Where CEP America staffs multiple service lines within the same hospital, those specialties are united by a shared culture and protocols.

However, this spirit of openness and collaboration also extends to all physician groups and hospital employees, and data and process innovations are freely shared. “In other words, we deliberately create pathways for service lines to work together rather than letting them figure it out on their own,” Berlinberg says.

An example of a successful PSH in action is the Silicon Valley Joint Replacement Center, an anesthesiologist-led program that provides an integrated care pathway for hip- and knee-replacement patients. The center is part of Good Samaritan Hospital in San Jose, Calif., where CEP America currently staffs the ED and anesthesia departments.

Before surgery, the anesthesiologist assesses the patient, obtains needed consultations, prescribes preoperative therapies, and coordinates as needed with the surgeon and primary care physician. Patients also attend a group orientation at the hospital to learn about anesthesia, pain management, and rehabilitation.

Tailored anesthesia is another key aspect of the program. When appropriate, patients receive ultrasound-guided regional anesthesia that effectively controls pain while allowing a quicker return of brain activity. In most cases, patients are up walking on the evening of surgery and begin rehabilitation while still in the hospital. Average length of stay is well below the statewide average of 3.2 days, with over half of patients discharged directly home.

EXAMPLE OF A SUCCESSFUL PSH

Before surgery, the anesthesiologist...



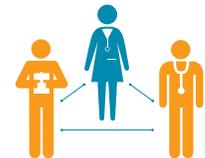
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Obtains needed consultations



Prescribes preoperative therapies



Coordinates as needed with the surgeon and primary care physician

Patients also attend a group orientation at the hospital...



... to learn about anesthesia, pain management, and rehabilitation.

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Leading Perioperative Integration

While the program is designed for elective surgeries, it has also been adapted for emergency use.

When a hip fracture patient presents in the Good Samaritan ED, a clinical pathway is activated connecting the emergency physician, anesthesiologist, surgeon, hospitalist, and orthopedist. The anesthesiologist performs a nerve block in the ED, limiting the need for narcotic painkillers and allowing surgery to begin immediately.

In addition to improving outcomes and efficiency, the center has been an unqualified hit with patients. The inpatient unit that provides postoperative care has consistently achieved excellent satisfaction scores. “Our hospital and all of the parties involved have been excited about what we’ve been able to achieve,” praises Berlinberg.

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– Craig Berlinberg, MD

Practicing Anesthesiologist and Director of Business Development at CEP America

Leading Operational Improvements

In the coming era of dwindling reimbursements, hospitals will be under pressure to maximize efficiency. For surgical services, this means attracting enough cases to keep the OR humming while minimizing delays and downtime.

Operating rooms have fixed costs. If a last-minute problem with the patient causes a cancellation, staff must still be paid. Likewise, long turnaround times between surgeries can eat into revenues. Delays also decrease patient satisfaction and frustrate surgeons, who may choose to take their cases elsewhere.

While surgeons value OR efficiency, accommodating individual surgeons' scheduling and equipment requests can create a challenge for hospitals. Unfortunately, surgical services are often coordinated by non-clinical staff members who have limited authority to negotiate with physicians or troubleshoot concerns.

Perhaps the easiest, most cost-effective way hospitals can improve efficiency is by charging anesthesiologists with surgical services coordination. "The surgeon sees the anesthesiologist not only as a representative of the hospital but also as a peer," says Berlinberg. "This can make them more receptive to working out problems and accepting compromises that increase efficiency."

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Leading Operational Improvements

Implementing the PSH model can also boost operational performance.

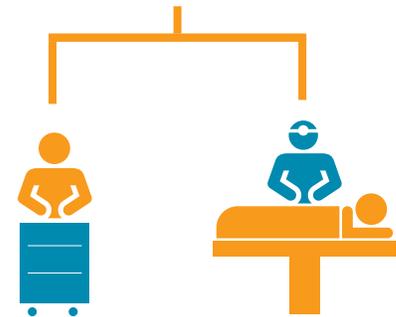
When anesthesiologists are involved in preoperative care, they're much more likely to catch problems early. This not only helps to prevent last-minute cancellations, it eliminates hassles for the patient too.

Anesthesiologists are well positioned to lead the development of protocols and processes that streamline OR throughput. For example, as a medical director for a busy ambulatory surgery center, Dr. Nosé was able to help decrease turnaround time between cases from over 40 minutes to under 20 by focusing on opportunities for parallel processing. This meant creating shared expectations among team members so the surgical technician could perform a time-consuming setup while the surgeon was simultaneously preparing the patient.

“Before this process change, the surgical technician felt compelled to have everything in place before the patient could even enter the OR,” Nosé says. “It sounds simple, but it was really about coordinating multiple, simultaneous activities rather than conducting them one after the other. With aligned goals of efficient throughput, anesthesiologists and OR leadership have helped identify when team members should work independently and when they must work together.”

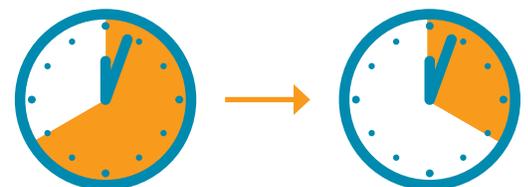
Organizations like CEP America also have the resources to develop and implement protocols based on best practices. Administering tailored anesthetics based on these protocols helps to boost efficiency and patient experience. A multi-modal anesthetic, including the use of regional anesthesia, allows patients to wake up faster, with fewer side effects, and with the energy to begin rehabilitation.

INNOVATIVE PROTOCOL PARALLEL PROCESSING



Technician sets up while surgeon preps the patient

RESULT
Turnaround time between cases decreased from over 40 minutes to under 20.



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Leading Improvement Across The Hospital

While anesthesiologists are a natural choice to lead change within the perioperative setting, their influence need not stop there. Advances in anesthesia safety and delivery have freed them to spend more time addressing acute pain elsewhere in the hospital.

Anesthesiologists are the default “policy owners” of many common pain management modalities, and their oversight can make these procedures safer and more effective. “For example, the delivery of procedural sedation by emergency physicians is absolutely critical to ED practices,” says Richard Newell, MD, former ED medical director at Good Samaritan Hospital and director of quality and performance at CEP America. “By working closely with anesthesiology, we’ve been able to develop policies that let us move quickly to ease pain without compromising patient safety or care quality.”

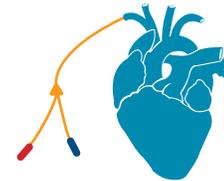
In addition to strengthening core service lines, an engaged anesthesia department can greatly enhance the depth and breadth of the hospital’s specialty care. Strong anesthesia support allows organizations to expand lucrative services like gastroenterology, interventional cardiology, and electrophysiology (arrhythmia) services. And anesthesiologist involvement is also essential to the achievement and maintenance of prestigious designations like Primary Stroke Center Certification.

STRONG ANESTHESIA SUPPORT

allows organizations to expand
lucrative services like...



Gastroenterology



Interventional Cardiology



Electrophysiology
(Arrhythmia) Services

The Benefits of Engagement

When anesthesiologists step into leadership roles, hospitals, colleagues, and patients all benefit.

For hospitals, anesthesia leadership can significantly boost revenue and reimbursement. Improved surgical efficiency allows the hospital to schedule more cases. Implementation of standardized care protocols decreases patients' lengths of stay while improving outcomes. All of this adds up to satisfied patients and surgeons, improving the hospital's reputation and generating referrals.

Hospitals are also likely to see an uptick in value-based reimbursements. Perioperative care coordination boosts quality scores by preventing 30-day readmissions and satisfying patients.

Coordinated care improves patient outcomes as well as providing a better surgical experience. Patients who receive anesthetics that are based upon standardized care protocols and tailored to reflect best practices wake up faster, and have shorter hospital stays and fewer side effects. Consultation between the anesthesiologist and hospitalist can sometimes help prevent an intensive care stay. Care coordination also reassures patients that someone is looking out for them. They feel more prepared for surgery, more confident in the healthcare team, and less burdened by care transitions.

Finally, an engaged anesthesiology group can be a catalyst for closer teamwork between specialties. Despite some initial resistance, many physicians are pleasantly surprised at how fulfilling this type of practice can be. "Having a meaningful impact on patient care is a tremendous satisfier for physicians," says Paige. "They're creating something, shaping it, owning it."

BENEFITS FOR HOSPITALS WITH ANESTHESIOLOGISTS AS LEADERS



Uptick in value-based reimbursements



Higher quality

Perioperative care coordination boosts quality scores by preventing 30-day readmissions and satisfying patients.



Highly efficient ORs generate new business.

Satisfied surgeons bring more cases to the hospital.

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Making The Shift

Anesthesiologist-led integration of surgical services is already transforming hospital care for the better. In the end it's about patients.

“If one of my family members were admitted, I'd want them taken care of with this model. I really believe the practices we're refining can help patients everywhere.”

– **Michael Paige, MD**

Practicing Anesthesiologist and Director of Business Development at CEP America

CEP America is one of the leading providers of acute care management and staffing solutions in the nation. Founded in 1975, we now serve more than 5.2 million patients annually at over 140 practice locations throughout the United States.

For more CEP America resources, visit go.cep.com/moreinfo.html.

To learn more about CEP America's acute care management services, including anesthesia staffing, call 1-800-600-6339.