

The Perioperative Surgical Home

This article is summarized from a report [310-3.2] submitted to the ASA House of Delegates on Aug. 21, 2011, by then ASA President Mark Warner, M.D., entitled “Surgical Home Draft Proposal,” intended to serve as an emerging draft proposal for pilot innovation demonstration projects. Dr. Warner serves as Dean of the Mayo School of Graduate Medical Education.

Issue

There is an undeniable need for a coordinated and widely adopted construct to improve quality of care and outcomes while ensuring patient safety and achieving cost savings across the widest possible range of surgical interventions. This is important because surgical care—and morbidity and mortality during the perioperative period—is associated with approximately 65 percent of all hospital expenses. Reducing the frequency, severity and expense of complications (such as pulmonary thromboembolism, wound infections, opioid-associated respiratory depression, pneumonias) requires coordinated management across the entire surgical episode of care. Anesthesiologists are better positioned than even surgeons to identify potential clinical problems, coordinate and manage the perioperative milieu, reduce costly complications, and improve efficiency of care.

The Institute of Medicine and others recognize anesthesiologists as the leaders in patient safety. Anesthesiologists have training, skills and perspectives that allow them to coordinate and manage the perioperative care of patients by assisting surgeons and proceduralists, as well as hospital administrators and ancillary personnel, in achieving the shared vision of coordinated care with reduced complications and expenses. The “Partnership for Patients” created by the American Association of Medical Colleges and other initiatives present multiple opportunities to advance innovative ideas to meet multiple shared goals.

A demonstration project would evaluate whether anesthesiologists, when supported by Medicare, Medicaid and private health plans, will be able to achieve the following goals:

1. Reduce unjustified variation in utilization and expenditures
2. Improve the safety, effectiveness, timeliness and efficiency of health care
3. Increase the ability of beneficiaries to participate in decisions concerning their care
4. Provide delivery of care that is consistent with evidence-based guidelines in historically underserved areas

Problem

Medical care coordination is frequently lacking or not fully developed. Thus, many entities are evaluating the efficacy and cost-effectiveness of “medical

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homes” and other coordination efforts. Similarly, there is a dearth of appropriate coordination efforts along the surgical continuum of pre-, intra-, and post-operative care. Emerging or existing patient outcome registries represent significant steps to advance optimal technical surgical outcomes, but larger issues associated with inefficient perioperative care and expensive complications are not being comprehensively addressed currently by our health care system. This deficiency results in increased hospital readmissions, hospital-acquired conditions, and added costs, all of which put unnecessary strain on scarce health resources and can lead to protracted patient morbidity and even mortality.

ASA’s Draft Proposal for Innovative Perioperative or “Surgical Home” Demonstration Projects with Medicare

This new perioperative or “surgical home” concept reflects the great potential that coordination and management of surgical patients has to reduce complications and improve efficiencies and cost-effectiveness in perioperative care. The role of anesthesiologists as perioperative physicians is evolving. Because anesthesiologists care for patients with a variety of co-morbid conditions from admission to discharge, they are uniquely suited to help health care organizations improve the quality of care that patients receive. They play a key role in improving surgical care because the perioperative period is often a time when many care providers are acting independently, which can easily introduce errors, expenses and inefficiencies associated with poor coordination of care—and with suboptimal patient satisfaction.

The surgical home concept would more actively integrate anesthesiologists into the patient continuum by increasing their involvement in all parts of the perioperative period, including preoperative assessment, intra-operative stabilization and safeguarding of all body systems and vital organs, and post-operative optimization and pain relief. By coordinating the services provided by other health care professionals in the perioperative period, the anesthesiologist also would improve communication and address system issues that frequently contribute to suboptimal outcomes.

To achieve success for the surgical home, the following may be required (numbers in parentheses indicate capturing the numbered goal listed above):

- Surgeons, internists and family practitioners, in either an inpatient or an outpatient setting, would involve the anesthesiologist in patient assessment, and do so *earlier* in the presurgical period than occurs under the current common practice of non-anesthesiologist physicians and nurses evaluating patients shortly before surgery and determining which tests and studies are needed. This schema for change in practice would potentially avoid unnecessary (and duplicative) tests and

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studies, and the results of those deemed necessary would be available in a timely manner for the anesthesiologist. Surgical delays and last-minute postponements would be minimized. (#1)

- Earlier contacts with patients, soon after decision to operate, would allow for the various anesthetic and postoperative management options to be discussed and explained, making for better-informed patients who now would be more empowered to partner with their physicians. Patient satisfaction would be enhanced. (#3)
- Primary care physicians, anesthesiologists and other medical and surgical physicians would work to improve communication and coordination of care and be better positioned to address complications or patient concerns as well as to provide for efficient and effective transfers of care between all health care settings. (#1)
- Anesthesiologists would become more involved in the development of hospital protocols and systems that positively impact perioperative management. Examples include anticoagulation, transfusion and diabetic management guidelines; strategies to ensure timely administration and re-administration of antibiotics; and educating physicians and nurses on issues, such as pain management, that frequently contribute to prolonged hospitalization. (#2)
- Other areas that can be systematically retooled would include the availability of essential airway management equipment and skills throughout the hospital; development and oversight of rapid response teams; efficient and cost-effective preoperative testing (such as echocardiograms, pulmonary function tests); fluid resuscitation, shock treatment and cardiopulmonary resuscitation protocols. (#1)
- Coordination and oversight of a variety of functions that improve outcomes and curb postoperative pain, morbidity and mortality. (#2)

By taking steps to oversee a patient's care within the surgical home model, anesthesiologists can help hospitals and other health care organizations meet the aims and priorities of the National Quality Strategy and other recent calls for innovation and positive change. Expansion of the role of anesthesiologists within the surgical home concept would assist health care entities to earn additional funds made available through the new Partnership for Patients initiative.

The case for the surgical home concept is not theoretical. Leading institutions have documented savings and improved outcomes with its introduction. For example, anesthesiologists at the Mayo Clinic in Rochester, Minn., reduced transfused blood products by half, while decreasing infection risks and the incidence of renal dysfunction—and saving millions of dollars. Other savings

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at Mayo involved the identification of patients at high risk for developing complications related to obstructive sleep apnea. Such practices will influence facility administrators and health insurers to identify value in this extension of the practice of anesthesiology. Surgical home innovations would help stabilize costs while improving the cost-effectiveness and efficiency of patient care and outcomes.



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