Alignment Strategies - Physician/Hospital

- Development of a Physician Alignment Agreement should include these five elements:
  - An articulated vision that is strategic, patient-centered and quality driven.
  - A clear rationale for physician health system alignment, along with a description of which physicians (or all) are part of the alignment.

- Establishment of roles and responsibilities for the affected physicians and health system.
- Establishment of quantitative and measurable goals, along with an appropriate timeline.
- A plan for the equitable sharing of economic gains and risks, that is defined up front.
Opportunities

Existing Accountable Care Organizations-Integrated Care Models

Hospital/Physician collaborations- gainsharing/shared savings opportunities

Goal- control Medicare per capita cost growth rate thru care coordination and process improvement along the surgical care continuum.
How would this work
PSH-Disruptive Innovation

- Extension of PCMH - 29% of 2 trillion health care expenditures on surgical care.
- Anesthesiologists as perioperative physicians
- Optimal preoperative testing and preparation
- Intraoperative efficiency-LEAN
- Improved patient satisfaction and engagement
- Improved clinical outcomes and fewer complications
- Application of evidence based principles
- lower cost for physician preference items
- post procedural care initiatives
- care coordination and transition planning-decrease readmission rates
Anesthesia Quality Institute-NACOR

- Qualified Clinical Data Registry- Data to improve perioperative processes and improve patient safety
- Promotes Value in perioperative services
- Outcomes- measures that matter to patient. Postoperative nausea and vomiting. Adequate pain control. Time to return to normal activities
- Cost- Decrease length of stay. Standardize preoperative testing. Decrease case postponement/cancellation rates. Diminish delays in flow along the expected arc of perioperative care.
- AQI data will serve to promote best practices in perioperative care
Examples-Hip fracture pathway

- Creation of Anesthesia screening and triage pathway for patients with hip fractures. **DOOR TO OR in 36 hrs.** Coordinate thru HIE/CRISP/PCMH to eliminate test duplication/prevent readmission/future fall prevention.

- **Optimize**
  - Decrease cancellations
  - HIE/CRISP
  - LEAN
  - Eliminate duplication
Example-Colorectal Enhanced Recovery Pathway

Studies at Mayo Clinic confirm improved patient satisfaction and decreased length of stay by instituting fluid management strategies, aggressive pain control, and early ambulation. ERP’s for minimally invasive colon surgery have been shown to speed the recovery of bowel function and decrease hospital length of stay by 24 hours. At Shady Grove Medical Center patients enrolled in this pathway will begin ambulating the evening of surgery and begin a soft diet on post-op day two. We anticipate that patients will be discharge ready on post-operative day 3.
PSH-Triple Aim

- Minimize readmissions
  Better Health

- Minimize complications
  Better Population Health

- Evidence Based Care
  Lower Cost