

Winners and Losers in U.S. Healthcare Reform: The Critical Role of Acute Surgical and Procedural Care Delivery

David C. Mackey MD
UT MD Anderson Cancer Center
Houston, TX

Marketplace Competition Will Make You A Winner Or A Loser

Your...

- Salary
- Benefits
- Working conditions
- Job security

The Retail Revolution

The transformation to patient-centered retail service competition focused on the overwhelming importance of **quality**, **cost**, and **access**. It is critically important that frontline physicians, nurses, and other healthcare personnel not only continue to give excellent care, but learn how to run their healthcare system's business.

1. The situation report: risk v opportunity
2. The role of anesthesia services delivery
3. The future is here now
4. Clinical skills alone are not enough
5. Healthcare system stress test

The Future Is Already
Here—It's Just Not
Evenly Distributed

William Gibson

One Can Successfully
Deny Reality, But No
One Can Escape The
Consequences Of
Denying Reality

Ayn Rand

Too Big (Or Too Famous) To Fail?

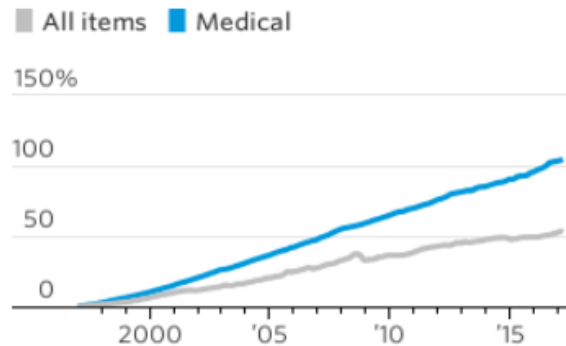
It is not the strongest of the species that survive, nor the most intelligent, but *the one most responsive to change.*

Charles Darwin

Cost of Care

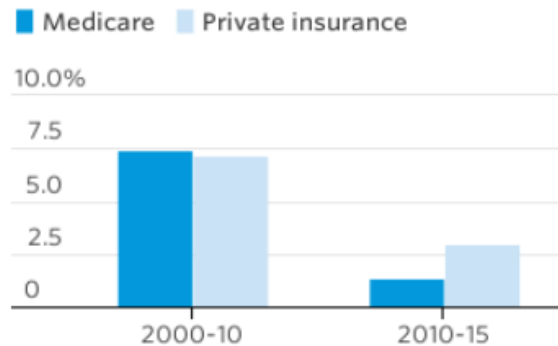
As U.S. medical costs
outstrip inflation...

Consumer-price index,
change since 1997



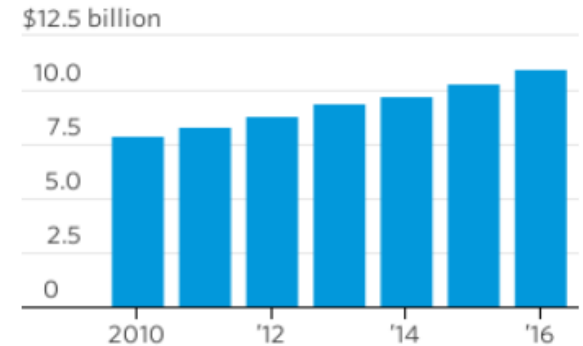
...and insurance-spending
growth rates decline...

Average annual growth
in per-capita spending,
2000-15



...Mayo Clinic is revamping
even as its revenues grow
steadily.

Total revenue



Sources: Labor Dept. (CPI); Kaiser Family Foundation (spending); Mayo Clinic

“Mayo Clinic’s Unusual Challenge: Overhaul A Business That’s Working”
R. Winslow, WSJ, June 2, 2017

“Doctors at the Mayo Clinic, the 153-year-old institution that pioneered the concept of patient-centered care, considered it an ideal place to practice, one that wasn’t in much need of fixing...Dr. John Noseworthy, Mayo’s chief executive officer, had a different view about the need for change. **He saw declining revenue, he says, from accelerating efforts by government health programs, private insurers and employers to rein in health-care costs as a looming threat to the clinic’s health.**”

“Outside analysts have provided the clinic with projections that over the next five years its reimbursement could decline 5% to 20%. ***‘The storm,’ Dr. Noseworthy says, ‘is still coming.’***”

“Mayo Clinic’s Unusual Challenge: Overhaul A Business That’s Working”
R. Winslow, WSJ, June 2, 2017

Large employers say health plans will cost more than \$14,000 for an employee in 2018

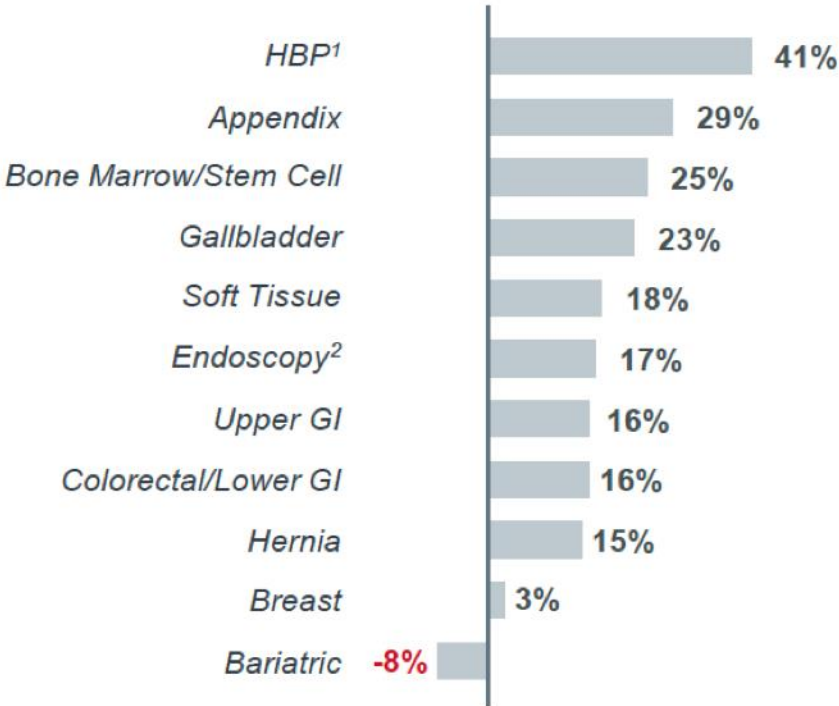
By **Carolyn Y. Johnson** August 8 at 10:00 AM

Large employers say the cost of health-care plans will grow 5 percent next year, to an average cost of more than \$14,000 per employee. The increases, reported in a new survey of 148 large companies, were attributed largely to expensive specialty drugs and individuals with high medical costs.

Rising OP Procedures Setting the Bar for Growth

Patient Convenience, Payer Pressures Shifting Care to Non-HOPD Sites

National General Surgery Volume Growth Projections, by Subservice Line
Outpatient, 2015-2020



Site of Care Volume Growth 2015-2020

- 7%** Projected HOPD³ Volume Growth
- 27%** Projected ASC Volume Growth
- 28%** Projected Endoscopy Center Volume Growth

1) HBP: Hepatobiliary pancreatic procedures.
 2) Endoscopy includes colonoscopy and EGD.
 3) HOPD: Hospital outpatient department.

“Health-care turmoil brings leadership turnover in Houston, across US”

“After **Michael Covert** submitted his resignation as CEO of the St. Luke's Health System last month, the initial announcement came not from his Houston bosses, but from the Colorado headquarters of its owner, Catholic Health Initiatives. The internal email, sent to Catholic Health CEOs around the nation and absent customary expressions of thanks, widely was interpreted as evidence the move was driven by the national office, unhappy about St. Luke's multimillion-dollar losses.”

Todd Ackerman
Houston Chronicle
Updated 8:37 am, Tuesday, July 11, 2017

“Around the country, health-care system governing boards increasingly are losing patience as their hospitals struggle to adjust to a rapidly shifting health-care landscape — one characterized by declining insurance reimbursements, a push to get patients into outpatient clinics, policy uncertainty in Washington and the replacement of the old fee-for-service model with value-based care. The combined forces have resulted in a sharp downturn in the operating margins of many hospitals.”

“Nowhere has there been more change at the top than Houston — home to the world's largest medical complex — where not just Covert, but MD Anderson Cancer Center’s Dr. Ron DePinho and Memorial Hermann Health System’s Dr. Benjamin Chu also recently left unceremoniously.”

“Rep. Scalise being treated at hospital with one of worst safety ratings in D.C. area”

The Washington hospital where Louisiana Rep. Steve Scalise was taken for his gunshot wounds last month has scored extremely low in safety ratings, including for infections which the House majority whip is now being treated for.

Jayne O’ Donnel, USA TODAY Published
11:08 a.m. ET July 8, 2017 | Updated 12:39
p.m. ET July 8, 2017

“Medstar Washington Hospital Center scored a D in hospital safety ratings by Leapfrog Group and just two out of five stars in the ratings done by the Centers for Medicare and Medicaid Services (CMS) Hospital Compare website...Scalise's condition steadily improved from critical to serious to fair, but on Wednesday, hospital officials said he was moved back to the intensive care unit. He had another surgery Thursday for the management of infection and is back in serious condition.”

Perioperative Surgical Home?

PERIOPERATIVE CARE

FROM THE EDITOR

Perioperative Medicine: A Fundamental Facet of Our Identity

of us, being a hospitalist at the outset safety and
sively, of a commitment to ately, seen
patients for whom things

HEALTH CARE REFORM

ORIGINAL INVESTIGATION

Comanagement of Hospitalized Surgical Patients by Medicine Physicians in the United States

Gulshan Sharma, MD, MPH; Yong-Fang Kuo, PhD; Jean Freeman, PhD;
Dong D. Zhang, PhD; James S. Goodwin, MD

Background: Comanagement of surgical patients by
medicine physicians (generalist physicians and
medicine subspecialists) has been associated with
efficiency and to

DEBATES IN HOSPITAL MEDICINE

Surgical Comanagement: A Natural Evolution of Hospitalist Practice

Christopher Whinney, MD
Franklin Michota, MD

"With the rapid advance of medicine to its present-
tutis in which it evokes the aid of all the natural s
an individual is no more able to undertake the mo
cate problems alone, without the aid and cooper
colleagues having special training in each of the
than he would



Creating the Hospital of the Future: The Implications for Hospital-Focused Physician Practice

Health Affairs **Blog**

Physician Burnout Is A Public Health Crisis: A Message To Our Fellow Health Care CEOs

John Noseworthy, James Madara, Delos Cosgrove, Mitchell Edgeworth, Ed Ellison, Sarah Krevans, Paul Rothman, Kevin Sowers, Steven Strongwater, David Torchiana, and Dean Harrison

March 28, 2017



Health Affairs Blog

Physician Burnout Is A Public Health Crisis: A
Message To Our Fellow Health Care CEOs

Casgrove, Mitchell Edgeworth, Ed Ellison,
Fennell, Groganwater, David Torchiana, and

“The spike in reported burnout is directly attributable to **loss of control over work, increased performance measurement** (quality, cost, patient experience), the **increasing complexity of medical care**, the **implementation of electronic health records (EHRs)**, and **profound inefficiencies in the practice environment**, all of which have altered work flows and patient interactions.”



Health Affairs Blog

Physician Burnout Is A Public Health Crisis: A Letter To Our Fellow Health Care CEOs

By Mitchell Edgeworth, Ed Ellison,
and David Torchiana, and

“The consequences of physician burnout are significant, and threaten our U.S. health care system, including **patient safety, quality of care, and health care costs**. Costs are impacted by burnout in direct ways (e.g. turnover, early retirement, less than full time work) and indirect ways (e.g. poor quality , including medication and other errors, unnecessary testing and referrals, greater malpractice risk, and possibly higher hospital admissions/readmissions).”

Walmart in Early-Stage Acquisition Talks With Humana

If companies do strike deal, it would be retail giant's largest by far



...would transform Walmart overnight into one of the nation's largest health insurers...The Bentonville, Ark., retailer is the country's largest private employer, with about 1.5 million U.S. workers, and a deal with Humana could allow the retailer to save on its own insurance plans."

Should there be a deal with Humana, it would transform Walmart overnight into one of the nation's largest health insurers.
PHOTO: MIKE BLAKE/REUTERS; TY WRIGHT/BLOOMBERG NEWS

By Dana Mattioli, Sarah Nassauer and Anna Wilde Mathews

Updated March 29, 2018 8:02 p.m. ET

- “The talks come as health-service providers are rapidly pairing off and retailers—particularly pharmacy chains—are looking to diversify and bulk up in the face of the competitive threat from e-commerce giant Amazon.com Inc.”
- “A Walmart-Humana deal would cap a rapid-fire series of transactions that could transform the business of managing health care.”
- “In December, CVS Health Corp. agreed to buy Humana rival Aetna Inc. in a \$69 billion deal aimed at allowing the drugstore-chain to capture more of what consumers spend on healthcare.”

- “In March, health insurer **Cigna Corp.** agreed to buy **Express Scripts** Holding Co., the biggest administrator of prescription-drug benefits in the U.S. for \$54 billion.”
- “Meantime, **Amazon** has loomed even larger in the health-care industry, especially after its January announcement that it would partner with **Berkshire Hathaway** Inc. and **JPMorgan Chase** & Co. on a venture to reduce their employees’ health-care costs.”
- **Amazon** has been eyeing an entry into the **pharmacy-services industry**, and it recently expanded its discount Prime program to beneficiaries of Medicaid,...

Healthcare Transformation: **Retail Emphasis**, with Competition As the Primary Tool For Bending the Cost Curve



“What, me worry?”

There will be winners and there will be losers
(there already are losers—most losers just
don't know it yet)

Competition Is Here

U.S. hospital beds, last decade: 1M
→ 800K

Today: 65% occupancy

INDUSTRY NEWS > HEALTH CARE

Blue Cross drops Kelsey-Seybold Clinic from most plans

Jul 29, 2016, 8:43am CDT Updated Jul 29, 2016, 10:08am CDT

INDUSTRIES & TAGS Health Care

Houston Bus J
07.29.16

21 hospital closures in 2016

Written by Ayla Ellison ([Twitter](#) | [Google+](#)) | January 06, 2017 | [Print](#) | [Email](#)

Hospitals across the nation face a myriad of challenges, including reimbursement cuts and dwindling inpatient volumes. These issues have caused many hospitals to close in recent years.

INDUSTRY NEWS > HEALTH CARE

Below are 21 hospital closures listed below no longer provide emergency care or primary care

Mar 13, 2017, 4:30pm MST

INDUSTRIES & TAGS Health Care

Banner Health eliminates doctors in restructuring process

Phoenix Bus J 03.13.17

Becker's
Healthcare
01.06.17

Weak patient admissions to bug hospital operators through 2018

Ankur Banerjee and Divya Grover

4 MIN READ



(Reuters) - Weak patient admissions that plagued U.S. hospital operators in the June quarter are likely to persist through 2018, as patients fret about soaring out-of-pocket costs and the future of Obamacare remains uncertain.

Companies including HCA Healthcare Inc, the largest for-profit hospital operator, and Tenet Healthcare Corp have reported dismal quarterly results and cut their forecasts for the year.

High-deductible health plans - which shift initial medical costs to patients, but have lower monthly premiums - are becoming popular, resulting in patients pushing back non-emergency surgeries.

Moody's: Preliminary nonprofit healthcare profitability margins at 10-year low

Written by Kelly Gooch | April 23, 2018 | [Print](#) | [Email](#)

The nonprofit hospital median operating cash flow margin decreased to 8.1 percent in fiscal year 2017, marking the lowest level seen since the 2008-09 recession, according to preliminary financial data from Moody's Investors Service.

The revenue decline comes amid expense growth and pinched revenue growth.

BECKER'S
Hospital CFO Report

UnitedHealth may drop Northwestern's 1,200-physician group by year's end

—Written by Morgan Haefner | July 24, 2018

UnitedHealth Group's health insurance business, UnitedHealthcare, may drop Chicago-based Northwestern Medical Group from its network if an agreement between the two organizations expires without resolution Jan. 1, according to a notice on Northwestern's website.

Show Me The Money:

Top Hospital Revenue Sources

- Laboratory
- Pharma
- Imaging
- Procedural Care

theranos

SAMPLE
COLLECTION
DEVICE



NANOTAINTER™
TUBES

theranos technology development.

At Theranos, we are developing technologies that will enable us to make it possible for more people, in more places, to get the laboratory tests they need.

The lab, miniaturized.

The Theranos miniLab is a portable device that is designed to have the capability to process and analyze very small samples of blood. Think of it as being a huge diagnostics lab that has been condensed down to the size of a microwave. In the future, the Theranos miniLab will be part of a decentralized diagnostic platform that allows for diagnostic testing outside of a traditional central lab setting.

Our goal is to create a new era in lab testing that will make it easier for guests to get accurate and thorough test results, faster and at a fraction of the price.



Top Hospital Revenue Sources

- Laboratory
- **Pharma**
- Imaging
- Procedural Care

Prescription Drug Rates Remain Top Healthcare Supply Chain Issue

Increasing prescription drug rates topped health system executive concerns, causing them to look to healthcare supply chain solutions, such as specialty pharmacies.



STUDY FOUND...

Prescription drug spending for BCBS members

↑ **10%** ANNUALLY | ↑ **73%** IN 7 YEARS

UPWARD TREND DUE TO A SMALL FRACTION OF EMERGING, PATENTED DRUGS USED TO TREAT CHRONIC DISEASES.

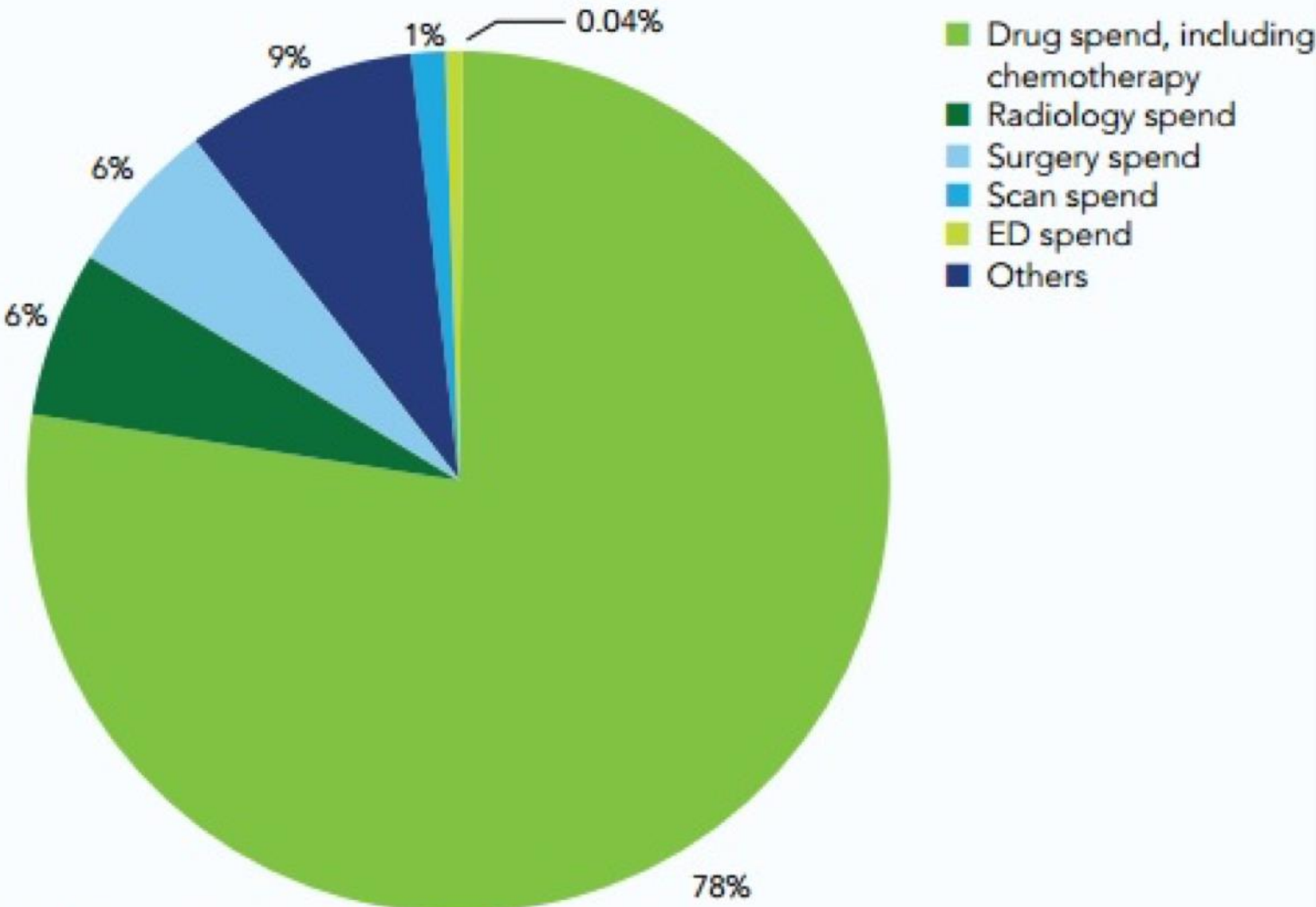


THE HEALTH OF AMERICA
REPORT

RIISING COSTS FOR PATENTED DRUGS DRIVE GROWTH OF PHARMACEUTICAL SPENDING IN THE U.S.

RevCycle Intelligence

FIGURE 2. Breakdown of Spending in a Breast Cancer Episode During a 6-Month Period From the Initiation of Chemotherapy



ED indicates emergency department.
Source: Deloitte analysis of 2013-2014 Truven MarketScan commercial claims data for stage I breast cancer patients, episodes starting from first dose of chemotherapy plus 6 months.

Top Hospital Revenue Sources

- Laboratory
- Pharma
- Imaging
- Procedural Care

“The current focus on the economic bottom line in health care creates the potential for radiology to become a commodity, devoid of qualitative differentiation. This trend toward commoditization has been accelerated by the globalization of imaging services (teleradiology), increased information exchange (eg, Digital Imaging and Communications in Medicine, Integrating the Healthcare Enterprise), and new technology development (eg, picture archiving and communication systems, computer-aided diagnosis).”

Reiner BI, Siegel EL: Decomoditizing radiology. J Am Coll Radiol 2009;6:167-170.

“Patients want simply defined services with excellent quality at a reasonable price—with price proving increasingly important as the portion of the cost shifted directly to the patient grows. Referring physicians may or may not care about cost but want quality services that are easy for them and their patients to access.

Payers such as Medicare, Medicaid, and private insurance companies are more concerned about price than anything else. Sure, they want quality too, but price is their main driver.”

Myrice D. Combating commoditization — radiology groups need to act to offset the growing trend. Radiol Today 2012;13:12.

- Laboratory
- Pharma
- Imaging
- **Procedural Care**
 - 60% U.S. healthcare spending
 - 30% of hospital costs
 - 60-70% of hospital revenues
 - Difficult to commoditize

Our New World of Payment & Value

- Bundled Payment Programs
- Value-Based Payments
- Narrow Networks
- Insurance Carve-Outs
- High-Deductible/Copay Insurance
- Health Care Savings Accounts
- Self-Pay Patients

$$VBP = \text{Quality} \div \text{Cost}$$

- 
- Patient Satisfaction
 - Care Variation
 - Outcomes

Value-Based Payment (VBP): Payment for Value

$$\text{Value} = \text{Quality} \div \text{Cost}$$

“Mayo Clinic delivers the highest quality care at the lowest cost, and we have the data to prove it.”

John Noseworthy, MD
President and CEO
Mayo Clinic

Market Share

- Access
- Price
- ...
- ...
- ...
- ...

The Move To Retail:

Building bundles for self-pay patients

By **Beth Kutscher** | April 2, 2016

The proliferation of high-deductible plans is making consumers more price sensitive. Paying \$1,000 or more out of pocket encourages people to shop for healthcare services, whether it's an elective procedure or routine care.

Modern Healthcare
04.02.16

Can Consumers Be Smart Health-Care Shoppers?

Patients are told they need to take greater control over their care. But are laypeople capable of sifting through all their choices to make the right decisions—particularly when it comes to costs?

The Kaiser Family Foundation, a health-care research nonprofit, found deductibles for individual workers have soared in the past five years, rising 67% since 2010 without adjusting for inflation. That's roughly seven times earnings growth over the same period. A separate Kaiser analysis of tens of millions of insurance claims found that patient cost-sharing rose by 77% between 2004 and 2014, driven by a 256% jump in deductible payments.

A movement has been growing to give patients more information and choice. Efforts are under way to improve price transparency and help patients navigate a confusing system where prices can vary based on a range of factors. In some cases, patients are consulted by caregivers as partners when deciding on care. And some programs are springing up that reimburse doctors based on the quality of care they provide rather than the quantity, making them more likely to encourage patients to monitor and help their conditions.



Can Consumers Be Smart

Health-Care Shoppers?

“It’s also possible to compare prices for diagnostic services

and lab work. Consider my

wife’s experience on scheduling

a CT scan. ...she was taken

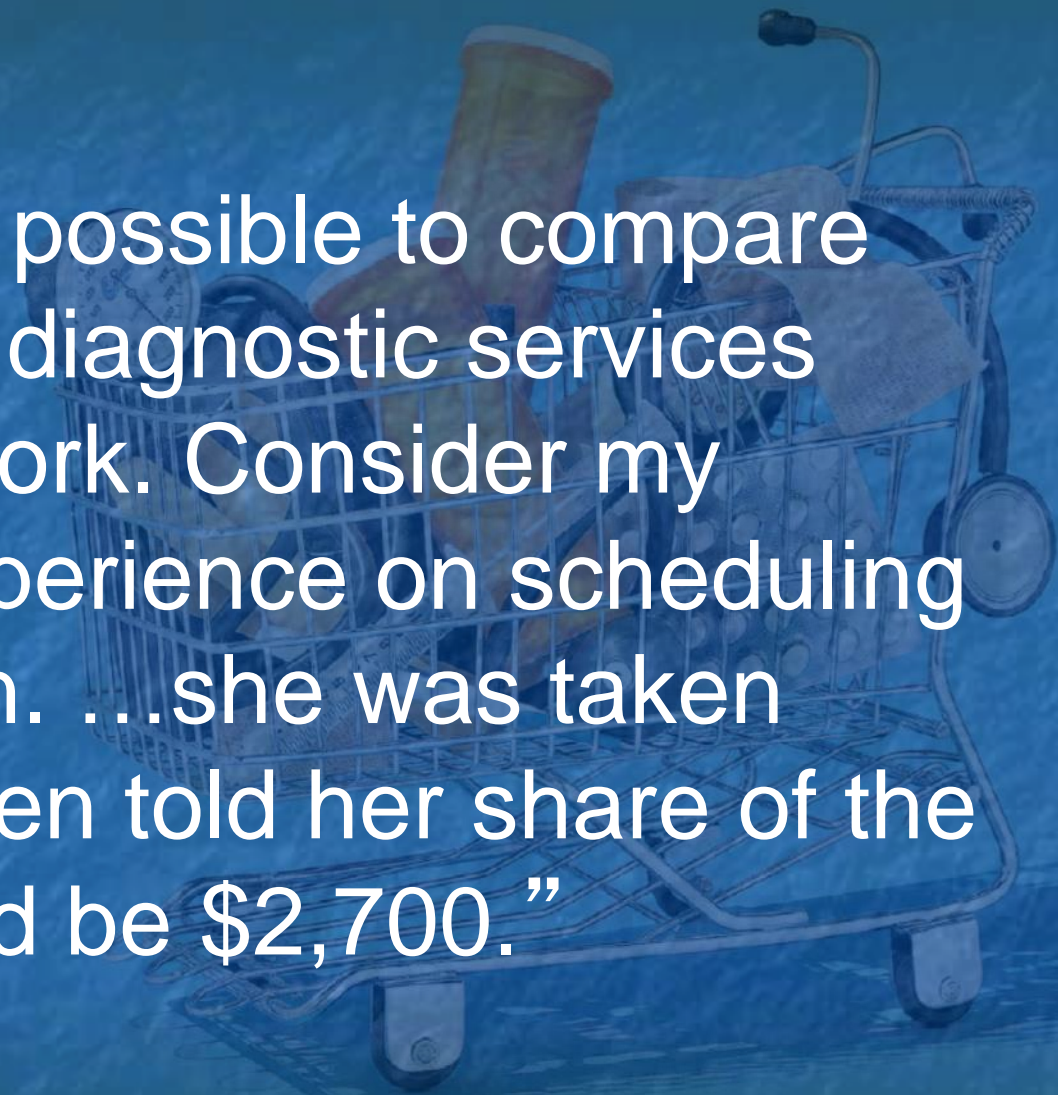
aback when told her share of the

cost would be \$2,700.”

Patients are told they need to take greater control over their care. How do people make the most of situations through all the choices and uncertainties that come with decisions—particularly when it comes to costs?

The Kaiser Family Foundation, a health-care research nonprofit, has found that the share of income that workers have spent on health care in the last five years rose 67% since 2010 without adjusting for inflation. That’s roughly seven times earnings growth over the same period. A separate Kaiser analysis of tens of millions of insurance claims found that the amount of cost sharing rose by 77% between 2004 and 2014, driven by a 256% jump in deductible payments.

A movement has been growing to give patients more information about their care. Funded in part by the federal government, the movement aims to improve price transparency and help patients navigate a confusing system where prices can vary based on a range of factors. In some cases, patients are consulted by caregivers about their care decisions. And in some programs are springing up that reimburse doctors based on the quality of care they provide rather than the quantity, making them more likely to encourage patients to monitor and help their conditions.



Can Consumers Be Smart

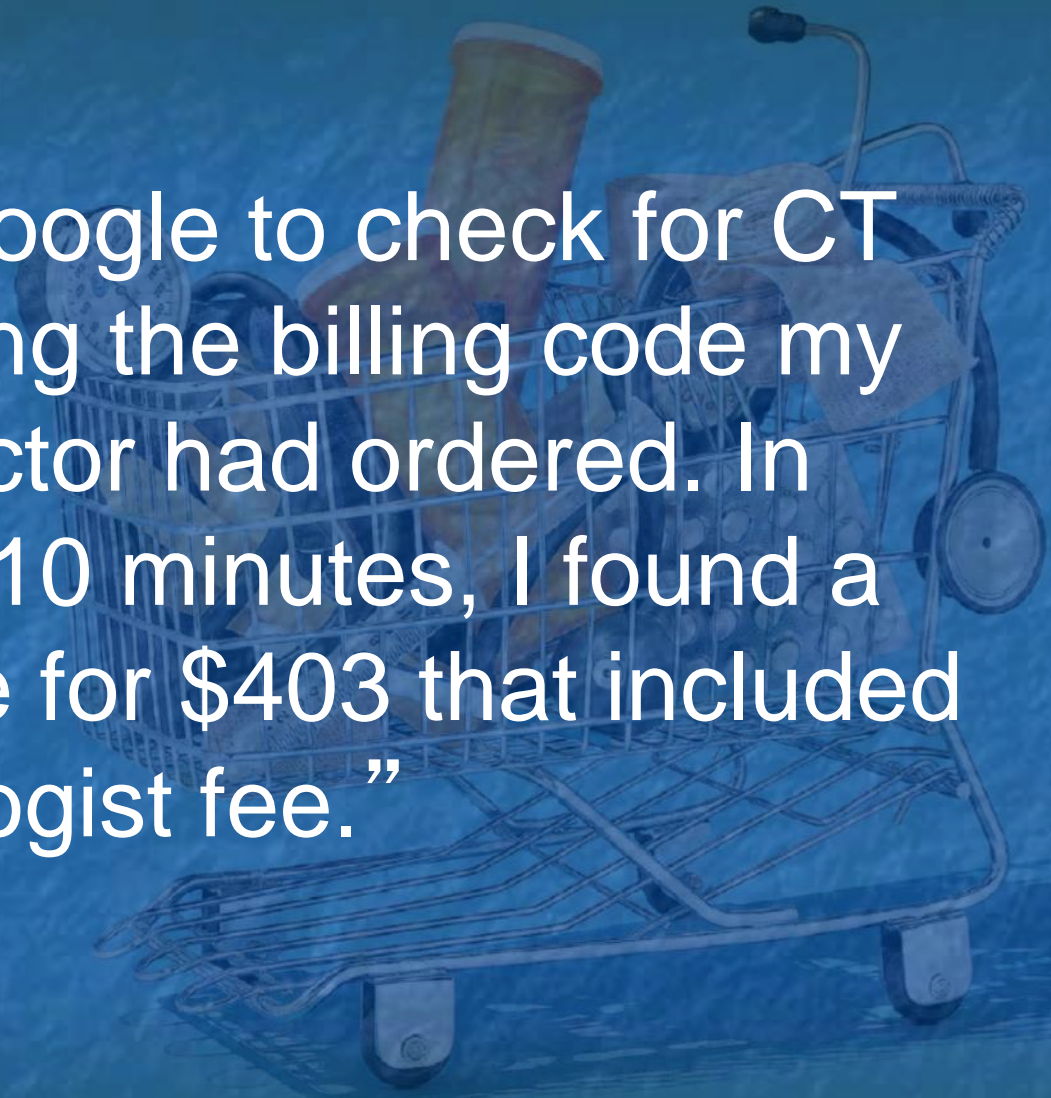
Health Care Shoppers?

“I used Google to check for CT scans using the billing code my wife’s doctor had ordered. In less than 10 minutes, I found a cash price for \$403 that included the radiologist fee.”

Patients are told they need to take greater control over their care. But how can they make the right decisions—particularly when it comes to costs?

The Kaiser Family Foundation, a health-care research nonprofit, says that while health care workers have seen their wages rise by 67% since 2010 without adjusting for inflation. That’s roughly seven times earnings growth over the same period. A separate analysis of 10 million of insured Americans found that out-of-pocket cost-sharing rose by 77% between 2004 and 2014, driven by a 256% jump in deductible payments.

A movement has been growing to give patients more information and control. Efforts aim to improve price transparency and help patients navigate a confusing system where prices can vary based on a range of factors. In some cases, patients are consulted by caregivers as partners when deciding on care. And some programs are springing up that reimburse doctors based on the quality of care they provide rather than the quantity, making them more likely to encourage patients to monitor and help their conditions.



Can Consumers Be Satisfied Health Shopping

Patients are told that they should shop for their care. But as they navigate through all their choices—particularly with the rise of self-pay services—many are left feeling overwhelmed.

The Kaiser Family Foundation's annual survey of health care workers has soared 67% since 2010 with 67% of workers saying they have shopped for care. That's roughly seven times the amount of the same period. A separate survey of health care workers found that sharing rose by 77% between 2010 and 2014 by a 256% jump in the number of workers who shared information.

A movement has been building to provide more information and improve price transparency in a confusing system with a wide range of factors. In some cases, it's being led by caregivers as part of their own care. Some programs are starting to factor in the quality of care as well as the quantity, making it easier for patients to monitor their care.



Don't know/no answer | **2%**



Can C Be Hea Sh

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Tell Us More

Cost information is high on the list of health consumers' complaints. The percentage saying they are not satisfied with information available on the following.

	HOUSEHOLD INCOME	
	Under \$50K	Over \$50K
Hospital costs before the visit	56%	46%
Cost of medications	49%	45%
Understanding medical billing	54%	44%
Outpatient costs before the visit	51%	41%
General health information	27%	23%
When to see a doctor	26%	23%
Doctors' professional experience	28%	21%



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ALL SPECIALTIES



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CARDIAC IMAGING



CARDIOLOGY



DENTISTRY



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THROAT (ENT)

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Cardiac Calcium
Scoring

\$99

average price \$226

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CBC W/Auto Diff

\$19

average price \$43

[SHOP NOW](#)

Chest X-ray

\$94

average price \$216

[SHOP NOW](#)

CMP (Comprehen-
sive
Metabolic
Panel)

\$24

average price \$55

[SHOP NOW](#)



#SHOPHEALTH



FMMA 2017
ANNUAL CONFERENCE
LEARN MORE

When Will Consumers Travel for Surgical Care?

Five Insights from the Surgical Care Consumer Choice Survey

If you've ever wondered how far patients will travel for surgery,
you're asking the wrong question.

When all else is equal, consumers naturally prefer care close to home. But differentiating factors like out-of-pocket costs and referrals can motivate many consumers to travel farther—even halfway across the country—for care.

The key is to understand not how far consumers are willing to travel, but how you can motivate them to bypass more conveniently located competitors.

If you've ever wondered how far patients will travel for surgery,
you're asking the wrong question.

When all e
differentia
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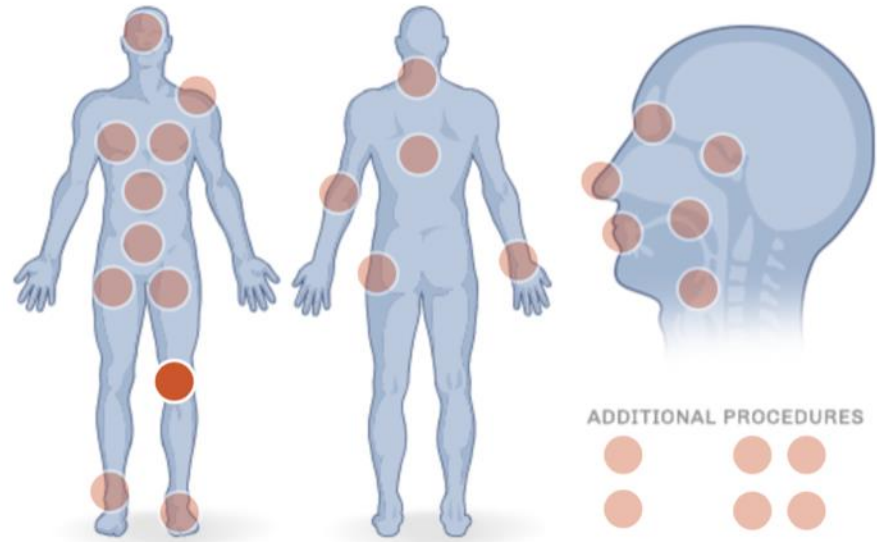
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Five

1. Cost savings are the most powerful incentives to travel longer.
2. Follow-up care doesn't factor strongly in travel decisions.
3. Most respondents won't travel for higher surgeon quality.

{ Surgery Pricing

Click on an area of the body where a surgery or procedure is needed. Use this tool to find a price and request a specialist to contact you.



Knee

[See All](#)

Procedure/Surgery	Cost	Contact
Anterior Cruciate Ligament Repair ⁱ	\$6,790.00*	REQUEST A SPECIALIST
Anterior Cruciate Ligament Repair with Allograft ⁱ	\$9,790.00*	REQUEST A SPECIALIST
Bilateral Knee Arthroscopy ⁱ	\$5,300*	REQUEST A SPECIALIST
Chondroplasty ⁱ	\$3,740.00*	REQUEST A SPECIALIST
Complete Synovectomy ⁱ	\$3,740.00*	REQUEST A SPECIALIST
Continuous Infusion, Regional Block (Pain Control Catheter) ⁱ	\$725*	REQUEST A SPECIALIST
Knee ⁱ	\$3,740.00*	REQUEST A SPECIALIST
Knee with Lateral Release or Microfracture ⁱ	\$4,510.00*	REQUEST A SPECIALIST
Med & Lateral Meniscectomy ⁱ	\$3,740.00*	REQUEST A SPECIALIST
Medial Collateral Ligament ⁱ	\$6,160.00*	REQUEST A



“We say, Here’s the price. Here’s what you’re getting. Here’s your bill. It’s as simple as that.”

All inclusive...airfare to Oklahoma City, meds, physical therapy, complications.



“The problem with Obamacare is that it is focused on finding the money to pay for what good healthcare costs; instead we should be focused on lowering the cost of healthcare so that people can afford it.”

Naranya Health

- 31 multispecialty hospitals in India
- Largest telemedicine network in world
- Affordable healthcare
- Private corporation, net valuation \$1B+



Narayana Institute of Cardiac Science
Bangalore



Health City Cayman Islands



7/18 Grand Cayman
Island:
HOU ↔ CGM \$512.00



An E.R. That Treats You Like a V.I.P.

Wealth Matters

By PAUL SULLIVAN APRIL 20, 2018



Priority Private Care, a concierge emergency room in New York, has a sleek, modern design. Members pay for 24-hour access to urgent care. Kholood Eid for The New York Times

At 3 a.m. on a recent Sunday, Herb Wilson's wife fell backward in the bathroom of their New York apartment and hit her head. It was not her first fall. She has Parkinson's disease and has fallen many times, causing him worry.

The previous time his wife had fallen, Mr. Wilson, 79, had taken her to a hospital emergency room, where they spent five hours waiting for her to be examined and discharged. This time, they went to a concierge emergency room for faster service.

“I called up at 3:15, and they said come over,” Mr. Wilson said. “I walked in there at 3:30 in the morning, and a physician, a technician and a physician’s assistant were waiting for me, literally, at the door.”

The facility, Priority Private Care, administered a CT scan and read the results on the spot. Mr. Wilson’s wife was fine, and they went home. “I was out of there in 40 minutes,” he said.

Interdisciplinary Teamwork and Bureaucracy Flattening:

The Keys to Optimal Perioperative Care

Robert R. Cima, M.D.

Greta L. Krapohl, Ph.D., RN

David C. Mackey, M.D.

Committee on Future Models of Anesthesia Practice

Sunil K Sahal, M.D., FAAP, FACP

Our Biggest Problem Is Linear Management In a Non-Linear World

Surgical care providers across the U.S. are rapidly embracing the fundamental tenets of the Perioperative

THE STRATEGY AND TACTICS OF SMALL WARS
Harrington, Samuel M.
Marine Corps Gazette (pre-1994); Dec 1921; 6, 4; ProQuest Central
pg. 474

THE STRATEGY AND TACTICS OF SMALL WARS

BY MAJOR SAMUEL M. HARRINGTON, U.S.M.C.

THE subject of this conference is the strategy and tactics of small wars. United States Marines have engaged in numerous small wars as of late in Nicaragua, Mexico, Haiti and Santo Domingo. It is not improbable that Marines will continue to perform duty of this nature so that the subject is peculiarly fitting for study. Whereas the small wars in which Marines have taken part have had their difficulties, the dangers encountered and the losses sustained have not been so great as in certain other

linear environments
counter-productive
often semi-chaos – a

TACTICS OF SMALL WARS
M. HARRINGTON, U.S.M.C.
(from the last number)
represent sources of information on this
to. The first refers to the seizure of
perhaps the most simple and regular
refers to the seizure of modern cities
greater irregularity of structure. We



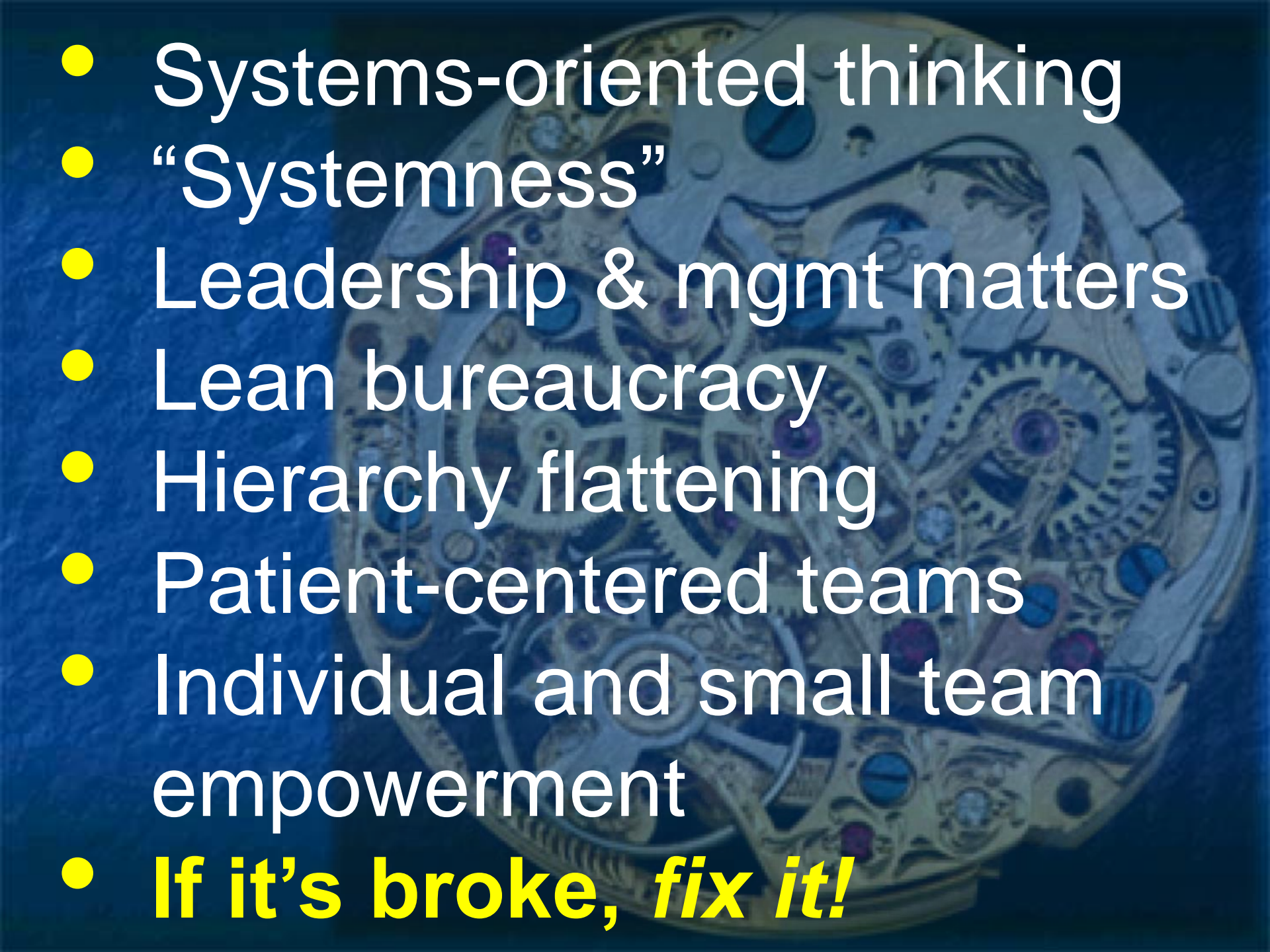
and react quickly and flexibly
Today, the imperative of our

...pping surgical practice environment is similarly moving

- Highly hierarchical organizations with centralized command-and-control are well-suited to structured, static environments and to centralized decision-making that produces predictable outcomes.
- Mathematicians, physicists and engineers use the adjective *linear* in describing such environments: *linear* equations, *linear* systems, *linear* thinking.

But, we work in a non-linear world!

Multilayered bureaucracies and departmental silos that may effectively manage linear environments and systems with linear thinking are counter-productive in our world of greater **uncertainty and often semi-chaos** – and the result is often suboptimal outcomes, workplace inefficiency and worker frustration.

- 
- Systems-oriented thinking
 - “Systemness”
 - Leadership & mgmt matters
 - Lean bureaucracy
 - Hierarchy flattening
 - Patient-centered teams
 - Individual and small team empowerment
 - **If it's broke, *fix it!***

- 
- **MBA/MHA**
 - **Human Resources**
 - **Hospital Medicine**
 - **Nutrition**
 - **Infectious Diseases**
 - **Exercise Physiology**
 - **Rehabilitation**
 - **Patient Safety/Performance Improvement**
 - **Information Technology**

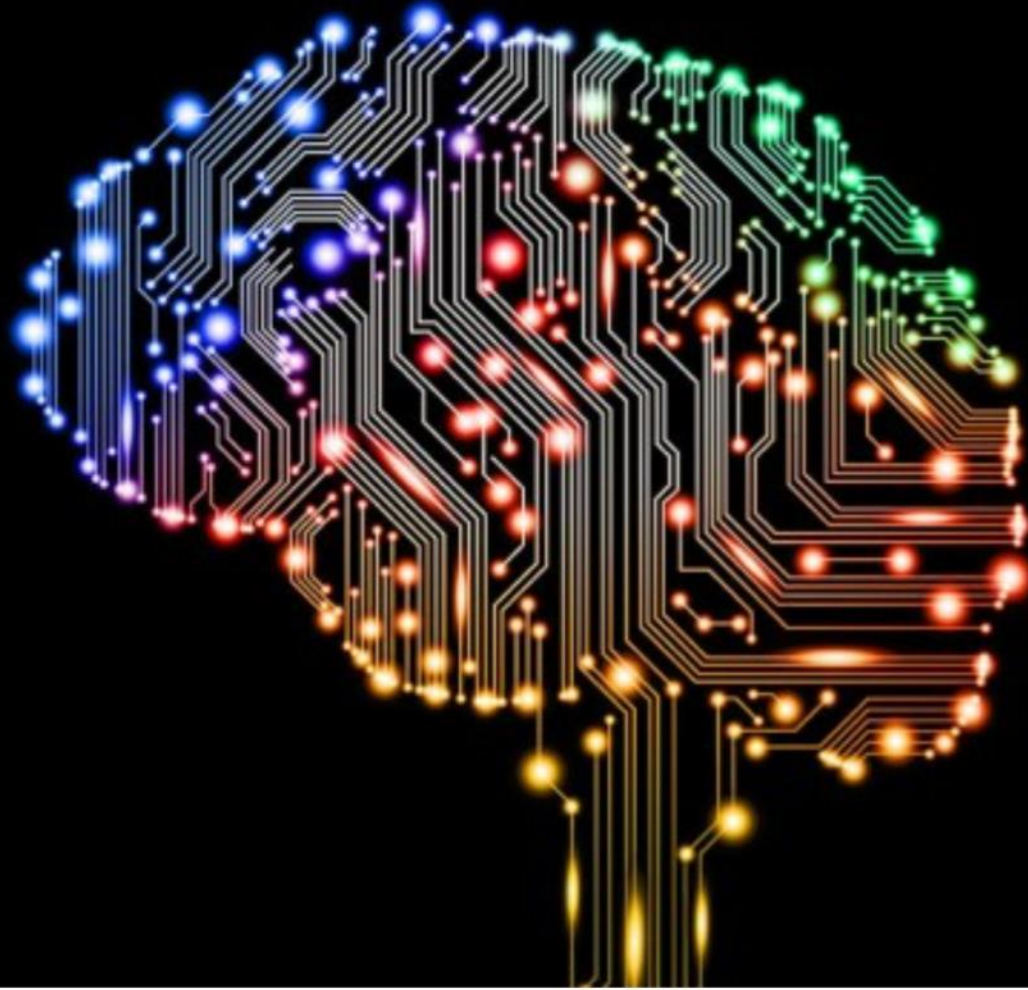
Preop → Intraoperative → Postop

93% of Payers, Providers Say Predictive Analytics are the Future

Predictive analytics are in high demand among payers and providers who plan to use big data to address an array of clinical and financial concerns.

J. Bresnick
08.11.17

“Over the next five years, just under 90 percent of both payer and provider organizations say they will have adopted some form of **forward-looking big data analytics**.”



Dr. Google And The New Group Practice That Includes Drs. Apple and Amazon

by TWD Staff

Empty OR



Fixed cost v. variable cost v. *opportunity cost*

Hospital Bed Management

- Bed assignment 30% faster
- OR transfer delays reduced 70%
- 21% increase in discharges before noon
- 60% improvement in ability to accept new

complex transfers



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REGENCY

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A Tradition of Excellence. A Legacy of Caring.

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how to...
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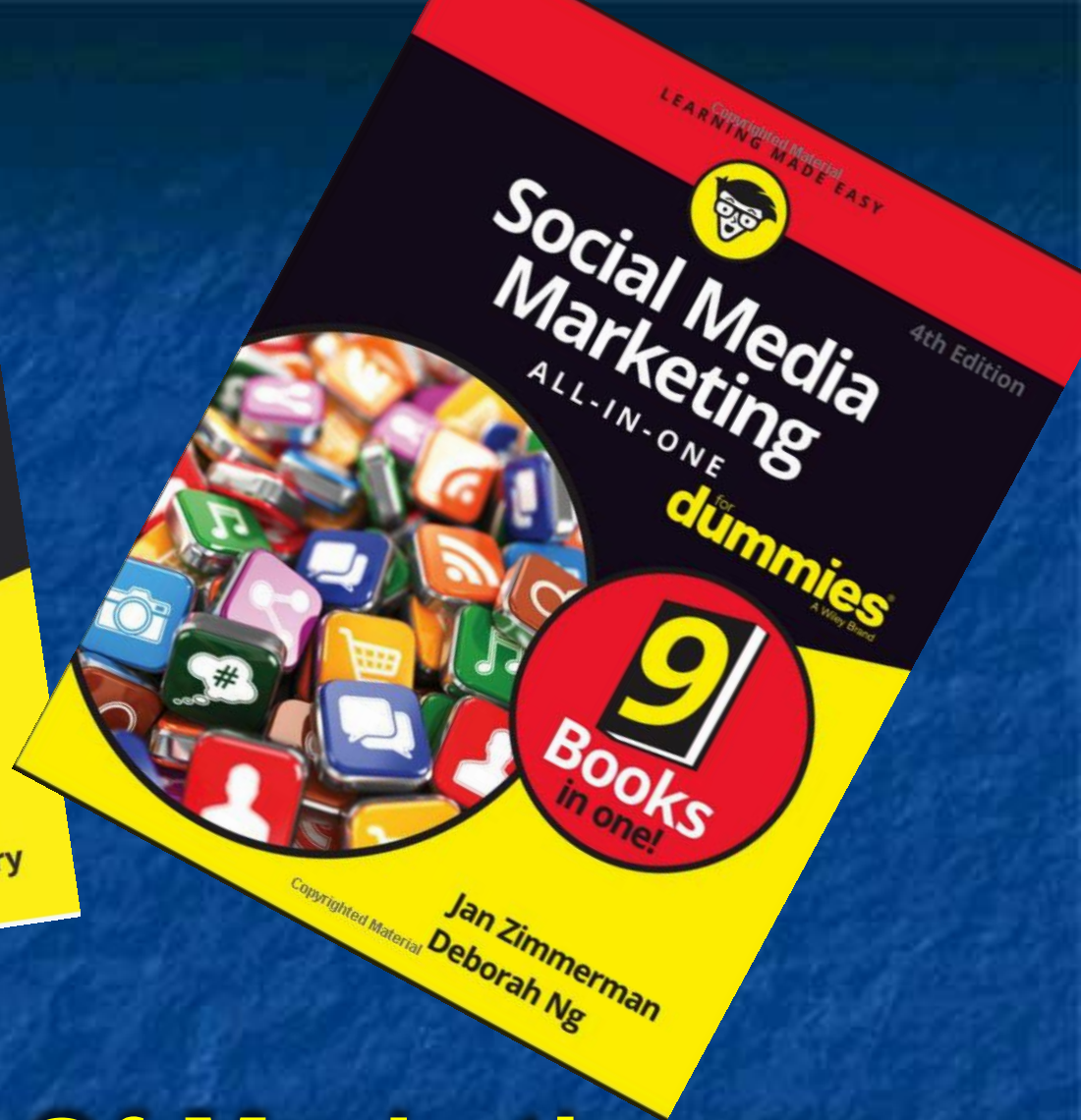
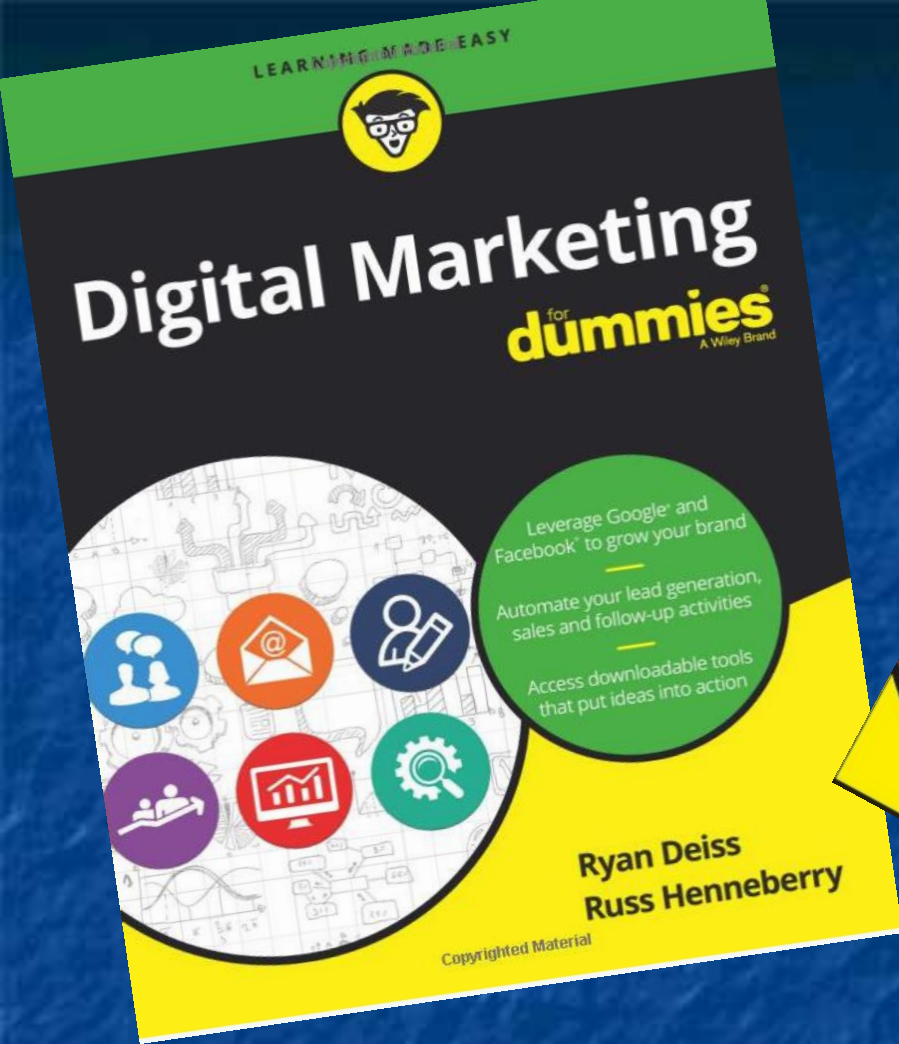
Greenwood Leflore Health Services

I WOULD...
WITH...
ERE
ADY.
without grady



neuroscience Institute at
onmouth Medical Center
EXTRAORDINARY.
BARNABAS HEALTH

WE'RE NOT YOUR
COUNTY HOSPITAL
ANY MORE.



The Future Of Marketing: Digital!

Texas Legislature Approves Telemedicine Bill After Years of Contentious Debate

Telemedicine providers have fought over what services can be offered since 2011.

BY GROMER JEFFERS JR., THE DALLAS MORNING NEWS / MAY 26, 2017



+20 million
members



"Speak to a licensed doctor by web, phone, or mobile app in under 10 minutes."



10 Min
median doctor
response time



24/7
anytime,
anywhere



92%
issues resolved
after first visit



95%
member
satisfaction

HOUSTON
Methodist

Press Release: Patient
Comes to Texas Through
Houston Methodist

BOSTON, July 11, 2017 /PRNewswire/
company that connects providers
announced today it has partnered
Health Care Organization



Keeping Health Care on Track **Automatically**

Twistle sends the right message at the right time to patients, clinicians, skilled nursing, home health, implant providers and other stakeholders in achieving good health outcomes.

Memorial Hermann launches "Find My Way" App

Written by Geoff Halstead  Published: 10 May 2017

Indoor Navigation Application

 Share  Tweet  G+  Like Sign Up to see what your friends like.

Connexient's latest client to go-live with MediNav is Memorial Hermann Health System! Memorial Hermann Find My Way officially launched this week. You can learn more and get app download links here:

Smartphone Patient Navigation Apps

EHR Buyer's Remorse

How to Select the Right EHR Replacement Vendor, System

Finding the right EHR replacement is crucial to avoiding provider dissatisfaction and enabling efficient patient care.



Clinical Documentation Improvement/Integrity (CDI)

- Optimizes accurate representation of a patient's clinical status that translates into coded data
- Coded data translated into payment, quality reporting, physician report cards, public health data, disease tracking and trending

Clinical Documentation Improvement/Integrity (CDI)

- CDI professionals act as intermediaries between coders who translate diagnoses into data and healthcare providers and nurses



Believe in better clinical documentation improvement.
Incredible performance. Unprecedented results.
The future of CDI is here.

Moving to a modern CDI approach is an important decision

START PLANNING

Modernizing CDI technology helps manage risk, resources and revenue

The move to value-based care increases the need for accuracy in clinical documentation — across every patient and payer. Today's CDI technology automatically reviews every patient record and prioritizes those that require intervention. Using case-finding logic and state-of-the-art natural language processing, Optum CDI 3D technology connects clinical indicators to identify records with gaps or deficiencies — enabling timely documentation improvement, cleaner claims, faster reimbursement and accurate reporting. To understand every phase and stakeholder in your CDI decision, get the [planning guide for modern CDI](#).

CDI Worklist Prioritization:
Knowing where to focus leads to sustainable impact.

Zero in on CDI cases with the highest impact

We're talking about high impact on quality, risk-adjustment scores and financial outcomes with the same staff. This elevates the role of CDI specialists by allowing them to focus on high-impact cases.

**Physician Burnout:
What It Is And What It
*Isn't***

~~Physician~~ Healthcare Professional Burnout:

- Loss of autonomy
- “Management from another building”
- Nonclinical time waste
- EMR
- Daily bureaucratic hassles
- *Not* long hours/stress/personal weakness!

We went to work for healthcare systems and surrendered our practices to hospital administrators. Now we must take our practices back!

- Effective leadership
- Interdisciplinary, team-based, patient-centered care
- Local decision-making
- Inexpensive EHR that facilitates quality and savings
- Front-line healthcare workers with administrative expertise



NEW GEORGIA SOLOMON ISLANDS TARA WA NEW BRITAIN NEW GUINEA 1942 MARSHALL ISLANDS MARIANAS ISLANDS PELLELI 1945 IWO JIMA OKINAWA KOREA 1950

REVOLUTIONARY WAR 1775-1783 FRENCH NAVAL WAR 1798-1800 TROPICAL PELOU WARS OF 1802-1805

UNCOMMON
VALOR
WAS A COMMON
VIRTUE

SEMPER FIDELIS



Iwo Jima
Feb 19-Mar 26, 1945









Iwo Jima
Feb 23, 1945, 1000 hrs



L.A. 111772

John R. Cook
Thurman

Harold G. Shrier

Franklin R. Souseley

Michael Stearn

John H. Bradley

Clarence H. Garrett

Graydon W. Dyce

Howard M. Snyder

Henry O. Hansen

Phillip L. Waard

Fred J. Walzak

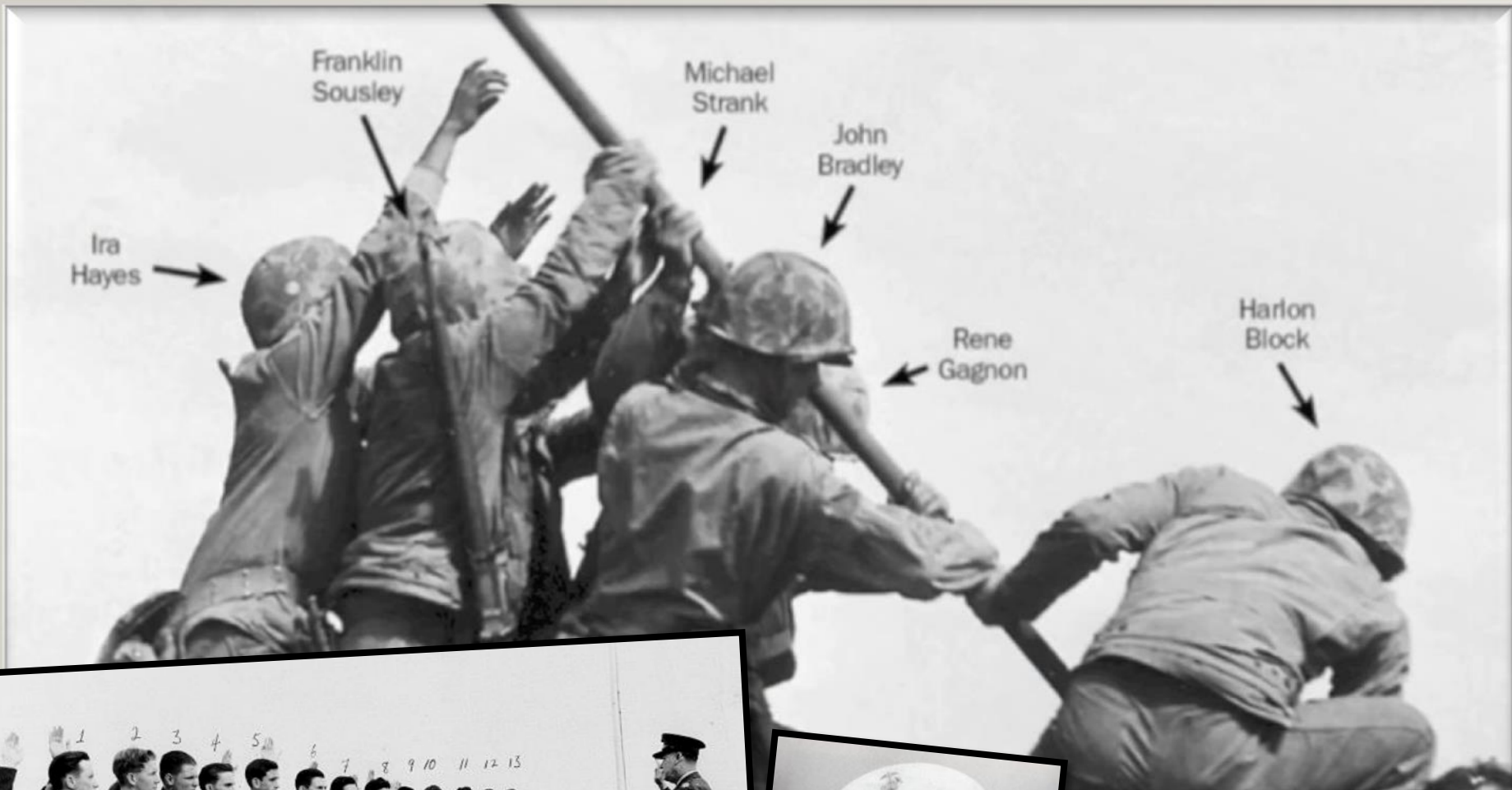
Harold H. Schultz
Harold P. Keller

Thomas J. Hermans, Jr.
Raymond N. Larsen

John T. Schmitt

Basic 3rd Pl. of E Co
Maj. John K. Wells, USMC





12/07/2007



*Harper
Black
3*

*John B. ...
VP-174
Black Sheep
to ...
6 ...*

*Col R.W. McClurg
VMF 214 Black Sheep
7 ...*

AJ. GREG 'Pappy' BOYINGTON
CO VMF-214 'BLACK SHEEP'

VMF 214 Squadron
"Black Sheep"





Tulagi and Gavutu
August 7-9, 1942



Pavuvu Island
1944



Guadalcanal
Aug 7, 1942-Feb 9, 1943



CARL MYDORNS/THE LIFE PICTURE COLLECTION/GETTY IMAGES

Cabanatuan City, Philippines
Jan 30, 1945





WW II China Burma India Theater

Institutional Stress Test

1. Leadership has vision and command of the new competitive marketplace realities, and front-line workers have confidence in those abilities
2. Middle management doing everything *you* believe possible to facilitate your practice and has your back
3. Front-line worker autonomy and empowerment
4. Leadership and management understand the critical importance of anesthesia services delivery and uses it maximally to leverage its procedural care

Institutional Stress Test

5. Digital marketing program
6. Value: quality and cost data
7. Interdisciplinary teams organized according to patient-centered service lines
8. Your clinical day has negligible wasted time
9. EMR helping physicians & staff; smartphone patient navigation apps helping patients
10. Front-line workers integrally involved in “traditional” administrative duties: finance, marketing, CDI, HR, risk management, quality, contracting, billing, collections, etc.

Institutional Stress Test

11. Telehealth program

1. The future is already here—it's just not equally distributed.

2. No one can escape the consequences of denying reality.

3. There will be winners (“those most responsive to change”) and there will be losers.

4. No institution is too big (or too famous) to fail.

