

Implementing Perioperative Surgical Homes and Building the Patient-Centered Hospital Home

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Dr. Michael Skehan, is Senior Vice President and Senior Physician Executive for Martin Health System. He also serves as Chief Medical Officer.

Prior to joining Martin, Dr. Skehan served as Chief Medical Officer for Indiana University Health Quality Partners, a clinically integrated network of 2,750 physicians and other health care providers. In that role, he worked directly with physicians throughout the state of Indiana on a variety of medical issues.

In his position at Martin Health, Dr. Skehan works directly with the Martin Medical Staff, more than 450 affiliated physicians serving Martin and St. Lucie counties. Dr. Skehan also oversees Martin Medical Group, a contingent of approximately 125 physicians and Advanced Practice Providers employed by the health system.

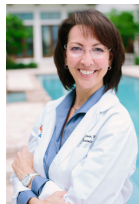
Dr. Skehan attended New Jersey Medical School and completed his internship and residency at the Geisinger Medical Center in Danville, Pa. A rheumatologist by training, Dr. Skehan joined Arnett Clinic in Lafayette, Ind. in 1980 and served as Chief Medical Officer for Arnett Health Plan, a physician-owned HMO with 70,000 members, from 1989 through 2004, and as President and CEO of Arnett Health System, a 160 provider multi-specialty group, until 2008.

While president, he oversaw the construction of a new \$228 million full-service hospital. Dr. Skehan helped create the relationship between Arnett and Indiana University Health. He opened an integrated health care system with the flagship IU Health Arnett Hospital in 2008 and served as the system's first president and CEO.



Sonya Pease, MD

Dr. Sonya Pease has served as CMO of TeamHealth Anesthesia since 2008 and has been a diplomate of the ABA since 1998. She received her Masters of Medical Science in Anesthesiology from Emory University and an M.D. with high honors from the Medical College of Georgia. She completed her residency in anesthesiology at the Jackson Memorial Medical Center in Miami. She is a past President of the Florida Society of Anesthesiologists and serves on national committees with the American Society of Anesthesiologists (ASA). Dr. Pease has been intimately involved in the ASA's work to develop the Perioperative Surgical Home model, currently overseeing the 7 healthcare organizations within TeamHealth that are part of the ASA's Perioperative Surgical Home Learning Collaborative and has also created a comprehensive assessment tool to determine progress toward becoming a Perioperative Surgical Home. Dr. Pease has built upon this base of knowledge to develop the hospital-wide, Patient-Centered Hospital Home concept.



Learning Objectives

- Understand the Perioperative Surgical Home Model
- Understand the VALUE of the Perioperative Surgical Home to Patients, Clinicians and Health Care Organizations.
- Understand how the Perioperative Surgical Home creates the building blocks for a Patient-Centered Hospital Home

Economic Accountability is Compelling Action – Aligning Goals

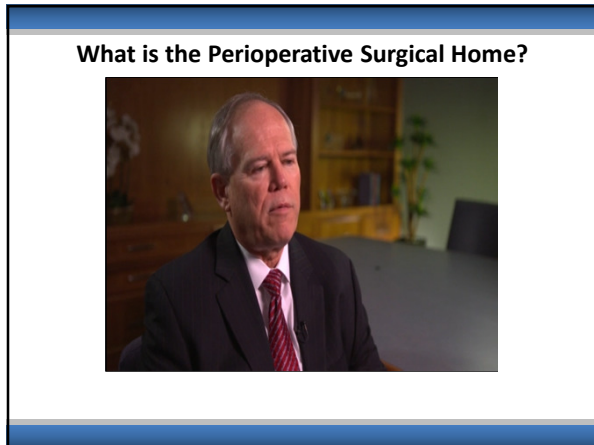
Historical distinction between payors and providers is becoming increasingly blurred.

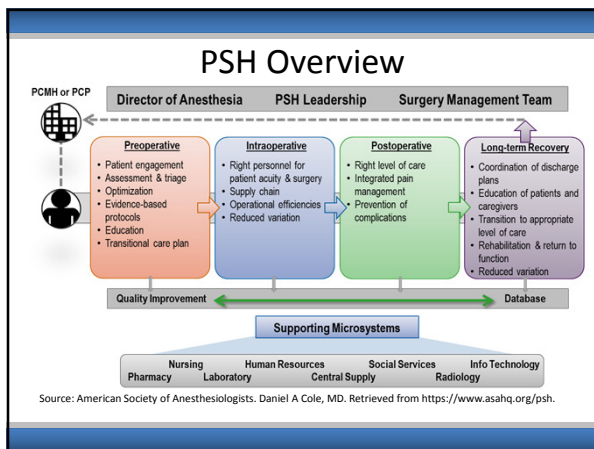
Replace SGR aka The Doc Fix Saga

- WASHINGTON -- Despite pressure from the House and President Obama the Senate adjourned early Friday morning for a 2-week recess without passing any kind of fix for the sustainable growth rate (SGR) formula for Medicare physician reimbursement, leaving doctors once again in limbo.
- The reform package would provide for a 0.5 percent payment update for 5 years before transitioning to an alternative payment model. The package will create a new Merit-Based Incentive Payment System (MIPS) that combines the current Physician Quality Reporting System (PQRS), Value-Based Modifier, Electronic Health Record (EHR) Meaningful Use program and clinical practice improvement activities. This MIPS system will include bonus and penalties to payments based on a combined composite performance score.

RUC – Accountable Payment Models

Specialty	Condition or Procedure	Opportunity to Improve Care	Type of Payment Model
Anesthesiology	Surgery	Coordinate care from decision for surgery through surgery to improve pre-anesthesia assessment & pre-operative preparation, reduce delays and cancellations on day of surgery, reduce complications, plan for wound healing and recovery, postoperative pain control, feeding, mobilization, discharge, and transition care back to primary physician 30 days post procedure	Bundled payment to anesthesiologist for perioperative portion of surgery episode or for Perioperative Surgical Home






Low Hanging Fruit:

- Pre- Anesthesia Testing
 - Clinical Decision Support App

- Enhanced Recovery After Surgery (ERAS)
 - Hardwired Epic (EMR) order sets – IT critical (PONV, MMPPM)


- Post Discharge
 - Case Management – Focus on Patient/Family education, engagement, instructions and follow up



PSH Core Measures

<ul style="list-style-type: none"> • PSH first case delayed on day of surgery (IP and OP) • PSH day-of-surgery case cancellations (IP and OP) • Timeliness of outpatient PSH surgical case discharge • Average length of stay for inpatient PSH surgical cases • Outpatient PSH surgical case mortality • Discharge disposition of inpatient PSH surgical cases • Unplanned upgrade of care for inpatient PSH surgical cases 	<ul style="list-style-type: none"> • Unplanned upgrade of care for outpatient PSH surgical cases • Non-mortality complications for adult inpatient PSH surgical cases • Non-mortality complications for pediatric inpatient PSH surgical cases • Inpatient PSH surgical case mortality • Patient experience at discharge • Patient experience 30 days post-discharge
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Aligning Incentives

<p>Health System</p> <ul style="list-style-type: none"> • Medical Director • Co-Management Agreements • Gainsharing <p>Payer</p> <ul style="list-style-type: none"> • Pay for performance • Bundled Payments • Shared Savings • Clinically Integrated Network • ACO 	
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Where We Are Going:

HHS has adopted a framework that categorizes health care payment according to how providers receive payment to provide care.

- **category 1** —fee-for-service with no link of payment to quality
- **category 2** —fee-for-service with a link of payment to quality
- **category 3** —alternative payment models built on fee-for-service architecture
- **category 4** —population-based payment

How Fast We Are Going:

- **Rewarding Value:** To help drive the health care system towards greater value-based purchasing – rather than continuing to reward volume regardless of quality of care delivered – HHS has set a goal to have:
 - **30 percent** of Medicare payments in alternative payment models (categories 3 and 4) by the end of 2016 and
 - **50 percent in categories 3 and 4 by the end of 2018.** This will be achieved through investment in alternative payment models such as Accountable Care Organizations (ACOs), advanced primary care medical home models, new models of bundling payments for episodes of care, and integrated care demonstrations for beneficiaries that are Medicare-Medicaid enrollees. **Overall, HHS seeks to have 85 percent of Medicare fee-for-service payments in value-based purchasing categories 2 through 4 by 2016 and 90 percent by 2018.**



**MAJOR HEALTHCARE PLAYERS
UNITE TO ACCELERATE
TRANSFORMATION OF U.S.
HEALTHCARE SYSTEM**

**Leaders Forming New Health Care
Transformation Task Force Commit to Putting
75% of Their Businesses in
Value-based Arrangements by 2020**

Source: Healthcare Transformation Task Force
<http://www.hctff.org/releases/2015/1/29/major-health-care-players-unite-to-accelerate-transformation-of-us-health-care-system>

Building the Foundation for the Patient Centered **Hospital Home**

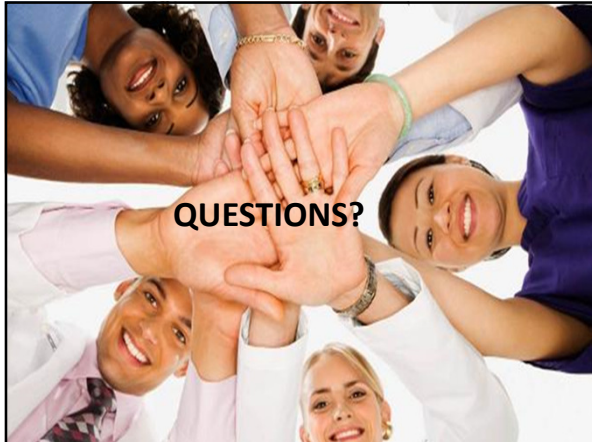


Patient Centered Hospital Home

Hospital Partners	Office-Based Physicians	Patient-Centered Surgical Home
Hospital Personnel: C-Suite, Nursing, Social Work, Case Managers, etc.	Primary Care	American Society of Anesthesiologists
Performance Improvement, Lab, Radiology, SNF, Home Health, etc.	Surgeons	44 Hospitals (Seven TeamHealth Facilities)
Information Technology	Non-Surgical Specialists	



HEALTH SYSTEM
ROBERT L. LORD, JR.
Chief Operating Officer



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