

Perioperative Home – Where to Start?

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Hospital management literature is filled with descriptions of the “Perioperative Home” and how “The Home” will play a critical role in CMS’s various bundled payment projects. From total joints to cardiac cases, bundled payments will be the total payment for these cases, and these dollars are to cover all costs associated with surgeons, anesthesiologists, hospitals, rehab centers, and so forth. So what role does the Perioperative Home play? According to most experts, “The Home” will help you (the collective provider of service) screen, prepare, operate, and recover patients so that the best outcome is obtained at the best cost, while still preserving a bottom line.

Where to begin? One of Parish Management Consultants’ acute care hospitals in the New Orleans market has already experienced some initial success. With the backing of hospital administration, Parish’s medical director began working with the anesthesia and surgeon staff to build a comprehensive pre-operative algorithm. Once both the surgery and anesthesia team agreed to the algorithm, as well as to the initial staffing plan of the Perioperative Home, the medical director related, “The work really began.” The first critical step was the initial on-site implementation of the algorithm by the anesthesiologists, and the second, was the addition of a physician extender to manage pre-admission operations. With these two components in place, surgeon referral habits and pre-op orders began to change. Although much more work is ahead for this project, the hospital has reported that “The Home” has already reported a 50% increase in patient assessment by phone, and a decrease in the number of patients needing on-site assessment. This first step alone has translated into savings, improved customer satisfaction, and more time for practitioners to spend on assisting patients who need more direction, supervision, and clinical assessment. This allows resources to be redirected and better utilized. According to the Hospital, full implementation of the pre-operative plan has the potential to save the facility significant dollars.

So what’s the next step? The Pre-Operative Committee continues to fine tune its processes by reducing unnecessary testing, decreasing patient time in the pre-operative process, and by screening on-site only those patients who need to be seen by a clinician. However, the next critical step is to identify comorbid, high risk factors on the front end of the perioperative patient work-up so that the patient can be placed in programs to improve specific health issues before surgery. Again, according to the literature, specific “pre-hab” programs can improve outcomes as well as reduce associated costs. Pre-hab is a comprehensive term that is used here to be all inclusive. It includes clinical evaluation before surgery as well as diet, exercise, and medication programs designed to optimize the patient’s condition before surgery and improve surgical outcome.

Next Questions?

Although the New Orleans market does have a number of total joint trial programs in early implementation, a number of questions remain. “What if the surgeon takes the healthy patients to his hospital of choice, but only brings the clinically complicated to mine?”; “What if the best ‘pre-hab’ program is outlined for my patient, however, the patient is non-compliant?”; “What if the patient deselected from my hospital because of the process and we lose business?” There may very well be answers to these questions; however, if they have been answered, the answers have not been widely circulated. Nevertheless, Pre-Operative centers do appear to offer a much more cost-effective method for optimally preparing patients for better outcomes.

The Parish Management team realizes that each hospital is unique. Patient population, physician specialties, and community culture are some of the many issues which impact pre-operative assessment, patient involvement, and post-op recovery. Parish strives to bring all successful best practices into the discussion when working with our partner facilities in creating programs for their respective patients.