Contract Anesthesia: The Good News and the Challenge

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The dramatic pace of change in health care is intimidating, and results can be unpredictable and often negative. The practice of contract anesthesia delivery is an excellent example of how a clinical microsystem interacts with the constant change common in today's health care environment. This article identifies many of the issues of concern in contract anesthesia. Awareness of issues will afford nurses, nurse anesthetists, and managers a structure for a smooth, safe, and effective transition of contracting providers.

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THE DRAMATIC PACE OF CHANGE in health care is intimidating, and results can be unpredictable and often negative.[1-4] In recognition of these characteristics, much has been written theoretically about health care as a complex adaptive system, which Holden defined as "the dynamic interactions of diverse agents (in health care, this means patients, families, and providers – comment by author) who self-organize and produce adaptations that emerge in ways that can neither be predicted nor controlled."[5] Nowhere is this more evident than in the processes surrounding provision of safe surgical experiences. As the business of health care adapts to demands for less expensive yet more accountable models, anesthesia care has been forthcoming with innovative structures that promise more efficient and effective perioperative care. Contract anesthesia services are an approach that offers much to both the anesthesia practitioner and the public. Contract anesthesia is the provision of all or parts of the anesthesia component of surgical events by contracted versus employed providers. As with other significant modifications in the way we provide care, the devil is in the implementation details. Success hinges on appropriate planning and successful avoidance of pitfalls.

Such detail suggests deliberate attention to the surgical experience holistically. One framework that supports the critical assessment of each element of the care experience is in the work by Nelson et al[2] and others in the clinical microsystem framework. They define the health care microsystem as "the places where patients and families and health care teams meet … where care is delivered, medical miracles happen and tragic mistakes are made."[2] Although the clinical microsystem in this framework interacts with other microsystems that are themselves embedded in larger systems (the hospital organization and community), they emphasize that the microsystem is where care occurs. The microsystem is where quality and safety are produced, or perhaps not.[2]

The practice of contract anesthesia delivery is an excellent example of how a clinical microsystem interacts with the constant change common in today's health care environment. Concepts developed in evaluating this very common practice

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may thus be applied to many other care situations with similar change profiles. The concept of complex adaptive systems suggests that environments, such as those that use contract anesthesia, have interactions with rich potential for creative adaptation and exceptional quality and safety outcomes.[6] Optimizing the positive benefits of contracted health care groups, anesthesia, or others, demands planning and crafting support for productive interactions, positive information flow, and creative thinking. As Holden puts it, "The application of … health care as a complex adaptive system involves cultivating an environment of listening to people, enhancing relationships, and allowing creative ideas to emerge …."[5] In the context of microsystems, cultivation of this positive environment involves evaluating the five "Ps" of the microsystem: purpose, professionals, patients, processes, and performance patterns.[2]

The Practice of Contract Anesthesia

Using the clinical microsystem assessment as a foundation, this article explores a variety of supports that managers, anesthesia providers, and nurses might consider in planning for the omnipresent change in health care practice.

The expense of retaining full-, or even part-time, anesthesia staff for smaller hospitals and clinics has been a problem for decades. Independently owned and contracted anesthesia groups have been a real boon for access in these facilities. For a variety of reasons, for example, increased control over practice and competitive compensation, anesthesia clinicians have increasingly adopted this model as a business approach even in more populated areas with larger facilities.

According to the American Society of Anesthesiologists (ASAs), the vast majority of anesthesia today is conducted by independent group practices that contract with hospitals, ambulatory surgical centers, clinics, and private physician practices to provide anesthesia services.[7] These practices vary, however, from anesthesia teams who are affiliated members of a facility medical staff and contract only to that facility, and traditional organic anesthesia departments, to freestanding groups contracting to various facilities. The development of anesthesia practice management companies that provide a variety of anesthesia-related services is an example of the latter.[8] These companies may provide any segment or component of anesthesia services (eg, assessing anesthesia needs, providing quality assurance models and practices, providing anesthesia clinicians, management, and billing), depending on the client need.[8]

Contracted anesthesia services have a number of qualities to recommend them. Smaller or rural facilities may be unable to compete effectively to secure full-time anesthesia providers, with the consequent negative impact on patient access to surgical services. Contract anesthesia may thus provide services to several facilities in a smaller community allowing patients to have procedures closer to home, with known surgical providers, convenience for visitors, and perhaps, less cost. With procedures performed in a local facility, primary care providers who know the patient may be able to oversee medical care. Thorough knowledge of patient history and comorbidity is likely to improve continuity and overall quality of care during surgical episodes.[9]

Impact on anesthesia providers and the surgical team also has positive potential. Anesthesia providers may have better compensation in a competitive market.[8] They may be able to reside in an area that would not otherwise support an anesthesia practice. In addition, contract anesthesia providers may experience a greater variety of procedures and find it mentally stimulating. Also, because contracting may provide more opportunities for practice, it may help expand or at least maintain competence, where fewer cases might result in rusty practice. Contract anesthesia may also assume responsibility for quality assurance, with potential for improved focus of quality efforts. Quality of all these outcomes is enhanced by appropriate planning.

Alternatively, contract anesthesia has the potential for many negative impacts, particularly as contracts are initiated, with inevitable changes in practice. It behooves the perioperative team to be aware and plan for these impacts. Although changes in entire groups pose the biggest challenge, rotations of individual providers in and out of facilities, new resident rotations, and new leadership also introduce discontinuity and have the potential to impair optimal care.

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