

“What Have We Done for Us Lately?” – Defining Performance and Value at the Individual Clinician Level



Katherine H. Dobie, MD^a, Vikram Tiwari, MBA, PhD^b,
Warren S. Sandberg, MD, PhD^{c,*}

KEYWORDS

- Clinical productivity measurement • Private practice • Academic practice
- Perioperative surgical home • Operating room management • Medical direction
- Compensation • Career development

KEY POINTS

- Consolidation in anesthesiology practice and throughout the rest of health care creates pressure to improve the product offered by anesthesia professionals.
- Anesthesia professionals must offer more than a reliable stream of anesthetized, operated, and recovered patients to remain competitive.
- By pooling resources and application of leadership effort, large departments and group practices can conduct individual-level value assessments of clinicians, using, for example, balanced scorecard approaches.
- Individual clinicians can be incentivized to improve their personal value proposition by rewards, such as compensation plans tied to desired outcomes.
- By creating an interlocking program of ongoing assessment, career development coaching and opportunities, and compensation, departments and group practices can return value to individual clinicians by curating and accelerating their career and capability development.

Disclosures: None of the authors has any conflicts of interest to disclose.

^a Division of Ambulatory Anesthesiology, Department of Anesthesiology, Vanderbilt University School of Medicine, 1211 21st Avenue South, MAB722, Nashville, TN 37212, USA;

^b Department of Anesthesiology, Vanderbilt University Hospital, Vanderbilt University School of Medicine, 1211 21st Avenue South, MAB722, Nashville, TN 37212, USA; ^c Department of Anesthesiology, Vanderbilt University School of Medicine, 1211 21st Avenue South, MAB722, Nashville, TN 37212, USA

* Corresponding author.

E-mail address: warren.sandberg@vanderbilt.edu

Anesthesiology Clin 33 (2015) 659–677

<http://dx.doi.org/10.1016/j.anclin.2015.07.008>

anesthesiology.theclinics.com

1932-2275/15/\$ – see front matter © 2015 Elsevier Inc. All rights reserved.

INTRODUCTION

The individual value of an anesthesiologist can be defined as the quotient of output (broadly conceived) over cost. Individual value is thus measured by assessing traditional (and nontraditional) outputs and the cost, driven by compensation plus overhead. What are the costs, products, and changes in product offering that influence the value of an individual anesthesiologist? This focused review touches on the cost of anesthesia care but mostly focuses on value-adding activities and a discussion of how anesthesia groups can use compensation to recognize and incentivize effort that improves anesthesiologists' economic value to the health system.

Cost of Anesthesiologists and the Economic Climate of 2015

The direct cost of anesthesiology services is driven almost entirely by personnel salaries and to some extent by the decisions anesthesiologists make that influence personnel costs elsewhere (there are also harder to quantify indirect costs, such as those arising from poor anesthesiology decisions that then have a negative impact on long-term patient outcomes downstream from the anesthetic event).¹ As of 2009, the cost beyond collections of an academic anesthesiologist, in terms of the support required to finance an academic anesthesia department, was \$111,000 per clinical faculty member after accounting for hospital support for certified registered nurse anesthetists (CRNAs).² The fully loaded cost for 278 days (weekdays plus weekend call) of anesthesia coverage, including reasonable call, vacation (and vacation coverage), and fringe benefits, seems to remain at approximately \$600,000 per year, whether in private (Sandberg WS, personal communication from chief of a midsized Midwestern private practice group, 2015) or academic practice.² Perhaps somewhat prematurely, the authors speculated in 2009 that anesthesiology services were under sufficient pricing pressure to allow a disruptive innovation to begin to replace the traditional provider-in-room model.³ Only recently has one example of such technology (the Sedasys system [Ethicon, Cincinnati, OH, USA]) gained Food and Drug Administration approval for use in gastrointestinal procedures requiring moderate sedation, but the authors maintain that the writing is on the proverbial wall for one-person-one-patient anesthesia care. Meanwhile, the Affordable Care Act and the Great Recession have come to pass. The health care spending curve has been bent, and payers (ultimately US employers) are allowing smaller increases in US health care spending than previously. Nevertheless, the salary cost of an academic anesthesiologist has continued to rise at the rate of approximately 1% per year – lower than the rate of inflation but still costing more than can be supported by direct revenue alone.⁴

Anesthesiology, like the rest of the health care industry, is in the midst of a mergers-and-acquisitions frenzy. There are multiple objectives driving mergers and acquisitions in anesthesiology: economies of scale with respect to practice management, revenue cycle, and benefits, as well as the potential for more control over clinician performance, pricing power with payers, gaining control of salary costs, and better negotiating position with hospitals over support stipends to cover otherwise uncompensated work, such as medical direction, call, or quality improvement. At the same time, anesthesiologists are attempting to redefine themselves, and thereby their value, as perioperative physicians – agents of the perioperative surgical home. Their performance in this new role is important to hospitals, because perioperative environments and immediate postsurgical care account for a large percentage of hospital expenditures and revenues. More and more, hospitals expect anesthesiologists to drive efficiencies, patient experience, throughput, and innovation of care for the surgical home.⁵ Putting aside patients for the moment, the economic goal of health care is to make money for

Download English Version:

<https://daneshyari.com/en/article/2744288>

Download Persian Version:

<https://daneshyari.com/article/2744288>

[Daneshyari.com](https://daneshyari.com)