Perioperative Surgical Home: Perspective II



Thomas R. Vetter, MD, MPHa,*, Keith A. Jones, MDb

KEYWORDS

- Perioperative surgical home Value-based care Value stream map
- Personalized care
 Population health management
 Health care informatics
- Health care analytics Clinical decision support

KEY POINTS

- The Perioperative Surgical Home emphasizes the standardization, coordination, transitions, and value of care, throughout the perioperative continuum, including during the post-hospital discharge phase.
- Current and imminent fundamental changes in governmental and commercial reimbursement models are creating a "burning platform" for concordant obligatory changes in perioperative health care delivery.
- The Perioperative Surgical Home can achieve all 3 elements of the Institute for Healthcare Improvement Triple Aim: (1) optimizing the individual experience of care, (2) improving the health of populations, and (3) reducing per capita costs of care.
- The Perioperative Surgical Home is an innovative Lean method application, which can be detailed as a value stream process activity map, which includes all 4 phases of patient care and the respective multiple patient contact points.
- Health care informatics, analytics, and decision support are fundamental mechanisms for achieving the practice change in management that is required for the Perioperative Surgical Home to implement and sustain quality, safety, and satisfaction improvement, and cost-reduction strategies, to thus maximize value-based care.

Every few years we stop and analyze where we are today and what the gaps are we have to fill, and right now we are on the next cusp in health care with work to do on safety, patient flow, efficiency, and on getting the right care to the right patient at the right time and place.

—Maureen Bisognano, President and CEO, Institute for Healthcare Improvement.

Funding: UAB Department of Anesthesiology and Perioperative Medicine internal funds. Commercial or Financial Conflicts of Interest: None reported by T.R. Vetter or K.A. Jones.
^a Department of Anesthesiology and Perioperative Medicine, University of Alabama at Birmingham, JT862, 619 19th Street South, Birmingham, AL 35249, USA; ^b Department of Anesthesiology and Perioperative Medicine, University of Alabama at Birmingham, JT804, 619 19th Street South, Birmingham, AL 35249, USA

* Corresponding author.

E-mail address: tvetter@uab.edu

Anesthesiology Clin 33 (2015) 771–784 http://dx.doi.org/10.1016/j.anclin.2015.07.002

INTRODUCTION

The combined effects of expanded health insurance coverage under the 2010 Patient Protection and Affordable Care Act (ACA), faster economic growth, and an aging population (the "Silver Tsunami") are expected to result in greater demand for health care goods and services in the United States between 2015 and 2023. The health care share of the United States gross domestic product is thus projected to increase to 19.3% in 2023.

Surgical care currently accounts for an estimated 52% of hospital admission expenses in the United States.² Fragmentation and inefficiencies in delivery of care, defensive medicine, discordant incentives between stakeholders who deliver versus those who pay for care, and a lack of emphasis on value are contributing to excessive surgical expenditures.^{3,4}

To address these and other contributing factors, the Perioperative Surgical Home model has been developed using the guiding principles of the Patient-Centered Medical Home. ^{5,6} The Perioperative Surgical Home is a similarly very patient-centered approach, with an emphasis on the standardization, coordination, transitions, and value of care, throughout the perioperative continuum, including during the post-hospital discharge phase. ⁵ The early adopters of this new perioperative care model will be challenged to demonstrate that it actually does achieve these espoused goals. The Perioperative Surgical Home is also predicated on a robust yet often novel inter-disciplinary collaboration between an institution's surgeons and its anesthesiologists, hospitalists, and intensivists.

POPULATION HEALTH MANAGEMENT

Health care delivery and payment systems in the United States must continue to be reformed to address currently untenably increasing health care expenditures while at the same time increasing the quality of care. In his 2012 Shattuck lecture, Institute of Medicine (IOM) President Harvey Fineberg noted that "America's health system is neither as successful as it should be nor as sustainable as it must be."

Fineberg⁸ posited (Table 1) that a successful health system has 3 key attributes:

- Healthy people
- Superior care
- Fairness

Furthermore, he posited (see **Table 1**) that a sustainable health system has 3 key attributes:

- Affordability
- · Acceptability to key constituents
- Adaptability

Fineberg⁸ also observed that proposed solutions need to focus on the specific ultimate outcome of interest: the overall population's health and each individual's health.⁸

Berwick and colleagues⁹ and the Institute for Healthcare Improvement (IHI) have promulgated the "Triple Aim" as a basic framework for the much needed overall health care reform in the United States.¹⁰ The IHI Triple Aim comprises 3 interdependent goals: (1) optimizing the individual experience of care, (2) improving the health of populations, and (3) reducing per capita costs of care.^{9,10}

The Perioperative Surgical Home is capable of achieving all 3 elements of the IHI Triple Aim. Furthermore, achieving the IHI Triple Aim can provide leverage for

Download English Version:

https://daneshyari.com/en/article/2744295

Download Persian Version:

https://daneshyari.com/article/2744295

Daneshyari.com