Geriatrics and the Perioperative Surgical Home

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KEYWORDS

• Perioperative surgical home • Enhanced recovery after surgery • Triple aim
• Integrator/perioperative physician • Geriatric surgical home

KEY POINTS

- Select patients/procedures will be the initial construct of the perioperative surgical home to be effective. This is noted by the success seen at University of California Irvine Medical Center Joint Replacement Surgical Home.
- By 2030, the US population older than 65 years is expected to be 19%; therefore, this larger geriatric population will be presenting for elective surgery, and with their age-related comorbidities are at increased risk for perioperative complications.
- With the development of necessary health care reform along with the aging patient population, the American Society of Anesthesiologists (ASA) has introduced the concept of the perioperative surgical home in which the anesthesiologist serves as leader or integrator of the patient's care team throughout the perioperative period to improve patient outcomes, enhancing the quality of care and reducing health care costs.

INTRODUCTION

The perioperative surgical home (PSH) is a physician-led, patient-centered, interdisciplinary, and team-based system of coordinated patient care. Health care in the United States has been under increasing scrutiny due to the accumulation of rising health care costs and the disparaging fragmented quality in its delivery. In order to improve this current fragmented, cost-inefficient system, the PSH may be a push in the right direction. All stakeholders in the delivery of surgical services, as well as the patients themselves, may gain significantly from its successful implementation.

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DEFINITION OF THE PERIOPERATIVE SURGICAL HOME

The evolution of the PSH model is firmly rooted in the triple aim philosophy in that it strives to improve the quality of care, reduce the overall health care expense, and improve the overall health of the population. It represents a potential paradigm of practice in that it contains a patient-centered, physician-led, team-based coordination of care (**Fig. 1**).

If one takes a long-term view of the development of health care in the United States, one sees rapid and significant changes in recent times. Concepts such as patient-centered care and shared decision making represent significant paradigm shifts from the time held current physician-centered care model. A patient-centered model considers the preferences of the patient in making health care decisions; this model has been associated with decreased use of expensive tests and procedures, improved outcomes, and most importantly decreased discomfort and improved patient satisfaction.[1]

Although the PSH is a newer model with limited established supporting data, it would not be unreasonable to extrapolate from the data and literature on enhanced recovery after surgery (ERAS) and practice model outcomes from pioneer institutions in the PSH like University of California Irvine Health as well as other institutions.[2]

The perioperative clinical protocol implemented by ERAS has standardized management of several facets of the perioperative management of patients (**Table 1**).[3–5] This model has shown positive results in reduced length of stay, reduced risk of hospital-acquired infections, improved patient satisfaction, and postoperative outcomes.[6] The PSH model would further incorporate the ideals in ERAS within an extended framework to include coordination of care through a perioperative physician managing the entirety of the perioperative care (**Fig. 2**). Within this paradigm, the perioperative physician allows for much needed continuity of care while creating a care that can evolve within the local environment and make adjustments to strict predefined items.

Within the PSH, the perioperative physician functions to reduce variability of care and stray away from the current fragmented care of several physicians over the patient's perioperative course. The creation of a perioperative continuum, rather than discrete preoperative, intraoperative, postoperative, and postdischarge encounters creates a unique opportunity to gain ground in a failing health care environment by improving outcomes, reducing costs, and improving patient satisfaction.[5] The current fragmented care model creates this nature of running unnecessary tests on patients, due to lack of access or these previously run preoperative diagnostics being lost in a fragmented

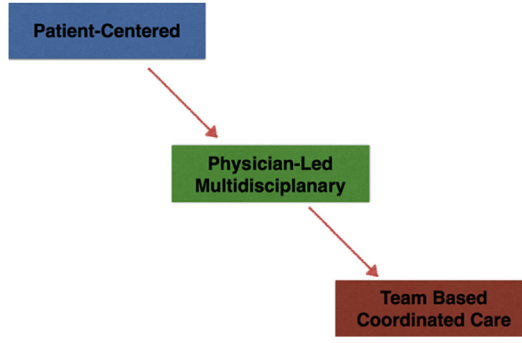

Fig. 1. The triple aim philosophy of the perioperative surgical home model.