How Dr. Barnes helped his hospital meet APM targets

Dr. Barnes is a physician anesthesiologist who works for a private practice group that serves a large metropolitan hospital. The hospital is participating in an Alternative Payment Model (APM).* The administration has selected an episode-based model because they believe APM targets can best be reached by focusing on a single episode of care: urological cancer surgeries, an area the data suggests is a problem. The administration has asked clinicians for feedback as they explore ways to achieve the APM objectives.

Dr. Barnes wants to help. He knows his group must continue to show how vital they are to the hospital. And he understands that, moving forward, payments will increasingly be tied to value, a shift accelerated by the COVID-19 pandemic. He doesn’t want to get left behind. But he and his group are struggling to find their path within an APM arrangement.

Dr. Barnes explores ASA’s website and learns about other physician anesthesiologists who have contributed to their organizations’ success of APMs by leading PSH teams. Physicians just like him have helped their organizations reduce readmission rates, save millions of dollars, reduce cost per case, shorten length of stay, and improve quality and safety. The PSH model could be his organization’s pathway for achieving value-based care goals.

Convinced that PSH can help, Dr. Barnes takes the idea to his administration. They’ve analyzed where the hospital is at, and where they need to go, and agree that the PSH is a tool that can move them forward. The administration encourages Dr. Barnes and his colleagues to participate in developing a PSH pilot. Together with a surgical partner from urology, Dr. Barnes approaches the broader care team to gain buy-in. Implementing new standardized care pathways for surgical urology will require the shared effort of a multidisciplinary team.

Based on evidence gleaned from the data, the team focuses on reducing length of stay by creating an integrated pre-operative clinic, standardizing care, and tracking outcomes. They even conduct multidisciplinary clinical team rounds to facilitate info sharing and address issues in real-time, and they deliver staff education to ensure standardized care protocols are understood and followed.

The care team embraces the proposed changes and works together to ensure that evidence-based, standardized care processes are adopted by departments and physicians, collaborating in new ways across the episode of care.

Dr. Barnes finds a solution:

The hospital Dr. Barnes last worked for participated in one of ASA’s Perioperative Surgical Home (PSH) Learning Collaboratives. He knows the PSH model helped his previous organization coordinate more efficient and cost-effective care. He even attended a presentation where a PSH Learning Collaborative member detailed how the PSH model helped her department achieve APM goals.

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