The shift from volume to value-based health care means anesthesiologists are measured by the cost effectiveness and quality of care they provide. That’s why ASA created the Perioperative Surgical Home (PSH), a patient-centered, team-based model of care that helps navigate patients through the entire surgical experience, starting with the decision to have surgery through discharge and beyond.

The PSH model demands a shift in thinking and is highly iterative, so it’s fitting that ASA has learned and adapted the model to align with health care trends. In the decade since launching PSH, the model has been improved to help anesthesiologists and the patients they serve. Health care is evolving, so we are too.

Adapting to Change, Creating More Value

**INTRODUCED PSH SCHOLARSHIP PROGRAM AND REVIEW BOARD** to enable the participation of 340B, VA, military, small or rural, and critical access hospitals in the PSH LC.

**LAUNCHED PSH IMPLEMENTATION GUIDE,** a “how to” manual with tools designed to help health care professionals scale the adoption of principles for creating cultures of interdisciplinary coordination and standardization across the perioperative continuum.

**CREATED PSH LEARNING COLLABORATIVE (LC)** to develop, pilot, and evaluate the PSH model across different service lines by bringing together leading healthcare providers from across the country to define and test the PSH model.

**2014 HOSTED PSH LEARNING COLLABORATIVE 1.0** to pilot the model, institute iterative improvements, collect data, and assess model success in a variety of settings while promoting participation in innovative payment models to ensure that the PSH model is financially sustainable.

2014-15 **HELD PSH LEARNING COLLABORATIVE 2.0** to advance insights into strategies compatible with alternative payment models and redesign perioperative care to improve clinical outcomes and cost.

Added two cohorts—the Core and Advanced Cohorts—to identify evidence-based best practices, develop additional resources, and drive performance improvements among those that have already implemented a PSH model.

**REDESIGNED DEDICATED PARTNER PROGRAM** to better support Comprehensive revenue on a one-to-one basis where they needed it most. PSH LC members were paired with a partner who helped with goal setting, measurement, and continuous quality improvement. Three workgroups were developed to focus on data, education, and value proposition.

**CMS INCREASED THE WEIGHT OF THE PSH Care Coordination Improvement Activity from medium to a high weight in scoring as part of the MIPS program.**

**FULL SPEED AHEAD**

Learn how you can drive better outcomes and reduce costs with the PSH Implementation Guide. Find it at asahq.org/psh