

The PSH Model Journey

Adapting to Change, Creating More Value

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.



THEN

2012

LAUNCHED PSH to help anesthesiologists adapt to value-based care.



2014

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.

2014-15

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.

2016-17

PSH ENDORSED by American Academy of Orthopaedic Surgeons, American Academy of Physical Medicine and Rehabilitation and American Urological Association.

2017

ADAPTED MODEL from anesthesiologist led to physician led to be more customizable.

2016-18

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 costs. 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.

2018

CMS RECOGNIZED PSH IMPROVEMENT ACTIVITIES (IA) in the 2018 Merit-based Incentive Payment System (MIPS), allowing pilot participants to get credit in MIPS for their PSH participation.

2018-20

LED PSH LEARNING COLLABORATIVE 2020 featuring more subject matter expert engagement, toolkits, pathways, protocols, and templates. Members collaborated and shared learning to overcome cost and metric challenges they faced with Medicare Access and CHIP Reauthorization Act (MACRA), merit-based incentive payment systems (MIPS), and advanced alternative payment models (APMs). A third cohort was added to better serve experienced organizations interested in serving as mentors who need financial support to participate in a PSC LC.

2018

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.

2020

REDESIGNED DEDICATED PARTNER PROGRAM to better support Collaborative members 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.

2020

FORMALLY DEFINED THE PRINCIPLES AND COMPONENTS OF PSH to include improving patient outcomes, decreasing costs, increasing provider satisfaction, and enhancing patient experiences.

2021

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.

2021

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.

**FULL
SPEED
AHEAD**



American Society of
Anesthesiologists

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