



PERIOPERATIVE

SURGICAL HOME™

Learning Collaborative

2020

asahq.org/psh-learn

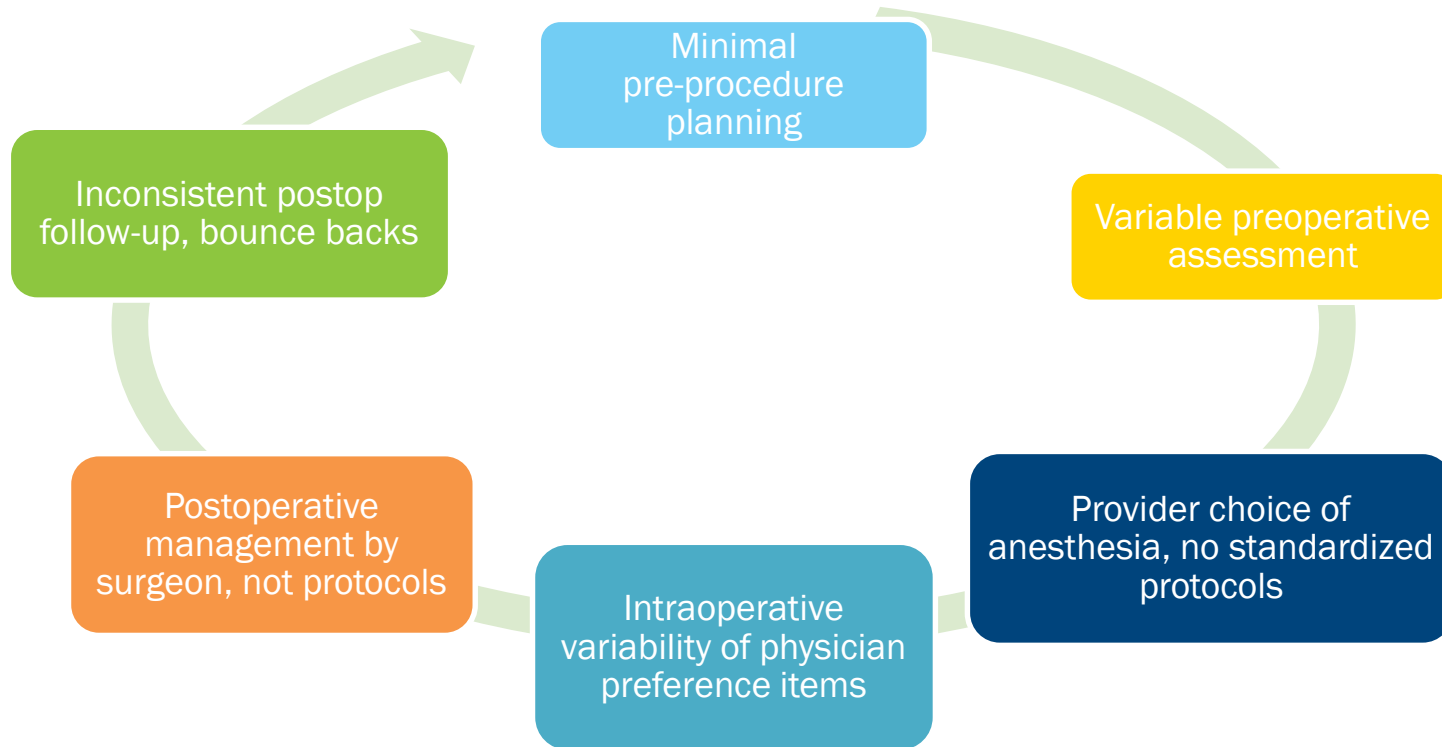
Executive Overview

American Society of
Anesthesiologists®

Current Surgical Care is Often Variable and Fragmented

- Caregivers working in silos
- Occurs in disjointed phases
- High cost
- Delays and inefficiencies
- Long lengths of stay
- Unhappy patients
- High complications and suboptimal outcomes
- Unnecessary or prolonged SNF/home postoperative care

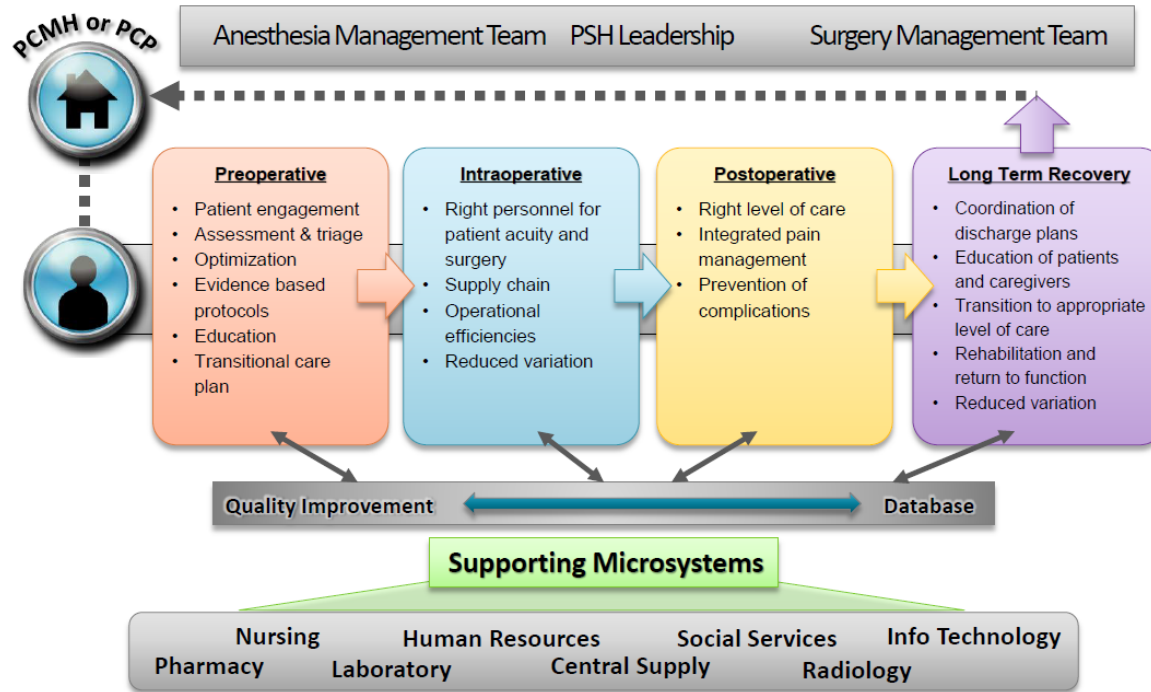
Traditional Surgical Care Management



The Perioperative Surgical Home

- A patient-centered, physician-led, interdisciplinary and team-based system of coordinated care
- Spans the entire surgical episode from the decision of the need for an invasive procedure – surgical, diagnostic or therapeutic – to discharge and beyond
- Designed to achieve the quadruple aim of improving health, increasing provider and patient satisfaction and reducing the cost of care

The Perioperative Surgical Home Introduces a Coordinated System of Care



Benefits of the Perioperative Surgical Home

- Improves surgical outcomes
- Eliminates silos and the fragmented care process
- Decreases unnecessary testing and utilization of health care resources
- Assures appropriate cost-effective post-discharge care
- Provides cohesive management of the surgical patient beginning with the preoperative period and ending 30/60 days after discharge
- Enhances the patient and family experience

Aligned with the Ongoing Shift from Volume to Value

Because the PSH care model has demonstrated significant reduction in complications, length of stay and readmissions, it is particularly effective in positively impacting value-based payment models, including:

- CMS' Bundled Payment for Care Improvement (BPCI) Program
- CMS' Comprehensive Care for Joint Replacement (CJR) Program
- CMS' Medicare Shared Savings Program (MSSP)
- Medicaid Bundled Payment Programs
- Commercial Accountable Care Organizations (ACOs)
- Commercial Bundled Payment Programs

Examples of Key Enhanced Recovery/Perioperative Surgical Home Strategies

- Pre-op patient risk stratification and optimization
- Meaningful patient/family education
- Evidence-based pre-op testing and care protocols
- Pre-op discharge planning
- Multimodal anesthesia focused on limiting opioids
- Carbohydrate loading
- Judicious fluid management
- Earlier ambulation and nutrition
- Nausea/vomiting management
- Continuation of care processes through discharge from SNF or home care
- Continuous performance improvement

The PSH Learning Collaborative

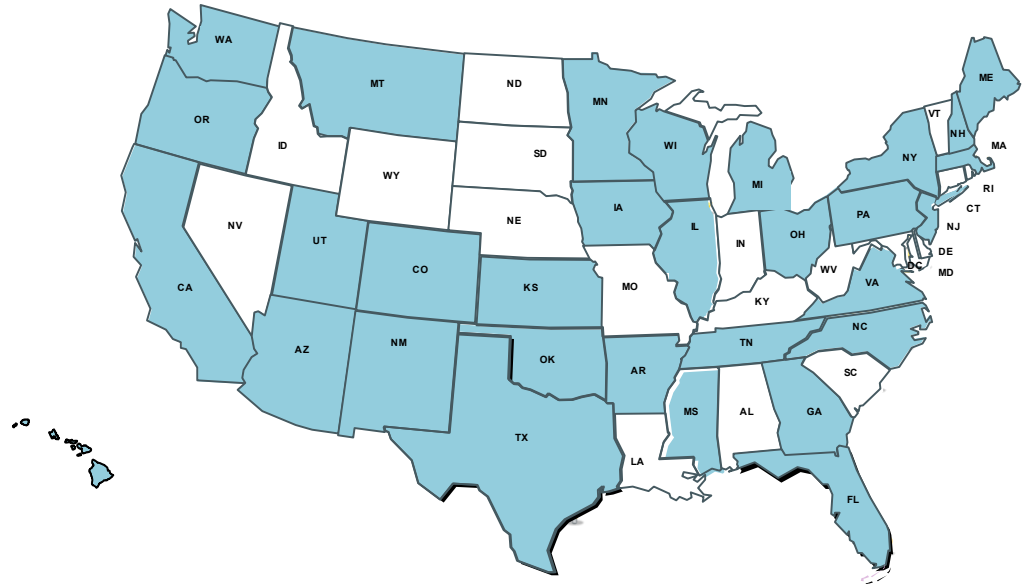


Brings together leading organizations from across the country to learn from each other and subject-matter experts to prepare for implementation of the PSH or to optimize performance post-implementation, including:

- Increased adherence to evidence-informed guidelines and pathways
- Improved quality and safety of perioperative care
- Reduced complications and readmission rates
- Reduced surgical costs and superior value
- Enhanced patient and family experiences

PSH Learning Collaborative 1.0 and 2.0 Members

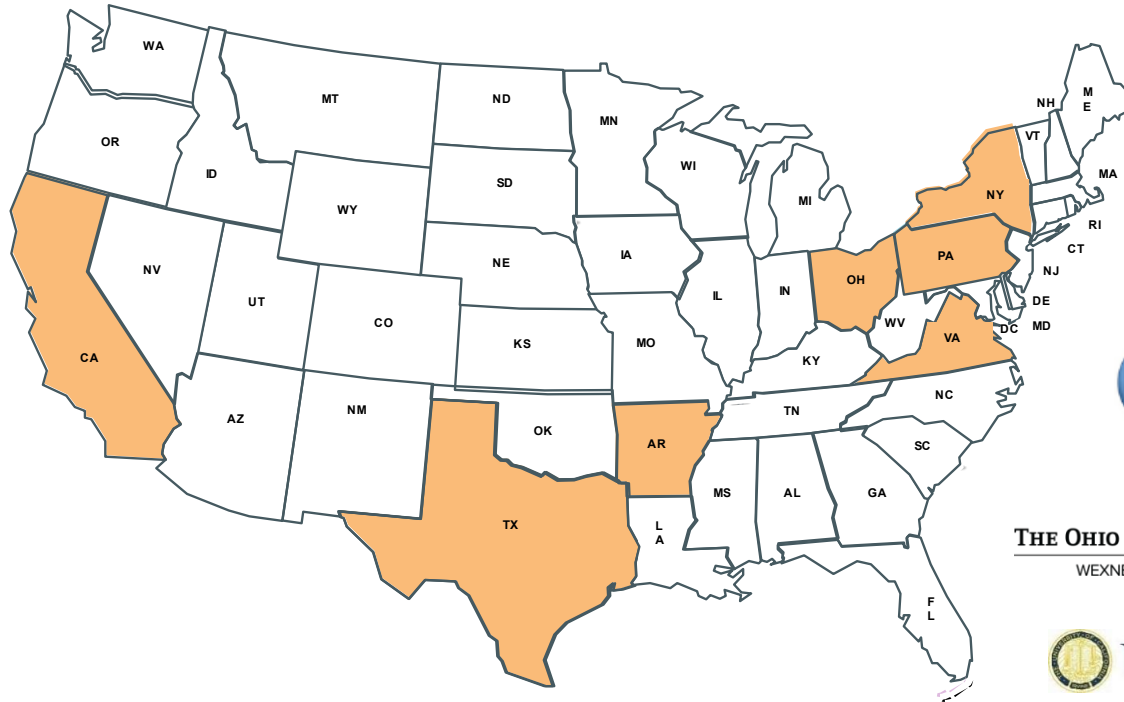
- 88 unique organizations comprised of:
 - Academic Medical Centers
 - Community Hospital/Health Systems
 - Pediatric Hospitals
 - Physician Group Practices
- 32 states represented



PSH Learning Collaborative 1.0 & 2.0 Participants



PSH Learning Collaborative 2.0 – Members (and Partner Organizations) in BPCI



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HEALTH



North American
Partners in Anesthesia
One Exceptional Experience
at a Time...Every Day.®



THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

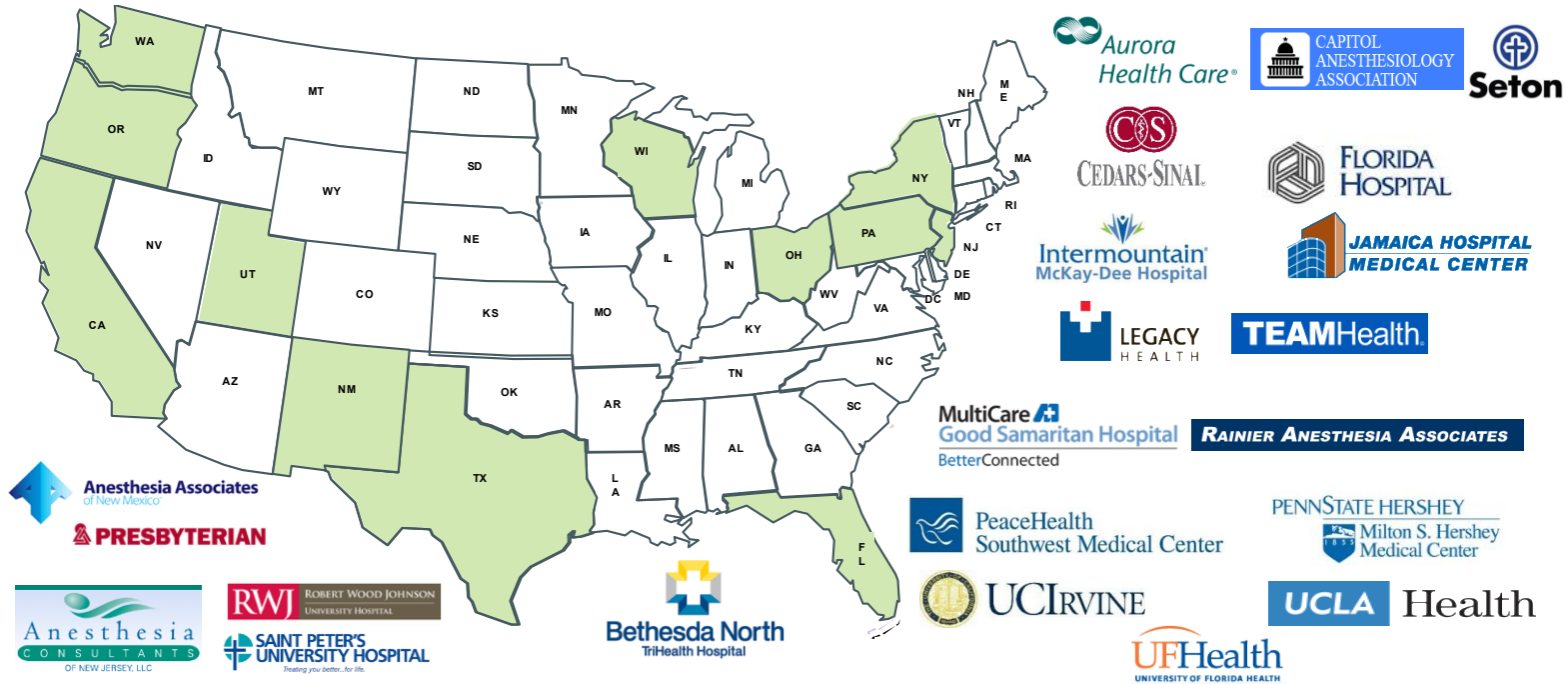
PENNSTATE HERSCHEY
Milton S. Hershey
Medical Center



UCIRVINE



PSH Learning Collaborative 2.0 – Members (and Partners Organizations) in CJR



Pilots Launched

- 192 pilots planned or underway
- 37,000 cases completed
- Most common pilots include:
 - Ortho 33
 - Colorectal 28
 - Pediatrics 17
 - General Surgery 13
 - GynOnc 12
 - Urology 11
 - CABG 5
 - Bariatrics 6

Sample Outcomes from PSH Collaborative 2.0

Length of Stay (LOS)

- Midwest Academic Center reduced LOS for total joints from 4.6 to 2.1 days
- Community Hospital reduced LOS for colorectal surgery from 5.2 to 3.8 days
- Southeast Community Hospital reduced LOS for total joints from 3.0 to 1.8 days
- West Coast Academic Center reduced LOS for urology surgery by 1.3 days

30-Day Readmission Rate

- Pediatric Hospital reduced rate for laryngeal cleft patients from 8.3% to 7.5%
- West Coast Academic Center reduced rate for urology patients to less than 10%
- Southeast Community Hospital reduced rate for orthopedic patients by 35%
- Midwest Academic Center reduced readmissions for orthopedic patients by 50%

Sample Outcomes from PSH Collaborative 2.0 (cont'd)

Post-Discharge Care

- West Coast Academic Center increased patients discharged to home by 38%
- Southeast Academic Center increased patients discharged to home by 18%
- Southeast Community Hospital reduced admissions for orthopedic patients to SNF by 22% and admissions to home health by 34%
- Midwest Academic Center reduced readmissions for orthopedic patients by 50%

Cost of Case Reduction

- Southeast Regional Center reduced total joint cost per case by \$1,816 and colorectal cost per case by \$1,046
- West Coast Academic Center reduced operational costs for laparoscopic nephrectomies and open nephrectomies cases by 50%
- Southeast Community Hospital demonstrated an average savings of over \$4,000 per orthopedic case

The Next PSH Learning Collaborative

The PSH Learning Collaborative 2020 offers two participation options to meet the unique needs of organizations interested in health care redesign.

Core Collaborative

- Designed for organizations interested in learning more about the PSH model of care and those in the early stages of implementing a PSH pilot.

Advanced Cohort

- Created for organizations that are looking to optimize or expand their PSH pilot.

PSH Learning Collaborative 2020 - Core Collaborative

Participants of the core collaborative should expect to gain access to resources and tools that focus on:

- PSH implementation
- Perioperative care redesign
- Results of self-assessment tools, including:
 - MACRA, MIPS and APMs Impact
 - Cost of implementing a PSH pilot
 - Financial and non-financial outcomes of implementing a PSH pilot
 - Readiness assessment
- Leadership training
 - How to track data
 - How to demonstrate value
 - How to establish trust
 - How to establish meaningful goals
- PSH health care landscape

PSH Learning Collaborative 2020 - Advanced Cohort

While receiving all the benefits of the Core Collaborative, the Advanced Cohort will also gain exclusive information about:

- Optimization of a PSH pilot
- Expansion of a PSH pilot to new service lines
- Taking advantage of voluntary bundles
- Publication support
- Advanced leadership training
 - Change management
 - Communication beyond your peers and department
 - The difference between collaboration and cooperation
 - Calculating the impact of bundles

PSH Learning Collaborative 2020 – Bundles Payment Add-on Option

- The PSH Learning Collaborative recognizes the need to support its Advanced Cohort members as they participate in various public and private bundle programs. As such, a new add-on option is being offered
 - The Bundles Payment Add-on option is exclusively available to Advanced Cohort participants.
 - The Bundles Payment Add-on option supports institutions in identifying areas to effectively improve quality, share in savings, redesign care delivery and reduce costs.
 - **Limited time offer** – the first five facilities who apply to the Bundles Payment Add-on Option will receive a heavily discounted introductory price.
 - After the first five applicants, the Bundles Payment Add-on option price will significantly increase.

PSH Learning Collaborative 2020 Timeline

Two-year timeline provides time to collaborate, transform and measure performance to demonstrate success.

Key benefits of participation include:

- Peer-to-peer networking and shared learning opportunities
- Access to subject-matter experts on a variety of topics
- Tools and resources to support successful implementation and performance optimization

• May 1, 2018 – Launch date

• May 18-19, 2018 – First in-person meeting

• Summer 2018 – First Advanced Cohort PI sprint

• November 9-10, 2018 – Second in-person meeting

• Winter 2019 – Second Advanced Cohort PI sprint

• Spring 2019 – Third in-person meeting

• Summer 2019 – Third Advanced Cohort PI sprint

• Fall 2019 – Fourth in-person meeting

• Winter 2020 – Fourth Advanced Cohort PI sprint

• April 31, 2020 – End date



In collaboration:

American Society of
Anesthesiologists®



Learn from subject matter experts
and organizations from across the
country about:

- PSH pilot implementation
- Optimization of a PSH pilot
- Expansion of a PSH pilot to new service lines
- System-wide conversion

Apply now.
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Summary

- Surgical care is fragmented, non-standard, expensive and fraught with complications and sub-optimal outcomes
- The Perioperative Surgical Home introduces a coordinated system of care
 - Providing cohesive management and resulting in few complications, improved outcomes, lower resource utilization and enhance patient/family experience
 - Positively impacting emerging value-based payment models



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Thank you.

For additional information,
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