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Section I: Operating Room Management

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Mark E. Hudson and Evan E. Lebovitz

Productivity measurements have been used to evaluate and compare physicians and physician practices. Anesthesiology is unique in that factors outside anesthesiologist control affect the opportunity for revenue generation and make comparisons between providers and facilities challenging. This article uses data from the multicenter University of Pittsburgh Physicians Department of Anesthesiology to demonstrate factors influencing productivity opportunity by surgical facility, between department divisions and subspecialties within multispecialty divisions, and by individuals within divisions. The complexities of benchmarking anesthesiology productivity are demonstrated, and the potential value of creating a productivity profile for facilities and groups is illustrated.

Overlapping Surgery: A Case Study in Operating Room Throughput and Efficiency	161
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Amanda J. Morris, Joseph A. Sanford, Edward J. Damrose, Samuel H. Wald, Bassam Kadry, and Alex Macario

A keystone of operating room (OR) management is proper OR allocation to optimize access, safety, efficiency, and throughput. Access is important to surgeons, and overlapping surgery may increase patient access to surgeons with specialized skill sets and facilitate the training of medical students, residents, and fellows. Overlapping surgery is commonly performed in academic medical centers, although recent public scrutiny has raised debate about its safety, necessitating monitoring. This article introduces a system to monitor overlapping surgery, providing a surgeon-specific Key Performance Indicator, and discusses overlapping surgery as an approach toward OR management goals of efficiency and throughput.

Section II: Quality and Reporting

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John Allyn and Craig Curry

A robust quality management system (QMS) will provide value to patients, providers, and hospitals or systems by focusing on system performance.

The QMS must remain independent of provider-specific measures used for privileging. Some outcome measures may be used to assess system performance; they must not be used to assess individual provider performance. All anesthesia providers, especially leaders, must be guardians of an organization's safety culture.

Challenges in Outcome Reporting

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Avery Tung

Although measuring outcomes is an integral part of medical quality improvement, large-scale outcome reporting efforts face several challenges. Among these are difficulties in establishing consensus definitions for outcome measurement; classifying gray outcomes, such as postoperative respiratory failure; and adequately adjusting for patient comorbidities and severity of illness. Unintended consequences of outcome reporting can also distort care in undesirable ways, and clinician reluctance to care for high-risk patients may occur with reporting programs. Ultimately, clinicians need not compare outcomes to improve and should recognize that even outcomes that cannot be precisely quantitated can still be improved.

Quality Reporting: Understanding National Priorities, Identifying Local Applicability

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DeLaine Schmitz and Matthew T. Popovich

Since the 1990s, the use of quality measures in health care has grown exponentially. Practices must maintain current knowledge of measures that affect their clinicians locally and understand how assessment of these medical professionals affects the priorities and quality activities of practices and facilities. Because quality measures are increasingly used by hospital administrators, health plans, and payers, practices are being asked to shoulder the additional burdens of collecting and reporting data to various entities. Part of the solution to this increased burden often includes contracting with vendors and outside experts, as well as identifying effective local physician and practice champions.

Quality and the Health System: Becoming a High Reliability Organization

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Monaliza Gaw, Frank Rosinia, and Thomas Diller

Since the publication of "To Err is Human" in 1999, substantial efforts have been made within the health care industry to improve quality and patient safety. Although improvements have been made, recent estimates continue to indicate the need for a marked change in approach. In this article, the authors discuss the concepts and characteristics of high reliability organizations, safety culture, and clinical microsystems. The health care delivery system must move beyond current quality and patient safety approaches and fully engage in these new concepts to transform health care system performance.

Section III: Anesthesiology's Value Proposition

Value Proposition and Anesthesiology

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Joseph W. Szokol and Keith J. Chamberlin

Health care in general and anesthesia in particular have seen dramatic changes in the economic landscape. It is vital if anesthesia groups wish

to survive and prosper in this new environment to understand the changes occurring in health care and be flexible and proactive in taking on these challenges. More than ever anesthesia groups must be good corporate citizens and seek ways in which to enhance their value to the organization, whether in the operating room or out of operating room locations, and be a proactive partner with the hospital.

Bundled Payments and Hidden Costs

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Stanley W. Stead and Sharon K. Merrick

In a fee-for-service environment, anesthesiologists are paid for the volume of services billed, with little relation to the cost of delivering the services. In bundled payments, anesthesiologists are paid a set fee for an episode of care inclusive of all the anesthesia, pain medicine, and related services for the surgical episode and a period of time after the initial procedure to cover complications and redo procedures. When calculating a bundled payment, all the services typically used by a patient must be counted when calculating both the costs and expected payment.

Comprehensive Preoperative Assessment and Global Optimization

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Neil N. Shah and Thomas R. Vetter

To successfully deliver greater perioperative value-based care and to effectively contribute to sustained and meaningful perioperative population health management, the scope of existing preoperative management and its associated services and care provider skills must be expanded. New models of preoperative management are needed, which rely extensively on continuously evolving evidence-based best practice, as well as telemedicine and telehealth, including mobile technologies and connectivity. Along with conventional comorbidity optimization, prehabilitation can effectively promote enhanced postoperative recovery. This article focuses on the opportunities and mechanisms for delivering value-based, comprehensive preoperative assessment and global optimization of the surgical patient.

Perioperative Surgical Home for the Patient with Chronic Pain

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Talal W. Khan and Smith Manion

The management of acute pain for the phenotypically different patient who suffers from chronic pain is challenging. The care of these patients is expensive and siloed. The physician-led, multidisciplinary, patient-centric care coordination framework of the perioperative surgical home is an optimal vehicle for the management of these patients. The engagement of physician anesthesiologists in the optimization, in-hospital management, and postdischarge care of the patient with chronic pain leads to improved outcomes, reduces health care expenditures, and improves the health of this challenging population.

Comprehensive Acute Pain Management in the Perioperative Surgical Home

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John-Paul J. Pozek, Martin De Ruyter, and Talal W. Khan

The careful coordination of care throughout the perioperative continuum offered by the perioperative surgical home (PSH) is important in the

treatment of postoperative pain. Physician anesthesiologists have expertise in acute pain management, pharmacology, and regional and neuraxial anesthetic techniques, making them ideal leaders for managing perioperative analgesia within the PSH. Severe postoperative pain is one of many patient- and surgery-specific factors in the development of chronic post-surgical pain. Delivering adequate perioperative analgesia is important to avoid this development, to decrease perioperative morbidity, and to improve patient satisfaction.

Anesthesiology's Future with Specialists in Population Health

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Mike Schweitzer

In population health medicine, often it is not primary care but rather the specialists' care teams that are responsible for the most overall spending for health care. Engaging specialists in population health medicine is a prerequisite to be successful in improving the quality of care by reducing complications, unnecessary utilization, avoidable emergency department visits/readmissions, and total cost of care. Creating patient-centric, physician-lead, interdisciplinary care teams to redesign the delivery of care across the continuum of the episode of care (eg, shadow bundle) is a successful approach to commercial or Centers for Medicare and Medicaid Services value-based payments.

Integrating Academic and Private Practices: Challenges and Opportunities

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Aviva Regev and Aman Mahajan

As health care reform shifts toward value over volume, academic medical centers, known for highly specialized, high-cost care, will suffer from erosion of their traditional funding sources. Academic medical centers have undertaken mergers and partnerships with community medical centers to maintain a more diversified, cost-effective, and competitive presence in their markets. These consolidations have seen varying results. Cultural factors are frequently cited as a cause of dysfunction and disintegration. Anesthesiology groups integrating academic and private practice physicians are likely to face many of the same challenges. Appropriate attention to culture and other key issues may help realize numerous benefits.