


American College of Perioperative Medicine


UC Irvine Health

HealthCare 2020




Zeev N. Kain, MD, MBA
President, American College of Perioperative Medicine
Director, System Redesign & Value Based Healthcare, HPRI
University of California, Irvine & Yale University


American College of Perioperative Medicine

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Conflict of Interests

- Supported by the National Institutes of Health (1997-now)
- Consultant: Medtronic, Huron Consulting, Edwards Lifesciences
- Board Member: FAER (ASA), GTX
- Founder & President, American College of Perioperative Medicine

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Surgeons be like

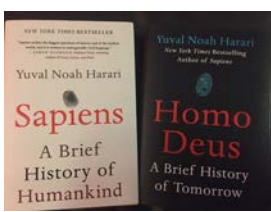



Three Comments Before We Start 😊



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Prelude:


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2020


Adapting to changing consumer needs, demands, and expectations

Transformation to value and outcomes-based health care

Deloitte.



Patients and caregivers appear to be demanding change. Dissatisfied with poor service and lack of transparency around **price, quality, and safety**, today's health care consumers are expecting solutions that are **coordinated, convenient, customized, and accessible.**






“Help me be a healthier me”

Consumerism:
A cultural transformation which recognizes that people are active consumers of care in search of better experiences and outcomes in an evolving and interactive healthcare environment

Thiel
J&J Medical Devices



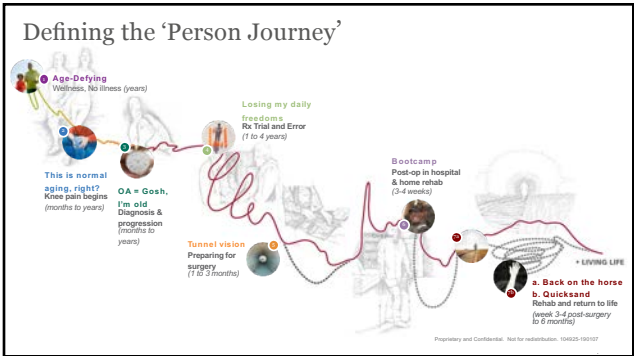
A negative experience no longer goes unnoticed.

-  **50%** of patients read online reviews before making appointment
-  **Two-thirds** of health system loyalty drivers are about the experience, not clinical quality
-  **5%** increase in customer retention = **25%** increase in profits

Thiel
J&J Medical Devices

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Defining the ‘Person Journey’



Age-Defying
Wellness, No illness (years)

This is normal aging, right? Knee pain begins
(months to years)

OA = Gosh, I'm old
Diagnosis & progression (months to years)

Tunnel vision
Preparing for surgery (1 to 3 months)

Losing my daily freedoms
Rx Trial and Error (1 to 4 years)

Bootcamp
Post-op in hospital & home rehab (2-4 weeks)

a. Back on the horse
b. Quicksand
Rehab and return to life (week 3-4 post surgery to 6 months)

• LIVING LIFE

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Patient Activation

Measures and **Higher Preoperative Patient Activation Associated With Better Patient-reported Outcomes After Total Joint Arthroplasty** *positive health*

John Andreola MD, MBA, Nina Akbarian B.S., Vanessa Chan MD, PhD, Mandip Lakh MD, Qian Peng MD, Kevin J. Shan MD, MBA

Postoperative Findings	Questionnaire	P-value
Better Pain Relief	HOOS/KOOS Pain Score	0.048
Better Symptom Relief	HOOS/KOOS Symptom Score	0.021
Higher Mental Health Scores	SF 12v2*	<0.001
Higher Patient Satisfaction	Hip & Knee Satisfaction Scale	0.023

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2020

- exponential technologies
- disruptive competitors
- expanded delivery sites
- revamped payment models



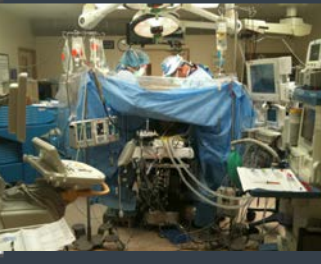



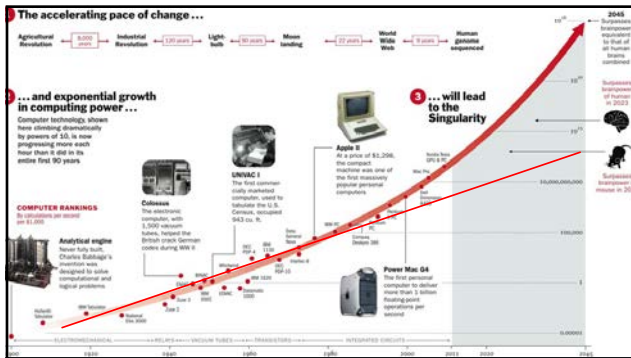


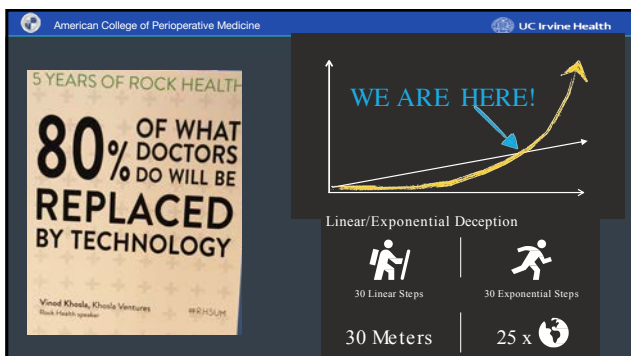
DISRUPTIVE INNOVATION:

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2020

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Deloitte.

Patient

Employee

Pharma

Insurance

Hospital

Pharmacies

Doctor

DISRUPTIVE INNOVATION:

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2020

- emergence of personalized medicine
- exponential technologies
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Deloitte.

Patient

Employee

Pharma

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Hospital

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Doctor

DISRUPTIVE INNOVATION:

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In Our Nation: A Tale of Healthcare

"It is the best of times..."



"It is the worst of times..."

Cost

20% OF GDP BY 2021
\$700B WASTE ACROSS U.S. SYSTEM
2X COST PER CAPITA VERSUS OECD NATIONS

Lack of Coordination

19.6% MEDICARE HOSPITAL READMISSIONS
\$45B ANNUAL COSTS FOR AVOIDABLE COMPLICATIONS
\$91B REDUNDANT ADMINISTRATIVE PRACTICES

Sources: Sam Husted, MD, "Advancing Health Care Quality, Access, and Affordability Through Innovation"; Charles Dickens, "A Tale of Two Cities"

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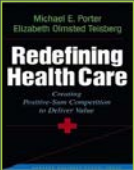
Value Based Care=Volume to Value

Patient-Centered Outcomes of Care

VALUE

Cost to Achieve Outcomes

Patient Value = Health Outcomes / Cost



*Slide Courtesy of Tom Feeley, MD

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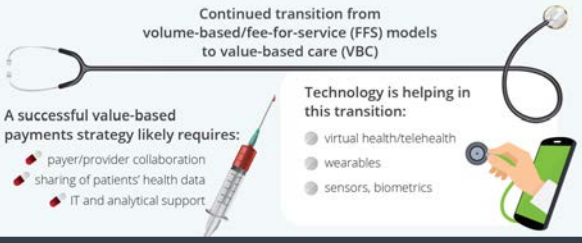
Continued transition from volume-based/fee-for-service (FFS) models to value-based care (VBC)

A successful value-based payments strategy likely requires:

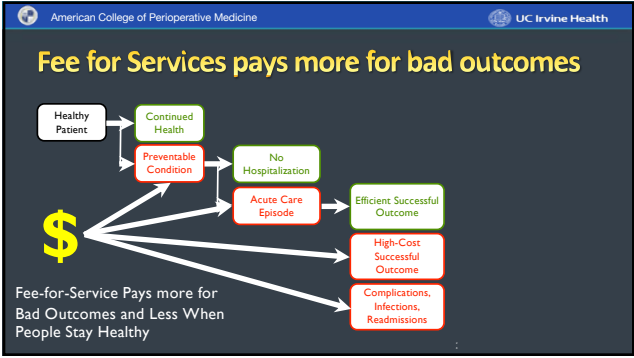
- payer/provider collaboration
- sharing of patients' health data
- IT and analytical support

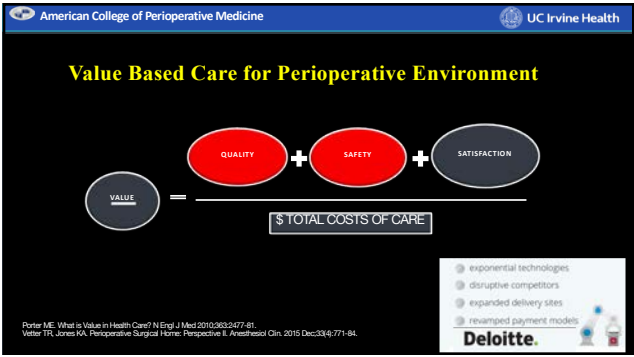
Technology is helping in this transition:

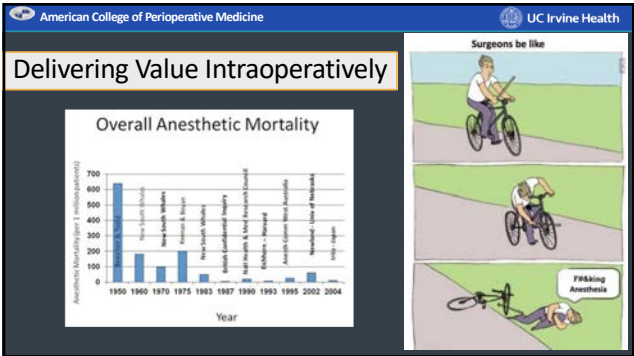
- virtual health/telehealth
- wearables
- sensors, biometrics

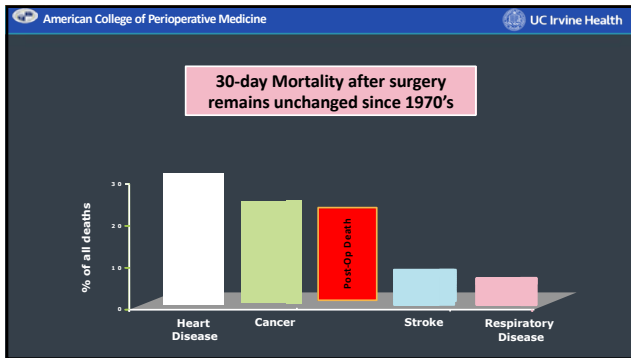


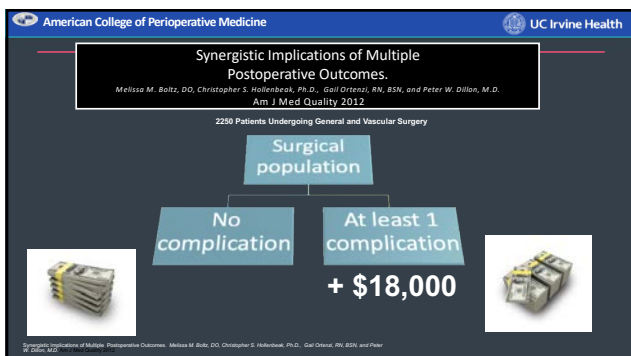
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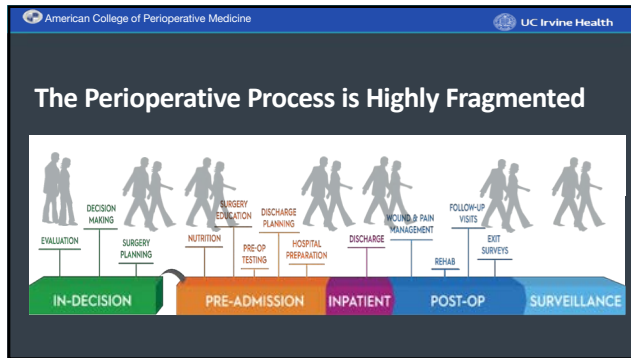


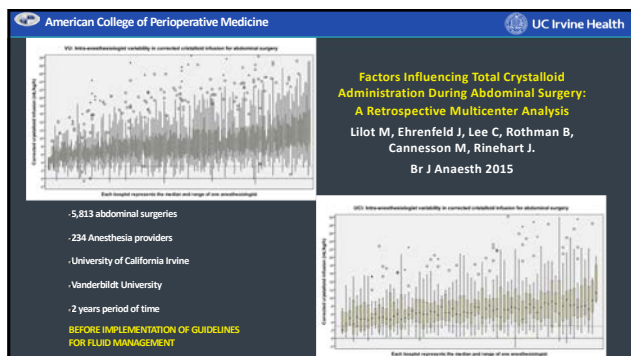
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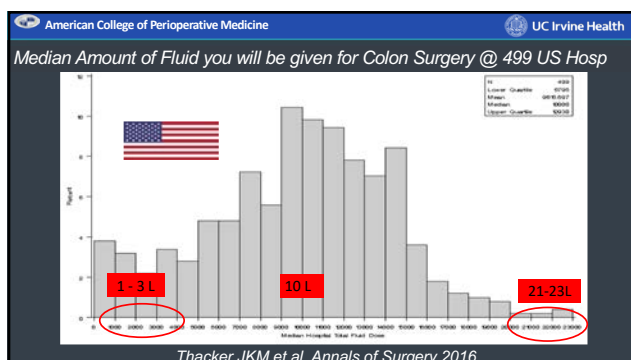
WHY?



A Complex Answer


People_(cooperation) + Technology














Dr. Henrik Kehlet

Rigshospitalet, Copenhagen University

ERAS® stands for Enhanced Recovery After Surgery. ERAS is a **multimodal perioperative care pathway** designed to achieve early recovery for patients undergoing surgery.


ERAS represents a paradigm shift in perioperative care in two ways. First, it re-examines **traditional practices**, replacing them with **evidence-based best practices** when necessary. Second, it is **comprehensive** in its scope, covering all areas of the patient's journey through the surgical process.

Use of the ERAS pathway has been shown to:



- **reduce care time by more than 30% and**
- **reduce postoperative complications by up to 50% [1]**


[1] Veierstedt, KR et al. The enhanced recovery after surgery (ERAS) pathway for patients undergoing major elective open colorectal surgery: a meta-analysis of randomized trials. Clin. Nutr. 2016.

What is the Perioperative Surgical Home?



PSH is a multi-departmental initiative aimed to transform surgical care by improving quality, lowering cost, and increasing patient and provider satisfaction.





Enhanced Recovery After Surgery Versus Perioperative Surgical Home: Is It All in the Name?

Maxime Combes, MD, PhD, and Zeev Kahn, MD, MBA

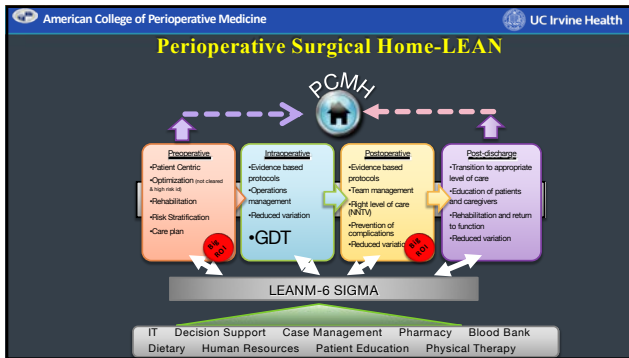
In this issue of Anesthesia & Analgesia, investigators from the Department of Anesthesiology at Duke University

issue of Anesthesia & Analgesia suggest that similar benefits of ERAS can be reproduced in the United States.

Supporting Microsystems*

IT Decision Support Case Management Pharmacy Blood Bank Dietary Human Resources Patient Education Physical Therapy

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Whole Surgical Health

Definition: A conceptual framework that **breaks the silos** between patients, providers, hospitals and the other stakeholders

Each one of the stakeholders has their own set of priorities that often compete with the priorities of other stakeholders. **Triple aim** and **Value Based Care** are excellent conceptual frameworks that unfortunately don't address the entire picture.

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Commercial "bundles" are here

UnitedHealth, Aetna, Anthem Near 50% Value-Based Care Spending

Bruce Japsen, CONTRIBUTOR
I write about healthcare business and policy. **FULL BIO**

TWEET THIS

- over 65% of Aetna's medical spend currently running through some form of value-based care model
- UnitedHealth Group spends \$52 billion of its \$115 billion "in total annual medical spend" through value-based care

The nation's largest health insurers say they are paying out almost half of their reimbursements via value-based care models sweeping the U.S. medical system.

Forbes

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"We made solid progress in 2016 with over 45% of Aetna's medical spend currently running through some form of value-based care model, positioning us to achieve our 2020 goal of 75%,"

"We formed multiple collaborations with healthcare providers that span a wide spectrum of value-based care models."

Mark Bertolini Aetna CEO

Aetna

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Bundle Payment is NOT Value Based Care

Acute Episode – pre, intra and post admission

Volume to Value

Patient Value = Health Outcomes / Cost

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- exponential technologies
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Deloitte

In Memory of Philip Kraker, D.O.

Dr. Philip Kraker passed away suddenly on Tuesday, September 12. Dr. Kraker was Assistant Professor of Anesthesiology at Yale. He focused his practice in the area of cardiothoracic anesthesiology. Memorial gifts may be made to the Nicholas M. Greene Endowment Fund, Yale University School of Medicine, Department of Anesthesiology, P.O. Box 208051, New Haven, CT 06520-8051.

HealthAffairs TOPICS JOURNAL

Physician Burnout Is A Public Health Crisis: A Message To Our Fellow Health Care CEOs

John Noseworthy, James Madara, Delia Congrove, Mitchell Edgeworth, Ed Elliott, Sarah Kovensky, Paul Rothman, Kevin Sowers, Steven Strongman, David Torchiana, Dean Hartman

MARCH 28, 2017

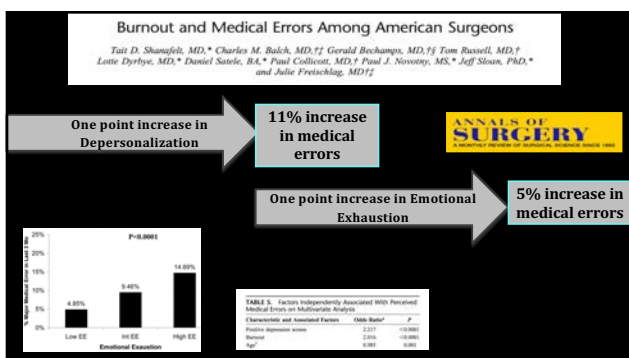
Perspective

To Care Is Human — Collectively Confronting Clinician-Burnout Crisis

Victor J. Stess, M.D., Daniel G. Koch, M.D., and Thomas J. Norris, M.D.

Physician Burnout: It's Bad And Getting Worse, Survey Finds

Physician burnout is a growing problem, according to a new survey. The study found that physician burnout is a growing problem, according to a new survey. The study found that physician burnout is a growing problem, according to a new survey.



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FACULTY LOGIN

WHOLE HEALTH LIBRARY

Advancing Skills in the Delivery of Personalized, Proactive, and Patient-Driven Care

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PROFESSIONAL CARE

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The Challenge of Clinician Self-Care: The Wounded Healer

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Enhancing Resilience

Minimizing Burnout

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HOME > OVERVIEWS > IMPLEMENTING WHOLE HEALTH IN YOUR OWN LIFE: CLINICIAN SELF CARE

Implementing Whole Health in Your Own Life: Clinician Self Care

Whole Health emphasizes the importance of clinician self-care and care for the caregiver; as a clinician, your well-being is a priority too. Like Whole Health for Veterans, Whole Health for clinicians incorporates mindful awareness and personal health planning elements such as self-assessment and goal setting. It recognizes the powerful effect your health has on your patients, focusing on ways to protect you from burnout and increase your resilience.

KEY POINTS:

- Your health matters in its own right. You got to be the "Me" at the center of the Circle of Health too!
- Everything that you learn about Whole Health for Veterans can also potentially apply to you.
- As a clinician, your state of health and health practices affect your patient care.
- Many clinicians suffer from burnout, which is linked to poor outcomes, such as suicide, substance use, and depression.

https://wholehealth.wisc.edu/overviews/clinician-self-care/#ref-2

MEET THE PATIENT: YOU

[Your name] is a [your age] year-old [your profession] who has been in practice for [years in practice] years. [Your name] chose this profession for 3 main reasons:

- [List the 3 main reasons you went into your current profession.]

When asked about work, [your name] notes the following. Some of the best things about work are:

- [Describe what excites you most about your work.]

The most challenging things are:

- [Describe what limits you with doing your best work.]

[Your name] is exploring ways to bring greater attention to Whole Health, in his/her personal and professional life, by doing the following:

- [Describe how you are bringing attention to Whole Health.]

Download a printable version of the Meet the Patient form [here](#).



