

American College of Perioperative Medicine

UC Irvine Health

## Conflict of Interests

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




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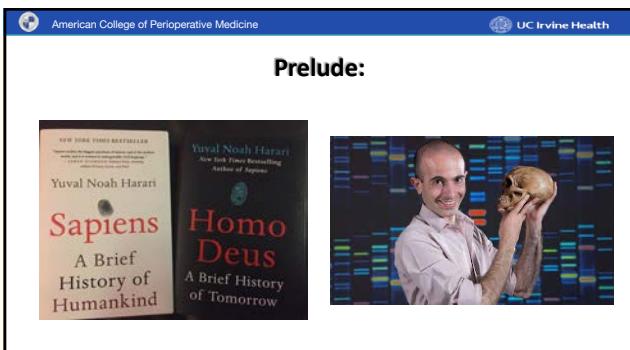
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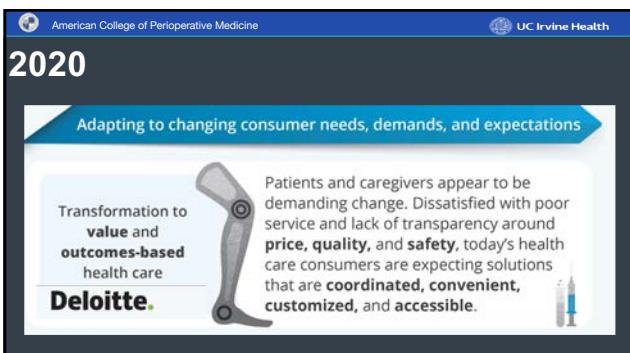
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**Consumerism:**  
A cultural transformation which recognizes that people are active consumers of care in search of better experiences and outcomes in an evolving and interactive healthcare environment

**Thiel**  
**J&J Medical Devices**

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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**  
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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 (3-4 months)

**a. Back on the horse**  
**b. Quickstart**  
Return and return to life (weeks 3-4 post-surgery to 6 months)

**LIVING LIFE**

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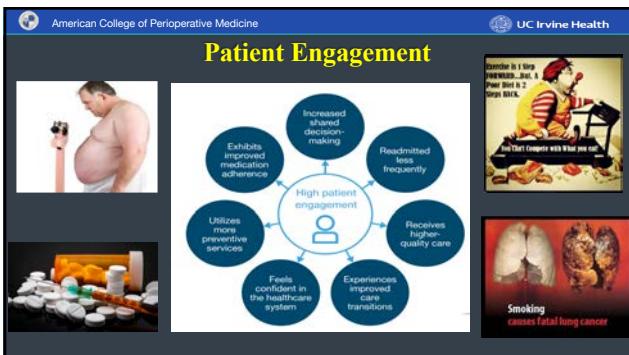


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	Calculated Conservative	Proactive Pragmatist	Dedicated & Disengaged	Out-of-touch Optimist	Disinclined Distruster	Self-Sufficient Stoic
Segment Size	18%	15%	23%	13%	20%	11%
Likelihood to Get Surgery	High	High	Medium	Medium	Low	Low
Demographic Skews	Strong female skew Age 55-69	Slight male skew Age 55-69 Most educated	Strong female skew Age 55-69 Low HHI	No gender skew Age 40-59 Higher HHI & new Relaxed & robust	Strong male skew Age 40-59 Employed	Slight male skew Age 40-59 Low HHI Least educated
In your own words, what would most motivate you to have surgery performed?	"Not bad enough to require surgery yet. It would be nice to have a cannon to kill a squirrel." "I have a few physical activities such as bowling, gardening, tennis, golf and activities like that. If my doctor recommended it."	"My doctor is telling me that I must have the surgery." "I am having a lot of pain and discomfort and I am not able to walk due to pain." "My doctor had both of my eyes removed successfully. My surgeon said that I am not the only one who has had both of the discomfort reached beyond tolerance."	"I do not need to have surgery." "I am not sure if I have to have surgery or not." "I am not sure if I have to have surgery or not." "I am not sure if I have to have surgery or not." "I am not sure if I have to have surgery or not." "I am not sure if I have to have surgery or not."	"I do not need to have surgery." "I am not sure if I have to have surgery or not." "I am not sure if I have to have surgery or not." "I am not sure if I have to have surgery or not." "I am not sure if I have to have surgery or not."	"Knowing the cost would be covered." "I am not sure if I have to have surgery or not." "I am not sure if I have to have surgery or not." "I am not sure if I have to have surgery or not." "I am not sure if I have to have surgery or not."	"Nothing would motivate me." "I already do not want surgery as it can't fix me." "I can not walk anymore." "Nothing at this point." "I am not sure if I have to have surgery or not." "I am not sure if I have to have surgery or not." "I am not sure if I have to have surgery or not." "I am not sure if I have to have surgery or not."
Index to Boston MSA*	139	113	91	85	101	55

\*MSA = Metropolitan Statistical Area  
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## Patient Activation

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

John Amanatidis MD, MBA, Sean Alhadeff BA, Yvonne Lai-Ching MPH, Michaela Lohr MD, Diana Pena MPH, Kevin J. Bostic MD, MBA

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

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## 2020

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

**Deloitte.**

**DISRUPTIVE INNOVATION:**

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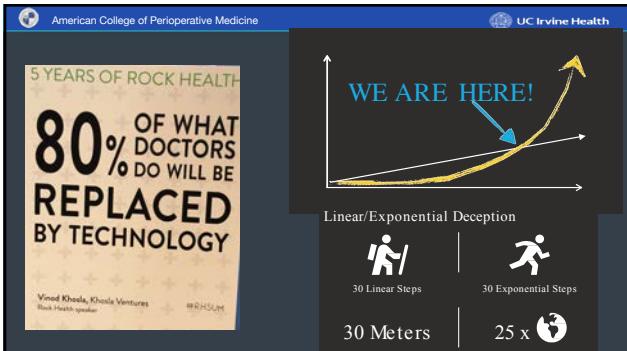
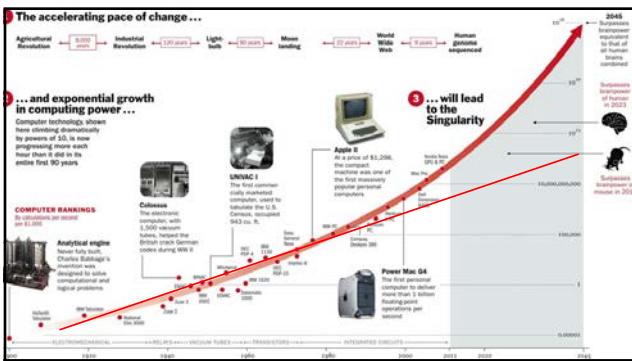
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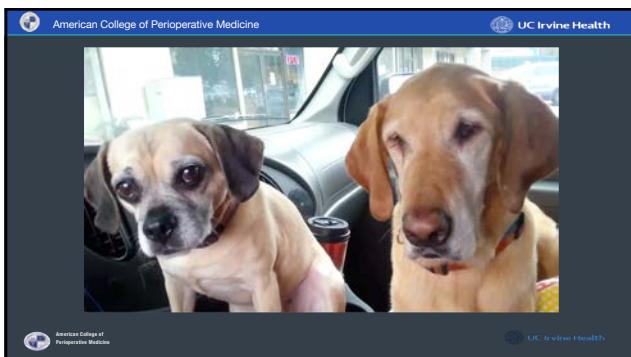
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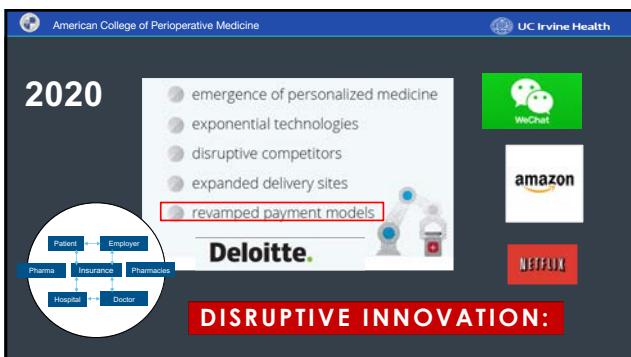
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**In Our Nation: A Tale of Healthcare**

**It is the best of times...**

**It is the worst of times...**

**Cost**

**Lack of Coordination**

**It is the best of times...**

**It is the worst of times...**

**Cost**

**Lack of Coordination**

**Value Based Care=Volume to Value**

Patient-Centered Outcomes of Care

Cost to Achieve Outcomes

VALUE

$$\text{Patient Value} = \frac{\text{Health Outcomes}}{\text{Cost}}$$

Michael E. Porter  
Elizabeth Olmsted Teisberg

**Redefining Health Care**  
*Creating Profitable Motivation to Deliver Value*

\*Slide Courtesy of Tom Feeley, MD

The diagram features a horizontal line with a stethoscope on the left and a smartphone with a stethoscope on the right, symbolizing the shift from traditional medical models to modern, technology-driven care. The text 'Continued transition from volume-based/fee-for-service (FFS) models to value-based care (VBC)' is centered above the line. To the left, a box lists requirements for a successful value-based payments strategy. To the right, a box lists technologies aiding the transition, each accompanied by a small icon.

**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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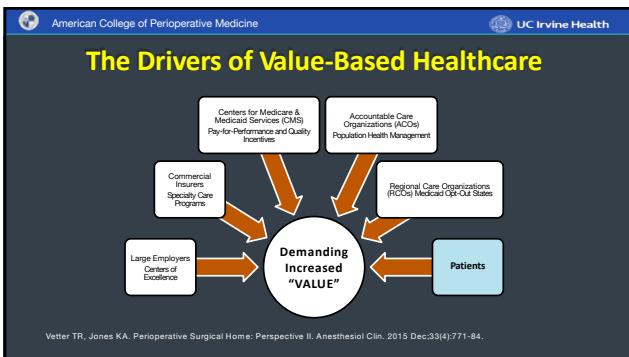
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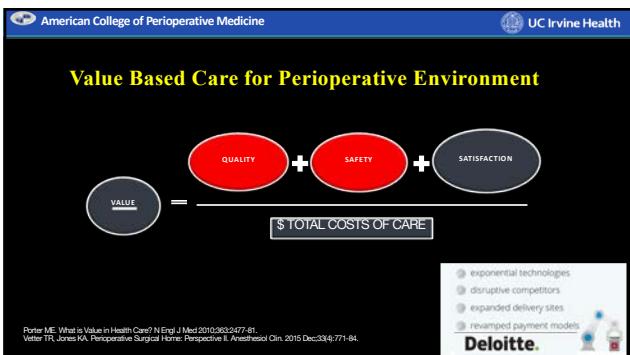
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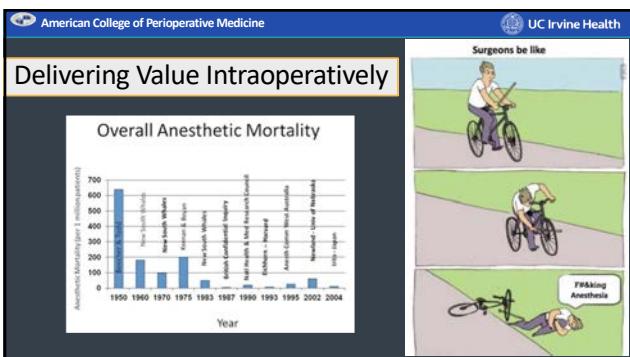
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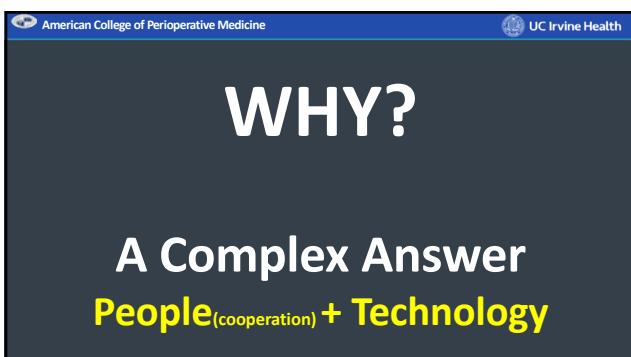
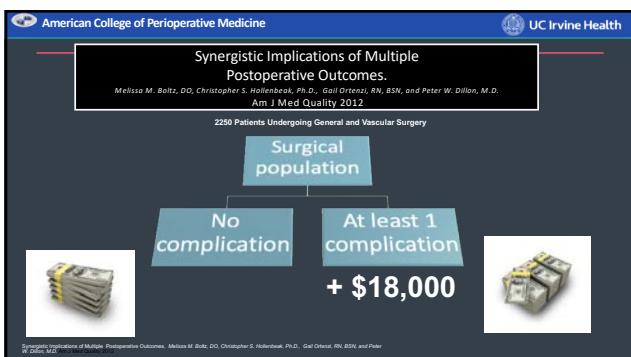
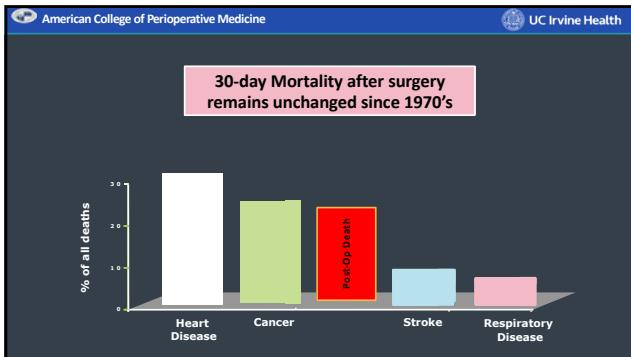
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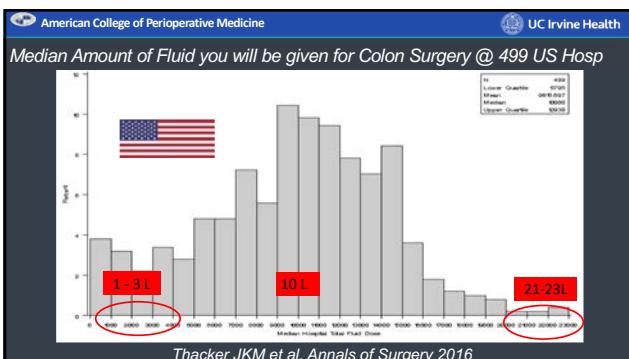
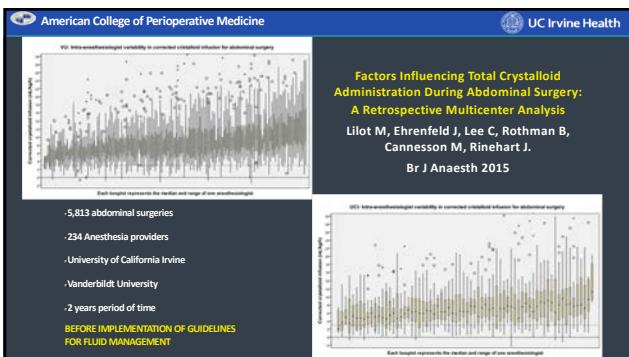
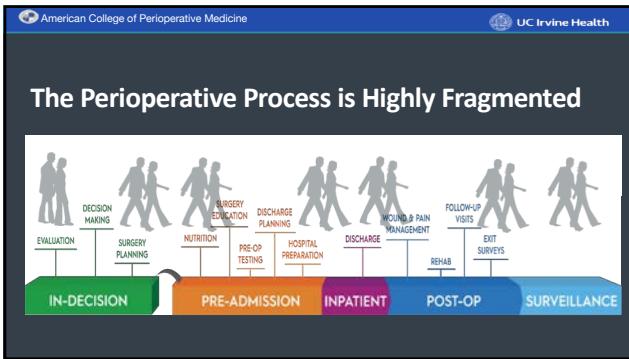


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**ERAS** is a multidisciplinary, evidence-based perioperative care model that aims to reduce complications and shorten hospital stays. It includes 10 key components:

- Preoperative optimization
- Redirection
- Increased perioperative safety
- Decreased length of stay
- Improved patient satisfaction
- Enhanced recovery
- Improved perioperative outcomes
- Reduced complications
- Improved resource utilization
- Improved patient experience

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

Maxime Cannesson, MD, PhD, and Zevi Kahn, MD, MBA

**Takeaway:** This issue of *Anesthesia & Analgesia* interrogates from the Department of Anesthesiology at Duke University if the benefits of ERAS can be reproduced in the United States.



**ERAS**

- Patient safety
- Optimization (fast track, closed & high risk)
- Evidence based protocols
- Operations
- Reduced variation
- QM
- QRS
- Care plan



**PSH**

- Evidence based protocols
- Team management
- Standardization of care
- Review of outcomes
- Optimization of care
- Appropriate level of care
- Education of patients
- Rehabilitation
- Return to function
- Advanced analytics

**Supporting Microsystems\***

IT

Decision Support

Patient Education

Case Management

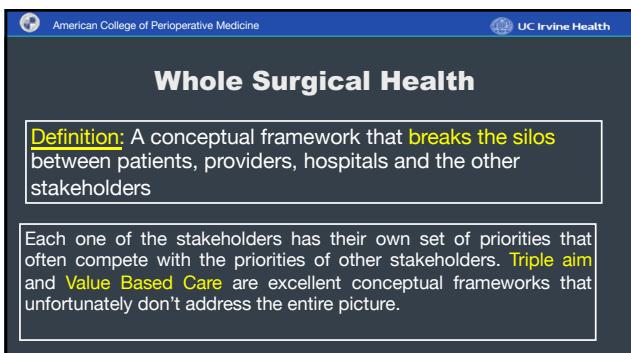
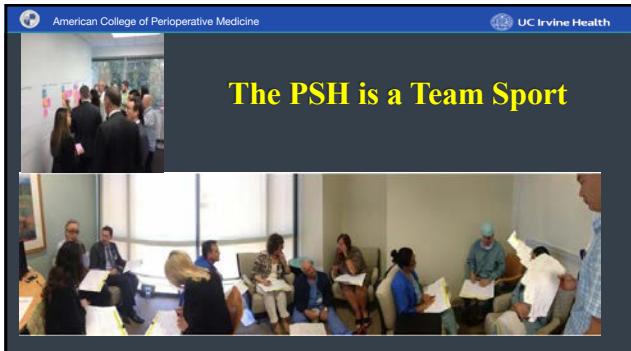
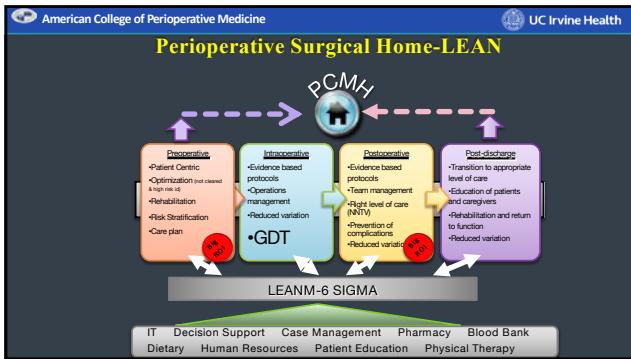
Physical Therapy

Dietary

Human Resources

Pharmacy

Blood Bank



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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

The diagram shows a transition from Acute Episode care to Value Based Care. At the top, a yellow box labeled "Acute Episode – pre, intra and post admission" has a large orange arrow pointing to the right. Below this, three vertical columns represent different care settings: "Community-Based Care" (with icons of a house, a car, and a person), "Acute Care" (with icons of a hospital building, a car, and a person), and "Post-Acute Care" (with icons of a house, a car, and a person). Each column has a blue circle with the word "Transition" written on it. To the right of the columns, a box lists "10-Day Readmissions" and "ID Rehab, CPT Rehab, CPT NP, Advanced Care, Hospice". At the bottom right, the text "Volume to Value" is written in yellow, and a formula box shows "Patient Value = Health Outcomes / Cost".

**In Memory of  
Philip Kraker, D.O.**

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

**Perspective**

**To Care Is Human — Collectively Confronting Clinician-Burnout Crisis**

Victor J. Stras, M.D., David C. Arth, M.D., and Thomas J. Neira, M.D.

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

**Burnout and Medical Errors Among American Surgeons**

Tait D. Shanafelt, M.D.,\* Charles M. Balch, M.D.,† Gerald Burchenal, M.D.,† Tom Russell, M.D.,† Lotte Dyrbye, M.D.,\* Daniel Satalo, R.E.,\* John Colligan, M.D.,† Paul J. Novotny, M.S.,\* Jeff Sloan, PhD, \* and Julie Freischlag, M.D.,†

**One point increase in Depersonalization** → **11% increase in medical errors**

**One point increase in Emotional Exhaustion** → **5% increase in medical errors**

**ANNALS OF SURGERY**

**TABLE 1. Factors Independently Associated With Perceived Burnout From Multivariate Analysis**

Characteristic and Associated Factors	Odds Ratio*	P
Positive depressive screen	2.21 (0.84-6.00)	<0.0001
Female	1.07	0.86
Age†	0.99†	0.99

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

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The Challenge of Clinician Self-Care: The Wounded Healer

Your Health as a Clinician: Why Does It Matter?

Enhancing Resilience, Managing Burnout

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HOME / OVERVIEW / 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 clinicians as 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 get 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 alcohol abuse.

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

<p><b>MEET THE PATIENT: YOU</b></p> <p>[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:</p> <ul style="list-style-type: none"> <li>• (List the 3 main reasons you went into your current profession.)</li> </ul> <p>When asked about work, [your name] notes the following. Some of the best things about work are:</p> <ul style="list-style-type: none"> <li>• (Describe what excites you most about your work.)</li> </ul> <p>The most challenging things are:</p> <ul style="list-style-type: none"> <li>• (Describe what limits you with doing your best work.)</li> </ul> <p>[Your name] is exploring ways to bring greater attention to Whole Health, in his/her personal and professional life, by doing the following:</p> <ul style="list-style-type: none"> <li>• (Describe how you are bringing attention to Whole Health).</li> </ul> <p>Download a printable version of the Meet the Patient form <a href="#">here</a></p>
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