



SUGGESTED TALKING POINTS

- Challenges with the current care model:
 - Perioperative care is costly, yet outcomes often sub-optimal
 - Care processes are often fractured, uncoordinated and not patient-centric
 - Incidence of high complications
 - Unnecessary duplication of services (e.g., testing) and care gaps are common
 - Unnecessary or prolong SNF/home postoperative care
 - Growing pressure from both patients and payors to demonstrate value
- Key principles of the Perioperative Surgical Home (PSH):
 - Patient-centric
 - Coordinated system of care
 - Adherence to evidence-informed guidelines and pathways
 - Physician-led, multidisciplinary care team
 - Designed to help achieve the Triple Aim:
 - Improving the health of populations
 - Improving the experience of care
 - Reducing the per capita cost of care
- Anesthesia is well-positioned to help lead PSH initiatives, given the specialty's expertise in preoperative evaluation, intraoperative management, PACU care, and pain management, but the PSH is a team-based model and other physicians' leadership is essential to its success across the continuum, such as:
 - Surgeons
 - Hospitalists
 - Primary Care
 - PM&R Physicians
 - ED Physicians
- The PSH Learning Collaborative brought together in two iterations 88 leading health care organizations from across the country to define, pilot, and test the model, as well as to share best practices and lessons learned with the goal of accelerating implementation and performance improvement.
 - Collectively, the members launched 192 pilot projects and completed thousands of PSH cases
 - Data shared among members indicates that the model was almost universally successful in enhancing clinical outcomes and reducing costs
- Key benefits of the Perioperative Surgical Home include:
 - 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 throughout the entire care process
 - Enhances patient and family experience
- The PSH is a payor-agnostic framework for redesigning the way perioperative care is delivered; however, it aligns well with several of the existing and emerging value-based payment models developed by government and commercial payors (e.g., Accountable Care Organizations and

Bundled Payment Programs). Potential payment models to support PSH pilots will depend on the conditions and dynamics of each individual market.

- Return on Investment (ROI) typically occurs because of reduction in LOS, reduction/elimination of complications and readmissions, improvement in timeliness of outpatient surgical discharge, elimination of day of surgery cancellations/late starts and bypassing or reducing LOS for SNF.
 - Organizations and physicians can best benefit from the ROI generated by PSH redesign by participating in CMS and commercial bundle payments
 - This allow organizations to take advantage of the claims data provided in these programs to identify opportunities for significant ROI by implement leading PSH practices
- PSH helps patients in the weeks before admission
 - Pre-operative care is frequently siloed with a fragmented care process, unnecessary testing, consults, little patient education or preparation for surgery or their long-term recovery
 - The PSH model is a physician-led, patient-centric, team-based system of coordinated care that guides patients through the entire surgical experience, from the decision to undergo a procedure or surgery to discharge and beyond.
 - PSH increases patient and family engagement and educates them to what to expect in their journey. It optimizes their medical and social conditions through an assessment & triage process that coordinates care and reduces unnecessary resource utilization through evidence guided protocols, improved nutrition and prehabilitation.
 - The goal is providing cost-effective, high quality preoperative care and exceptional patient experiences.
- PSH helps patients on the day of surgery
 - Perioperative care is frequently a disjointed care process, with unnecessary testing, delays or cancellations, poor pain management, suboptimal fluid management, and slow return to mobility.
 - The PSH model is a physician-led, patient-centric, team-based system of coordinated care that assures the right personnel for patient acuity and surgery, on time, value, operational efficiencies, reduced variation, and physician engaged in physician preference items.
 - PSH increases patient and family engagement, and educates them to what to expect in their journey. It optimizes their medical and social conditions through an assessment & triage process that coordinates care and reduces unnecessary resource utilization through evidence guided protocols.
 - The goal is providing cost-effective, high quality preoperative care and exceptional patient experiences.
- PSH improves long term recovery
 - Post-Acute Care is often a black hole with a fragmented care process, unnecessary SNF or LTACH utilization of prolonged LOS, poor follow-up with missed appointments or poor access to providers in first two weeks post discharge.
 - The PSH model is a physician-led, patient-centric, team-based system of coordinated care that assesses and guides patients through the entire surgical experience, from the decision for surgery to 30-90 days post discharge.

- PSH increases patient and family engagement and educates them to what to expect in their journey. Every effort is made to overcoming barriers to going directly home or reducing SNF LOS after discharge through coordination of care and social determinants.
- The goal is providing cost-effective, high quality post-acute care and exceptional patient experiences.