

## New Models of Anesthesia Practices Implications for Resident Education

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**Objectives**

- Describe recent trends in health system and clinical practice consolidation
- Identify the potential impact of consolidation (and some associated changes) on resident and fellow educational needs, expectations, and professional goals
- Define implications of the consolidation of practices on the future of anesthesia training

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## Clinical Practice Consolidation

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- Hospital and Health System
- Anesthesia (and Other Single Specialty) Group Practices
- Multi-Specialty Group Practices

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## Health System Consolidation

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- Consolidation of Health Systems Takes Many Forms**
  - Acquisitions
  - Affiliations
  - Accountable Care Organizations

} May or may not include physician practices

- Goal**
  - Create competitive advantage
  - Seamless transitions of care
  - Optimize patient access to tertiary care
  - Clinical and financial integration
    - Reduce redundancies, costs
    - Formation of a Health Plan, self-insurance

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## Why Should We Care about Health System Consolidation?

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- Academic and community system consolidation (and competition)
- "Distraction" from academic focus
- Distribution of clinical volume, service lines
  - Where will residents obtain breadth of clinical experience, training?
  - Who are the "faculty"?
  - How can we engage community providers?
  - How do we ensure consistent quality of education, commitment to ACGME requirements, etc?
  - How do we advance the multiple missions of academic departments?
- Redefining educational needs for our residents and fellows

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## Why Should We Care?

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**Academic Health System Mergers, Acquisitions, Affiliations**

- Large Health Systems will control patient flow, distribution of clinical services and impact the academic agenda
- Changing financial relationships between Academic Health Systems and Faculty Practices
  - Financial integration (Funds Flow)
  - Expanded Staff Physician Model
- Some recent examples
  - Banner Health**
    - Acquisition included UA Medical Centers, Faculty Practice, Health Plans
  - Fairview Health**
    - Previously "rescued" the University of Minnesota Hospitals and Clinics and merged with UM Physicians
  - Canopy Health** (UCSF Health, John Muir Health System)

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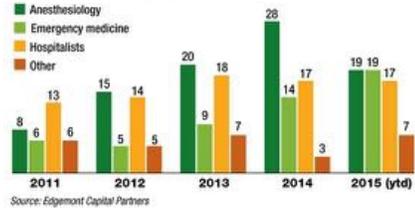
## Consolidation of Anesthesia Practices

- Accelerating acquisition of community practices into large groups
- Integration of community practices and academic departments
- Expansion of multispecialty physician groups

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## Acquisition and Consolidation

### Hospital-based physician acquisitions by specialties



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## Anesthesia Practice Consolidation

- Scale Creates Opportunity
  - Access to human, technical and information management resources
  - Enhanced financial performance and stability
  - Better able to fulfill healthcare reform requirements
  - Essential for implementation of new clinical and payment models
  - Improves ability to focus on improving patient care
- Diversification Expands Options
  - More diverse workforce, greater flexibility in staffing options
  - Better able to manage continuum of care
  - Improved ability to partner with health systems

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## “Anesthesia” Practice Consolidation

- SheridanHealthcare – AmSurg – (Envision Health)
  - Anesthesiology, Emergency Medicine, Neonatology, Radiology
  - Ambulatory Surgery Centers
- Mednax
  - Anesthesiology, Neonatology, Maternal-Fetal Medicine, Pediatric Specialty Services
  - Acquired 9 physician practices in 2016 – so far
- TEAMHealth
  - Anesthesiology, Emergency Medicine, Hospital Medicine
- USAP (US Anesthesia Partners)
  - Anesthesiology, Pain Management
- North American Partners in Anesthesia
  - Anesthesiology, Pain Management (NAPPM), Gastroenterology
- CEP America
  - Emergency Medicine, Urgent Care, Telehealth, Hospital Medicine, Anesthesiology, Critical Care Medicine

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## Diversification – Clinical and Geographic



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## What Does This Consolidation Mean for Academic Programs?

*“If I were a CEO looking for anesthesia today I would definitely select \_\_\_ anesthesia services, because they always do what they say they’re gonna do.”*

- Perception that LGPs make “better partners”
  - Both small anesthesia practices and academic departments
- At the same time, creates opportunity to expand training programs to community sites (differentiate health system)
- Multi-specialty groups provide broader scope of services
  - Aligned incentives
  - Less internal competition

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## Gartner Hype Cycle



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## What does this mean for resident education?

- Practice opportunities and professional expectations have changed
- Training programs need to understand and respond to these changes
  - Redefining clinical skills, experiences, workforce needs
  - Ensuring that educational program and professional opportunities align

*but...*

- Do we follow or do we lead?
- What will be our measure(s) of success?

AAACPD - New Models

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## Current Realities...

- Anesthesia Practice Opportunities**
  - Academic and community practices have similar (clinical) expectations
  - Scope of involvement in clinical care may vary
    - Generalist/specialist opportunities
    - Perioperative care; extended models of care
- Professional Expectations**
  - Employed model is not only acceptable, but preferable
  - Lifestyle, Work-Life Balance are significant determinant
  - Clinical roles and responsibilities are evolving
    - Traditional role(s) for anesthesiologists
    - Subspecialty opportunities
    - New models of care

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## Educational Concerns of Large Group Practices

- "Anesthesia residents are *not ready* for practice"
  - Clinical skills acknowledged
  - "Speed", efficiency under-emphasized
  - Limited understanding of the changing scope of practice or the "business" of anesthesia
- but what do they really mean?*
  - ...Anesthesia residents are not ready for "our" practice*
    - Practice models (care team, others)
    - Differentiated roles and responsibilities
    - Proprietary quality metrics
    - Business relationships that impact clinical practice

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Make Anesthesia Residencies Great Again

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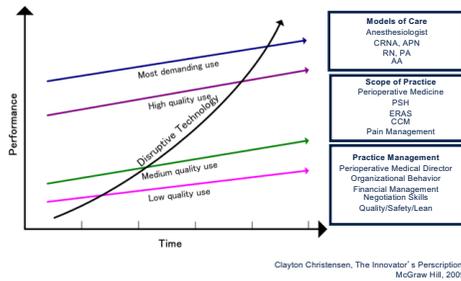
## Educational Implications of these Trends

The challenge for our residents and training programs is to adopt a new paradigm for anesthesiology

- Good intraoperative care is not enough – but remains our primary obligation!
- Improve coordination and communication through transitions of care
- Define opportunities to participate in the entire continuum of care
- Understand the changing role(s) graduating residents will have within large groups and incorporate some of the basic skill needs into the residency program
- Identify basic clinical, supervisory, management and administrative roles
  - Understand implications of the shift to value-based purchasing on anesthesia care
  - Define and operationalize the "quadruple" aim – quality, safety, cost, patient satisfaction
  - Define the foundational practice management skills (models of care, economics, negotiations, etc.) and develop educational approaches to providing them
- Clarify *patient* needs and define ways to fulfill them
- Identify professional goals for each resident and tailor the program appropriately.

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## Redefining the Anesthesia Care



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## Implications of Anesthesia Practice Acquisitions - How Do We Prepare Residents for This Accelerating Trend?

- What are we doing right?
  - Our residents have good clinical capabilities in "traditional" *anesthesia care*
  - ACGME requirement for participation on *quality initiatives*
  - Health system *incentives* (financial and other)
  - *Scholarship* opportunities
- What challenges need to be addressed?
  - What should be included in core residency training?
  - What is better provided during fellowship training?
  - How can (or should) we define our role in the continuum of care?
  - How can we prepare residents for "their" personal expectations and address individual career goals – many of which are not defined until later?
  - Is there a role for the training programs to help practicing anesthesiologists develop new skills after core residency training?

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## Other Educational Implications of Practice Consolidation/Integration

- Define ways for academic and community practices/large groups to work collaboratively to meet resident educational/clinical needs
  - Clinical experiences, scope of role and responsibilities
  - Teaching opportunities for community providers, including educational programs, clarifying expectations, ensuring compliance with duty hours and other requirements
  - Management opportunities
  - Exposure to group quality metrics, approach to managing bundled payments, value based purchasing

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## What is the Role for RRC, ACGME, ABA, ABMS?

- Accrediting and credentialing organizations have refined the educational program needs
  - ACGME and RRC have some ability to refine program requirements and "mandate" clinical and other educational goals
    - Duty Hours
    - Clinical Learning Environment (CLER)
    - Quality of Care Projects
  - ABA has refined the credentialing process to include clinical skills, crisis management, team coordination, etc.
  - ABMS and ABA continue to refine "maintenance of certification" process
- For the most part, these organizations are more reactive than proactive, *by design*
- At the same time, ACGME and ABA can serve as monitors of the impact of consolidation on resident education and faculty development

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## Educational Opportunities

- Programs have the ability to be proactive and propose and evaluate "blue sky" initiatives to address the changing landscape
  - Pilot educational programs
  - Perioperative medicine experiences (whatever those might be)
  - Management training, negotiation skills, data analytical skills
- Program Directors and Faculty can reevaluate the continuum of "anesthesia training"?
  - How can we think differently about the core residency and fellowship scope of training and practice?
  - Where do training related to perioperative medicine, perioperative management or non-hospital-based clinical strategies fit into the *continuum of anesthesia education*?
- While doing so, we must also ensure that the *faculty* have the expertise, commitment and ability to participate in the changes, serve as role models and teachers, particularly with respect to expanded scopes of practice?

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## What Will Be Our Measures of Success?

- Clinical Competence?
- Continued ACGME Accreditation?
- Exam Pass Rates, Board Scores?
- Acknowledgement from Large Group Practices, Health Systems, Other Clinicians?
- Advancing Safety and Quality of Care
- Providing Value (but to whom?)

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## New Models for Anesthesia Practices *Summary*

- The practice of medicine in general and anesthesia in particular is undergoing dramatic change
  - Consolidation
  - Competition
  - Changing scope of practice, roles and responsibilities
- Residency programs are responding to these changes by refining the educational experiences, though the dynamic environment makes it challenging to define "best practices"
- All residency programs need to monitor the impact of consolidation and health care reform initiatives on practice needs and refine the educational program (requirements) to ensure that each resident has the foundation upon which to build a successful career

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