

American Society of Anesthesiologists®

**ASA Update**

James D. Grant, MD MBA  
President-Elect, American Society of Anesthesiologists



asahq.org

**ASSOCIATIONS**



**Objectives**

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- Objectives: Participants will learn.
  - Key trends and challenges facing the specialty in the market, legislature and regulatory, nationally and in the states.
  - How ASA is working with members nationally and in the states to address current and emerging opportunities.

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**Objectives - continued**

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- Strategies to be discussed include:
  - ✓ Moving from volume to value
  - ✓ Perioperative Surgical Home .
  - ✓ Public education endeavor...“When Seconds Count...Physician Anesthesiologists Save Lives.®”  
What we are learning.
  - ✓ Veterans Affairs
  - ✓ Changing Practice Landscape
  - ✓ ASAPAC

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**Thank you for your leadership.**

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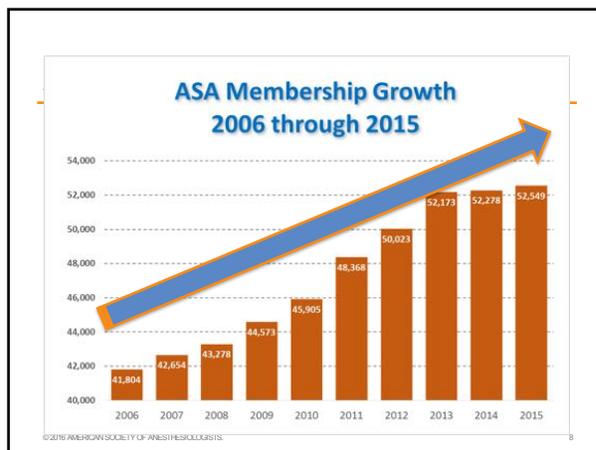
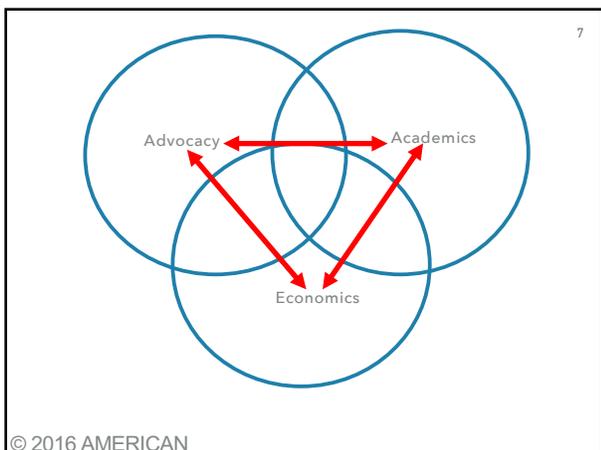
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**For the outgoing President**

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Health System Changes

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TRENDS IN VERTICAL INTEGRATION

- The lines among different players involved in healthcare delivery are increasingly blurring with payers and companies from other segments converging on the provider space.

"1 in 5 Health Systems to Become payers by 2018"<sup>1</sup>

Providers are becoming payers

- Montefiore HEALTH SYSTEM INC.
- North Shore LIJ
- Premier Health
- Sutter Health
- INOVA
- Tufts Medical Center
- MERCYHEALTH
- Piedmont HEALTHCARE

Payers are becoming providers

- OptumHealth
- Cigna
- UnitedHealth Group
- HIGHMARK

Companies from other segments are becoming providers

- CVS Health
- Walmart
- Dayita

Henckel, Ascension Health

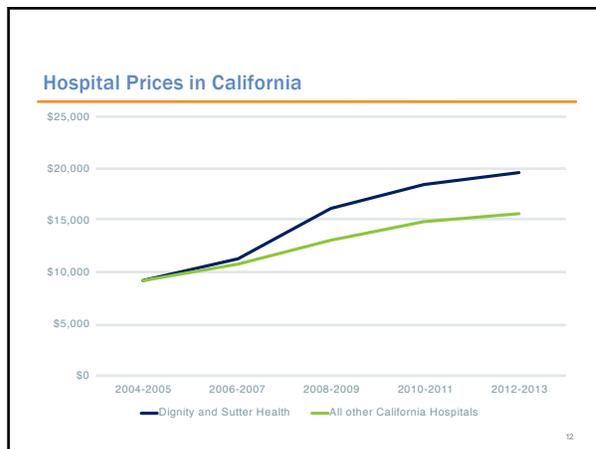
Source: <http://www.healthleadersmedia.com/content/HEP-2054151-in-5-Health-Systems-to-Become-payers-by-2018>

Impact of Changing Marketplace on Your Practice and ASA

- Dramatic **increase in hospital employment** and practices **consolidation**.
- Trend to **consolidation** is affecting diverse types of practices in both academic and private settings.
- ASA is committed to maintaining relevance to large practices as rapid **consolidation** continues, while assuring that we continue to meet the needs of ALL of our members regardless of their practice situation

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### A consolidating industry

- All sectors
  - Insurance
  - Hospitals
  - Physicians and professional services
  - Pharmaceuticals and Devices
- Why?
  - Cost and complexity of business
  - Leverage in negotiations

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### Primary Clinical Work Settings

2012 ASA Member Needs Assessment, McKinley Advisors; 2015 ASA Member Needs Assessment, Avenue M Group

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### Between July 2012 and July 2015, the Number of Employed Physicians Increased to More Than 140,000

#### CHANGE IN EMPLOYMENT OF PHYSICIANS

NUMBER OF HOSPITAL-EMPLOYED PHYSICIANS

- Between 2012 and 2015, the number of physicians employed by hospitals grew by 46,000 nationwide.
- Physician employment grew in each of the six-month periods analyzed.
- In the six months from July 2014 to January 2015 alone, nearly 20,000 physicians shifted into employment models.

Avarens analysis of SAA hospital/health system ownership of physician practice locations data with Medicare 5% Standard Analytic File

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### Advancing Quality

Patient Safety is Our Top Priority

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### AQI's Key Focus Areas in 2016

- July 1 successfully marked the successful transition of NACOR to ArborMetrix's cloud-based software platform
- Arbormetrix will manage: **ARBORMETRIX**
  - Technical operations; data intake & hosting
- ArborMetrix improvements allow:
  - Scalability to manage growth
  - Reporting capability
  - Data integrity
- AQI will continue to manage NACOR's registry business operations and support ASA members conducting clinical research.

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### AQI: Successes

- Arbor Metrix agreement is executed
- Governance structure is in place
- Procedures implemented to improve data integrity
  - Data Dictionary
  - Standardized Formatting
  - Minimum Data Set
- Improved reporting underway
- Additional quality reporting options for 2016
  - QCDR and Qualified Registry

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**Advancing the Perioperative Surgical Home**  
Leaders in Perioperative Care for the Next Generation

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The Triple Aim?

**TRIPLE AIM**

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The Missing Aim

**VOLUME** **VALUE**

1. Fragmented Care
2. Fee for Service
3. Treating Sickness
4. Adversarial Payors
5. Little HIT
6. Lack of Outcome Based Measures
7. Duplication and Waste

1. Accountable Care
2. Coordinated Care across the continuum
3. Global Payment
4. Fostering Wellness
5. Payor Partner
6. Fully Wired Systems
7. Right Care, Right Setting, Right Time
8. Triple Aim Metrics

Laggards Late Majority Early Majority Early Adopters Innovators

Can Beds Stay So Full? The answer is a resounding no. In fact, according to recent statistics, about 10% of hospital beds are empty at any given time. We're focused on providing health management, so support is the foundation for our services. Instead of treating care that is not needed, we provide services that are needed and meaningful, such as the coordinated hospital setting.

Then the immediate emphasis on volume, program, diagnosis, or any single one of those, may not be the best choice. Lower than blood pressure and other health issues. Being in practice as possible, patients can better manage their health and avoid disease.

Our Mobile Acute Care Team will create patients in home who would otherwise require a hospital admission for acute conditions. The care team includes physicians, nurse practitioners, registered nurses, social workers, community paramedics, case managers, physical therapists, respiratory therapists, speech therapists, and home health aides.

Mount Sinai's Perinatal Admission Care Team provides essential care services to patients at high risk for medication. After a comprehensive health assessment, social workers partner with patients, family caregivers and healthcare providers to identify known risks such as

problems with medication management and provide continuing support after discharge.

It's a changing change to the way the health care industry. And with the new care services, we are in business success. The model is changing.

1. 800. 80. 5154  
mountsinaihealth.org

**Mount Sinai**

**IF OUR BEDS ARE FILLED, IT MEANS WE'VE FAILED.**

Where are we now with PSH?

- What is the Perioperative Surgical Home (PSH)
- Progress Report on the PSH
  - PSH Learning Collaborative 1.0
  - PSH Learning Collaborative 2.0
  - PSH Summit 2016

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### PSH Learning Collaborative 2.0

*Two membership levels, depending on Implementation readiness, timeline, and support needs, both with an emphasis on creating opportunities for peer-to-peer networking and sharing*

**Core Collaborative**

Designed for organizations that are earlier in their journey and primarily focused on the education, building capabilities, and preparation stages of transformation.

Key activities and support services include:

- Semi-annual in-person meetings
- Monthly educational webinars
- Monthly member sharing/networking calls
- Access to the implementation toolkit
- Access to clinical protocols, resources, and other tools
- Access to a PSH Community on PremierConnect (an online collaboration platform)
- Biweekly Community Digest and other communications

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### Ongoing Outreach Efforts

AMERICAN COLLEGE OF SURGEONS  
Inspiring Quality: Highest Standards, Better Outcomes

American Urological Association

American Hospital Association

AAOS  
AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS

shm  
Society of Hospital Medicine

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### PSH-Why

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**Quality & Safety**

- Decrease complications
- Decrease readmissions
- Decrease mortality

**Improve Operational Efficiency**

- Cost

**Strategically Positions our Specialty**

**Aligns with Alternative Models of Payment**

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### Brain Health Summit

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### Special Thanks...

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Up to 70%  
Morbidity/Mortality  
Poorer function  
Cost  
40% preventable

45 Stakeholders

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NATIONAL QUALITY FORUM

Institute for Healthcare Improvement

NATIONAL INSTITUTES OF HEALTH

**AARP**®

The Joint Commission

AAOS  
AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS

AMERICAN COLLEGE OF SURGEONS  
Inspiring Quality:  
Highest Standards, Better Outcomes

100+ years

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### Multi Year Three Tiered Approach

- Dissemination of evidence regarding medications to avoid in at-risk patients through the development of a toolbox and working with electronic medical record companies to implement alerts.
- Development of an awareness campaign for those at risk and their families regarding the incidence, signs and symptoms of delirium and other cognitive disorders to inform preoperative decision-making, perioperative education to inform providers of changes in family members, and postoperative planning
- Development of an advocacy campaign for policymakers and funders to help develop a request for proposals to solicit the best scientists to address these problems

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## Research Summit

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### Research Summit for the Specialty of Anesthesiology

- May 6-7, 2016 at ASA headquarters. Organized by: Alex S. Evers, M.D., Emery N. Brown, M.D., Ph.D. and James C. Eisenach, M.D.
- 36 attendees, most from Universities and Academic Medical Centers (includes 2 international attendees and 1 NIH staff)
- Co-sponsored by the ASA, IARS and FAER
- Agenda:
  - Day 1: Overview and 2 Breakout Sessions
  - Day 2: Report Out, Prioritization and Discussion of Research Priorities with ASA Advocacy Team

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### Research Summit for the Specialty of Anesthesiology

Goals:

- Generate a list of problems and opportunities to advance the specialty of anesthesiology and improve public health & clinical care over the next 10 years.
- Focus on: (1) clinical & patient care; (2) healthcare organization & delivery; (3) technology & drugs; and (4) basic science, neuroscience & Blue Sky areas.
- Recommend a list of highest priority potential problems and opportunities to address based on impact to the field and ability to make significant progress.
- Provide input to the organizing committee to generate a white paper on advancing the anesthesiology specialty through research.

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### Research Summit for the Specialty of Anesthesiology

Outcomes:

- Identification of 16 problem/opportunity areas within the 4 major topic areas discussed.
- Recognition of need for additional education in research fields.
- Identification of opportunities to work with other specialties and international organizations.
- Outline for a Whitepaper about research and anesthesiology.

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**Advocacy**  
VHA Nursing Handbook

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**Proposed Rule/Regulation:**  
**Advanced Practice Registered Nurses Proposed Rule**

- Comment period ran from May 25 – July 25
- Over 220,000 comments submitted
- Over 90,000 comments included in the final rule

via ASA's [careVACare.org](http://careVACare.org)



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**ASA's Formal Comment Letter**

- Current policy assures high quality anesthesia care
- No shortage of physician anesthesiologists in VA
- Veterans population is unique
- 47 states require physician involvement in anesthesia
- No independent data to support safety of proposed model
- Potential legal issues



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**Our campaign has been strong...**

- Engagement of VA Leadership – 5 meetings (last June 7)
- Congressional Oversight – over 135 House and Senate members including key legislators from the VA committees and VA appropriations committees.
- Veteran Stakeholders –
  - Association of the U.S. Navy (AUSN)
  - AMVETS (recently reaffirmed at Annual Meeting)
  - National Guard Association of the United States (NGAUS)
  - National Association of VA Physicians and Dentists
  - Association of VA Anesthesiologists (AVAA)
  - VA Chiefs of Anesthesiology

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**Public Relations Efforts**

Secured 401 media placements reaching an audience of more than 330 million in ASA's PR campaign May through July 2016.

**401** Total number of media placements      **330 M** Audience reach/ Total Impressions



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**Medicare Payment Reform and Anesthesiology Changes in the Sustainable Growth Rate**

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### MACRA Mambo #5 – The Dance You Cannot Avoid 1:45 pm

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### Medicare Access & CHIP Reauthorization Act (MACRA) of 2015

**Replaces the 1997 SGR formula, which capped Medicare physician per beneficiary spending growth at GDP growth rate**

- Overwhelming bipartisan support
- Provides new tools in implementing payment reforms
- Applies to MD, DO, PA, NP, Clinical nurse specialist, CRNAs
- 2021 includes therapists, psychologists, social workers, audiologists, and dietitians.
- Creates clear timetable/benchmarks.
- Two options for physicians/providers
  - Merit Based Incentive Payment System (MIPS)
  - Alternative Payment Models (APMs)



On 3/26, the House passed H.R. 2 by 392-37 vote.

On 4/14, the Senate passed the House bill by a vote of 92-8, and the President signed the bill.

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### Medicare Program Targets

- 30% Medicare payments via APMs by 12/31/16
- 50% Medicare payments via APMs by 12/31/18
- 85% FFS tied to quality/value by 2016
- 90% FFS tied to quality/value by 2018



HHS Secretary Sylvia M. Burwell  
January 26, 2015

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### MACRA in Brief

Physicians must move quickly toward one of the two tracks.  
Performance Year 1 starts January 1, 2017 for FY 2019 payment

Timeline	2015 and earlier	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026 and later
<b>FEE</b>		.5%	.5%	.5%	.5%	0%	0%	0%	0%	0%	0%	0.75% APMs 0.25% MIPS
<b>MIPS</b>					±4%	±5%	±7%	±9%				
<b>Certain APMs</b>					Qualifying APM Participant	5% Incentive Payment		Excluded from MIPS				

Source: Centers for Medicare & Medicaid Services: [www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs)

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### MIPS Payments

EP performance assessment based on composite scores from 4 categories - 0-100

Threshold score determined by Secretary

Physician scores must be made publicly available on the Physician Compare website.

EP composite score compared to threshold score

- EP below threshold – negative MIPS payment adj
- EP at threshold – zero MIPS payment adj
- EP above threshold – positive MIPS payment adj

### Challenges for Anesthesiologists

- + Patient attribution remains a challenge—primarily focused on primary care physicians
  - Similar to Value-Based Modifier under current performance programs
- + CMS requests comment on:
  - Allowing facility-based physicians to be measured based on the performance of their facility rather than their own performance
  - How to use measures designed for the inpatient and outpatient hospital settings for certain physicians (specifically mentioning anesthesiologists)
  - Alternative options for “non-patient-facing” physicians

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**Advocacy**  
State Issues  
Medicare OPT OUT  
Inadequate Networks

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**2016 Primary Topic Areas**

- **Patient-centered, physician-led care**
  - Opt-out
    - Alaska, Florida, Missouri, Ohio, Oregon, Virginia and West Virginia
  - Supervision
    - Iowa, Maryland and Oregon
  - Pain medicine
  - Certified anesthesiologist assistants
    - Iowa, Maryland and Oregon
  - Truth in advertising
- **Payment**
  - Out-of-Network Payment
    - Arizona, Florida, Hawaii, Missouri, New Hampshire and Tennessee

As of February 1, 2016

State Net ® available at [https://en.lewin.com/secure/pel/start\\_page.cfm](https://en.lewin.com/secure/pel/start_page.cfm)

In 2015, State Affairs reviewed more than 6,000 pieces of legislation and nearly 4,500 proposed regulations to assist state component societies in their important mission to protect patient safety in each state.  
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**Advocacy**  
Inadequate Networks

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**Keeping Ahead of the Curve: Out-of-Network Payment**

Recognizing the evolving impact out-of-network payment has on the advocacy and public relations efforts of state component societies, the Executive Committee approved an Ad Hoc Committee on Out-of-Network Payment (AHCONP).

AHCONP's mission

- Conduct an assessment of the problem; ASA needs a comprehensive understanding via real data on how the issue impacts ASA physician leaders.
- Recommend appropriate Society policy, if needed.
- Develop a tool kit and advocacy resources to support federal and state lobbying.
- Develop messaging and resources for Society engagement with nonmedical organizations such as the National Association of Insurance Commissioners, the Consumers Union, etc.
- Serve as an authorized resource for stakeholders engaged in advocacy efforts requiring expert guidance.

The Ad Hoc Committee will report its progress at the August BOD meeting.

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**Advocacy**  
Public Relations

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**Research Told Us...**

- Majority of the public and many policymakers unaware that anesthesiologists are physicians.
- Even fewer know how physician anesthesiologists save lives when emergencies occur.
- Quality of care is the No. 1 concern of Americans and policymakers.
- On issues of quality of care, physicians have almost unimpeachable levels of credibility.
- People want a physician in case of an emergency.

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### Research Told Us...

- Majority of the public and many policymakers unaware that **anesthesiologists are physicians**
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- People want a **physician** in case of an emergency



**ADVANCE YOUR PRACTICE**

DOCTOR OF ANESTHESIA PRACTICE

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**EXPAND YOUR KNOWLEDGE AND YOUR PRACTICE**

**WHEN EXPERIENCED CPAs BECOME EXCEPTIONAL LEADERS**

As healthcare systems become increasingly complex, the role of Certified Registered Nurse Anesthetists (CRNAs) continues to expand. This role offers a unique opportunity to advance your practice and your career. The role of CRNAs is becoming increasingly important in the operating room. The role of CRNAs is becoming increasingly important in the operating room. The role of CRNAs is becoming increasingly important in the operating room.

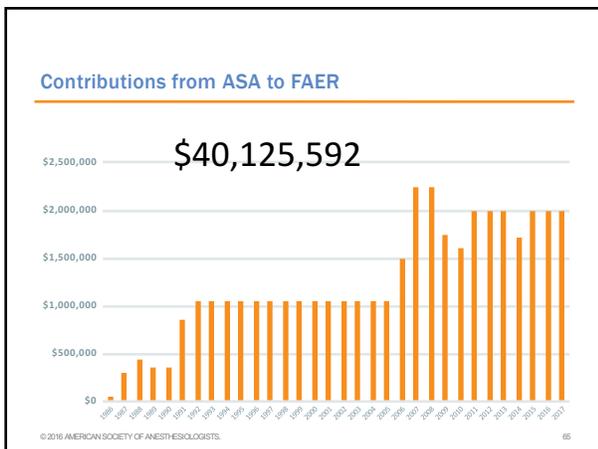
becomes a leader in your field and advance your practice with a Doctor of Anesthesia Practice (DAP) at the University of Illinois at Chicago. The DAP is a terminal degree that allows CRNAs to advance their practice and their career. The DAP is a terminal degree that allows CRNAs to advance their practice and their career. The DAP is a terminal degree that allows CRNAs to advance their practice and their career.

the DAP program is accredited by the North Central Association of Colleges and Schools and by the Council on Accreditation of Nurse Anesthetist Educational Programs.

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## Foundation Support

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**COME TOGETHER FOR A CAUSE**

Sunday, October 23, 6-10 p.m.  
Hyatt Regency Chicago

**SOLD OUT!**

You can still show your support!

Starting on Saturday, October 22, text to donate and support ASA's four foundations.

Text the appropriate keyword to **50155** to donate to the foundation of choice **key words:**

- ALL
- APSF
- ASACF
- FAER
- WLM

**What brings these three together?**

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**ASA PAC**  
**American Society of Anesthesiologists**  
*Political Action Committee*

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**Why each anesthesiologist should be giving always**

- ❖ Patient safety and quality of care
- ❖ Assure physician-led team-based care
- ❖ The power of unity and amount

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**What does ASA PAC advocate for?**

- Safety and Quality Healthcare
- Patients
- Physician Anesthesiologists
- Appropriate Scope of Practice
- Increased GME funding
- Increased NIH dollars
- Fair payment for anesthesiologists

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**American Society of Anesthesiologists Political Action Committee (ASAPAC)**

Nation's top physician PAC  
 94% success rate in the November 2016 elections  
 Provides ASA members a powerful voice in the political process

Helped Elect Physician Lawmakers -

- Rep. Andy Harris, M.D. (R-MD)
- Rep. Larry Bucshon, M.D. (R-IN)
- Rep. Ami Bera, M.D. (D-CA)
- Rep. Raul Ruiz, M.D. (D-CA)

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**Three Members of the 115<sup>th</sup> Congress**

Tom Price (R-GA)      Raja Krishnamoorthi (D-IL)      Larry Buchon (R-IN)

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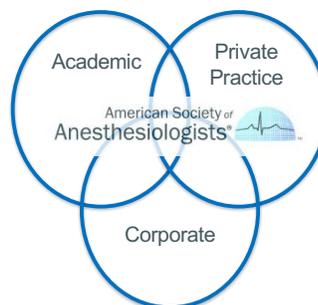
**Thank you....residency programs at 100% PAC participation...leading by example**

- Beaumont Health
- Brigham and Women's
- Emory University
- Georgetown University
- Mayo Clinic Arizona
- Mayo Clinic Florida
- Michigan State University
- Mount Sinai - Miami Beach
- Northwestern University
- Ochsner Clinic
- Tulane University
- University of Alabama Birmingham
- University of Arizona
- University of Arkansas
- University of Chicago
- University of Colorado
- University of Connecticut
- University of Florida - Jacksonville
- University of Illinois - Chicago
- University of Kansas - Kansas City
- University of Kansas - Wichita
- University of Miami
- University of Mississippi
- University of Nebraska
- University of Pittsburgh
- University of Tennessee - Knoxville
- University of Texas - San Antonio
- University of Texas - Southwestern
- West Virginia University

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**What brings these three together?**



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**Better at the table than on the menu.....**



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**IF WE OPEN A QUARREL BETWEEN PAST AND PRESENT, WE SHALL FIND THAT WE HAVE LOST THE FUTURE**

Winston Churchill

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**Thank You!**

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