



Objectives

- Review the changes taking place in health care and anesthesia practices and the implications for private practice career opportunities for anesthesia fellows
- Describe educational opportunities to assist fellows in successfully transitioning to community practice and facilitate long-term career planning
- Identify leadership opportunities in the evolving health care system and how the training program can help prepare anesthesia fellows to assume leadership roles
- Identify ways to assist fellows in assessing job opportunities

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Health Care, 2017

- Health care is undergoing major transformation
 - Hospitals transforming to health systems
 - Increasing emphasis on quality, safety and patient experience
 - Payment reform
 - New care delivery models
- Increasing pressure on providers/anesthesia practices to assume responsibility for **controlling costs and improving quality** through financial **incentives and penalties** for performance
- In spite of current uncertainty about the ACA and other reforms, shift to **value-based care and payment methods** will continue for both government (MACRA) and private payors
- To respond to these changes, every specialty is trying to redefine itself to maximize opportunities
- For anesthesia these changes provide the opportunity to expand scope of practice and coordinate care across all subspecialties

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Anesthesia Practice Environment

- Anesthesia practices are able to recruit outstanding clinicians, but workforce and job expectations are changing
 - Many new opportunities/needs outside of the operating room
 - Competition with other providers for some subspecialties (Pain, CCM)
 - Regional shortages of physician anesthesiologists
 - Expansion in practice opportunities for CRNAs and AAs; changes in scope of practice
- Many practices "requiring" fellowships; not always taking advantage of the additional areas of expertise
- Consolidation of Practices Accelerating
 - Majority of physicians are now in *employed* models
 - Transition from anesthesia practices to multispecialty groups
 - Acquisition of practices by hospitals and health systems
 - Some smaller or single facility practices struggling to compete

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What Do Community Practices Want?

- Highly skilled work force
- Needs vary by practice structure and location**
- In select practices, multidisciplinary, coordinated care
- Knowledge and skills to help the practice implement *care transformation*
 - "Manage" the *continuum of (perioperative) care*, overcome "siloeed" care
 - Participate in *quality improvement* programs
- Provide and document "**Value**"
 - To patients
 - To hospital, health system
 - To the practice or "company"
- Control costs of care (resource use, reduce LOS/readmissions)
- Commitment to proprietary business and practice models

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What Do Health Systems Want?

Hospitals and health systems recognize the need to "partner" with physicians

- Integrated delivery** system, including coordinated inpatient and outpatient care
- Control** through dedicated partnerships or "ownership" of practices that have aligned goals
- Providers who support the **organizational culture**
- Value**, efficiency, and outcome measures to support strategic vision – and external reporting requirements
 - Quality and safety
 - Optimizing patient experience
 - Financial strength

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What do Fellows Want (and Need)?

- Fellowship represents an opportunity to
 - Refine clinical skills
 - Expand scope of practice
 - Improve likelihood of employment
- Goals
 - Practice in which they can provide **high quality patient care (preferably within their subspecialty)**
 - For most, an **employed model** is not only acceptable, but preferred
 - Other "needs"
 - Work-life balance
 - Income, benefits
 - Career growth opportunities
 - Non-clinical (leadership) roles

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How Do We Prepare Fellows for Practice?

- ✓ **Diverse clinical experiences, opportunities to expand knowledge, skills and expertise in subspecialty** – and *differentiate* the fellow

What else can we do to prepare fellows?

- Provide overview of the **"business" of anesthesia practice** and its implications
- Identify potential practice opportunities created by **new models of care** that take advantage of subspecialty training
- Explain the **"new language" of health care**
- Provide **leadership training opportunities**
- Help the fellows **assess practice opportunities**

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The "Business" of Health Care and Anesthesia

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"Health Care is Complicated" and BIG Business

- **National healthcare expenditures continue to grow**
 - \$3.2 trillion in 2015
 - Physician expenditures grew 6.3% to \$645 billion
 - **Anesthesia allowed charges (2017) ~ \$3B (does not include Pain Medicine)**
 - Anesthesiology \$1.982B
 - CRNA \$1.212B
- **Metrics of "financial success" for health system and practice differ, creating challenges in fulfilling diverse goals**
 - Critical factors include payor mix, payor contracts, staffing models, cost structure, clinical services, patient acuity, **"negotiating" skills, strategic support**
- **Difficult to reengineer care because of the differentiation of payment to hospitals and providers (Medicare Part A vs Part B)**

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Business of Anesthesia Practice

Fellows need to understand the unique features of an anesthesia practice

- Clinical and administrative roles, responsibilities, and opportunities
- Unique billing methodologies for anesthesia services versus other clinical services (RVG vs RBRVS)
- Compliance and Regulatory requirements
 - Medical direction, medical supervision
 - "Immediate availability"
- Professional Liability (Risk Management)
 - Definition of Standard of Practice

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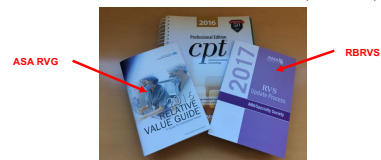
Payment For "Anesthesia" Services

ASA Relative Value Guide

- **Base Units plus Time**
- "Relative valuation" of anesthesia services based on conversion factor
- Anesthesia-Specific Conversion Factor

Resource-Based Relative Value System (RBRVS)

- Values all other professional services by comparing them to each other
- Applies to Evaluation and Management Codes (CCM, Pain)



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Different Physician Payment Methodologies Impact Relationships and Collaboration

- Different methodologies create *perceived inconsistencies* in payment for similar services across specialties
- Different metrics
 - Anesthesia base units and time
 - Separate Relative Value Guide
 - Different conversion factor
- *Ignorance about anesthesia RVG engenders distrust*
- Undermines efforts for collaboration, ability to develop bundled based payments, quantify “value” for alternative payment models

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Basis for Payment is Changing Transition to “Pay for Performance”

- Traditional FFS models not sufficient to support practice
 - Need for subsidies, strategic support
- Quality Performance Program (QPP) will significantly change how care is delivered by transitioning to value based payment methodologies
- 2 Alternatives
 - MIPS
 - Advanced alternative payment models (APMs)
- Critically important to understand the programs, their goals, and how they impact clinical care, payment, *provider relationships* and practice opportunities
 - Are there reasonable opportunities for anesthesiologists, intensivists, and/or pain medicine physician to report quality measures?
 - Do the metrics included in the model adequately measure outcomes attributable to anesthesiologists?

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New Models of Care

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Alternative Models of Care

- Fellows need to understand and participate in new models of care and understand their implications for practice
- All models rely on interdisciplinary, coordinated care
 - “Service Lines” (Transplant, Heart and Vascular, Spine, Neuro Sciences)
 - Enhanced Recovery after Surgery (ERAS) Programs
 - Perioperative Surgical Home (PSH)
 - Population Health
- Significant opportunities to improve collaboration across all anesthesia subspecialties

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The “New” Language of Health Care

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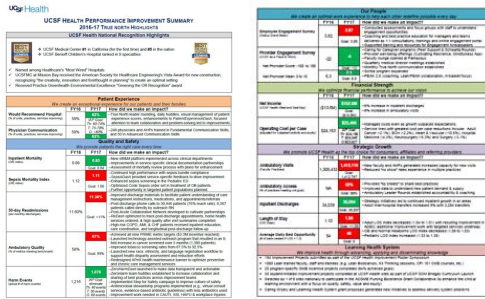
“New” Language of Health Care

- “True North”
 - Mission, Vision, Values
 - “Pillars” and Strategic Priorities
 - Lean and Six Sigma
 - A3 Continuous Improvement Programs
 - Internal Storyboards
- Transparency
 - Publicly reported metrics; outcomes
 - Patient satisfaction scores



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Health System “True North Board”



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New Language of Health Care Creates Opportunities

- To fulfill the requirements to succeed in this environment will require **breaking down silos**, reengineering of care through **interdisciplinary coordination**
- Fellow Opportunities**
 - Lean Training
 - A3 Continuous Improvement Projects
 - Administrative Huddles, Interdisciplinary Team Discussions
 - Root Cause Analyses (RCAs)
 - Training in use of clinical data repositories

ACGME – “Pursuing Excellence”

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Leadership Development

Leadership Development

- Fellowship programs should provide the opportunity to *educate and role model* regarding **leadership roles** within their practices
- Leadership skills

Communication	Care Transformation
Negotiation	IT/Decision Support
Organizational Behavior	Marketing
Team Building, Team Dynamics	Professionalism
Strategic Planning Process	Advocacy

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Leadership Training

At the same time,

- Leadership is not about “being in charge”
- “Leadership” roles must be earned based on knowledge, skills, and *integrity*
- Some fellows want to be “leaders” rather than “doers”
- Without making a political statement, *bullies generally do not become leaders*

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Selecting the “Right” Practice

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Selecting the “Right” Practice

To paraphrase Yogi Berra...

“If you don't know what kind of practice you want, you'll end up making the wrong choice.”

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Selecting the “Right” Practice

Key Issues to Consider

- Culture
- Structure of Practice
- Relationship to Hospital, Health System, Other Providers
- Local Health Care Environment
 - Implications for Future of Hospital, Practice
- Business Practices (Moral Compass)

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Assessing the *Culture* of a Practice

- What are the core values of the practice?
- How “secure” is the current model?
- What motivates colleagues, the anesthesia practice, health system?
- How is care delivered?
- Are there career development opportunities?

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Selecting the “Right” Practice *Getting to “Yes”*

- Contract Review and “*Negotiation*”
- Practice Opportunities
 - Opportunity to practice subspecialty
- Flexibility of Work Hours, Scheduling
- Compensation and Benefits
- Non-Compete Provisions

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In summary, Preparing the Fellow for Private Practice

- Facilitate the transition to practice by not only providing outstanding clinical training, but also by providing a broad perspective and skills
 - Understanding the **current health care environment**
 - Identification of **new models of care**, role of the anesthesiologist in the continuum of care
 - Knowledge of **finances of health care** and implications, including alternative payment models, bundled care
 - Training in **Lean methodology, A3 thinking**
 - **Performance improvement** experiences
- Help each fellow clarify personal and professional goals and identify the “right” practice

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Questions?

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