

## Updates from Regional Anesthesiology and Acute Pain Medicine

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## Brief History

- Regional Anesthesia Fellowships in the U.S.
  - Early 1980's
    - Virginia Mason, Brigham and Women's Hospital, Duke, Hospital for Special Surgery, Mayo Clinic, McGill, St. Luke's-Roosevelt/Columbia, U of Alberta, U of Florida, U of Manitoba, U of Texas/Houston, U of Toronto

**Guidelines for Regional Anesthesia Fellowship Training**

Mary Jean Hargett, B.S., James D. Beckman, M.D., Gregory A. Liguori, M.D., and Joseph M. Neal, M.D.

RAPM 2005;30:218-225

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## Fellowship Directors Group

- Formed organically ~2002
- Twice-yearly meetings (ASA and ASRA Spring) organized and hosted by HSS Department of Anesthesiology
- Initiatives:
  - Development of Fellowship Training Guidelines
  - Information Repository
  - Knowledge/Practice Sharing
  - ACGME Accreditation

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### The Training and Careers of Regional Anesthesia Fellows—1983-2002

Joseph M. Neal, M.D., Dan J. Kopacz, M.D., Gregory A. Liguori, M.D., James D. Beckman, M.D., and Mary J. Hargett, B.S.  
*Regional Anesthesia and Pain Medicine*, Vol 30, No 3 (May-June), 2005 pp 226-232

### The Training and Careers of Regional Anesthesiology and Acute Pain Medicine Fellows, 2013

Joseph M. Neal, MD,\* Gregory A. Liguori, MD,† and Mary J. Hargett, BS‡  
*Regional Anesthesia and Pain Medicine* • Volume 40, Number 3, May-June 2015

- HSS maintains an email list of all graduates of regional anesthesia fellowship programs
  - Approximately **825** fellowship graduates

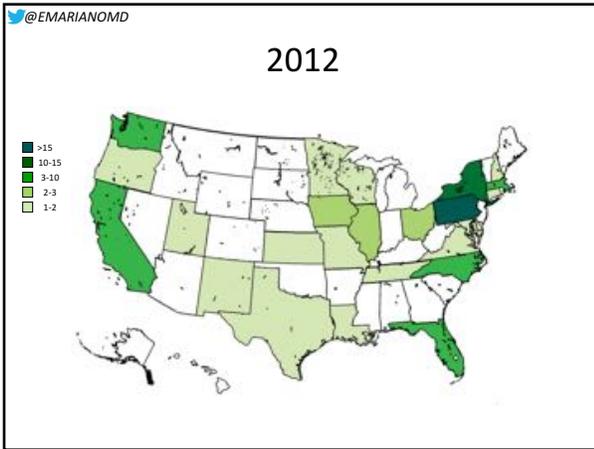
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### The Training and Careers of Regional Anesthesia Fellows—1983-2002

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- 12 programs surveyed
  - Programs were contacted and asked for their graduate fellow information
  - 77/176 (44%) responded
  - 54/77 (70%) were from 2 institutions (VMMC, BWH)
  - 47/77 (61%) of respondents were from academic practices



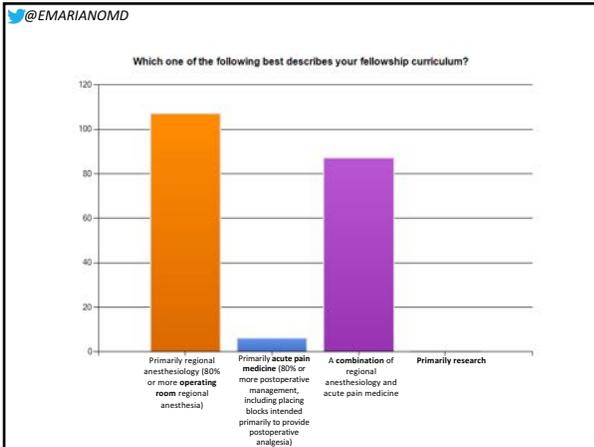


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### The Training and Careers of Regional Anesthesiology and Acute Pain Medicine Fellows, 2013

*Joseph M. Neal, MD,\* Gregory A. Liguori, MD,† and Mary J. Hargett, BS†*  
*Regional Anesthesia and Pain Medicine • Volume 40, Number 3, May-June 2013*

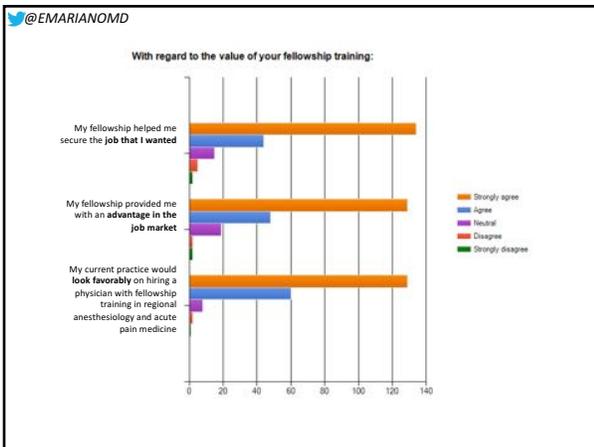
- Alumni from 47 programs surveyed
- 201/341\* (59%) responded
- \*371 Surveys Sent
  - 28 Bounced Back
  - 2 Opted Out of Survey

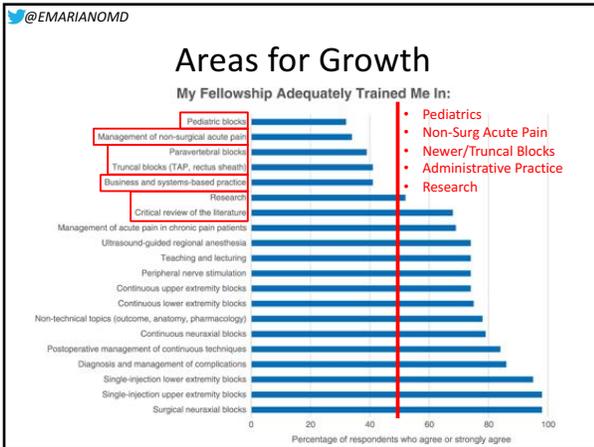


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### Post-Fellowship Careers

	2002	2012
Academic	49%	53%
Private Practice	43%	23%
“Hybrid”	8%	24%





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- ### Road to Accreditation
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- 2013 (May): Fellowship Directors agreed to pursue ACGME accreditation
  - 2013 (Dec): Letter submitted to Dr. Nasca
  - 2014 (Sept): ACGME approval to develop subspecialty program in RAAPM
  - 2015-16: Development and revision of program requirements
  - 2016: ACGME opened applications for RAAPM
  - 2017-present: Milestones development

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### Today (2017)

- 73 RAAPM fellowships in US and Canada (+3 from 2016)
- 133 positions available in the US and Canada (+32 from 2016)

Fellowship directory

Physicians applying for a fellowship program in regional anesthesiology/acute pain medicine must be currently enrolled in, or have completed, an accredited anesthesiology residency program. Each individual program may have additional requirements such as medical licensing. The information published here has been supplied by the individual institutions. Please check back frequently for updates.

Show: All (73) Acute Pain/Regional Anesthesia (73) Chronic Pain (0)

Alabama (1)	Massachusetts (4)	South Carolina (1)
California (8)	Michigan (1)	Tennessee (1)
Colorado (1)	Minnesota (2)	Texas (1)
Connecticut (1)	Missouri (1)	Utah (1)
Florida (4)	New Hampshire (1)	Virginia (1)
Georgia (1)	New Mexico (1)	Washington (1)
Illinois (1)	New York (6)	Wisconsin (1)
Iowa (1)	North Carolina (1)	Military (1)
Kansas (1)	Ohio (1)	Canada (1)
Louisiana (1)	Oregon (1)	
Maryland (1)	Pennsylvania (4)	

<https://www.asra.com/fellowship-directory?showType=1>

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### Why RAAPM?

**VALUE = Quality / Cost**

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THE NEW YORK TIMES

### Vexing Question on Patient Surveys: Did We Ease Your Pain?

BY DAN ROFFMAN AND SARA HILL TAYLOR | JUL 4, 2016

- “Unlike current questions, which ask about the efficacy of pain treatment, the new set will focus on the **communication** between doctor and patient about pain.”

[http://www.nytimes.com/2016/08/05/health/pain-treatment-hospitals-emergency-rooms-surveys.html?\\_r=0](http://www.nytimes.com/2016/08/05/health/pain-treatment-hospitals-emergency-rooms-surveys.html?_r=0)

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### Develop Patient Care Pathways

A COMPREHENSIVE ANESTHESIA PROTOCOL THAT EMPHASIZES PERIPHERAL NERVE BLOCKADE FOR TOTAL KNEE AND TOTAL HIP ARTHROPLASTY

*Hebl JR, et al. JBJS 2005;87 Suppl 2:63*

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## Decrease Inpatient Costs

A Self-Paired Comparison of Perioperative Outcomes Before and After Implementation of a Clinical Pathway in Patients Undergoing Total Knee Arthroplasty

*Christopher M. Duncan, MD,\* Susan M. Moeschler, MD,\* Terese T. Horlocker, MD,\* Arlen D. Hanssen, MD,† and James R. Hebl, MD\**

**RESULTS:** Fifty-four patients were identified for study inclusion. Patients undergoing their TKA after implementation of the clinical pathway had a significantly shorter hospital LOS (3.4 vs 4.4 days,  $P < 0.001$ ). Patients reported significantly less postoperative pain, less postoperative confusion, and an easier time participating in physical therapy sessions after their second (after the clinical pathway implementation) TKA. Patients undergoing their TKA after the clinical pathway implementation had reduced total direct hospital costs (\$956; 95% confidence interval, \$233-\$1785,  $P = 0.02$ ).

**CONCLUSIONS:** Our findings demonstrated that the use of a standardized clinical pathway reduced hospital LOS, improved clinical outcomes and patient satisfaction while reducing costs for identical surgical procedures.

RAPM 2013;38:533

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## Decrease Readmissions

The Fifth Vital Sign  
*Postoperative Pain Predicts 30-day Readmissions and Subsequent Emergency Department Visits*

*Tina Hernandez-Boussard, PhD,\* Laura A. Graham, MPH,† Karishma Desai, PhD,\* Tyler S. Wahl, MD,† Elise Auscoin, PharmD,‡ Joshua S. Richman, MD, PhD,‡ Melanie S. Morris, MD,‡ Kamal M. Itani, MD,‡ Gordon L. Telford, MD,§ and Mary T. Hawn, MD, MPH\*\**

**Results:** Our sample included 211,231 surgeries—45.4% orthopedics, 37.0% general, and 17.6% vascular. Overall, the 30-day unplanned readmission rate was 10.8%, and 30-day ED utilization rate was 14.2%. Patients in the high pain trajectories had the highest rates of postdischarge readmissions and ED visits (14.4% and 16.3%, respectively,  $P < 0.001$ ). In multivariable models, compared with the persistently low pain trajectory, there was a dose-dependent increase in postdischarge ED visits and readmission for pain-related diagnoses, but not postdischarge complications ( $\chi^2$  trend  $P < 0.001$ ).

**Conclusions:** Postoperative pain trajectories identify populations at risk for 30-day readmissions and ED visits, and do not seem to be mediated by postdischarge complications. Addressing pain control expectations before discharge may help reduce surgical readmissions in high pain categories.

Ann Surg 2017;266:516

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## ACGME-Approved RAAPM Programs

- Stanford Health Care-Sponsored Stanford University Program
- Cedars-Sinai Medical Center Program
- University of California (San Francisco) Program
- Massachusetts General Hospital Program
- Brigham and Women's Hospital Program
- Mayo Clinic College of Medicine and Science (Rochester) Program
- Montefiore Medical Center/Albert Einstein College of Medicine Program
- Icahn School of Medicine at Mount Sinai/St Luke's-Roosevelt Hospital Center Program
- New York Presbyterian Hospital (Columbia Campus) Program
- Duke University Hospital Program
- UPMC Medical Education Program
- Vanderbilt University Medical Center Program

<http://www.edmariano.com/archives/1252>

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## ACGME Application Process

- Application in Accreditation Data System (ADS)
- 14-step process is outlined in ADS: participating sites, program details and personnel, requested number of fellows, evaluation methods and clinical experience, informational questions
- Application deadlines:
  - January 29-30th meeting is November 3, 2017
  - April 17-18th meeting is January 12, 2018

