Anesthesia Provider Transition: A Blueprint for Change

By Epix Anesthesia

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Introduction

Beginning in January 2017, healthcare's transition toward a value-based payment system will rapidly accelerate with the implementation of the Merit-based Incentive Payment System (MIPS) and Alternative Payment Models (APM) programs. This new reimbursement framework for Medicare providers—a result of the Medicare Access and CHIP Reauthorization Act (MACRA) legislation—will place greater pressure on already strained U.S. health systems who are scrambling to increase efficiencies, cut costs and improve patient outcomes despite diminished reimbursements and heightened competition in the market.

The operating room (OR) can generate as much as 70 percent of hospitals' revenue, according to HealthLeaders Media[i]. This reality places anesthesiologists and surgeons in a unique and pivotal position regarding the growth, financial viability and ultimate success of the health system.

While many anesthesia providers have risen to the challenge to improve daily clinical operations through streamlined efficiencies and proactive leadership, many others are unable to deliver the increased quality of care required in today's competitive, value-based landscape. Thus, more than ever before, hospital leaders are seeking an alternative to their current anesthesia provider. As recently as 20 years ago, less than 5 percent of formal requests for proposals (RFPs) issued by hospital administrators resulted in a change of providers, as noted by consulting firm Enhance Healthcare[ii]. In today's complicated and volatile market, however, that rate has jumped to 30 percent.

As the market continues to shift dramatically and health system leaders are forced to create leaner, more flexible organizations, it will be critical for those considering a change in anesthesia providers to ensure a smooth transition. To avoid disrupting patient care, upsetting surgeon satisfaction or losing revenue, hospital leaders should design and implement a comprehensive plan. The following is an overview of a strategic transition plan, comprised of four phases, to ensure a seamless change of anesthesia providers.

Pregame Planning

The essential first step of the transition plan is the pregame planning phase, which should begin as soon as possible—ideally 120-180 days prior to the go-live date for the new anesthesia provider.

In this phase, health system executives should meet with key stakeholders to determine both the short- and long-term goals of the transition. Short-term goals can include the following:

• Gaining in-depth knowledge of the issues along with an appreciation for the challenges and obstacles for change unique to the hospital's particular situation
• Developing key relationships and building political capital with key stakeholders
• Planning for staffing adjustments, if necessary, as well as operational stability during the initial days to weeks of the transition

Long-term goals should also be identified and accounted for during the pregame planning phase, and can be related to any of the larger issues health systems face today, including:

• Developing and nurturing a local team of providers who live in the community and who are committed to the team and to the hospital
• Ensuring the anesthesia department is providing the most cost-efficient service possible
• Nurturing a partnership between hospital administration and anesthesia department staff that is transparent and accountable

Aside from outlining the strategic, concrete goals of the provider transition, hospital leaders and stakeholders should also design a strategy to ensure the day-to-day clinical operations of the OR continue uninterrupted and patient care remains uncompromised.

Early Stage

The early stage of the transition plan begins 90-120 days before the new provider go-live date. In this phase, it is critical for hospital leaders to develop a solid and well-rounded team of individuals to assist in the transition process. The team should be comprised of individuals both within and outside of the anesthesia department.

The team should once again reiterate and clarify any confusion regarding the short- and long-term goals previously established in the pregame planning phase, to ensure everyone will move forward as a cohesive unit.

During the early stage, it is also critical to define the expectations of the transition and individuals' roles within it. Leaders should design detailed job descriptions and delegate job duties to avoid future confusion regarding responsibilities within and outside the OR.

In the early stage, the billing service will need to address any changes within payer contracts. In addition, development of the basic communication infrastructure—on-site communications, email system, website, etc.—should begin during this stage.

Finally, hospital leaders should identify potential obstacles to a smooth transition, and develop a plan to mitigate the risks involved in transitioning anesthesia providers. By addressing these potential threats to success early on—and communicating this plan to all stakeholders—health system leaders can ensure a successful transition.

Middle Stage

Between 60-90 days before the go-live date, the established team should enter the middle stage of the transition process. This often involves many HR-related initiatives pertaining to recruiting, staffing plans and establishing a positive, team-focused culture.

Because a hospital will often desire to keep the majority of local providers, it is critical to meet with the current providers to establish open and transparent communication early on.

Meetings with the current team should seek to alleviate anxiety, establish trust and effectively communicate why the change is being made. In addition, it is important to use these meetings to identify individuals who are strong team players and could potentially serve as department leaders and/or advocates for change. This is also the appropriate time to develop and share compensation and staffing plans, as well as execute employment agreements.

In addition, it is critical to develop a framework of accountability to implement once the go-live date arrives. With hospital leadership, identify a Chief CRNA or Medical Director to help lead the team through the transition. Team members should understand the importance of collaboration and their role and responsibilities within the group as a whole. In an era of value-based care, building an effective team and culture with the right people is critical to achieving desirable patient outcomes as well as increased patient and provider satisfaction.

Finally, should staff loss be anticipated, the team should develop plans for interim staffing and initiate recruiting efforts immediately. Finding the right people who fit the local culture is crucial for the success of the entire department.

Final Stage

Within the final 60 days before the go-live date, the team should meet on a regular basis to continue developing and cultivating a culture built upon trust, respect, commitment, accountability and attentiveness to results.

Open communication is key; by establishing an environment of transparency, leaders will encourage a team that is accountable and dedicated to improving the quality of care provided.

During the final stage, both infrastructure development and billing processes should be concluding, with recruiting of staff continuing only if necessary. Team leaders can also take this time to begin developing new revenue streams and implementing patient and clinician satisfaction surveying. In addition, the team should be meeting with hospital administration to develop internal performance dashboards to measure the department's quality of care provided, staffing model and level of engagement amongst members.

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Conclusion

In an era of value-based, patient-centered healthcare, it has become more important than ever for the anesthesia department to demonstrate proactive leadership and teamwork. Clinicians and other department leaders must focus on consistent improvements in patient outcomes, workplace productivity and both patient and surgeon satisfaction.

If an anesthesia provider fails to meet the heightened standards of today's healthcare landscape, then a change of providers may be in order. While this may seem like a daunting challenge, hospital leaders are hardly alone; a recent study by Enhance found that nearly half of the hospital executives surveyed were seeking an alternative to their current anesthesia provider due to issues of staffing and disorganization, high subsidy rates and a lack of leadership[iii].

A strategic and thorough plan can help health system leaders execute a seamless transition that brings increased quality and value to the communities they serve. While this timeline is highly variable based on a number of factors, it provides a high-level overview of the tasks that must be addressed and accomplished during a transition of providers. Today, it is critical for the anesthesia department to demonstrate their value through the administration of satisfaction surveys, the implementation of performance review activities and the creation of a well-organized and well-run OR.

About Epix Anesthesia

Based in Atlanta, Epix Anesthesia is a national provider of anesthesia services to hospitals, ambulatory surgery centers (ASCs) and office-based practices across the country. With a focus on clinical excellence and customer satisfaction, Epix Anesthesia offers an array of anesthesia services including practice management, billing, consulting and staffing solutions. Our team of industry experts and our culture-first approach help develop a strong, local anesthesia team to improve the quality of care, optimize revenue, increase patient satisfaction and achieve 100 percent client retention.

For more information, visit www.epixanesthesia.com.

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