

Anesthesia Workforce of the Future

13th Annual Anesthesia Billing and Practice Management Seminar

**May 4-6, 2012
Howard Greenfield, M.D.**

When can I get off this ride ?



Louis Joseph, VP- HCA

HEALTH CARE REFORM

Reforming health care

This is going to hurt



Louis Joseph, VP- HCA

A New Physician Workforce



Louis Joseph, VP- HCA

Traditional Anesthesia Models

- **Local Mom & Pop group**
 - All MD
 - ACT
- **Private Fee for Service-** Las Vegas, Tucson
- **Hospital Employed-** Aurora Health, WI
- **Regional Group-** Greater Houston
- **APMC-** Mednax
- **ASC Group-** Broad Anesthesia, FL

Navigation in Uncharted Waters. Is Anesthesiology on course for the 21st Century?

**“Far too often, we have limited our activities to
intraoperative care only.”**

It had become apparent that more anesthesiologists should engage in a ***broader role in their health systems***, including more ***extensive participation in the perioperative preparation of surgical patients***, participation as integral members of the ***critical care team***, as well as diversifying into chronic pain, cancer pain, and hospice or home care of patients with terminal illnesses. Dr. Longnecker knew that the current good working conditions in the operating room are comfortable, but understood **that we need to update our mental map to prepare for the future.**

Longnecker DE: ANESTHESIOLOGY 1997;
86:736-42

21st Century Anesthesiology Preparing For The Future Paradigm

Mark J. Lema, M.D., Ph.D.

President

American Society of Anesthesiologists

Professor and Chair of Anesthesiology

University at Buffalo, SUNY

Practice Management Conference

January 27, 2007

Clinical Practice -Realities

The future of surgery is medicine so the future of anesthesiology must be perioperative medicine.

The expansion of conscious sedation nurses (CSNs)

- Popular for simple procedures
- Less expensive than either CRNAs or MDs
- More easily controlled by the proceduralist.
- In some cases, CSN services are billable.

We must be both medically and financially prepared to expand our ACT supervision to an ICU-type medical direction (10:1) using CSNs along with CRNAs.

Independent Practice for CRNAs is a very likely prospect to be promoted by AHA and Hospital CEOs to lower costs and 'expand' the workforce as access to care diminishes.

Mark Lema, MD, ASA Practice
Management Conference
January 27, 2007

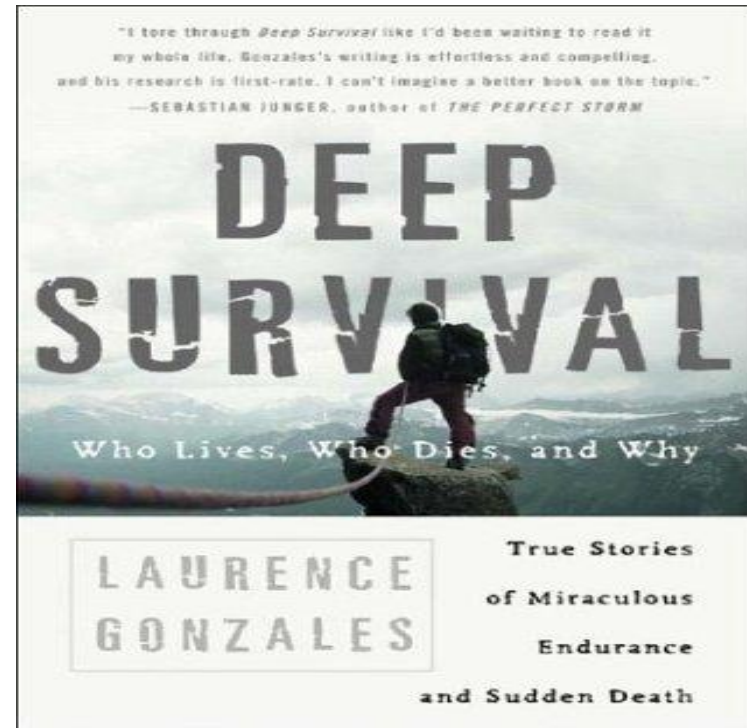
“Poachers and Dabblers”

- **Poachers**
 - ER MDs-emergency surgery
 - ICU MDs-trachs, cardioversion
 - Hospitalists-the new perioperativologists

- **Dabblers**
 - Endoscopists -NAPS
 - Dentists-twilight sleep
 - Cosmetic Surgeons-deep sedation

Mark Lema, MD, ASA Practice
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“when the environment changes, you have to be aware that your own past experience might be inappropriate,” and furthermore, “a closed mind may cause you to miss something important.”



What's this \$#% about??

- [Anesthesia Services: The Value Proposition](#)
- [Anesthesia Services: A Competition of Ideas](#)
- [Anesthesia Services As Bait](#)
- [Anesthesia Services: Getting Organized](#)
- [Anesthesia Services: Show me the...](#)
- [Longevity in Anesthesia Services](#)

AnesthesiaReviews Blog

Leading into the Future 50th Annual Rovenstein Lecture
Patricia Kapur, MD
Anesthesiology April 2012

Kaplan and Porter opined that “some facilities that serve patients with unpredictable and rare medical needs ... carry extra [personnel] capacity.

Much excess resource capacity ... is due not to [a uniformly high prevalence of] rare conditions ... but to the tendency to provide [that level of] care for ... every type of medical problem.”

We do that in current anesthesiology care models, when we inflexibly assign fixed low supervision ratios without regard to patient acuity or surgical complexity

“Go West Young Man”

- In order for hospitals to thrive in today’s evolving healthcare environment, they must often adopt new business models. For anesthesia, as with many medical specialties, **this new model** may include mid-level providers such as Certified Registered Nurse Anesthetists (CRNAs) working alongside anesthesiologists in a team care model.

Is This Something New ?

- **Somnia's** newest white paper, "***Certified Registered Nurse Anesthetists (CRNAs) in the Team Care Model,***" explains the potential benefits of the team care model including the ability to augment or expand surgical services and provide an even greater level of anesthesia care to patients

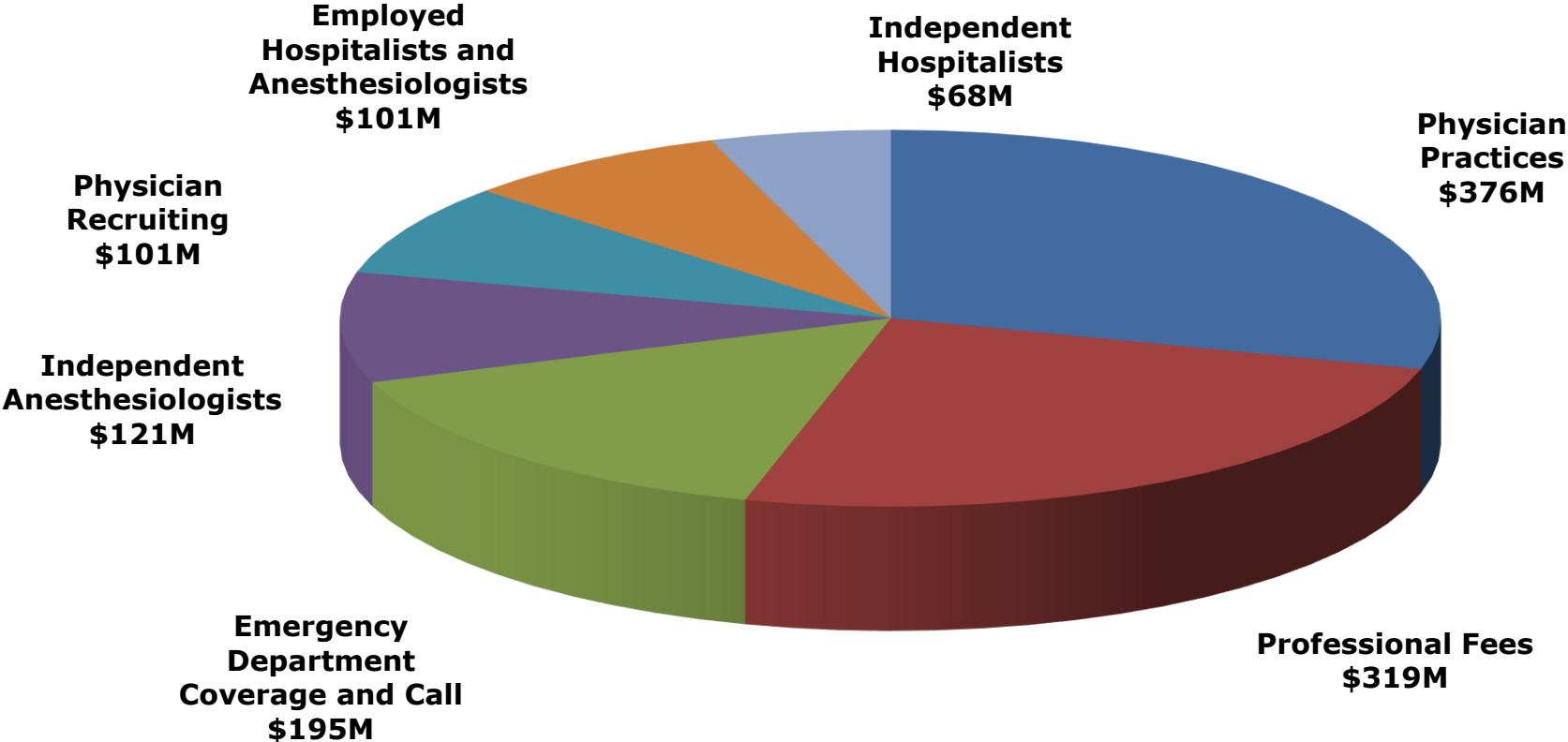
CRNA Court Victory is a Win for Rural Hospitals

March 2012

A California appeals court this month ruled that certified registered nurse anesthetists in that state do not need physician supervision to do their jobs.

It's a clear victory for rural hospitals in California that have complained that requiring physician supervision of CRNAs adds unneeded costs and limits the range of surgery services they can provide.

2010 HCA Total Company Physician Investment \$1.28 Billion



Louis Joseph, VP- HCA

Hospital Employment “Value Prop”

- Income security
- Negotiating strength with payors and vendors
- eClinical Works EMR
- More attractive to recruit new partners
- No capital cost for expansion and maintenance
- No “sweat equity” no buy in/buy out
- Affiliation with large healthcare provider
- Marketing support
- Self insured for medical malpractice

Achieve Strategic Advantages Through Employed Anesthesia Models

Becker's Hospital Review
Webinar 3/20/2012



Innovative Peri-Operative Solutions

10 Keys to Successful Anesthesia Employment Models*

- ✚ Leadership
- ✚ Peri-operative Care
- ✚ Performance Tracking
- ✚ Aligned Incentives
- ✚ Quality Oversight
- ✚ Behavioral Oversight
- ✚ Clinical Process Maps
- ✚ Cost Control (anesthesia meds/supplies)
- ✚ Post Operative Pain management
- ✚ Integrated Surgical Care

*Becker's Hospital Review, August 1, 2011

MGMA-AAA website 2/29/12

The biggest threat is to the anesthesia group that chooses the wrong partner with whom to grow. "Small to medium sized practices, MD only, and low ratio care team models face an economic imperative that threaten anesthesiologists' compensation. It is not the consolidators who should be seen as a threat. Rather, the real threat lies within those who fail to properly respond to the voice of the marketplace."

The Future

- Large Regional Groups Consolidators/Consolidatee?
 - Parrish – Louisiana
 - AAM – New England
 - GHA – Houston
- Anesthesia Practice Management Groups(APMC)
 - Mednax – American Anesthesiology
 - EmCare – AnesthesiaCare
 - Team Health – Anesthetix
 - Sheridan
 - NAPA
- System Models (HCAPS)
 - Hospital employed through 3rd party
 - Hospital Employed co-managed group

National Anesthesia Providers

GROUP	States	Facilities	MD's	CRNA's	MULTI - SPECIALTY?
Sheridan	15	89	600	600	Y
Mednax*	6		375	475	Y
EmCare	9	130			Y
Apollo MD	4	12	43	116	Y
Northstar	4	25	93	266	N
Anesthetix /Team Health	17	25	120	200	Y
NAPA	5	18	284	300	N
Premier	10	20	97	127	N
Somnia	8		170	9	N
AHP	8		55	145	N
HCAPS	3	6	56	102	Y

Regional Anesthesia Providers

GROUP	METRO AREA	FACILITIES	MD's	CRNA's
Greater Houston	Houston	32	140	160
Commonwealth	Richmond	5	36	53
AMG	Nashville	12	63	219
Pinnacle	Dallas	83	325	200
Gulf to Bay/AA	Tampa	14	54	100
Parish	New Orleans	15	110	270
Mountain West	Salt Lake City	13	140	0
JLR	Orlando	8	70	45
AAKC	Kansas City	10	78	56
Star/TAHAUS	San Antonio		125+75	

Consolidation Examples



has been acquired by



a subsidiary of



The undersigned initiated the above transaction, assisted in negotiations and acted as the exclusive financial advisor to Pinnacle Anesthesia, PL



New Britain Anesthesia, P.C.

has been acquired by

NAPA Management Services Corporation



a portfolio company of

MOELIS CAPITAL PARTNERS

The undersigned initiated the above transaction, assisted in negotiations and acted as financial advisor to New Britain Anesthesia, P.C.



Healthcare Investors



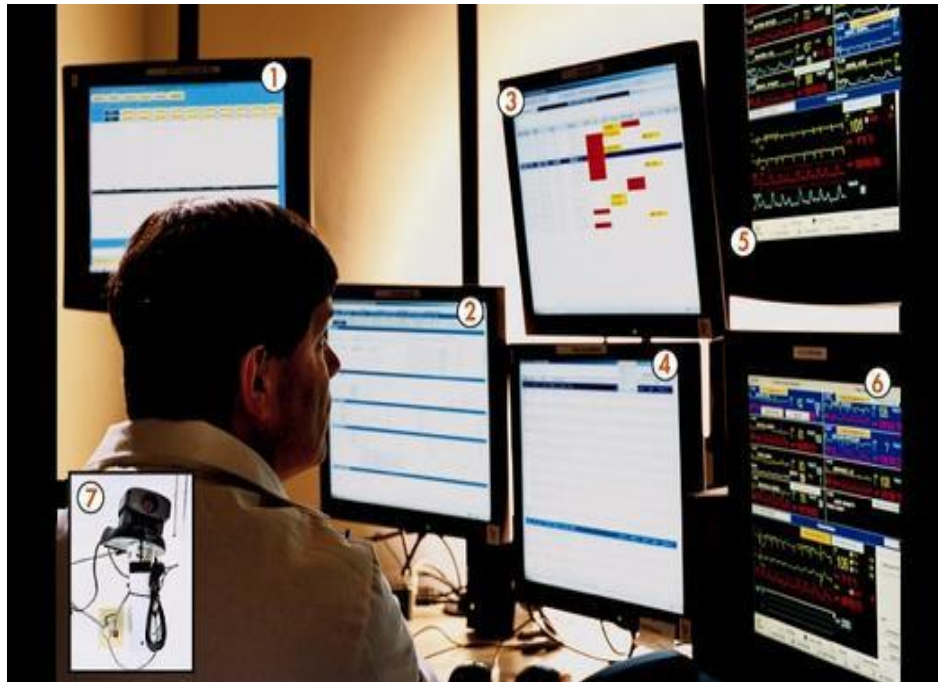
MOELIS CAPITAL PARTNERS



DFW CAPITAL PARTNERS

E-OR 2015??

“Like the tele-ICUs, someday tele-ORs may have anesthesiologists rotating through tele-control room assignments, with two-way video and audio connectivity to each OR or procedure suite”



The tele-anesthesiologist could oversee and advise in the care of multiple rooms in a cost-effective manner. He or she could instantaneously respond to a query, even switch attention from room to room on a minute-by-minute basis.

Kepler Intubation System- "McSleepy"

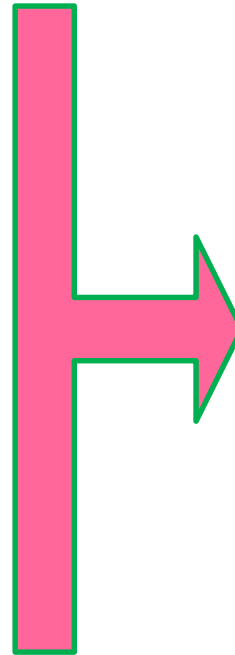


The anesthesiologist could see images from fiberoptic laryngoscopes and bronchoscopes. Tele-OR capability would also allow our rural and underserved hospitals, as well as battlefield hospitals, to have high-quality tele-consultation and tele-supervision

SEDASYS® System Appeal Has Been Granted By The FDA



I- Anesthesia ??



www.AnesthesiaAssistant.com