Somnia
ANESTHESIA

Using Anesthesia to Improve the Effectiveness of Your OR's

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Supporting Healthcare Facilities and Anesthesiology Groups Nationwide

Using Anesthesia to Improve the Effectiveness of Your OR's

Presented at:
ASC Communications and the Ambulatory Surgery Foundation –
17th Annual Improving Profitability, and Business and Legal Issues for ASCs

Presented by:
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Background

- Anesthesiologist
- MBA
- President and CEO, Somnia Inc.
- 15 years of experience

Never Underestimate Anesthesia

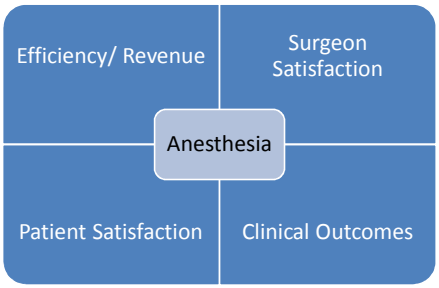
Never Underestimate Anesthesia

- 75% of ASCs experiencing increased surgery wait times*
- 66% of ASCs limiting access to ORs*

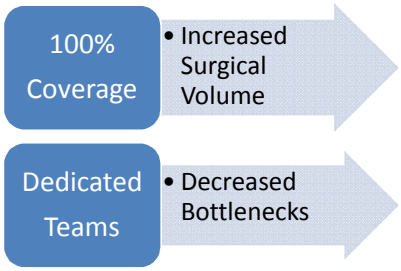
**Source: American Society of Anesthesiologists*

We're an ASC,we don't pay a subsidy…

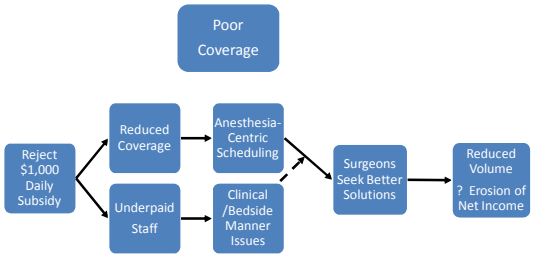
Never Underestimate Anesthesia



Efficiency = Revenue



Poor Coverage=Reduced Volume=Income Erosion



The Anesthesia Subsidy Conundrum

- Saving $1,000 a day in anesthesia subsidy can result in poor or incomplete staffing
- Poor and incomplete staffing results in volume loss and facility fee revenue erosion

Anesthesia Subsidy > Facility fee revenue loss
Anesthesia Subsidy < Facility fee revenue loss
Anesthesia Subsidy = Facility fee revenue loss

Keep Surgeons Satisfied

- Surgeon-centric schedule ≠ efficient" schedule
- On-time starts=abundance of anesthesia staff
- Quick turnover=abundance of anesthesia staff
- Collaborative work environment/trust
- Additional anesthesia services

Keep Patients Satisfied

- Thorough pre-op
- Painless IV administration
- No wait time
- No PONV
- Swift recovery
- Prompt discharge
- Limited billing headaches

What Anesthesia Does and Doesn't Do

- Anesthesia does *not* diagnose
- Anesthesia does *not* treat
- Anesthesia facilitates
  - Painless surgery
  - Unconsciousness
  - Quiet surgical field
  - Muscle relaxation

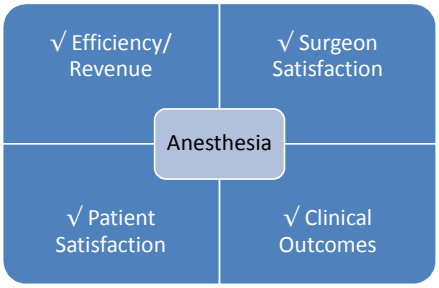
Improved Surgical Outcomes

- More pre-cancerous polyps detected with deep sedation colonoscopies
- Doctors found polyps larger than 9mm or suspected colorectal tumors at a **25%** higher rate in patients under deep sedation

  Katherine Hoda, M.D., Oregon Health and Science University
- Switch from GI doctor performing colonoscopy and delivering sedation to anesthesiologist administering Propofol
  - Up to 43% increase in number and percentage of patients who had polyps detected

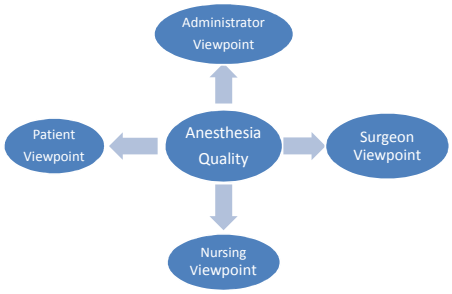
    University of Pennsylvania and State University of New York

Tip 1: Never Underestimate Anesthesia



Define Quality to Achieve Quality

Only Quality Creates Long-Term Success



Patient

- Unrushed/thorough pre-op
- Attentive post-op
- No PONV
- Limited/no pain
  - Physical
  - Financial

Surgeons

- Surgeon-centric schedule ≠ "efficient" schedule
- On-time starts = abundance of anesthesia staff
- Quick turnover = abundance of anesthesia staff
- Collaborative work environment/trust
- Additional anesthesia services

Nursing

- Support, back-up and team mentality
- Surgeon-centric schedule
- Support and assistance with challenging issues
- Solve more headaches than they create
- On-time starts = abundance of anesthesia staff
- Quick turnover = abundance of anesthesia staff
- Collaborative work environment/trust
- Additional anesthesia services

Administrative Leadership

- Efficient Schedule ≠ Surgeon-Centric Schedule
- Exploration of cost-efficient staffing models
- Prudent use of medications and supplies
- No subsidy or subsidy supports
  - FMV compensation
  - FMV benefits
- Savvy contracting with payers…to a point
- Stellar revenue management
- Pro-growth mindset = flexible staffing and hours

Manage Anesthesia Supply/Demand Gap

The Supply/Demand Gap

Surgical Facilities

Anesthetists/ CRNAs

Be prepared.

Boy Scouts of America

"The future depends on what we do in the present."

Gandhi

The Supply/Demand Gap

Procedures Requiring Anesthesia

Anesthetists/ CRNAs

Supply Stats

- Residents entering anesthesiology practice
  - ↓15% between 1990 and 2002 **(AMA)**
- AMA study of 30,000 practicing anesthesiologists
  - Approx. 60% 45 or older
  - 25%+ 55 or older
  - 12% residents
- Practicing CRNA
  - Shortage of more than 5000 **(U.S. Dept. of Health)**

Supply/Demand Gap Solutions

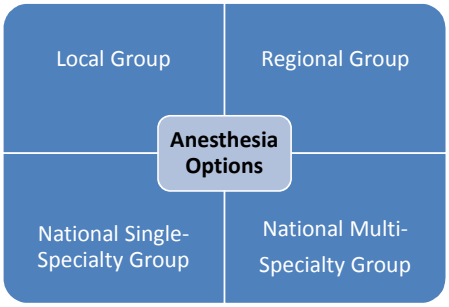
- Scenario I
  - Make your problem someone else's problem
  - Anesthesia is #1 outsourced service – Waller Landsen
- Scenario II
  - Pay more for same coverage
  - Pay doctors more
  - Provide more robust perquisites
- Scenario III
  - Reduce coverage
  - Sacrifice efficiency and stakeholder satisfaction
  - Nearly half of administrators reducing or re-directing OR procedures due to anesthesia staffing issues

Ask The Right Questions

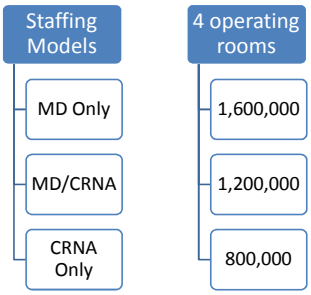
- Do you have the right staffing model?
- Are your anesthesia costs in line with the market?
- Is your contract too long? Too short?
- Do you have enough coverage to meet your goals?

Know (*and Understand*) Your Options

Knowledge is Power…



A Perfect Pair



Continuous Measurement and Improvement

Measure to Manage

- Coverage
- Patient Satisfaction
- Surgeon Satisfaction
- Surgeon Retention
- Contracting
- Collections

You can't manage what you can't measure.

Set Clear Goals

- Coverage at or near 100%
- Considerate view of OBSF
- Metric-driven quality data
- No bottlenecks
  - Pre-op
  - Efficient induction and rapid wake-up
  - Post-op

Using Anesthesia to Improve the Effectiveness of Your OR's

- Never Underestimate Anesthesia
- Define Anesthesia Quality
- Plan for Shortages
- Know Your Anesthesia Options
- Continuous Measurement and Improvement

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