

# Effects of the Economy On Anesthesia Practices

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# This Much I Can Say For Sure . . .

We Won the Teaching Rule Battle with CMS!!!



# This Much I Can State with Confidence . . .

- No matter how health care reform turns out, we'll:
  - Have to adapt
  - Need to aggressively pursue opportunities to expand the care we provide
  - Benefit from taking leadership roles in our institutions

## This Much I Can Speculate . . .

- Bundled payments
- Accountable Care Organizations (ACOs)
- Rationing will appear
- FAER and APSF will continue to be important funding organizations for our new investigators
- MOCA participation will play a bigger role

## Bundled Payments and ACOs

- Current demonstration projects in CV and joint replacement surgery
- Will very likely expand
- “More” will not necessarily mean higher reimbursement
- “Rescue” to limit complication costs will be valuable – can departments capitalize?

# Taking Advantage of an ACO World

- Be active in as many clinical roles as possible
- Be leaders and be aggressive in expanding care on behalf of your departments
- Since we don't bring many patients to ACOs, concentrate on those things you can do best (e.g., reduce complications, lead quality efforts, lower costs)

# Is Rationing In Our Future?

- Spine care:
  - High unit procedures; good DRG payments
  - Interventional procedures in pain programs under attack by CMS, RUC, and private payers
    - » Facet and transforaminal injections being cut
  - Great opportunities for outcome studies; funding should be available

# Rationing

- Robotic surgery: Will it remain popular as outcome studies are generated?
  - Comparative Effectiveness of Minimally Invasive vs Open Radical Prostatectomy  
*JAMA*. 2009;302(14):1557-1564
- End-of-life care: Will rationing be used to reduce cost variations?
  - Wennberg, JE. The Care of Patients with Severe Chronic Illness: A Report from the Dartmouth Atlas Project.



Unfortunately your HMO doesn't cover anesthesia so we're going to have to use our low-budget procedure to put you out.

# FAER and APSF Endowments



FOUNDATION FOR ANESTHESIA EDUCATION AND RESEARCH

*Advancing anesthesiology.*



- Like everyone's personal accounts, these endowment accounts lost value
- Result is less income to use for funding grants
- Over 600 relatively new investigators have attained initial funding from these foundations
- Burden will fall harder on departments
  - Can teaching rule payments help?

## MOCA and Reimbursement?

- Senate health care reform bill provides bonus payments for physicians involved in Maintenance of Certification activities
  - Implies only ABMS-certified physicians, but not clear
- Will require PQRI measurement participation
  - Antibiotics, central venous catheter insertion protocols, hypothermia prevention – pending

# MOCA and Payments

- If passed in health care reform
  - May benefit academic departments compared to private groups
    - » Approximately 70% of ASA members are ABA-board certified
    - » Many academic departments have higher certification rates
- Advantageous to academic departments?



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# Opportunities Everywhere!

- Yes, the economy's been rough on all departments
- Yes, health care reform adds suspense, the unknown, and anxiety
- But, innovative, aggressive departments can take advantage
- Seek opportunities and win

