Controlling Costs and Maximizing Your Institution's Financial Health with Physician-Led Anesthesia Care and Leadership

As a health care executive, you are increasingly under pressure to improve patient outcomes while simultaneously cutting costs. It's a balancing act, as the pressure to reduce costs cannot jeopardize quality and safety. As essential providers in the care team, anesthesiologists are the proven leaders in safe and effective care throughout the perioperative care process. Their extensive education and training keep patients safe, improve patient outcomes, reduce the risk of complications, and control costs—all of which help ensure quality, protect your hospital's reputation, and maximize its financial health as well as improve the patient and caregiver experience. Here's how anesthesiologists and physician-led anesthesia care make a difference.

Save lives and reduce complications.

The presence of an anesthesiologist prevented 6.9 deaths per 1,000 patients in which an anesthesia-related or surgical complication occurred, according to an independently funded analysis of Medicare data of more than 190,000 surgeries.[1]

The odds of admission to the hospital or death (unexpected disposition) were 80% higher when a nurse anesthetist provided care rather than an anesthesiologist, according to an independently funded analysis of a national survey of more than 2.4 million outpatient surgeries.[2]

Control costs by reducing unnecessary testing, same-day cancellations, operating room emergencies, and surgical complications.

When nurses led anesthesia care, surgical care costs were 8.7% higher (about $1,800 per surgery), according to an analysis of Nationwide Inpatient Sample data that compared surgical costs in three opt-out states to three states that require physician-led care. Further, patients did not have increased access to surgical care and anesthesia in opt-out states.[3]

Physician-led anesthesia care reduces mortality and saves costs ranging from $4,410 to $38,778 for each year of life saved compared to the nurse-led model, according to a cost-benefit analysis that used survey data based on anesthesia reimbursement and published outcome studies.[4]

Anesthesiologist-led care significantly reduced costs compared to the nurse model: medically related surgical cancellations were reduced by 88%, medical consultation requests were reduced by 75%, and cost of laboratory tests were reduced by 59%, according to a review article.[5]

Physician Anesthesiologists Made for **This Moment**

Medicare, Medicaid, and most third-party insurers pay the same fees for anesthesia whether a nurse anesthetist or anesthesiologist administers it. Allowing nurses to administer anesthesia without supervision does not save money. It is dangerous and misleading to position salary differences, reduced education costs, or fewer required years of education as advantages to the health care system. Those important differences in education and training are why the nation's highest-ranking hospitals provide physician-led anesthesia care.

American Society of Anesthesiologists®

Lead safe perioperative care.

Anesthesiologists developed and continue to lead pathways for improving patient care and reducing costs, including the Perioperative Surgical Home (PSH) and Enhanced Recovery After Surgery (ERAS). PSH is a patient-centered, physician-led, interdisciplinary, and team-based system of coordinated care that spans the entire surgical experience—from the decision for the need of a procedure to discharge and beyond. ERAS provides protocols before, during, and after a procedure to ensure patients have the best outcomes possible after surgery. PSH and ERAS programs have been developed to significantly reduce mortality and improve operating room efficiencies.

ERAS programs ease the effects of surgery and fast-track patient recovery, including by treating postoperative pain with a variety of pain management options that reduce the need for opioids.

Institutions with PSH programs report:

Decreases in:

- Length of stay
- Direct costs
- Readmission rates
- Surgical complications
- Surgical site infection rates
- Surgical cancellations
- Total oral morphine equivalents prescribed to patients

Increases in:

- Cost savings
- Discharge to home or a rehabilitation facility
- Patient satisfaction survey scores

Assess and improve the quality of care.

The Anesthesia Quality Institute (AQI):

- Provides a specialty-specific reporting system, the Anesthesia Incident Reporting System (AIRS), in the United States. AIRS is an online reporting tool that collects data to develop learning opportunities for anesthesiologists based on their colleagues' experiences. AQI encourages reporting from any clinician who encounters an unintended event related to anesthesia or pain management.
- Houses the National Anesthesia Clinical Outcomes Registry (NACOR), a data warehouse designated as a Qualified Registry and a Qualified Clinical Data Registry by the Centers for Medicare & Medicaid Services (CMS). With millions of cases, NACOR's clinical data provide an evidence-based rationale that informs treatment choices and helps control costs. Its purpose is to improve outcomes for patients.
- Analyzes closed malpractice claims and trends in anesthesia-related patient safety topics through the Closed Claims Project. The goal is to identify anesthesia-related major safety concerns, patterns of injury and prevention strategies in areas where anesthesiologists provide care.

> "One of the biggest advantages anesthesiologists bring to a health care institution is our broad spectrum of care, expertise, and service. There's no other specialty that touches so many aspects of an institution's core mission and their revenue-generating capability. Whether it's surgeries, outpatient centers, diagnostic imaging, anesthesiologists and the care they deliver impact very much the bottom line." — Brad Butler, MD, FASA, Physician Executive

Maintain cost-efficient, life-saving care.
Learn more here

Citations:
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