

Exploration of the Development of Enhanced Perioperative Services: Developing a Framework for Perioperative Surgical Home (PSH) Design and Action

Semi-Structured Interview Script and Questions Key Informants: Anesthesiology Directors - Snowball Sample

Thank you for talking with me today. **Interviewer Introduction!**

The purpose of this interview is to gather information about the enhanced perioperative services program or programs at your health care organization as part of a NSF/CHOT research project co-funded by the ASA. This may include a Perioperative Surgical Home (PSH), Enhanced Recovery After Surgery (ERAS), an expanded preoperative clinic, comprehensive pain management protocols for surgical patients, or similar initiatives and programs you are engaged in. For the sake of efficiency and time, we will refer to all these potential programs and concepts as a "Surgical Home" or a "Perioperative Surgical Home" (PSH) during this interview. This interview is part of a preliminary examination and descriptive evaluation of selected PSH-like programs in the US. We recognize that many organizations are working on these types of PSH initiatives, and that some are at the beginning stages of planning and implementation while some are farther along.

We would like to evaluate specific elements of the various PSH models identified within the US as potential models of practice. We are interested in identifying all elements (program components, functions, capabilities and characteristics) of your PSH model, implementation success factors, the main strengths and challenges of each PSH element identified, and your perceptions about the future of enhanced perioperative services and the role of anesthesiology.

Before we start with this interview let me just confirm that you are the right person to speak to about these topics. If not, who do we need to contact?



Also, let us know if we should talk to any additional contacts within your PSH system.

CONSENT: We sent you a copy of the consent form in the last email confirming this appointment. **HAVE COPY OF CONSENT FORM READY FOR REVIEW WITH PARTICIPANT.**

The consent form explains the purpose of this study, your rights and freedoms as a participant, and specific contacts in case you have questions about the interview and survey process. After you are finished reading the consent form please let me know. **ASK FOR VERBAL CONSENT.**

If you do not have any questions about the consent form or the purpose of the study I will continue with the interview. **PROMPT AND PAUSE FOR QUESTIONS.**

I would also like to ask for your permission to **record the interview** so that I will be able to capture all of your responses and take fewer notes as we go through these questions. The questions will cover nine topic areas:

- I. Anesthesiology Practice: Demographics
- II. PSH Program: Stage, Range of Services, Structure and Priorities
- III. PSH Program: Patient and Payor Profile
- IV. Financial and Administrative Relationship with Healthcare Organization
- V. Quality Reporting Information Systems: Practice
- VI. Quality Reporting Information Systems: Hospital
- VII. PSH Program: Success Factors, Barriers and Current Environment
- VIII. PSH Program Performance
- IX. PSH and Future of Anesthesiology

Let me start with the first questions.



I. Anesthesiology Practice: Demographics

- 1) Name of your practice:
- 2) Please list contact person at your practice, including phone number and e-mail:
- 3) Where is your practice located?
- 4) Select the option that best describes your practice:
 - ☐ Single-specialty group
 - ☐ Multi-specialty group
 - ☐ Academic
 - ☐ Community
 - ☐ Other:
- 5) Select the option that best describes your practice:
 - ☐ Independent Physician Practice with hospital contracts
 - ☐ Independent Physician Practice leased to hospital or system
 - ☐ Fully Integrated Practice (hospital or system employs the physicians)
 - ☐ Employed by large national Anesthesiology group
 - ☐ Other:
- 6) Please select the health care facility(ies) that you and your group cover:
 - ☐ Tertiary care academic medical center
 - ☐ Community hospital
 - ☐ Physician-owned specialty hospital
 - ☐ Ambulatory surgery center
 - ☐ If more than one facility, please describe each one that would be involved in the Perioperative Surgical Home project:
- 7) How many anesthesiologists (practitioners) are part of your practice?
 - How many physician full-time equivalents (FTE) does this equate to?



- Do they all participate in the PSH (if PSH program is in place already)?
Are they all planning to participate in the PSH program?
 - How many of the practitioners are engaged in acute and chronic pain medicine?
- 8) How many non-physician anesthesia providers are part of your practice?
- Please list type (e.g. AA, CRNA, SRNA):
 - How many non-physician FTEs does this equate to?
- 9) Do you train anesthesia residents, student nurse-anesthetists, or anesthesiologist assistants?
- If so, please indicate the number of trainees below:
- ☐ Anesthesia Resident:
- ☐ Student NA:
- ☐ Student AA:
- 10) In addition to operative anesthesia services, what other services are under the direction of your anesthesia practice?
- ☐ Preoperative evaluation & testing
- ☐ Organized acute pain services
- ☐ Organized chronic pain services
- ☐ Organized preoperative assessment
- ☐ Critical care
- ☐ Hospitalist
- ☐ Post-acute transition of care
- ☐ Opioid taper clinic
- ☐ Other:



11) Do you and your group participate in the National Anesthesia Clinical Outcomes Registry (NACOR) through the Anesthesia Quality Institute (AQI)?

12) What is your annual number of cases (include anesthetics both in the operating suite and in out of OR locations)?

- Of this total, what percentage are:
 - 1) General anesthetics:
 - 2) Regional anesthetics:
 - 3) Monitored anesthesia care:

PROMPT: You could also get back to me with this information or refer me to your practice administrator.

II. PSH Program: Stage, Range of Services, Structure and Priorities

13) Given your current care environment, would you consider your (future/planned) Perioperative Surgical Home program to be in the planning phase, early implementation phase, late implementation and growth phase, or in the sustainability and future growth phase?

NOTE: if the PSH is still in planning stage the interviewer will adjust all subsequent questions to refer to a “planned” or “future” PSH program.

14) How do you refer to the (planned) enhanced perioperative services (referred to as the PSH in this interview) in your practice and within your healthcare system?

15) In your surgical home initiative, what role do you play in care coordination with community providers, academic medical centers, and faculty (consider both the transitions at admission and at discharge)?

- a. Community providers:
- b. Faculty:
- c. Primary care providers:
- d. Specialists:
- e. Other:



- 16) Describe your (planned) PSH program in terms of its organizational structure (org chart):
Medical Director: _____
Program Coordinator: _____
Other PSH program staff: _____
Team members: _____
PSH committee members: _____
Executive Sponsor _____
- 17) Which aspects of Pre-operative care is your PSH program (planning to be) engaged in:
- a. Early patient engagement and education
 - b. Patient nutrition and lifestyle counseling
 - c. Patient physical fitness and prep
 - d. Coordinated pre-op testing
 - e. Anemia management
 - f. Other: _____
- 18) Which aspects of Intraoperative care is your PSH program (planning to be) engaged in:
- a. Scheduling initiatives
 - b. Reduced delays initiatives
 - c. Facilities and equipment optimization initiatives
 - d. Quality initiatives
 - e. Surgical errors initiative
 - f. Patient throughput initiatives
 - g. Blood utilization management
 - h. Other: _____
- 19) Which aspects of the post-procedural care is your PSH (planning to be) engaged in:
- a. Nausea and vomiting protocols
 - b. Post-operative pain management
 - c. Patient mobility
 - d. Reducing LOS
 - e. Coordinated discharge planning



- f. Discharge phone calls
- g. Other:_____

20) Please describe the perioperative facilities in your health care organization:

- a. Number of operating rooms:
- b. Number of non-OR anesthetizing locations:
- c. Do you work in the ICU routinely? If so, number of ICU locations :
PROMPT: may be looking at procedures under anesthesia in the ICU.
Also some patients go from PACU to ICU or straight from OR to ICU
- d. Other perioperative facilities:

21) If your (future) surgical home program (is planning to provide) provides acute pain services, please indicate if you (would) provide the following:

☐ N/A

- a. Consultations for medication optimization
- b. Single shot nerve blocks
- c. Perineural catheters
- d. Epidurals
- e. Home pump catheters
- f. How many patients receive acute pain services/year?

22) On a scale of 1 to 10, how much of a priority is the PSH initiative and program to you as an anesthesiologist:

1	2	3	4	5	6	7	8	9	10
Low									High

23) On a scale of 1 to 10, how much of a priority is the PSH initiative and program to other anesthesiologists in your practice:

1	2	3	4	5	6	7	8	9	10
Low									High

24) On a scale of 1 to 10, how much of a priority is the PSH initiative and program to the hospital/health care organization you work with:

1	2	3	4	5	6	7	8	9	10
Low									High



1	2	3	4	5	6	7	8	9	10
Low									High

26) Do all surgical patients participate in the (future/planned) PSH program or are there certain criteria for patient assignment to PSH?

If so, what are those criteria?

27) For those enrolled in the PSH, do you have any special **payment arrangements** for any of these Payor groups:

- a. Medicare only:
- b. Medicaid only:
- c. Medicare/Medicaid (dual eligible):
- d. Tricare:
- e. Children's Health Insurance Plan (CHIP):
- f. PPO:
- g. HMO:
- h. Other managed care:
- i. Commercial insurance:
- j. TPA for self-insured employers:
- k. Self-pay/no insurance:
- l. Other:

- 28) Is your surgical home program designed to serve specific patient populations considered to be at higher risk based on a triage process?
 - a. Do you take patient profile (high risk or dual eligibility, etc.) into consideration when enrolling patients in the PSH?
 - b. What aspects of your surgical home program would address the needs of these special populations?
 - c. How do you measure the benefits of the PSH enrollment?



IV. Financial and Administrative Relationship with Healthcare Organization

- 29) Does your practice have a financial relationship (employer/employee, revenue stipend, leadership stipend, shared savings, etc.) with your healthcare facility?
- If so, please explain the nature of the relationship and any anticipated impact or conflict of interest with respect to this program:
- 30) Has your institution participated in any Medicare shared-savings programs?
- 31) Are there Medical Homes or Accountable Care Organizations operating in your healthcare organization?
- 32) Please describe positions of institutional leadership currently held by members of your practice (e.g. hospital unit Medical Director, hospital committee chair, Chief Medical Officer, Operations Officer, OR Director, officers in a multi-specialty group practice, Quality Management Officer, etc.):
- 33) What is the current role of the anesthesia department in managing facility, materials, and pharmaceutical expenses across the perioperative spectrum at your facility?
- 34) Can you capture facility-level cost savings, such as costs of testing, drug utilization, clinical staff costs, return on investment, or other factors, that could be attributed to anesthesiologists' role in preoperative, intraoperative, or postoperative care?
- If so, please describe what you can report and at what level of detail:

PROMPT: You could also get back to me with this information or refer me to your practice administrator.



V. Quality Reporting Information Systems: Practice

- 35) Does your practice collect or report on quality measures?
- If so, which quality measures does your practice collect or report?
 - How do you report these measures?
 - ☐ Directly from an electronic health record
 - ☐ Through a registry
 - ☐ Automated claims submissions
 - ☐ Manual claims submission
 - ☐ Other:
 - Do you report to the Physician Quality Reporting System?
If so, report on your level of success in this program:
 - Please describe your institution's / practice's current participation in external benchmarking with AQI, NSQIP, STS, MGMA, the Anesthesia Business Group, the National Trauma Databank or UHC?

VI. Quality Reporting Information Systems: Hospital

- 36) Does your hospital use an electronic healthcare record for all transactions?
- If so:
 - a) Is it an integrated (enterprise-wide) system or a collection of independent systems?
 - b) Do you have an AIMS?
 - c) Do you use an anesthesia quality outcomes capture program?



- 37) Do you have access to facility (hospital/other) historical cost and quality data involving perioperative preparation/management including testing, patient satisfaction, physician satisfaction, intra-operative care and post-operative care that would serve as a baseline for judging cost and quality improvement with implementation of a surgical home?
- 38) Describe the quality data from the facility data available to you. Is it limited to major complications such as death, myocardial infarction, or stroke?
- 39) Do you have data on other perioperative issues, such as post-operative nausea/vomiting, reintubation, and quality of pain management services?
- 40) Do you have access to post acute patient functional outcome data, (Harris Hip, SF-36, Knee Society Score, etc.?)

VII. PSH Implementation: Success Factors, Barriers and Current Environment

- 41) Did (do) you have institutional, departmental and colleague support for implementing this program?
- 42) What obstacles are you facing (do you anticipate facing) in implementing a surgical home? Think about any barriers to implementation success.
- 43) What are some enablers of PSH implementation success? What do you think has enabled you to go down this road of exploring the development of a PSH program?

PROMPT: think about factors related to:

- Culture of patient safety or accountability
- Focus on patient experience and satisfaction



- Organizational leadership (support)
 - Organization is ready for change (org. capacity for change)
 - Professional care team shows readiness for change
 - Effective people engagement
 - Information technology capabilities
 - Clinical technology and process capabilities
- 44) If you already have implemented some aspects of the surgical home, please describe significant additional opportunities for enhanced anesthesia involvement that would lead to measurable differences in cost and quality?
- 45) Which anesthesia/surgical/facility staff are primarily responsible for implementing preoperative and postoperative aspects of the (future/planned) surgical home at your hospital/practice?
- 46) Are you able to work with your facilities to lead negotiations with vendors on the cost of implants, other medical devices and/or pharmaceuticals?
- 47) Are you able to work with your facility to improve patient flow (ICU vs. step-down vs. surgical floor or discharge and overall length of stay) initiatives that save money for the facility?
- If so, are you be able to measure length of stay and cost of care impact resulting from these initiatives against historical controls?
- 48) Describe opportunities you may have to influence facility costs through pharmacy standardization (consider standardization of pain management protocols, DVT prophylaxis, antibiotic use and other areas you consider relevant):

- 13** | Page PSH Interview Script

Thank you for your time and the valuable insight you shared with us today.

Can you think of any other contacts within your PSH program who we should speak to? You might think of additional people who could answer some of these questions accurately.