Health care is constantly evolving. To be best-positioned, physicians who are equipped to make informed decisions will thrive in the increasingly challenging environment of health care reform. To meet the needs of their patients, anesthesiologists can proactively act as catalysts for change by capturing, analyzing and utilizing data that measures the patient experience, satisfaction and overall value.

Since the term “customer-centric marketing” entered the lexicon in the year 2000, businesses everywhere have been on a mission to monetize the Customer Experience (CX). Five years into the new millennium, Jay Galbraith, the preeminent expert in organizational science, published his seminal textbook on designing customer-centric organizations, and that same year the Centers for Medicare & Medicaid Services (CMS) launched the pilot of its first value-based purchasing project, the three-year Medicare Physician Group Practice demonstration.

Both landmarks were fueled partly by new technologies that allowed companies across diverse industries to better capture and measure consumer attitudes and behavior. Research based on this data over the last decade has enabled analysts to demonstrate causal relationships between customer satisfaction, brand loyalty and profits. Retail mogul Henry Gordon Selfridge espoused the novel concept that “the customer is always right.” Today, according to Forrester, a business consulting firm that annually publishes the CX Index, customers don’t want to be right, they want to be valued. Ranking 300 leading brands on how their customer experiences are driving loyalty, the CX Index also shows that companies who understand the new customer value equation report better financial performance: even minor upticks in ranking correlated to increased revenue.

In health care, the customer-centric conversation in the 21st century is also about value, reshaping the patient experience to improve safety and satisfaction, lower the costs associated with health care delivery, and create healthier individuals and communities. Amid these objectives, the challenge for many physicians is how to maintain a fiscally healthy practice while repositioning it for success in an environment that has elevated the perception of value to a financial driver.

Data Drives Outcomes

In the value-based payment era, best practices start with good data. Today, when patient satisfaction is measurable and reimbursable, practices with the strongest patient outcomes will be those that capture and analyze data metrics to understand their strengths and weaknesses – both within their practice and as compared to their peers, for patients and health care partners, alike – and then utilize these insights to set and achieve performance goals.

Myriad tools now exist to help anesthesia providers gather and interpret statistics on their clinical outcomes and quality performance, patient and surgeon satisfaction, and overall operational success. When Anesthesia Information Management Systems (AIMS) were first introduced, implementation lagged primarily due to the upfront cost of installation. More recently, regulatory reporting and compliance requirements have compelled some health care providers to install an AIMS; those practices and facilities are finding that data can...
directly improve patient safety and the clinical quality of care. Data-driven outcomes derived from increasingly sophisticated software tools can yield additional return on the AIMS investment by reducing anesthesia drug and staff costs, while improving efficiencies in areas ranging from staff scheduling to coding and billing/charge capture. For those practices that haven’t invested in an AIMS, there are several third-party solutions available for purchase that can serve as an effective data collection tool.

Successful data analysis begins with identifying the factors your practice needs to focus on to help it achieve its goals. To maximize your participation in the CMS Merit-based Incentive Payment System and avoid future Physician Quality Reporting System negative payment adjustments, your AIMS application should facilitate Qualified Clinical Data Registry reporting with appropriate quality metrics.

With your first round of metrics in hand, benchmark your results against industry standards, such as those reported through the Medical Group Management Association and Healthcare Financial Management Association. Benchmarking data illuminates areas where your practice is performing well, and more important, identifies those areas that need improvement. Comprehensive reporting and analysis may uncover systemic deficiencies or inefficiencies that can be easily corrected, yielding better outcomes in safety, satisfaction, office operations and reimbursement incentives. Revisit these metrics regularly, honing the information you collect and how you apply the insights it provides.

**Demonstrate Value**

The same data-driven approach to practice management can be equally effective in demonstrating your value to facility partners by helping hospital and outpatient facilities use real-time reporting and analysis and new innovations to achieve their own clinical and financial goals. For example, armed with data derived from technology such as remote video auditing in O.R.s, anesthesiologists can boost O.R. turnover and case volume, streamline surgeons’ schedules and document improvements in patient safety. Leading-edge quality measurement tools and payment methodologies can be applied to promote customer satisfaction and loyalty and secure pre-service payments, respectively. Taking the lead on processes that add value allows anesthesiologists to demonstrate their alignment with hospital and ambulatory surgery center partners. Embracing a leadership role is equally important, as anesthesia providers are uniquely positioned to anticipate and articulate the needs of surgeons and patients, provide consistency in the O.R., champion Quality Improvement (QI) programs and improve the patient experience.

As health care responds to reform mandates with transformative service delivery and payment models, anesthesiologists can be proactive in adding value to every aspect of perioperative care. Is your practice supporting non-operating room anesthesia (NORA) as an increasing number of cases move more in this direction? Can you help hospital administrators launch an Accountable Care Organization and reduce costs by illustrating and implementing the benefits of a care team model? Are you communicating with patients and their families to improve their experience and make them feel valued as consumers?

Engaged anesthesia organizations can show how they value their relationship with health care facilities across the perioperative care spectrum by spearheading acute pain management programs. One such strategy includes an increased focus on regional anesthesia, proven to shorten the patient’s length of stay. Another is working across the perioperative spectrum to reduce readmissions, by reporting clinical outcomes and improvements and providing insight gleaned by gathering the patient’s care experience before, during and after surgery.

Emphasizing patient satisfaction and outcomes, supported by objective data that inspires self-correction, makes anesthesiologists valued players in settings where everyone is working toward the same goals. Despite overall gains in the number of AIMS implementations, the movement to measure and monetize value is often impeded by the high costs and time associated with installing new systems and training personnel. Partnering with larger entities who have developed infrastructure and innovative solutions can help overcome start-up obstacles, providing economy of scale and expertise that capitalizes on an outcomes-based approach to performance. But whether you pursue an independent system or a larger group partnership, to effect change, anesthesiologists need a broad base of willing participants who recognize the value of value. As the health care industry continues to evolve, anesthesia practices must examine their own health and take the necessary steps to survive and thrive.

**Reference:**