REGIONAL ANESTHESIA AND ANALGESIA IN THE PRIVATE PRACTICE SETTING

John S. Jones MD

Founder, Pain Medicine Program, Valley Anesthesiology Consultants, Ltd., Phoenix Children’s Hospital

March 12, 2015
Learning Objectives

1. Understand the demographics of pediatric health care, and the importance of providing optimal pain medicine outside of academic institutions.

2. Describe our experience establishing an effective regional anesthesia program in a private practice setting

3. Identify solutions to potential obstacles to starting and expanding a regional anesthesia program
Financial Interests and Disclosures

1. None
Demographics of Pediatric Care

1. Most children receive medical care in a community hospital and clinic setting (AAP data).
2. Pediatric general and subspecialty surgeons operate outside academic institutions (Tzong el al).
3. Adult surgeons often operate on children in a community hospital setting (Mayer; Nakayama et al).
Can Optimal Acute Pain Medicine Services Be Provided In Private Practice?
Differences in Academic vs Private Practice

1. Clinical support system
2. Administrative support system
3. Productivity
4. Focus
5. Non-clinical time
Challenges of the Private Practitioner

1. Time
2. Economics
3. Group acceptance
4. Institutional support
PCH/VAC Regional Pain Services

1. Personnel management
2. Physician responsibilities
3. Standardization of care
4. Nursing education and care
5. Data collection and self evaluation
Personnel Management

Achieving a balance between sufficient clinical productivity and adequate non-clinical activities is challenging.

1. Limit meeting schedules
2. Pain service physician has both pain and non-pain responsibilities
3. Block Team
# Epidural Failure Rates

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Epidurals</th>
<th>Failures</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>102</td>
<td>14</td>
<td>13.73%</td>
</tr>
<tr>
<td>2010</td>
<td>203</td>
<td>17</td>
<td>8.37%</td>
</tr>
<tr>
<td>2011</td>
<td>165</td>
<td>15</td>
<td>9.09%</td>
</tr>
<tr>
<td>2012</td>
<td>170</td>
<td>4</td>
<td>2.35%</td>
</tr>
<tr>
<td>2013</td>
<td>204</td>
<td>10</td>
<td>4.90%</td>
</tr>
<tr>
<td>2014</td>
<td>103</td>
<td>5</td>
<td>4.85%</td>
</tr>
</tbody>
</table>
Physician Responsibilities: Pain

1. Daily schedule review
2. Clinical management of post procedure patients
3. Resident/student/nursing education and support
4. Follow up communication
5. Therapeutic regional blocks
6. Care conferences
Physician Responsibilities: Non-Pain

1. Trauma/codes
2. Procedural sedation
3. OR assistance
4. Meetings
5. Group business
Standardization of Care

1. Procedural
2. Order sets
3. Outcome data/CQI
4. Potential changes to protocol
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>On a scale from 0-10, how important do you feel Pain Service is to PCH and your surgical patients? (0=least important, 10=most important?)</td>
<td>What percentage of your patients do you consult Pain Service for post-operative management?</td>
</tr>
<tr>
<td></td>
<td>8.61</td>
</tr>
<tr>
<td>Do you feel that the Pain Service provides care in a timely manner? (0= none of the time, 10= most of the time)</td>
<td>20%</td>
</tr>
<tr>
<td></td>
<td>If utilized, do you feel that regional anesthesia (caudal, epidural, and/or peripheral nerve anesthesia) is provided in a timely manner in the OR? (0= none of the time, 10= most of the time)</td>
</tr>
<tr>
<td></td>
<td>8.69</td>
</tr>
<tr>
<td></td>
<td>7.83</td>
</tr>
</tbody>
</table>
Nursing Care/Education

1. Yearly competencies
2. Epidural management
3. Patient and family educational modules
4. Nursing Education Department coordination
Challenges To Developing a Regional Pain Program

1. Controlling Costs While Optimizing Care and Patient Satisfaction
2. Gaining Institutional Support
3. Gaining Surgical Support
4. Gaining Nursing Support
Costs

1. Regional anesthesia cuts costs (Williams et al, Chan et al).

2. Regional anesthesia has a high level of patient satisfaction (DeAndres et al).

3. Wise management of personnel time can lead to significant savings (Watcha et al).
2014

Anesthesia & Pain

Answer Book

Comprehensive coding & billing rules
for anesthesia & pain practices

DECISION HEALTH
specialty matters

www.decisionhealth.com
Documentation Essentials

1. Post-operative pain block/catheter is separate from the operative anesthesia
2. Referring physician (surgeon) is documented
3. Block specifics
4. Attach relevant modifiers and diagnosis codes
5. Ultrasound is billable with appropriate documentation
Gaining Institutional Support

1. Provide outstanding service
2. Be a patient and institutional advocate
3. Medical staff and administrative committees
4. Policies and order sets
5. Be facilitative, not obstructionist
Gaining Surgeon Support

1. Provide an indispensable service
2. Include surgeons in the discussion
3. Formal meetings vs hallway/preop discussions
4. Strong surgeon support leads to strong institutional support, and vice versa
Gaining Nursing Support

1. Participate in nursing educational activities
2. Pain Management Resource Nurse (PMRN) Programs
3. Nursing leadership
Conclusions

Advanced pain management services can be offered in a cost effective way through creative resource management, including multitasking, personnel management, and conscientious documentation and billing practices.
Conclusions

Private practice physicians can engender support from institutions, surgeons, nurses and their own group through a thorough understanding of the benefits of a regional anesthesia practice, effective communication strategies and dedication to improving care they provide to children.
PCH PAIN SERVICE
Bibliography

1. Tzong et al, Epidemiology of Pediatric Surgical Admissions in US Children: Data From the HCUP Kids Inpatient Database. J Neurosurg Anesthesiol 2012 Oct

2. Mayer, Michelle L. Are we there yet? Distance to care and relative supply among pediatric subspecialists. Pediatrics 2006:118; 2313-2321

Bibliography


Bibliography


8. Optimal Resources for Children’s Surgical Care, From the Committee on Children’s Surgery, American College of Surgeons, 2014
