To change the culture, connect the dots between all caregivers

Finding ways to meet Affordable Care Act (ACA) requirements is a challenge all healthcare leaders are facing, regardless of the type of facility they manage. That challenge includes shifting to a value-based payment system and helping staff and physicians adapt to the sometimes bewildering array of new rules.

Kent Bottles, MD, will provide some perspective and suggestions for change management during a general session at the OR Manager Conference September 17-19 at the Long Beach Convention Center in Long Beach, California.

Dr Bottles, a faculty member at the Thomas Jefferson School of Population Health in Philadelphia and chief medical officer of PYA Analytics, Knoxville, Tennessee, will present “Leading in Turbulent Times: Challenges for OR Managers” on Thursday, September 18.

Step away from the status quo

Value-based care is based on decreasing per-capita costs of care and increasing the quality of care, Dr Bottles told OR Manager. “There’s a need to get away from fee-for-service payments because they tend to encourage physicians and hospitals to overtreat and to order unnecessary tests—which has contributed to a large federal budget deficit,” he says. By emphasizing quality and outcomes, the hope is that healthcare ultimately will be cheaper but produce better results than those achieved with traditional care.

The ACA is flawed in that the law includes items unrelated to healthcare, such as tanning salons and student loan programs, he says. “The way that our democracy is set up is not the way to get a very well-engineered, patient-centered plan for healthcare; it’s a lot of horse-trading,” he notes. However, he says, “If you look at what happened with the introduction of Medicare in 1965, it was the same rocky road; it took lots of mid-course corrections, but now I think most people like Medicare and appreciate the fact that many people are covered.

“Everyone’s confused by all the changes, and physicians in general have not been amenable to changing. You have to get everyone to understand why things are changing, and connect the dots in terms of the federal budget deficit and the status quo,” he explains. For example, numerous studies have tied a high percentage of personal bankruptcies in the US to medical bills, a situation that does not exist in countries such as Canada, the UK, and Germany.

Work outside the ‘comfort zone’

There’s a trend toward healthcare delivery via more multidisciplinary teams than was true in the past, and that’s challenging for some older physicians, he says.

Another big change is consolidation, which is happening because small physician practices have found it difficult to afford electronic health record systems and to accommodate all of the new regulatory requirements. Many physicians have joined large hospital systems or integrated delivery systems, and hospitals
are also joining larger systems.

Though some people are put off by consolidation, he notes, a large system could buy equipment and devices more cheaply, which would lead to economies of scale. Such savings could theoretically lower healthcare costs, but fewer hospitals systems means less competition, which may lead insurance companies to raise their rates. These are valid concerns for patients, but studies have shown superior results for procedures performed at large-volume facilities, so it might be preferable to have surgery at a larger hospital, he says.

Hospital-based services are declining because more procedures are being performed at surgery centers and in physicians’ offices. “Regardless of where you work,” he says, “you have to worry about the ‘triple aim’: decrease per-capita costs, produce a better patient experience, and achieve higher quality.”

Some facilities are adopting Six Sigma and Lean systems to eliminate waste. Bar coding, redesigning workflows, and tapping into the knowledge of frontline staff are some other strategies he suggests. “When I do a Lean improvement, I always include a patient, someone who works outside of the area being evaluated, and people in the trenches,” he says.

Listen and learn from everyone
The ability to give and accept feedback, as well as listen to everyone at every level of the organization, is key to delivering better quality care, Dr Bottles says. Research on high reliability organizations has shown that those that do well have a culture of safety where the same rules apply to everybody.

Getting to know the mind behind the Conference

Building on a long history of high-quality programming, this year’s OR Manager Conference has been shaped by a Planning Committee composed of perioperative services leaders and our Education Coordinator, Jane Kuhn.

Jane’s diverse experience, passion for perioperative nursing, and keen interest in producing valuable programs for her colleagues are the cornerstone of the conference. Jane’s extensive experience includes everything from clinical scrub and circulating nurse duties to management roles. She has worked in large and small clinical and ambulatory settings as well as a large teaching hospital.

Jane understands the educational needs of OR nurse leaders because she has watched their roles evolve over the years. She knows they must continually seek the knowledge and skills needed to lead their teams in providing excellent patient care.

“I bring a love of the specialty of perioperative nursing to the table,” says Jane. “The OR supervisor role has transitioned to a role that is very broad in scope and needed knowledge. Understanding the role and all that it encompasses allows one to research and develop dynamic learning experiences. At no time can one rest on laurels as the evolving specialty of perioperative nursing requires that I continue to learn, evolve my skill set, and develop myself and others.”

Jane has worked to build a program that will help every attendee come away with new information and skills to apply in their facilities. The OR Manager Conference continues to offer the high-quality education and networking opportunities our attendees have come to expect over the years.

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“A tremendous amount of cultural change has to happen,” he says. In his experience, he has found that in some facilities, cleaning services staff see their roles as important to patient safety because doing their jobs well helps to reduce the incidence of infection. “If you put the patient at the center of everything, you must have everyone contributing their expertise, and you need people who can clean the equipment properly or else patients get sick.

“The status quo that we had before the ACA was unsustainable for getting patients better and for economic reasons. The law is imperfect, but it’s a good thing that more people have insurance,” he says. “It’s a flawed attempt to solve a big, complex problem, but I think we’ll solve that problem if we can actually see the issue from everybody’s lens. What does it look like to be a patient? A nurse? A doctor? To see things from everyone’s point of view allows you to create robust solutions to very complicated problems.”

The ACA is not going away, and problems can’t be solved until the perspectives of all healthcare staff and patients are considered, he says.

—Elizabeth Wood