

Consider outsourcing anesthesiology services

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For the first 22 years of my career as a plastic surgeon, I performed all surgeries at the local hospital. I had access to a dedicated operating room and staff five days a week, 52 weeks a year.

Then, in the late 1990s, the hospital went through a merger and the tide started to change. The new administration would not guarantee access to the operating room or staff. I was no longer able to set my own fees for elective surgeries. With the hospital putting a price tag on these procedures, I worried about being priced out of the market with prospective patients shopping for — and getting — the same services elsewhere for less money.

At the same time, I had been reading predictions about the growth of outpatient surgery. The outpatient surgery market was already exploding, and prognosticators were predicting that more surgeries would migrate to ambulatory settings. In 2005, the total number of outpatient surgeries in the United States was expected to hit approximately 40 million, of which 20 million would be performed in the hospital outpatient department and the other 20 million would be equally divided between ambulatory surgery centers and physician offices.

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Becoming office-based

Serendipitously, as performing surgery in a hospital setting became less appealing and in-office procedures seemingly more intriguing, space in the building where my practice was located opened up.

I decided to open up an office-based cosmetic surgery practice. Although I felt that this was the right career move, it was not an easy decision, as it came with a number of worries that I never had to consider before. For example, I now had to fret over office space configuration, equipment, supplies and staff.

Although much of this was new to me, there was only one concern that stopped me cold in my tracks: the anesthesia challenge. I wanted to make sure that I could provide the highest level of anesthesia quality to my patients in a cost-effective manner. But as I considered my options, I worried that meeting this goal might not be possible in the office setting — and could be what

would ultimately sink my office-based cosmetic surgery practice aspirations.

Weighing options

My first thought? I needed to tap the expertise of the anesthesiologists who I had worked with at the hospital for the past two decades. Although these doctors — many of whom were my friends and were interested in working in the outpatient arena — had proved themselves time and again in the hospital setting, I had my reservations.

First, I realized that a different orientation was required to deliver anesthesia in the outpatient setting. I wanted anesthesiologists:

- who would understand that I was not only relying on their expertise during the operation — but also for pre-operative and post-operative tasks.

- who would work with patients before surgery, answering their questions and making them comfortable.

- who would stick with the patients after the surgeries, making sure their recoveries were on track.

- who would be concerned with efficiency, since time would equal money in the office based practice.

In the hospital setting, anesthesiologists typically have limited involvement in the pre-operative preparations and the leave right after the surgery, as the recovery room personnel monitor patients' recov-

eries. And, the anesthesiologists usually do not have a personal stake in the efficiency of the operating room suite.

Most importantly, though, I was concerned with patient safety. And, while the hospital anesthesiologists were certainly qualified, I worried that some of them just might not have the panache to handle emergencies without the many common back-up resources available in hospitals, including a bevy of other anesthesiologists and emergency medicine specialists. In essence, I needed an anesthesiology provider who was thoroughly trained in outpatient anesthesiology and could single-handedly handle any emergency situations.

My second thought? Hiring certified registered nurse anesthetists (CRNAs) into my practice. Although I had worked with many CRNAs in the hospital setting and had confidence in their skills and abilities, using one in the office setting brought marketing and legal concerns.

First off, my practice serves highly affluent patients. As such, I thought that most of my patients would balk when told that a nurse — not a doctor — would administer their anesthesia. So, using CRNAs might hurt me when trying to market my elective cosmetic services, which accounts for the lion's share of my business.

In addition, with a CRNA, I would be the only physician in the operating room, supervising the entire surgery including the anesthesia. As a result, I would be taking on more legal risk when compared to being in the surgery with a physician anesthesiologist.

These two options made me less than comfortable and had me questioning whether I should move forward with my plans for establishing an outpatient cosmetic surgery practice.

Outsourcing anesthesia

Through a chance meeting with a colleague, however, I learned of a third option. I could contract with an office-based anesthesiology practice to provide complete anesthesia services to all of my patients.

With this option, I would be able to outsource the entire anesthesiology and

recovery function to an independent, accredited outpatient anesthesia practice.

When I have surgeries scheduled, the anesthesiology practice would dispatch an anesthesiologist and nurse who bring along everything needed to safely anesthetize and recover patients.

The anesthesiologists are skilled in administering all types of anesthesia including general, regional and IV seda-

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tion. In addition, the office-based anesthesiology practice provides everything needed, including a PACU nurse, drugs, supplies, equipment and emergency equipment. Plus, the anesthesiologists, who are specifically trained in outpatient anesthesia, are capable of handling any emergency including cardiac arrest, airway problems or malignant hyperthermia.

Using this service has proved to be a great benefit to my practice over the past six years, as I have been able to move forward buoyed by the following benefits:

■ **Reduced start-up costs.** By outsourcing all anesthesiology to the office-based practice, I didn't need to invest in expensive anesthesiology equipment. Instead, the office-based practice uses its own equipment — and continues to update its equipment as new technologies become available.

■ **Marketing possibilities.** With the assistance of these anesthesiologists, I am able to successfully market my services because I can offer a full array of outpatient cosmetic surgery procedures including breast reshaping, body contouring, facial rejuvenation and facial sculpture. Plus, I am able to assure my patients that they will receive these services under the care of a highly

qualified physician anesthesiologist and cosmetic plastic surgeon.

■ **Customer service.** Because the anesthesiologists are accustomed to working in the outpatient setting, they are tuned in to patient concerns. Therefore, they work closely with my patients, making them feel comfortable before and after their surgical procedures.

■ **Practice efficiency.** The office-based anesthesiology practice works closely with patients pre-operatively, preparing them for surgeries. As a result, I have never had to cancel a surgery because a patient was not prepared accordingly.

In addition, the anesthesiologist and nurse stick with the patients until they have recovered, making it possible for me to consult with other patients down the hall while the surgical patients are recovering.

And, because I am operating in my own surgical suite with dedicated staff, I am able to work much more efficiently and to schedule an optimum number of surgeries per day.

■ **Quality care.** Most importantly, I am able to deliver top-notch, quality care to my patients. I am confident that the outpatient anesthesiology practice delivers the best anesthesiology care possible, enabling me to concentrate solely on delivering the best cosmetic surgery service possible. And, providing this level of care is what ultimately meets my litmus test: Offering to my patients the same level of quality care that I would demand if I were to undergo a cosmetic surgery procedure in the outpatient setting. **CST**

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