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LED BY FLORIDA'S TOP EMPLOYERS SINCE 1984

Employer Learning Collaborative (ELC)
Enhanced Recovery After Surgery (ERAS)
Session #2
The Provider's Journey

June 21, 2022

1:00 pm – 2:30 pm Eastern

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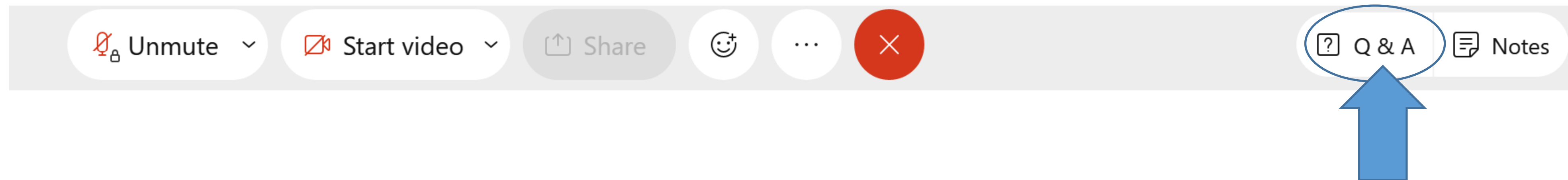
QUESTIONS?

For most devices, the **Q&A function** can be found by clicking on Q & A at the bottom of your screen on the far right.



- With the Q&A window open, type in your question and send to **HOST** or **Ashley Tait-Dinger.**
- There is a 512-character limit for questions.
- While we would like this to be interactive, we understand sometimes that is not possible. Maybe the lawn people are outside the window!

Rules of Engagement for the ELC

- This is a new topic for most people. We are going to level set during the first 3 sessions.
- Dialogue is meant to be bi-directional. Please ask questions! Comments are great also!
- The sponsors are also thought partners and will be very engaged.
  - We all want to hear your thoughts, concerns, and reactions.

Enhanced Recovery After Surgery (ERAS) / Enhanced Recovery After Delivery (ERAD)

- 12-month long collaborative focusing on the following topics:
- ERAS focused session – A patient's journey. What is it? Why is it effective?
- ERAS focused session - A provider's journey. What impact it has on health plan costs (both medical and pharmacy), return to work, patient satisfaction/quality of life goals, patient safety, quality?
- ERAD focused session – A patient and provider journey for delivery.
- Both - Development of a cost strategy to encourage use with providers.
- Both - Wrap up employer/plan design focus and discussion of appropriate quality measurement and reporting organizations to encourage them to add ERAS/ERAD measurements and/or to encourage use of ERAS/ERAD as part of an opioid reduction policy at the facilities and providers in their networks.
- Both - How to engage employees/members to seek out providers who utilize ERAS and ERAD.

Thought Partners

- A BIG Thank you!
- These partners were purposefully invited.

- The ERAS® Society described it as: *ERAS is short for Enhanced Recovery After Surgery. ERAS represents a* ***new way of thinking*** *about how we look after patients undergoing major surgery. It helps patients recover from their operation sooner, so that life can return to normal as quickly as possible. ERAS is a treatment program made up of a number of different elements based on the best available medical science.* ***It also focuses on making sure you are actively involved*** *in your recovery.*

- *The main aspects are* ***planning and preparation before admission*** *(including improving your nutrition and physical fitness before surgery); reducing the physical stress of the operation; a structured approach to the management during your hospital stay (including pain relief and early nutrition); and getting you moving as soon as possible. (https://erassociety.org/patients/)*

Session #2
A Provider's Journey

Kim Duggan - Pacira BioSciences, Inc

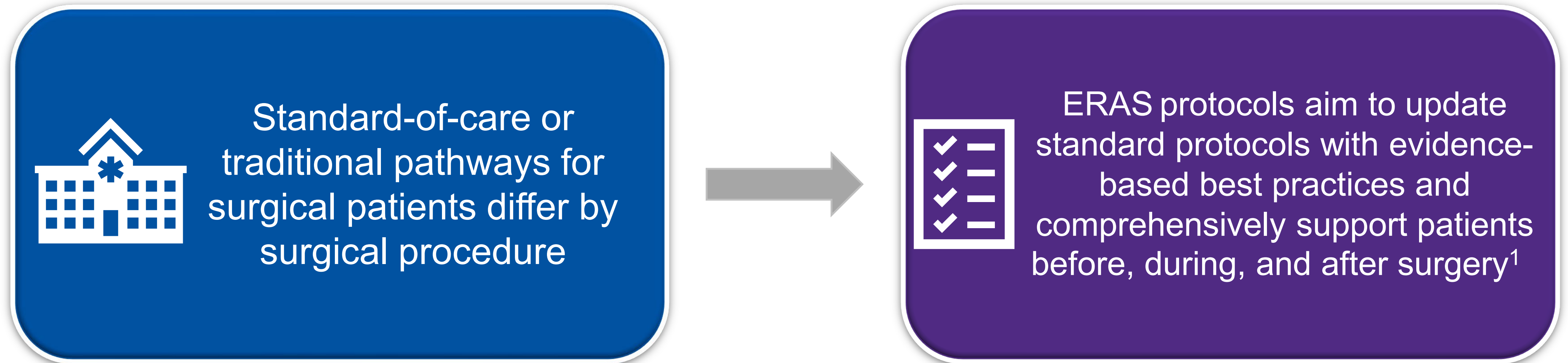
Dr. Luke Elms – Orlando Health

Brand Newland – Goldfinch Health

Ryan Burke – Surgery Plus Powered by Employers Direct Healthcare

Kim Duggan, MHA, BSN, RN, CNOR
Sr. Director, Enhanced Recovery Specialist
Medical Affairs, Pacira BioSciences, Inc

ERAS® Programs Have Become the Gold Standard to Support Patients Through the Continuum of Care



ERAS, Enhanced Recovery After Surgery.

1. ERAS® Society. http://erassociety.org/. Accessed March 4, 2020.

Hospitals Battle Daily to Deliver High Quality Care

Outdated practices and capacity issues lead to PACU and OR delays[1]

Variations in care and surgical volumes create downstream congestion[2]

Difficulty achieving best-practice pathways and reduce inpatient stays[2]

Staff (nursing and clinical support) are overwhelmed and in critical demand[3]

Administrators, providers, and staff differ on patient care and quality[4]

1. Saghafian S et al. *HKS Working Paper No. RWP17-010*; February 24, 2022. 2. Gramlich LM et al. *Implementation Sci.* 2017;12,67. 3. Winter V et al. *Health Policy.* 2020;124:380-388.
4. Lundmark R et al. *Implementation Sci.* 2021;6,93.

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Enhanced Recovery After Surgery (ERAS®) Provide Multidisciplinary Perioperative Care Pathways

ERAS pathways accelerate postoperative recovery and reduce general morbidity by simultaneously applying multiple interventions based on evidence[1]

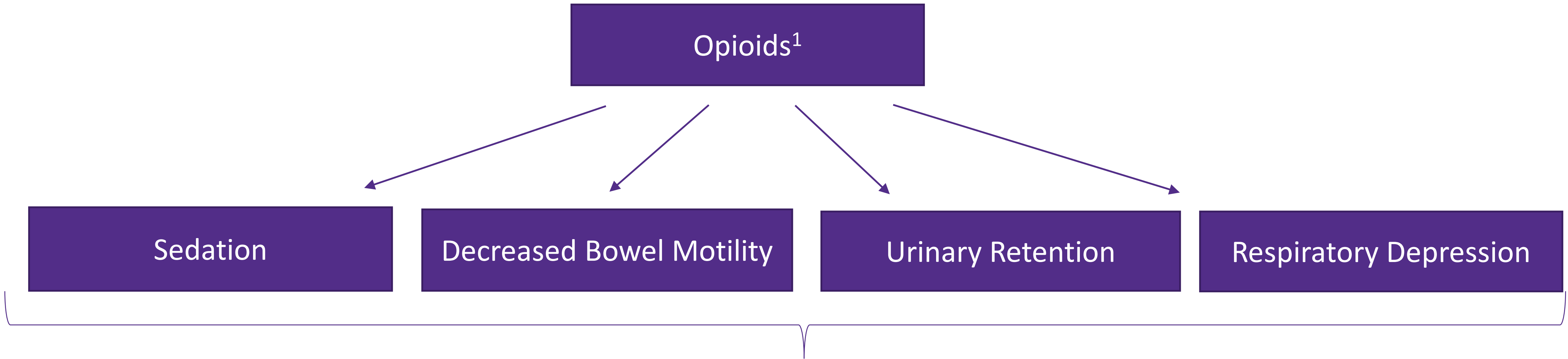
ERAS is designed to:

- Attenuate patient stress[2]
- Maintain preoperative bodily compositions and organ function[2]
- Integrates throughout the perioperative pathway[3]
- Maintain physiologic function[2]
- Facilitate (early) postoperative recovery[2]
- Reduce complications and LOS[3]
- Reduce variability[3]
- Increase value by reducing cost and improving quality of care[2,3]

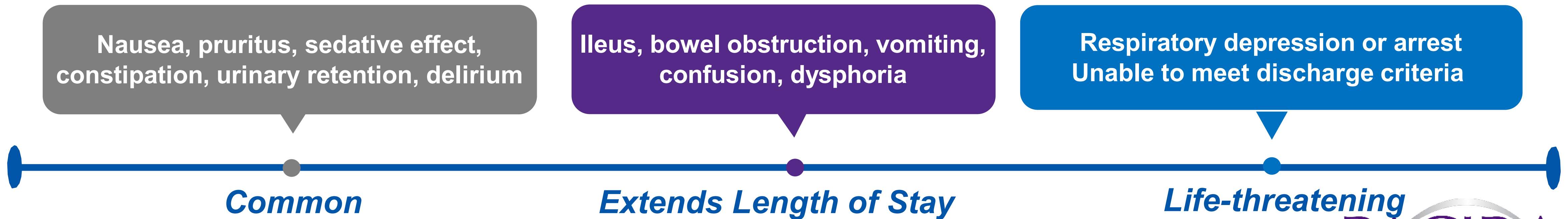
ERAS=enhanced recovery after surgery; LOS=length of stay.

1. Varadhan KK et al. *Clin Nutr.* 2010;29(4):434-440. 2. Miller TE et al. *Anesth News.* 2014:1-8. 3. Miller TE et al. *Anesth Analg.* 2014;118(5):1052-1061.

Historically Opioids Have Been the Foundation for Post-surgical Pain Management



Opioid-Related Adverse Events vary in severity[2-4]



1. Koh JC et al. *Medicine*. 2015;94(45);3-5. 2. Wheeler M et al. *J Pain*. 2002;3(3):159-180. 3. Kumar L et al. *Gastroenterol Res Pract*. 2014;2014:141737. 4. Remy C et al. *Br J Anaesth*. 2005;94(4):505-513.

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ERAS® Protocols Target Elements in the Perioperative Phases of Care Which Could Delay Recovery

Example of an ERAS Protocol

Preoperative	Intraoperative	Postoperative
Patient identification	Minimally invasive surgery	Early feeding
Patient education	Goal-directed fluid therapy	Early mobilization
Screen for malnutrition	**Regional anesthesia**	Optimize fluid regimen
Carbohydrate drink	PNV prophylaxis	Optimize analgesic regimen
Selective bowel preparation	Antibiotics before incision	No NG tube or urinary catheter
Smoking cessation	Thromboprophylaxis	**Multimodal analgesia**

NG=nasogastric; PNV=postoperative nausea and vomiting.

Miller TE et al. *Anesth News.* 2014:1-8.

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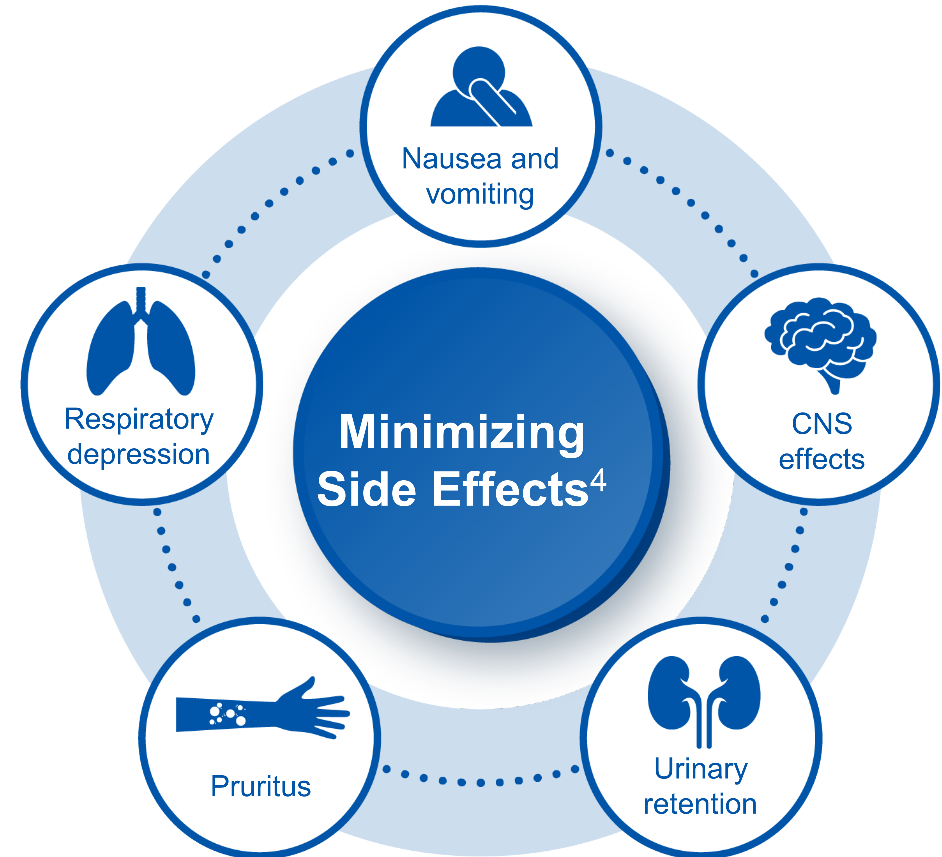
Multimodal Analgesia Improves the Patient Experience by Minimizing Exposure to Opioids and Related Side Effects

Minimizing Exposure to Opioids

Reduces frequency of[1-3]:



CNS=central nervous system; LOS=length of stay.

1. Gottschalk A and Smith DS. *Am Fam Physician*. 2001;63(10):1979-1984. 2. Gandhi K and Viscusi E. *J NYSORA*. 2009;13:1-10. 3. Kehlet H and Dahl JB. *Anesth Analg*. 1993;77(5):1048-1056.
4. Beverly A et al. *Anesthesiol Clin*. 2017;35:e115-e143.

Patient Education is an Important Component in ERAS

Patient education is an established component of enhanced recovery after surgery (ERAS) guidelines and may contribute to[1-2]

Set expectations

Anesthetic block

Minimize opioids

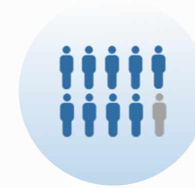
Discharge criteria

Carbohydrate loading

Progressive mobility

Opioid-minimizing strategies may help mitigate adverse events

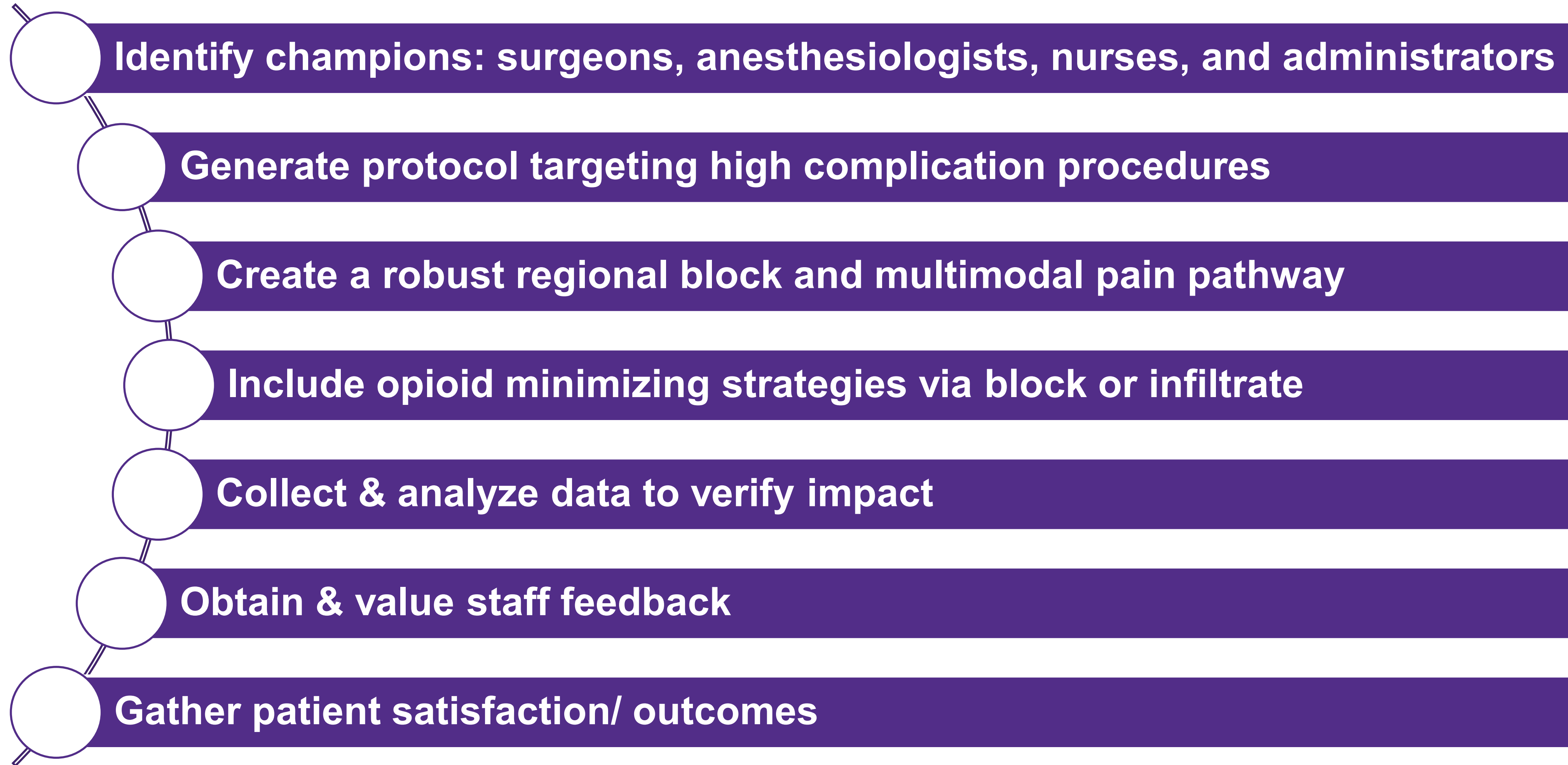
Make available alternative pain control modalities[4]



9 out of 10 patients experience opioid-related adverse events[3]

1. Jankowski CJ. *Int Anesthesiol Clin*. 2017;55(4):12-20; 2. Reede, L., et al. *AANA NewsBulletin*. 2017;(Nov):30-33. 3. Kessler ER et al. *Pharmacotherapy*. 2013;33(4):383-391. 4. Luo, j. et al.. *J Pain Research. 2017 (Nov)*

Requirements for Successful ERAS Implementation



ERAS, Enhanced Recovery after Surgery

1. Ljungqvist O et al. Enhanced Recovery After Surgery (ERAS®): A Complete Guide to Optimizing Outcomes (2020), pp 313-361. 2. Reede L. et al. *AANA News Bulletin.* 2017 Nov.

The Effectiveness of ERAS Protocols Have Been Demonstrated in a Variety of Procedures[1-5]

	Reduction in Readmissions	Reduction in Inpatient LOS	Reduction in Opioid Use	Patient Experience
Colorectal Surgery	Up to 51%[1]	2.3 days[2]	Up to 78%[2]	Overall satisfaction scores increased from 26th to 59th percentile and the average pain score (0 to 10) decreased from 4.9 to 3.3[1,2]
Gynecologic Surgery	Up to 18%[3]	1 to 4 days[3,4]	80% decrease in the first 48 hours[4]	Patient satisfaction scores for pain management increased from the 26th to the 63rd percentile and for staff teamwork from the 32nd to the 90th percentile[3]
Cardiac Surgery	Up to 1.5%[5]	1 day[5]	Reduced by a mean of 8 mg of morphine equivalents per patient in the first 24 hours after surgery (P<0.01)[5]	Patient satisfaction increased from 86.3% pre-ERAS to 91.8% post-ERAS[5]

ERAS=enhanced recovery after surgery; LOS=length of stay.

1. Miller TE et al. *Anesth Analg*. 2014;118(5):1052-1061. 2. Thiele RH et al. *J Am Coll Surg*. 2015;220(4):430-443. 3. Modesitt S et al. *Obstet Gynecol*. 2016;128(3):457-466. 4. Kalogera E et al. *Obstet Gynecol*. 2013;122(2):319-328. 5. Williams JB et al. *J Thorac Cardiovasc Surg*. 2019;157(5):1881-1888.

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Improved Outcomes With ERAS® and Multimodal Pain Management Regimens Lead to Cost Savings

Improvement in outcomes and clinical benefits such as a shorter hospital stay and fewer readmissions with ERAS result in cost savings[1]

Over $4000 saved per patient undergoing gynecologic surgery[2]

- Total mean cost per patient decreased
- Total mean overall costs significantly decreased with ERAS use each year

Almost $2000 saved* per patient undergoing colorectal surgery[3]

- Total cost savings estimated to be $1768 per patient*

Significant cost savings across hospital departments[4†]

- Reduction in non-ICU costs
- Reduction in pharmacy costs

$4.7 million over one year across 6 service lines[5]

- Decreased LOS resulted in 1846 hospital days saved

*Canadian dollars. †Metric is only proven in colorectal surgery.
ERAS=enhanced recovery after surgery; ICU=intensive care unit; LOS=length of stay.

1. Ljungqvist O et al. JAMA Surg. 2017;152(3):292-298. 2. Pache B et al. Gynecol Oncol. 2019;154:388-393. 3. Thanh NX et al. Can J Surg. 2016;59(6):415-421. 4. Miller TE et al. Anesth Analg. 2014;118:1052-1061. 5. Heathcote S, Duggan K et al. *American Surgeon.* 2019;85;1044-1050.

ERAS® Can Be Implemented Across The Spectrum of Surgical Service Lines

ERAS® protocols across multiple procedures

Hernia repair[1]	Abdominal wall reconstruction[5]
Breast reconstruction[2]	Nephrectomy[6]
Lumpectomy[3]	Thoracotomy[7]
Liver surgery[4]	Spinal surgery[8]

ERAS®=Enhanced Recovery After Surgery.

1. Majumder A et al. *J Am Coll Surg.* 2016;222(6):1106-1115; 2. Batdorf NJ et al. *J Plast Reconstr Aesthet Surg.* 2015;68(3):395-402; 3. Rojas KE et al. *Breast Cancer Res Treat.* 2018;171(3):621-626; 4. Day RW et al. *J Am Coll Surg.* 2015;221:1023-1030; 5. Fayezizadeh M et al. *Plast Reconstr Surg.* 2014;134(4 suppl 2):151S-159S; 6. Rege A et al. *Cureus.* 2016;8(11):e889; 7. Van Haren RM et al. *Ann Thorac Surg.* 2018;106(1):272-279; 8. Wang MY et al. *J Neurosurg Spine.* 2017;26:411-418.

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ERAS: The Value Proposition

Adoption of ERAS

1. Advance care delivery ***(Anesthesia)***
2. Reduce length of stay
3. Improve customer satisfaction ***(Surgeons)***
4. Improvement of throughput
5. Improves personnel workflow **(*Nursing*)**
6. Reduced readmissions
7. Cost containment & savings ***(Administration)***
8. Medicare mandated site of care shift
9. Reduced opioid exposure risk and dependency

Benefits

1. Reduce care variability / improve clinical outcomes
2. Improving capacity issues
3. Drives procedures to participating organization
4. Improves efficiency
5. Reduced need for opioids / reduces workload
6. Reduced subsequent readmission penalties
7. Turn beds for premium profitability
8. Ethical responsibility
9. Improve the delivery of care

Heathcote S, Duggan K et al. *American Surgeon.* 2019;85;1044-1050.

ERAS Must Be Identified as a Program of Priority: A Call to Action

1) Administration endorsement
2) Commitment for resources
   - ✓ Dedicated ERAS Coordinator
   - ✓ Data and analytics to capture and measure ERAS impact
3) Stakeholder buy-in and inclusion
4) Opioid minimizing multimodal analgesia protocols

ORLANDO HEALTH®

Enhanced Recovery After Surgery: The Orlando Health Initiative

Presented by

Luke Elms MD, FACS

Robotic and Minimally Invasive General Surgery

Chairman of Corporate Pain Management Subcommittee

Orlando Health Medical Group: Dr. P. Phillips Hospital

June 20, 2022

ERAS at Orlando Health

- Orlando Health has a focus on evidence-based practice, and this led to the formation of a Right Care Initiative surrounding ERAS Protocols in 2016

- The initiative was based on small and large bowel surgery

- This led to a system-wide modifications such as changes to dietary restrictions around the time of surgery allowing clear liquids and small volumes up to 2 hours before surgery

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ERAS at Orlando Health

- An Opioid Task Force and a pain management subcommittee were created which forwarded the use of multimodal pain control and responsible use of opioids

- Orlando Health achieved designation as a Robotic Center of Excellence across multiple sites and service lines

  - A focus on shifting to minimally invasive approaches

  -Utilization of innovative advanced technology to help increase quality of our surgical outcomes

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ERAS at Orlando Health

- Bariatric Surgery Centers of Excellence
  -Has become an internationally recognized epicenter for high quality outcomes and research
  -Utilizes multidisciplinary approaches and opioid minimization

- Winnie Palmer Hospital utilizes ERAD methodology and opioid minimizing analgesia around the time of delivery

- The anesthesia group has created “Anesthesia Block Teams” to standardize and widely utilize regional nerve blocks around time of surgery

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ERAS in our practice

- Utilization of ERAS principles across the full spectrum of our operations and even our non-operative patients
- Minimized our use of opioids as a natural side-effect of multimodal approach to perioperative pain control
- Developed robust patient education
- Partnered with outside organizations for collaboration to deliver ERAS care to their patients and utilize their services to enhance our outcomes even further

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ERAS in our practice

- Standardized our approach to ERAS protocols for certain disease processes such as appendicitis, gallbladder disease, and hernias.

- Formation of the Orlando Health Complex Hernia Center

- Shifted cases historically performed in the hospital setting to ambulatory surgery centers

  -When quality can be maintained

  -Lowest cost does not always mean best quality

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Current and Future ERAS Focus

- Many different departments and service lines across the organization have been working independently to forward ERAS principles within their own practices

- Unify the innovative work across different service lines under a single over-arching program focused on:

  -Maximizing the benefits of ERAS

  -Increasing quality of patient care

  -Decreasing not only length of stay but length of recovery

  -Ensuring compassionate pain control with individualized multimodal pain control

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Our Approach

- Our mission is for the whole system and its providers to utilize ERAS to its fullest capability so patients, referring physicians, and healthcare plan providers can feel confident they are receiving evidence based, high quality, patient centered ERAS care

- Broad application of ERAS principles system-wide with more specific development of service line, disease process, and procedure specific tailoring to maximize outcomes

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A Multifaceted Approach

- Focus on preoperative identification of patients at high risk for complications and optimize them prior to surgery

  -Corporate PAT initiative roll-out

- Incentivize the use of multimodal pain control and opioid minimization by removing barriers to its use such as difficulty in managing multiple prescriptions around the time of surgery

  -Development of a delivery system that will become available to our patients through a pilot in the coming months

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A Multifaceted Approach

- Expand our use of regional nerve blocks even further in the treatment of perioperative and postoperative pain

- Provide resources for patients who are having uncontrolled pain around the time of surgery

  -Poor acute pain control can lead to chronic pain syndromes which drives long-term disability and persistent opioid use for chronic pain

  -Provide education to providers regarding the responsible implementation of multimodal pain control methods to ensure compassionate pain control is at the center of our focus

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A Multifaceted Approach

- Provide permanent opioid disposal sites to reclaim unused opioids after their need during recovery from illness or surgery has ended

- Ensure education to our nurses and providers to the changing dogmas of the past regarding the practice of medicine pre-ERAS

- Utilize multi-disciplinary methods that have seen widespread success in the treatment of other conditions such as cancer.

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A Multifaceted Approach

- Identify and address mental health barriers to recovery

  -Expansion of mental health services within the system from a historically emergency focused treatments to collaboration with the community partners to ensure these patients are not lost to follow-up and receive the support needed to recover from their illness or surgery

  -Patients with untreated mental health disorders are at high risk for complications, chronic disability, and conversion to persistent opioid use.

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A Multifaceted Approach

- Provide specific programs and destination treatment options for at-risk patient populations that can have adverse effect from inappropriate application of protocols

- Opioid Use Disorder
  - Provide opioid minimization and social support
  - Prevent delays in treatment that can put patients at risk

- Chronic Pain/Palliative Care Patients
  - Ensure adequate pain control and prevent the stigmatization of opioids from inhibiting the treatment they need

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The Orlando Health Way

- Develop programs with community and industry partners to fully explore opportunities to collaborate that can provide advancements, opportunities for higher quality care, and better outcomes for our patients

- More exciting and innovative solutions to come!

- Thank you!

With a focus on clinically appropriate venue optimization

Patient Optimization Improves Outcomes and Site of Service

Pre-Operative Optimization

- BMI Under 40
- Hg A1C of 7 or less
- Nicotine Free
- Successfully discontinue, or significantly reduce use of narcotics prior to surgery
- And more…

Expectation and Environment

- Education program / ERAS
- Companion / sponsor with them at home
- Committed to beginning PT post-op day 1
- Discontinued use of assistive devices
- And more…

Successful Steerage of Venue Optimization

- Optimized patients are clinically reviewed and directed to ASC's
- Contracts built to penalize sub-optimal venue selection
- Re-direct patients when optimal venue is not available
- Reimburse and require use of opioid alternative analgesia / anesthesia
- Remove surgeons unwilling to participate

Comparative Case Study of over 1,500 Total Joints Performed by S+:

	SurgeryPlus			United Healthcare Commercial		
Venue	Sample	% of Total	Any Complications / Readmissions	Sample	% of Total	Surgical Site Infections
Total # performed in study	1,562	100%	0.32%	1,200,000	100%	2.06%
Ambulatory Surgery Center	953	61%	0%	120,000	10%	0.30%
Hospital Outpatient	305	20%	0.66%	108,000	9%	Not reported
Hospital Inpatient	304	19%	0.99%	972,000	81%	2.50%

Source: S+ Population Data 2021. S+ complication measurement based on three sources: member check-ins for 90 days post procedure. Provider notification and claims assessment
https://www.unitedhealthgroup.com/newsroom/research-reports/posts/2020-12-10-research-ambulatory-surgery-centers-490916.html

SurgeryPlus™

Protect your people from the
Pitfalls of Surgery

Part I: A Better Road to Surgery

Goldfinch Introduction

- Understand patient needs and priorities
  - Assess patient journey to date
  - Assess patient priorities in surgery and recovery (return to work, opioid avoidance, etc.)
- Review surgical options
- Clarify and reinforce expectations

Find/Recommend Great In-Network Surgeon

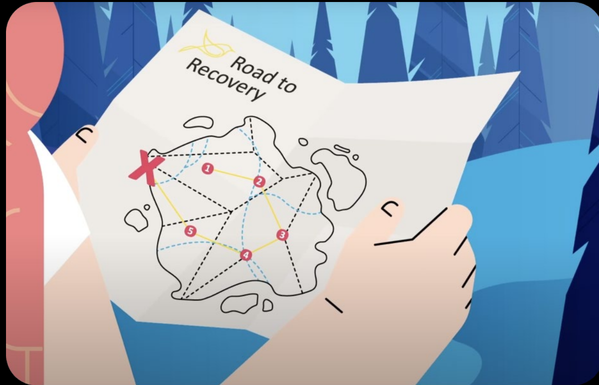
- Minimally invasive technique
- Tailored pre-op nutrition plan
- Proactive pain management

Optimize Pre-Surgery Protocol with Existing Surgeon

- Empower patient with Enhanced Surgical Pathways Checklist
- Advocate for tailored pre-op nutrition plan
- Advocate proactive pain management

HOW IT WORKS

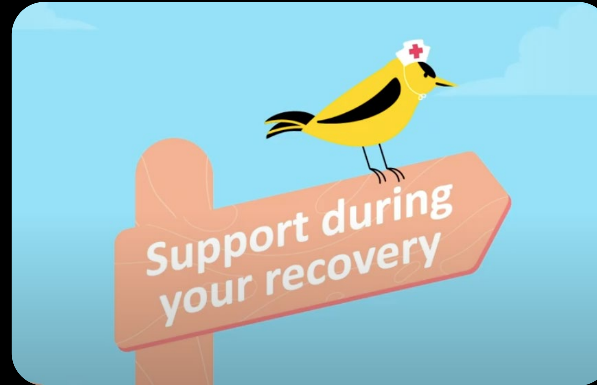
Part II: A Better Road to Recovery



PHASE I: DAYS 1-5

Daily/Frequent Nurse Outreach

Prepare patient for fast-track recovery and protect against opioid addiction



PHASE II: DAYS 6-13

Tailored / As-Needed Nurse Outreach

Encourage healing, catch problems early and prep for physician follow-up

PHASE III: DAYS 14+

Weekly / As-Needed Nurse Outreach

Support a confident return to activities of normal life

Daily Follow-up by App

Assess pain scores, pain medication use, wound healing and recovery activities

THE GOLDFINCH EXPERIENCE

Faster Recovery. Fewer Opioids. Happier Patients.

6 weeks

faster return to work per patient

<2%

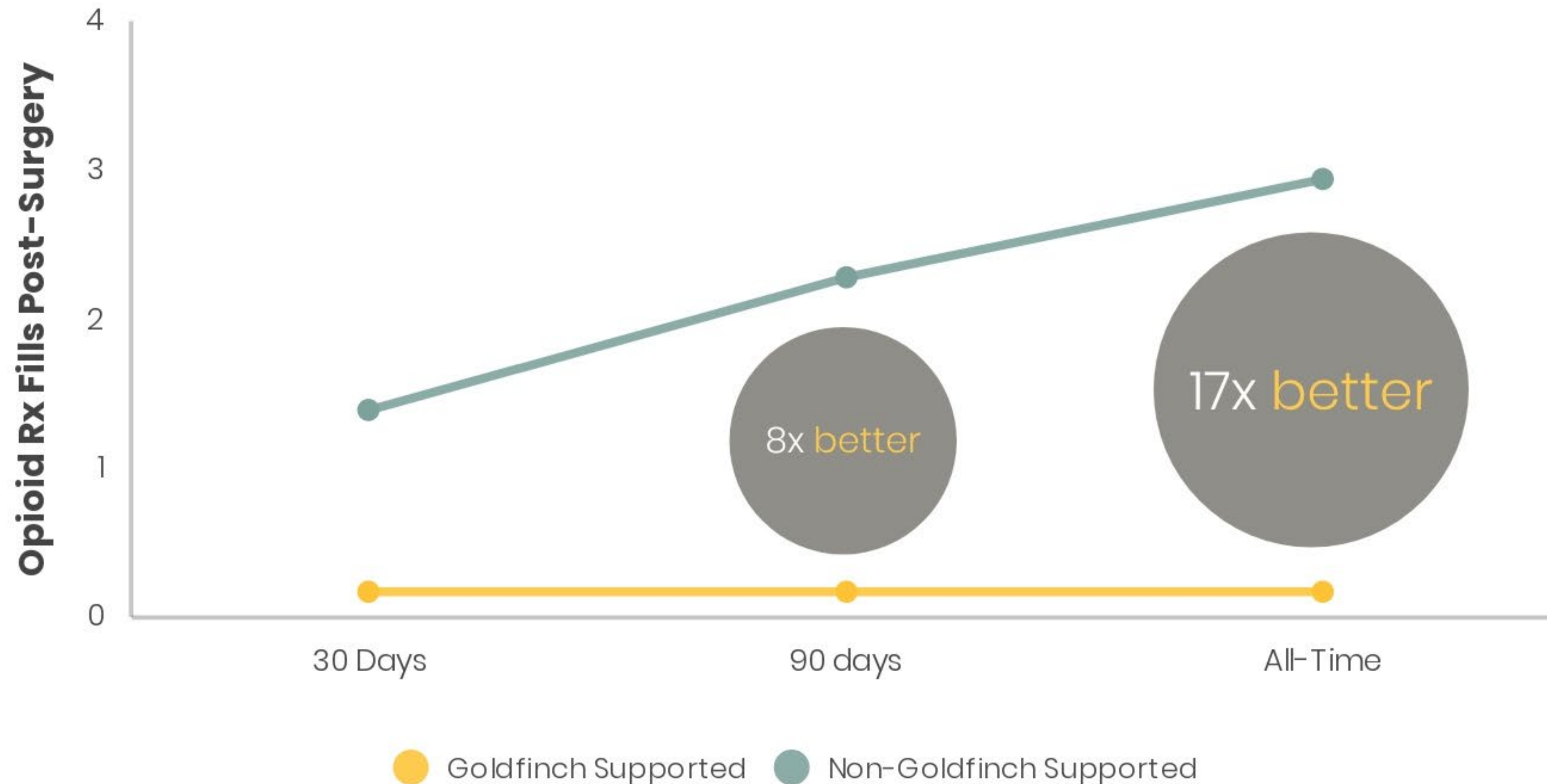
Readmission rate

>94%

Reduction in opioid refills (of non-naïve patients)

Non-Opioid Naive Members (2020-2021)

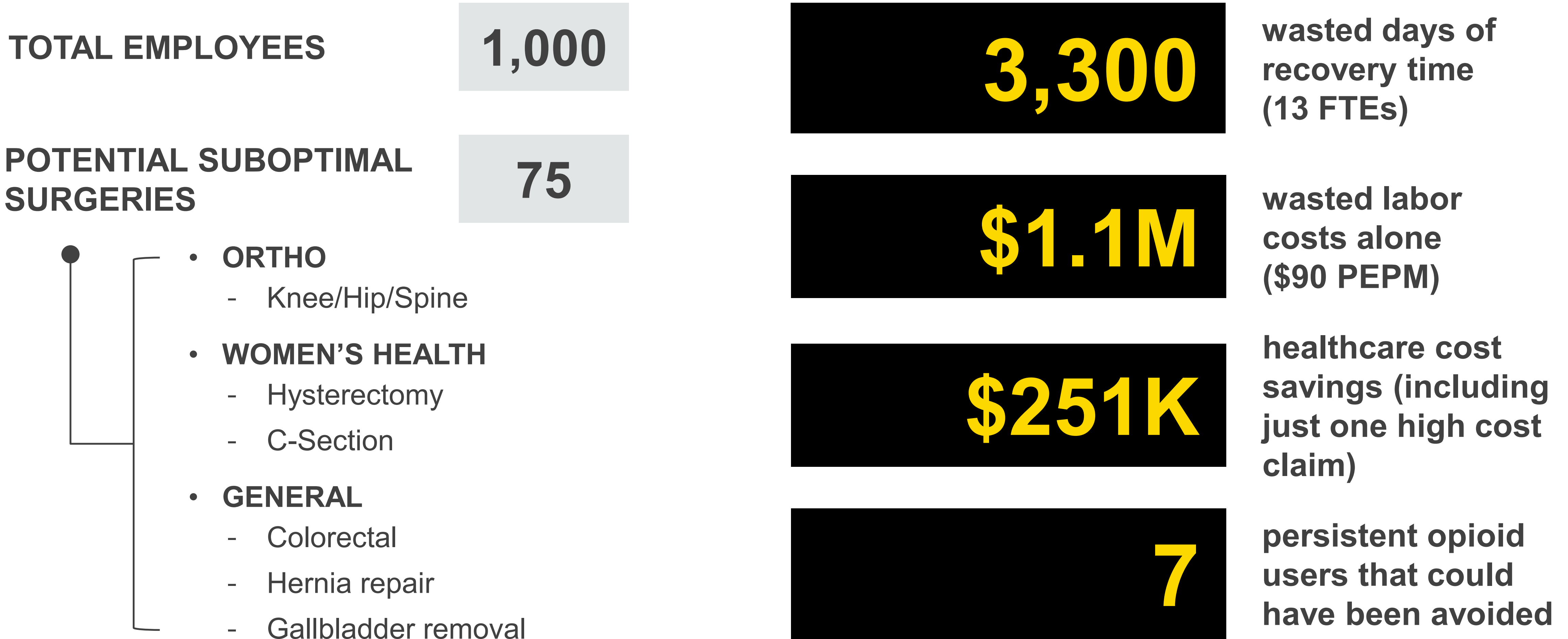
Opioid Use Post-Surgery



TAKE-AWAY:

The Goldfinch program prepares the most in-need and at-risk patients for the best possible experience in surgery & recovery.

Yearly costs of suboptimal surgery are significant for every 1,000 employee lives.



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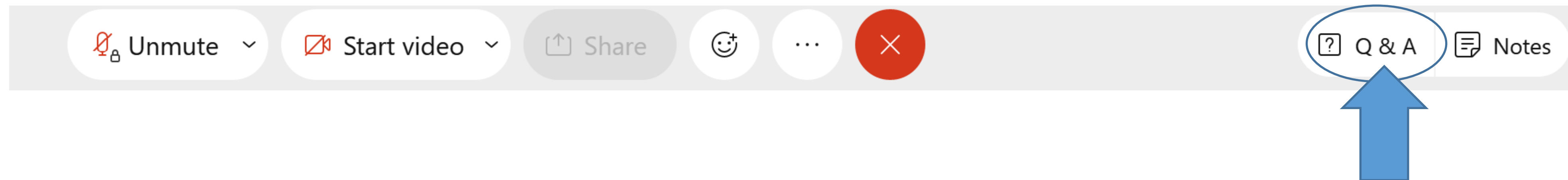

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