

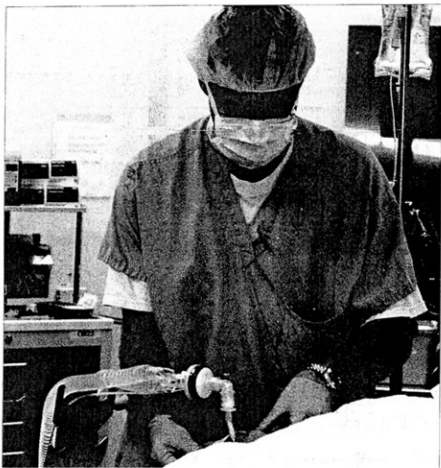


IF YOU'RE THINKING OF BUYING ...

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Anesthesia Services

Six questions to consider when contracting with an anesthesia provider group.



Here are six things to think about (and some insider advice) to help ensure you get the best fit between an anesthesia provider and your facility.

1. What kind of facility are you?

Simply put, if you're big, think group; if you're small, think an individual or two.

Big, multi-specialty facilities need the depth and flexibility afforded by a large group of anesthesia providers to ensure seamless coverage and to compensate for last-minute changes in surgical postings. Larger groups have a superior ability to recruit new members, which can be a boost as your facility grows, expands its volume and diversifies the scope of its medical/surgical practice.

In contrast, smaller, office-based ORs (often one OR attached to a

surgical practice) might find that a close working relationship with one provider is more rewarding. In such close quarters, the anesthesia provider often becomes an integral and indispensable member of the surgical practice, one who is able to adapt practice patterns to better suit the needs of the surgeon and patients alike.

Avoid exclusive contracts, especially any form of exclusive arrangement that might put you at regulatory risk or that impedes your ability to make changes (especially during the unpredictable start-up phase of a new facility). Anesthesia providers would do well to preserve their independent contractor status and perform their own internal management and billing. That way, you and your anesthesia providers will have a similarly aligned business agenda that avoids employee-employer encumbrances, helping productivity and morale to remain high.

2. What kind of anesthesia care do you want?

This depends on what kind of surgical care you provide.

In the case of multi-specialty and ENT-focused facilities where pediatric patients are treated, you should look for either peds-experienced providers or pediatric subspecialty-boarded anesthesiologists. Likewise, in orthopedics, the newer-trained surgeons will often request various types of regional anesthesia blocks, and an anesthesiologist who's uncomfortable with these procedures will quickly stand out.

In the CRNA versus MD anesthesiologist debate, it seems the enduring practice in most states is anesthesia care provided directly by board-certified physicians or in a care-team approach, with CRNAs under the supervision of physicians. Administrators of smaller facilities

that might have only a surgeon and CRNA in the OR might want to think long and hard about the rare, but potential, emergency situation in which there might not be an additional pair of qualified, anesthesia-trained hands.

3. Do you want an employee or a long-term partner?

Anesthesia providers are more likely to work long hours, add pain management services and perform at maximal motivation when they are treated as equals to the other staff at the facility. It's important to have a good relationship with your employees, but you have to think about how much autonomy they will have. I've found

anesthesia providers are ultimately happier when they have an independent or investor role, which won't be the case if you sign them on as employees.

To have anesthesia providers on as staffers means paying real employee costs: salary, insurance, sick/vacation time, administrative overhead, supplies, incentive packages and other fringe benefits.

4. What's this going to cost?

Anesthesia services delivered by independent groups or providers (those who bill for their own services) have a zero net effect on the facility's balance sheet and avoid the complexities of an employer-employee relationship.

12 CONTRACT MUST-HAVES

We asked development consultant Caryl Serbin, RN, BSN, LHRM, the president of Surgery Consultants of America, for key points you should negotiate into your contract with your anesthesia provider (whether it's a group or an individual). Ms. Serbin suggests you get these 12 conditions in writing. The anesthesia provider

- will hire all the CRNAs and will bill for the MDA and CRNA services;
- will provide the appropriate number (to be mutually agreed upon) of MDAs and CRNAs per scheduled OR;
- will ensure at least one MDA will remain in the facility until the last patient is discharged;
- will actively participate in the PI and peer review committees, and will maintain the JCAHO standards for accreditation for the anesthesia department;
- will provide standardized pre-op and post-op standing orders, and will update them periodically;
- will provide all credentialing documents necessary

for the MDAs and CRNAs to the facility for approval;

- will provide regional blocks if requested by the operating surgeon except when it is clinically contraindicated;
- will have dedicated MDAs and CRNAs at the facility;
- is responsible for ensuring individual physician participation in all managed care and insurance networks in which the ASC is contracted with and considered a participating facility;
- is responsible for establishing fixed pricing for anesthesia services performed in conjunction with any surgery that is considered a billable service to the patient and not typically covered by a third-party payer;
- will provide the facility with evidence that the overall compensation to anesthesia providers is affected by direct productivity incentive for services provided; and
- will abide by the medical staff bylaws and rules and regulations.

of a healthy working partnership.

Lawyers may seal the terms of the contract between your facility and anesthesia provider (see "12 Contract Must-haves"), but the real deal lies in the chemistry, personality and shared ethics of the parties. It's only in the course of providing patient care and forming relationships with fellow staff members that the true patterns of skill, bedside manner and professionalism are revealed. But if you know the components for success in contracting with an anesthesia provider, you can set the foundation for a long-term, mutually beneficial relationship before any ink is put to paper. **OSM**

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