How to Optimize and Reward the Value of a Vascular Surgeon within a Large Health Care System

Defining the Problem

- US News & World Report Best Hospitals “coveted” ranking analyzes performance in 16 clinical specialties, including Cardiology and Heart Surgery, but does not include Vascular Surgery.
- We are not on the “radar screen” of hospital and health system administrators and are often unappreciated and therefore undervalued.

What are the right questions?

- What are the patient outcomes and what is the economic value of hospital-based vascular surgery services in a large academic hospital and/or health system?
- How do we get our administrators to understand and appreciate the vascular surgeon’s “24/7” role in the hospital?

Incidence and outcomes of intraoperative vascular surgery consultations


- 225 intra-op consults, 46% from surgical oncology: 81% unanticipated.
- 26% of intra-op consults occurred after 6 PM.
- Reasons for consults: hemorrhage, vascular reconstruction, aid in dissection.
- Vascular wRVUs = 31/case.
- Vascular surgeons are an essential operating room resource!

Vascular surgery: An essential hospital resource in modern health care


- Intraoperative (planned and unplanned) vascular surgery consultations 2013-2016.
- 76 intra-op consultations, 56% unplanned (33% for bleeding).
- No trauma consults or spine exposures included.
- Most common vascular beds: aorta and IEs.
- Most common unplanned consult was from urology.
- Most common planned consult was from cardiac surgery.
Vascular surgery: An essential hospital resource in modern health care

- No difference in complications and 30-day mortality between planned and unplanned consults despite twice the blood loss in unplanned.
- Speaks to essential role we provide to other surgical specialists.
- Additional 21-31 surgeon wRVU / case.
- Vascular surgeon intra-op consults → ↑ CMI by 257%.
- In this study Contribution Margin ↑ by $10.5 million.

Measuring the Worth of a Vascular Surgeon: Understanding financial realities

- 2015-2018
  - Direct net revenue 43.45 million/year
  - Contribution margin: 9.2-11.6 million/year
  - HVSL: Cardiology < Vascular Surgery < Cardiac Surgery
  - 30% of our inpatient procedures consist of helping other surgeons (majority are complex cardiac surgery procedures that are highly profitable for UPHS)
  - Outpatient downstream revenue: 2.4 million per cFTE / year (similar to EP and interventional cardiology)

Strategies to Optimize and Reward our Value

- This financial exercise with the administration is needed at least twice a year, I do it quarterly.
- Aggressively manage cost: disposables and devices in the OR, inpatient testing, LOS, and readmissions.
- This process will educate the administration:
  - Our faculty are never “off-service”, we are the “fireman” in the hospital.
  - Educating the administration to understand the value of a carotid intervention vs the financial cost of a stroke.

Adoption of Non-financial Strategies to Optimize and Reward our Value

- Importance of administrative and clinical leadership positions: all our clinical faculty have other jobs.
  - UPHS Corporate Supply Chain, UPHS VQI, Quality In-patient Unit Based Programs with nursing, HVSL, PAZ and locore dis ease team leaders, direct Non-invasive labs, program directors for medical student and resident / fellowship education, lead academic promotion committees, developed collaborative models for physicians and advanced practice providers, regularly mentor undergraduate Penn students and international visiting physicians.
  - UPHS and DOS place great value on these many non-RVU generating administrative contributions.
  - These opportunities are not limited to only hospital employed physicians

Conclusions

- Vascular surgeons are an essential clinical resource in the operating room.
- Hospital administrators need to be educated about “who we are and what we are doing” by regularly reviewing not only vascular surgery NPR and CM, but also our downstream revenue. “We do a lot for everyone else in the system.”
- Vascular surgeons need to assume administrative and clinical leadership positions to enhance this dialogue.