THE BUSINESS OF ORTHOPAEDIC TRAUMA 17TH ANNUAL 2023 ORTHOPAEDIC TRAUMA COURSE

TIM BRAY M.D. UCSF GRADUATE

CONFLICTS

OWNER RENO ORTHOPAEDIC CENTER (roc) AND ANCILLARY SERVICES

THE BUSINESS OF ORTHOPAEDIC TRAUMA

• OUTSTANDING FACULTY:

- **STEVE OLSON MD-** DUKE TRAUMA
- **PETE ALTHAUSEN MD/MBA-** RENO TRAUMA
- TOM BARBER MD- SLOAN/KETTERING NY
- ANTHONY WILLIAMS CWS/CLU-
- MOASIC FINANCIAL, TEMPE AZ

THE BUSINESS OF ORTHOPAEDIC TRAUMA

GOALS FOR TODAY'S SYMPOSIUM:

DEFINE MODELS FOR SUCCESS, RESOURCE MANAGEMENT, ANCILLARY SERVICES, HOSPITAL PRACTICE EFFICIENCIES

PROVIDE TIPS FOR PERSONAL FINANCIAL GROWTH

THE BUSINESS OF ORTHOPAEDIC TRAUMA WHY IS IT IMPORTANT?

INTRODUCTION

THE BUSINESS OF ORTHOPAEDIC TRAUMA

2023 HEALTHCARE PROFESSIONALS

TO PROIVIDE THE BEST CARE, THE MOST EFFICIENT, COST EFFECTIVE PRODUCT

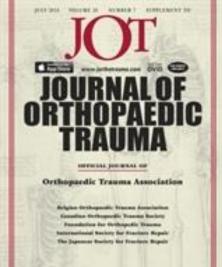
REQUIRES BOTH MEDICAL AND BUSINESS SKILLS

MORE CONNECTED TO THE ORGANIZATION, MORE EMPOWERED TO CONTRIBUTE AND MORE COMMITTED TO STAY

GUIDE THE MISSION VISION VALUES

J Orthop Trauma

2014 Jul;28(7 Suppl)



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Reno Orthopaedic Clinic Trauma Business Curriculum.

THE BUSINESS OF ORTHOPAEDIC TRAUMA

ONE FELLOW, ONE YEAR CLINICAL, WEEKLY BUSINESS MEETINGS

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CORE HEALTHCARE MANAGEMENT PRINCIPLES FOR HOSPITAL AND PRIVATE MEDICAL PRACTICES

FACULTY INCLUDE UPPER MANAGEMENT ROC, TRAUMA HOSPITAL

2023- WHAT TRAUMA HOSPITALS NEED TODAY

SUBSPECIALIZED TRAUMATOLOGISTS **QUALITY ASSURANCE PROGRAMS COVERAGE MODELS THAT MEET NEEDS OF** COMMUNITY **EFFICIENCY-OPERATING ROOMS, THROUGHPUT ANESTHESIA ALIGNMENT OUTREACH, EDUCATION**

HOW TO GET THERE?

2023 WHAT HOSPITALS NEED TODAY

MEASURE WHAT YOU WANT IMPROVED **TURNOVERS** LOS **CARE PATHWAYS** UTILIZATION

2023 WHAT HOSPITALS NEED TODAY

MEASURING QUALITY, IDENTIFY METRICS

PROMOTES THE EFFECTIVE USE OF ORTHOPAEDIC RESOURCES.

THESE DATA INCENTIVIZES THE HEALTHCARE TEAM TO WORK FOR IMROVED OUTCOMES, COST CONTAINMENT, EFFICIENCY AND STRUCTURE BONUS PROGRAMS

YOU CAN'T DO IT ALONE

MEET YOUR ADMINISTRATOR

JD, MD, PHD, MBA

STRATEGIC PI AN NOT GOOD AT PARTNERSHIP MODELS

NON TRANSPARENT REGARDING INSTITUTIONAL FINANCES

ACCESS TO CAPITAL

KNOW THE NUMBERS

YOUR ADMINISTRATOR

STRATEGIC

YOU NEED TO KNOW HOW HE MAKES MONEY FROM ORTHOPAEDIC TRAUMA SERVICES HOW HOSPITAL MAKES \$ FROM TRAUMA

Trauma activation fees

• RADIOLOGY CHARGES

• LABORATORY FEES

• CONSULTATIONS

NOT ALL PATIENTS ARE UNINSURED

Trauma Contribution At Our Institution

Total Charges	\$ 77,719,354
Trauma Activation Fees	\$ 7,420,000
Xray	\$ 2,424,083
СТ	\$ 12,638,411
MRI	\$ 612,480
Laboratory Fees	\$ 3,400,270

Net profit was \$5.1 million

WHAT YOUR HOSPITAL NEEDS TO KNOW

YOU BRING INCREDIBLE 'VALUE' !

#1...REVENUE

WHAT YOUR HOSPITAL NEEDS TO KNOW

REVENUE, REVENUE, REVENUE....

LEADERSHIP, STABILITY TO TRAUMA CHAOS, SUPPLY CHAIN MANAGEMENT, SUPPORT ANCILLARY SERVICES, HELP IN MIDLEVEL CLINICAL AND HIGH LEVEL MANAGMENT RECRUITMENT

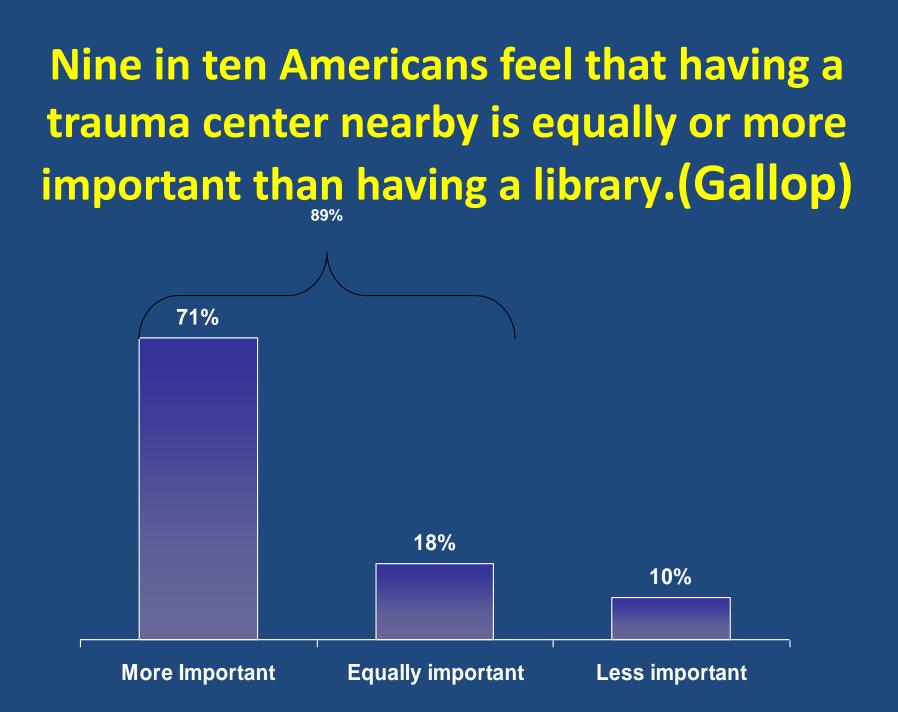
YOUR ADMINISTRATOR

STRATEGIC PLAN

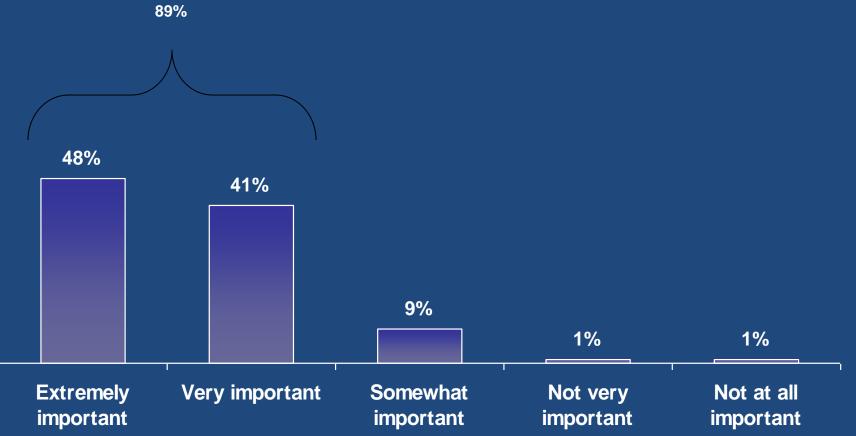
WHAT ELSE DOES HE NEED TO KNOW..... And you can remind Him....

THERE IS A TREMENDOUS PUBLIC APPRECIATION OF TRAUMA CARE AND TRAUMA SYSTEMS





Nine in ten Americans feel it is extremely or very important for their state trauma systems and hospitals to be prepared to respond in a coordinated way to a natural disaster or terrorist attack.



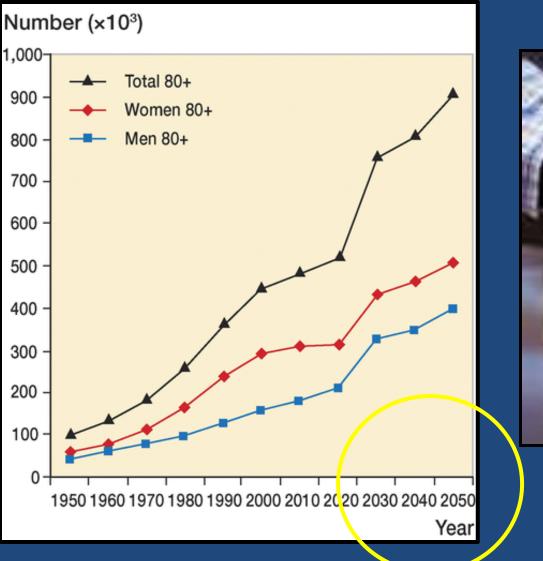
WHAT PARTNERSHIPS CAN I BEGIN WORKING ON TODAY?



HOW TO MAKE AN IMPACT RIGHT NOW



HIP FRACTURE PROTOCOLS





1. GERIATRIC FRACTURE PROGRAMS

 Save time and money while improving patient care

- Decrease ER time
- Decrease Length of Stay
- Decrease Morbidity and Mortality
- Kates et al, JOT 2011 reported a 33% decrease in costs and total annual savings in excess of \$730,000

2. TRAUMA OPERATING ROOM

<u>Multiple studies showing</u>

• IMPROVED EFFICIENCY-TURNOVERS

• IMPROVED OUTCOMES

•LOWER COMPLICATION RATE-TRAUMATOLOGSTS

•LESS NIGHT TIME SURGERY-PROTOCOL DRIVEN

3. OPERATIVE EFFICIENCY

 Althausen et al, JOT, 2013 studied operative times and costs comparing traumatologists to general orthopaedic surgeons

• The traumatologist group demonstrated significantly decreased procedure times when compare to the GOS group(55.6 min vs 75.8min, p<0.0001).

 This led to significantly decreased surgical labor costs(\$381.4 vs \$484.8, p <0.0001), and surgical supply and implant costs(\$2567 vs \$3003, p<0.0001).

4. TRAUMA PHYSICIAN ASSISTANTS

DECREASED <u>ER TIME</u>

DECREASED <u>TIME TO OR</u>

DECREASED LOS

IMPROVED PATIENT SATISFACTION

• THEY DON'T COVER SALARY BUT DUE TO THE ABOVE BENEFITS FINANCIALLY BENEFICIAL

5. IMPLANT PRICING CONTROL

DUAL VENDOR, SOLE SOURCES, PRICING MATRIX, 'RED-YELLOW-GREEN', GENERICS, GROUP STANDARDIZATION



6. GENERIC IMPLANTS

• REDUCED COST, EQUIVALENT QUALITY

• WE HAVE SAVED MILLIONS

SEVERAL TRAUMA COMPANY OPTIONS

7. BONE GRAFT AND ORTHOBIOLOGIC UTILIZATION PROTOCOL

• Vallier et al (OTA 2012) instituted a program

"Limit BMP use to evidence based indications"

CAUTION

<u>NOT TO EXCLUDE NEW</u> <u>TECHNOLOGY</u>



8. PARTICIPATION IN HOSPITAL COMMITTEES

 MULTIPLE OPPORTUNITIES EXIST-ESPECIALLY SENIOR PHYSICIAN

• CAN BE TIME CONSUMING

 PROVIDES VISIBILITY FOR YOUR GROUP AND SERVICE

• EXERT INFLUENCE WITHIN THE HOSPITAL SYSTEM

NOW THAT YOU HAVE SAVED 1 MILLION DOLLARS...

• CALL PAY

- •\$500-3000/24HRS
- •OTA WEBSITE, MGMA, FMV ASSESSMENT
- TRAUMA DIRECTORSHIP, QUALITY LEADERSHIP
 - •\$200-300/ HR

• MUST RECORD HOURS AND PROVIDE REPORT PER MEDICARE

• PAYMENT FOR INDIGENT PATIENTS

•% OF MEDICARE OR MEDICAID

Conclusions



- GET COMFORTABLE WITH NEGOTIATING, LEARN THE NUMBERS

- YOU AND YOUR HOSPITAL CAN MAKE MONEY IN THE FIELD OF ORTHOPAEDIC TRAUMA WHILE INCREASING PATIENT QUALITY, EFFICIENCY
 - HAVE FUN, IT'S A NEW ERA IN OUR PROFESSION