

Preface



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Guest Editors

For the most part, anesthesiologists practice their specialty in the controlled setting of the operating room (OR). However, improved technology, escalating financial constraint, limited OR resources, and growing numbers of acutely ill patients create incentives for medical practitioners to perform procedures outside of the OR. Consequently, the need for deeper sedation, general anesthesia, and hemodynamic monitoring in non-OR venues has grown dramatically. In many hospitals, the non-OR caseload is equal to that of the OR. Many non-OR procedures are performed with minimal to moderate intravenous sedation administered by registered nurses, however, an increasing number require more extensive medications and regimens administered by anesthesiologists. Not only is the volume of non-OR cases increasing, but the scope of non-OR procedures requiring anesthesia care is increasing as well. This evolution generates new challenges for medical interventionalists, anesthesiologists, and patients alike.

As the practice of anesthesiology moves beyond the familiar domain of the OR, it enters the venue of medical specialists—such as invasive cardiologists, interventional radiologists, gastroenterologists, and oncologists. There are new obstacles to overcome as the landscape changes. The articles herein have been compiled to help the practitioner navigate the new landscape by examining the issues from multiple perspectives. This issue of *Anesthesiology Clinics* is divided into three sections, each of which scrutinizes the practice of anesthesiology in non-OR locations.

SECTION 1: FINANCIAL CONSIDERATIONS

This section discusses the context for major financial considerations that drive the practice of anesthesiology as it expands outward from the traditional perioperative area. These considerations include budget neutrality, new innovation, the cost of poorly integrated care, and financial implications of potential modifications to resource management in the OR. In the current reimbursement environment, anesthesia service

provided outside of the OR is poorly reimbursed. Opportunity costs for anesthesia departments are enormous since coverage outside of the OR often requires a ratio of 1:1 staffing. The demand for comprehensive and reliable anesthesiology services outside of the OR is growing, but the benefits accrue to other departments and to hospitals as a whole. Just as surgical procedures in the OR often require an integrative and interdisciplinary approach to patient care and strategic management of reimbursements, so, too, do many of the emerging minimally invasive procedures performed outside of the OR. Creative financing and alternative staffing models may need to be considered.

SECTION 2: PRACTICE PARAMETERS

The authors review anesthesiology practice needs and methods as they evolve outside of the OR in three rapidly growing areas: cardiology, endoscopy, and radiology. Many non-OR procedures are new and innovative. Often, interventionalists perform novel procedures and employ new techniques that are unique or unfamiliar to them and to the anesthesiologists attending to their patients. Delivering anesthetic care to those who are acutely ill, elderly, and/or poorly prepared for the procedure is always challenging; performing this work during a procedure that is either ill-defined or poorly explained/communicated to the anesthesiologist adds another layer of complexity. A fundamental understanding of the types of cases performed and types of patients commonly treated in non-OR locations is critical.

Many non-OR areas have physical characteristics that are unwelcoming for anesthesiologists and their equipment. Often proceduralists are unfamiliar with the basic needs of anesthesiologists and the equipment needed to ensure patient safety. The necessary anesthesia equipment is usually expensive and may be incompatible with that of the interventional suite in terms of space or patient positioning. More importantly, sick patients require intense and complex anesthetic care even if the procedure itself is not complicated. Section 2 considers what medical specialists and anesthesiologists in cardiology, radiology, and endoscopy see as important practice guidelines and future goals for their respective practices.

SECTION 3: TRANSITIONAL PRIORITIES

Here, the authors discuss critical features of OR practice that must become standard in non-OR sites to insure consistency, patient safety, and best practice outside of the OR. The characteristics of consultative practice and the application of OR standards to non-OR locations are considered in this section. There is no question that anesthesiology stands at the forefront of promoting and developing increased patient safety. Perioperative morbidity and mortality have declined as anesthesia practice has evolved. In addition, surgical procedures have grown less invasive. Outside of the OR, however, the opposite is true. Whereas non-OR procedures were previously small and relatively simple, they are now as broad in scope as many surgeries, even though they may be less “invasive.”

Percutaneous procedures often accomplish the same process and purpose as open surgery. “Minimally invasive” percutaneous procedures introduce a different type of risk, however, because fixing a problem may be more difficult without exposure, necessitating urgent transfer of the patient to the OR. Nonsurgical practitioners may find it hard to understand why patients require invasive monitors or any monitors, or even the presence of an anesthesiologist until the unexpected happens in the

middle of a procedure. In Section 3, the need for portability of standard OR practice parameters is discussed in terms of patient evaluation, monitoring, and safety.

In the final article, the future of anesthesiology as a medical specialty is discussed using the evolution of ICU practice as a template. In addition, strategies for the future are discussed in the context of emerging medical, political, and financial challenges. The future of the specialty now includes an array of practices in non-OR locations. We face the question of how to incorporate a new venue into the practice of anesthesiology and how to do so in a way that makes medical, political, and financial sense for the future of the specialty and medicine. The future of anesthesiology as a medical specialty is discussed. The financial and political challenges we face are summarized. An account of the new concerns we face, the changing practice parameters we encounter, and a review of what we know to be essential to the delivery of safe care concludes this issue. We discuss the need for our specialty to develop strategies that stimulate us to keep in step with the rhythm of modern medicine for the benefit of patients and practitioners.

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