SOCIETY FOR AMBULATORY ANESTHESIA
Outpatient • Office Based • Non-Operating Room

ASC and OBA Medical Directors' Meeting
Friday, October 18th, 2024 • Philadelphia, PA

We Need the Comprehensive H&P!

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Disclosures

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- I have no real or potential conflicts to disclose

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Learning Objectives

- At the conclusion of this session, the participant will be able to:
  - Recognize the updated regulations requiring ASC comprehensive H&Ps
  - Describe the rationale for such H&Ps
  - Appraise the need for detailed policies on H&Ps
  - Summarize why I am right and my opponent is wrong
  - Distinguish between my superbly crafted argument and the unsubstantiated views of my opponent

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Red Tape

- On September 26, 2019, the Centers for Medicare & Medicaid Services (CMS) took action at President Trump's direction to "cut the red tape,"
- Removed requirements that a physician or other qualified practitioner conduct a complete comprehensive medical history and physical assessment on each patient not more than 30 days before the date of the scheduled surgery.
- Requirement that each ASC establish and implement a policy that identifies patients who require an H&P prior to surgery.

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Other components to Consider

- **§ 416.42 Condition for coverage—Surgical services.**
- Surgical procedures must be performed in a safe manner by qualified physicians who have been granted clinical privileges by the governing body of the ASC in accordance with approved policies and procedures of the ASC.
- (a) ***Standard: Anesthetic risk and evaluation.***
- (1) Immediately before surgery—
- (i) A physician must examine the patient to evaluate the risk of the procedure to be performed; and
- (ii) A physician or anesthetist as defined at § 410.69(b) of this chapter must examine the patient to evaluate the risk of anesthesia.

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Current Requirements

- **§ 416.52 Conditions for coverage—Patient admission, assessment and discharge.**
- The ASC must ensure each patient has the appropriate pre-surgical and post-surgical assessments completed and that all elements of the discharge requirements are completed.
- (a) ***Standard: Patient assessment and admission.***
- (1) The ASC must develop and maintain a policy that identifies those patients who require a medical history and physical examination prior to surgery. The policy must—
- (i) Include the timeframe for medical history and physical examination to be completed prior to surgery.
- (ii) Address, but is not limited to, the following factors: Patient age, diagnosis, the type and number of procedures scheduled to be performed on the same surgery date, known comorbidities, and the planned anesthesia level.
- (iii) Be based on any applicable nationally recognized standards of practice and guidelines, and any applicable State and local health and safety laws.
- (2) Upon admission, each patient must have a pre-surgical assessment completed by a physician who will be performing the surgery or other qualified practitioner in accordance with applicable State health and safety laws, standards of practice, and ASC policy.
- (3) The pre-surgical assessment must include documentation of any allergies to drugs and biologicals.
- (4) The patient's medical history and physical examination (if any) must be placed in the patient's medical record prior to the surgical procedure.

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Let's Look at § 416.52.a.1.ii

- Patient age, diagnosis, the type and number of procedures scheduled to be performed on the same surgery date, known comorbidities, and the planned anesthesia level
  - Doesn't "known comorbidities" mean the same as PMH, Allergies, Medications, directed ROS?
- Or is this another version of "Don't Ask, Don't Tell"?
  - If I don't ask about that heart transplant, then it's not a "known comorbidity"
- Isn't knowing something about medical conditions and medications part of the surgical assessment and the discussion of risks and proposed benefits of the procedure?
  - i.e. informed consent

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Why Do We Want to Bother?

- The purpose of a preoperative evaluation is not to "clear" patients for elective surgery, but rather to evaluate and, if necessary, **implement measures to prepare higher risk patients for surgery.**
  - Preoperative Evaluation,MITCHELL S. KING, M.D. Am Fam Physician. 2000;62(2):387-396
- The preoperative evaluation offers physicians and other health care professional a unique opportunity to help patients **optimize their health prior to surgery**.
  - O'Donnell FT. Preoperative Evaluation of the Surgical Patient. Mo Med. 2016 May-Jun;113(3):196-201. PMID: 27443045; PMCID: PMC6140067.
- A detailed history of prior medical problems, any previous surgical procedures, family, personal, and social history, any chronic medications and allergies or addictions needs to be obtained…Any medical history **questionnaire can either be extremely useful or totally worthless** and its ultimate ***value depends upon the ability of the surgeon to interpret*** the significance of the answers and to elicit additional information through physical examination and dialogue history
  - Krishnan, B., Parida, S. (2021). Preoperative Evaluation and Investigations for Maxillofacial Surgery. In: Bonanthaya, K., Panneerselvam, E., Manuel, S., Kumar, V.V., Rai, A. (eds) Oral and Maxillofacial Surgery for the Clinician. Springer, Singapore. https://doi.org/10.1007/978-981-15-1346-6_2

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How About a "Day of" Note Since That's Required Anyway?

- preadmission preoperative assessment was more effective than the option of an inpatient medical assessment in reducing the frequency of unnecessary admissions with significantly fewer surgical cancellations
  - Pham CT, Gibb CL, Fitridge RA, et al. Effectiveness of preoperative medical consultations by internal medicine physicians: a systematic review BMJ Open 2017;7:e018632. doi: 10.1136/bmjopen-2017-018632

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But I'm Not Qualified to Do an H&P…

- Q My hospital has asked me to update the patient's preoperative history and physical examination by conducting a physical assessment prior to surgery. I haven't done a preoperative H&P since my residency years ago, and I don't feel competent to do one now. What should I do?
- A There is no way to truthfully sign a reassessment form without conducting a history and physical examination, however brief. **Ophthalmologists** whose **current competency does not include these skills** should decline such requests and work with the hospital administration to find alternative solutions
  - https://www.omic.com/who-can-perform-preop-history-physical-exams/

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Why Do We Want to Let the Surgeon Off the Hook?

- Isn't the ability to perform a History & Physical Exam a Core Entrustable Professional Activity?
- The AAMC thinks so
  - EPA 1: Gather a History and Perform a Physical Examination
  - EPA 5: Document a Clinical Encounter in the Patient Record
  - https://www.aamc.org/media/20211/download

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What Does The American College of Surgeons Say?

- Oversee proper preoperative preparation of the patient
  - Statement on Patient Safety in the Operating Room: Team Care https://www.facs.org/about-acs/statements/patient-safety-in-the-operating-room/
- The surgeon is responsible for the proper preoperative preparation of the patient.
  - Statement on Principles Underlying Perioperative Responsibility https://www.facs.org/about-acs/statements/principles-underlying-perioperative-responsibility/
- "Preoperative evaluation of the surgical patient begins with a thorough history and physical examination."
  - ACS/ASE Medical Student Core Curriculum, https://www.facs.org/media/ucgfkicy/perioperative_care.pdf

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Does the Surgeon/Proceduralist Have to Personally Do the H&P?

- No, they can have team members (APPs) do it
  - Ah, but they can't charge for it- 90 day global likely applies
- PCP can do it
- Urgent Care places often do this
  - Don't get me started on the quality of that
- Shouldn't their own office note (which should have PMH, meds, allergies, etc.) suffice?
  - See the last bullet point on the preceding slide
- Don't you need this to decide if the patient is suitable for ambulatory… and meets the requirements the ASC sets?

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Some Recent Studies

Duh! Screening patients (=History) works!

- risk …not higher after the omission of the conventional preoperative H&P in patients **screened** to be low risk by a **validated preoperative questionnaire**.
  - Benoit, et al. Does eliminating the preoperative history and physical make a difference in low-risk cataract surgery patients? A before and after study of 30-day morbidity and mortality, Canadian Journal of Ophthalmology, Volume 54, Issue 5, 2019, Pages 529-539, ISSN 0008-4182, https://doi.org/10.1016/j.jcjo.2018.12.001.
- retrospective cohort study was performed using claims data from a hospital value collaborative in Michigan from January 2015 to June 2019
  - visits being more common for patients with **increased comorbidities**
  - associated with higher rates of low-value preoperative testing
    - Metz, et al. Comprehensive History and Physicals are Common Before Low-Risk Surgery and Associated With Preoperative Test Overuse, Journal of Surgical Research, Volume 283, 2023, Pages 93-101, ISSN 0022-4804, https://doi.org/10.1016/j.jss.2022.10.019.

Study was BEFORE the change. Sicker patients more likely to be evaluated. Pre-op testing overused. Shocking.

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7 Reasons the PE Remains Important

- Contributes to diagnosis
- Prognosis and ongoing care
- Patient Safety
- Patient contact
- Teaching observation
- Teaching clinical reasoning
- Reducing over-investigation
  - Garibaldi BT, Elder A. Seven reasons why the physical examination remains important. J R Coll Physicians Edinb. 2021 Sep;51(3):211-214. doi: 10.4997/JRCPE.2021.301. PMID: 34528605.

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Future Steps?

- the PE… actually is an extremely powerful (and under-appreciated) clinical tool.
- Developing hardware and software solutions that can replace and recreate the experience of an in-clinic PE and capture the same data as an in-clinic PE.
  - https://www.ekohealth.com/blogs/eko-blog/why-the-physical-exam-is-an-opportunity?gad_source=1&gclid=Cj0KCQjwt4a2BhD6ARIsALgH7Dqtf2LTttRkph3bvS4smCAEzrXhm_suV73N9-zsbbmBtjV8xwgbhZoaAnr_EALw_wcB

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Not "If" but "How"

- Develop systems to get this information in advance
  - Coordinate with PCP/referral source
  - Artificial Intelligence
    - Zhakhina G, Tapinova K, Kanabekova P, Kainazarov T. Pre-consultation history taking systems and their impact on modern practices: Advantages and limitations. J CLIN MED KAZ. 2023;20(6):26-35. https://doi.org/10.23950/jcmk/13947
  - Computerized history taking may be better than people
    - Computerized history-taking improves data quality for clinical decision-making—Comparison of EHR and computer-acquired history data in patients with chest pain
      - David Zakim ,Helge Brandberg ,Sami El Amrani ,Andreas Hultgren ,Natalia Stathakarou ,Sokratis Nifakos ,Thomas Kahan ,Jonas Spaak ,Sabine Koch ,Carl Johan Sundberg . September 27, 2021. https://doi.org/10.1371/journal.pone.0257677

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Let's Eliminate More Red Tape

- Do we really need a pre-flight checklist and sign-off?
- It's just a short flight
- The weather's not that bad
- The plane is pretty new
- Just ask the 737-Max passengers
- Have you checked your door plug recently?

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Patient Safety vs. Surgeon Convenience

- If we frame the question as "How do we promote patient safety?" the answer becomes clear.
  - Evidence that pre-op preparation improves outcome
  - No evidence that it can be safely skipped
  - What would you want for your mother?

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And Now, The Loyal Opposition…

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