



TIPS for TEAM: Reduce Patient Complications in TEAM Procedures

The TEAM episodic payment model puts hospitals at risk for the total cost of certain surgeries, starting from the day of the procedure to 30 days after. Cost reduction is a primary goal of TEAM, and the only way to achieve that is through making the surgical episode better and safer for the patient. The research literature on surgical episodic costs is unequivocal: the top driver of variable costs comes from complications of surgery.

Complications can come from anywhere, stemming from hospitals, physicians, and patients. The fragmentation of health care, especially between primaries and specialists, and between the clinical team and hospital functions, creates barriers that result in higher complications and costs. These include not identifying co-morbidities and patient risks, not managing the patient's condition prior to surgery, poor systemic infection control or blood management in hospitals, surgical decisions and approaches, and management of anesthesia and agents.

But no one benefits from finger pointing about fault for higher cost. Rather, all parts of the system need to collaborate on solutions by using trustworthy data to evaluate complications and generate solutions that address costs and quality.

Here are five TIPS to help you understand where your cost drivers are in TEAM and to identify solutions:

- 1. Start with TEAM-specific analytics and Surgical Episodes.** Be proactive with evaluating costs and identifying targets, as this is key to success. [Roji TEAM Episodes](#) aggregate claims data from CMS with EHR data from the hospital and the clinical team, delivering actionable data for the hospital and clinician to find ways to improve. The development of episodes will be most cost-effective and timely with a vendor that specializes in patient episode development and payment model support.
- 2. Create collaboration agreements with surgeons, anesthesiologists, medical specialists involved in the TEAM procedures, and primary care physicians** to include data aggregation of both employed and independent specialty practices. Adopt safeguards to overcome barriers of patient volume and financial data. Involve collaborators in the design of an inquiry process around cost measures
- 3. Organize efforts to address complications with three components:** (1) patient co-morbidity and risk identification via pre-surgical activities with primary care physicians and specialists (also see Tip 5 below); (2) specific surgery-type complications and measures that can reduce them before, during, and after surgery; (3) systemic issues in hospital environment or procedures, such as infection control and blood management, operating room scheduling and staffing.
- 4. Register TEAM patients at point of scheduling and ensure primary care involvement prior to surgery.** Opening channels of communication and ensuring risk mitigation and preparation of the patient can help to ensure that the patient is pre-treated or receives specialized instructions that will avoid complications.
- 5. Evaluate and implement processes from [ERAS \(Enhanced Recovery After Surgery\)](#),** an evidence-based program that tailors education, patient preparation and pre-treatment, anesthesia, and surgical processes to the individual patient.

We're ready to help you make TEAM successful. Our TEAM Episodes are mapped to specifications that CMS has provided for inclusions and exclusions, while incorporating our robust analytics for a deep dive into cost and quality. [Contact Roji Health Intelligence](#) to ensure peak performance.

