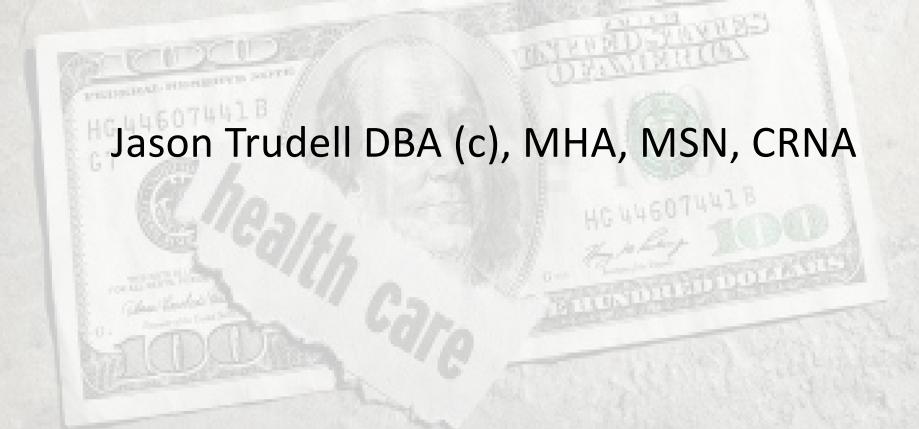
Operational Fundamentals of Anesthesia Business



Conflict of Interest Disclosure Statement

Jason Trudell DBA (c), MHA, MSN, CRNA, FACHE

I have the following relationships to disclose.

- I am the Chief Executive Officer for Executive Anesthesia, Inc.
- The views expressed in this presentation do not reflect official policy or position of Executive Anesthesia, Inc.



Learner Outcomes

- Strategy vs. Operations
- Be able to differentiate between anesthesia practice models
- Understand the various functions of business operations in independent practice
- Be able to describe the vendor/client dynamic in anesthesia practice

Strategy

Changing Health Care Market

Hospital Consolidation

Payor Consolidation

Physician Practice Consolidation

> Anesthesia Group Consolidation

Lightning-Speed Pace of Change

Physicians uncertain/ anxious re future

Hospitals uncertain/ anxious re future payment

Need for Data

Intensified Move Toward Hospital Employment

"Consolidators"
& PE Looking to
Create "National
Anesthesia
Platforms"

"Consumerism" & Reporting of Quality Data

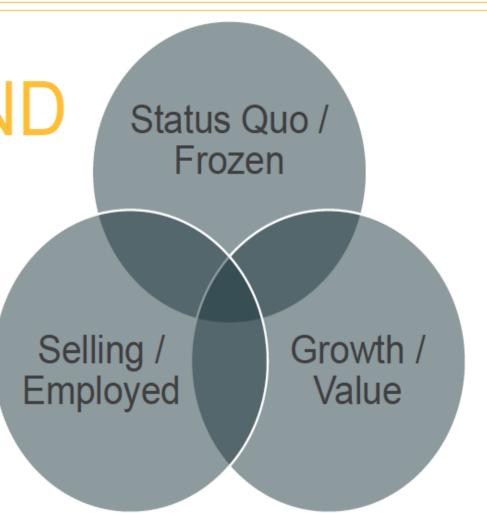
Anesthesiology practice much more competitive

Strategy

ANESTHESIA GROUP FRAME OF MIND

Three Group Categories:

- Overlap, <u>blurred lines</u>
- Pros / cons unique to the individual and group
- Varying strategies and planning required to transition between categories



Strategy

WHAT'S IMPORTANT

Understand how to illuminate your value

Find leadership opportunities perioperatively and beyond

Invest in leadership development

Solve your problems or someone else will

Clinical peer-to-peer leadership Culture of collaboration, not negotiation

Hospital must understand your value Don't always come to the table with your hand open

What Your Facility Administrator Wants

No cancellations Collaboration Alignment with mission Consistency Accountability High Cost-effective Coverage scores Leadership **Predictability** Cooperation Payor Participation Data Quality Deliver Surgeon satisfaction **ACO** participation Post-op pain coverage **Efficiency Transparency**

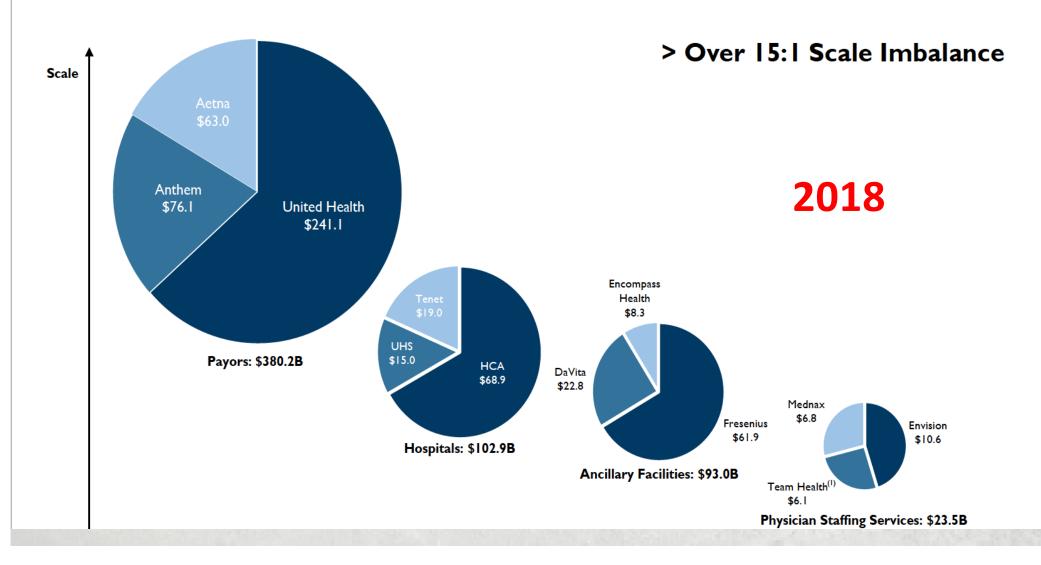
What Your Facility Administrator NEEDS



Strategy Lessons

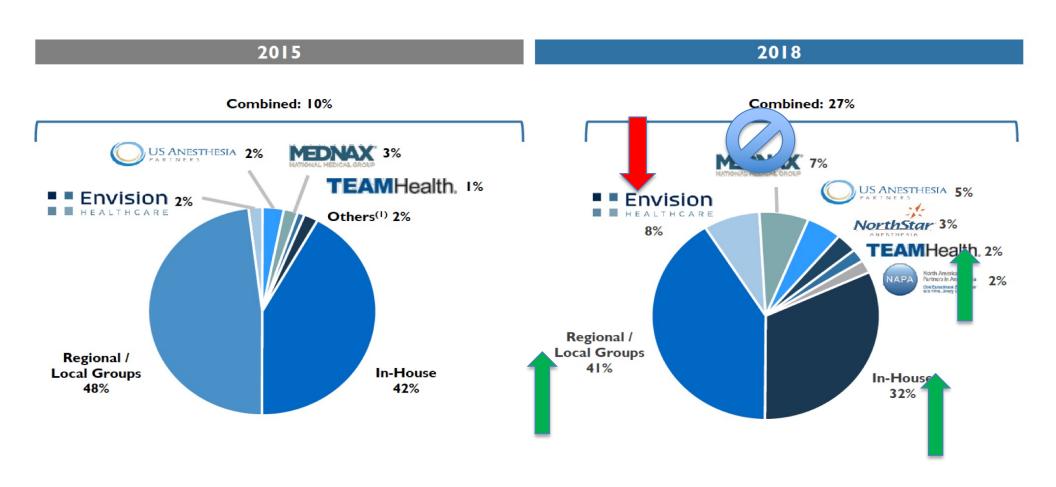
(\$ in billions)

Relative Enterprise Value of the Three Largest Players in Each Sector



Strategy Lessons

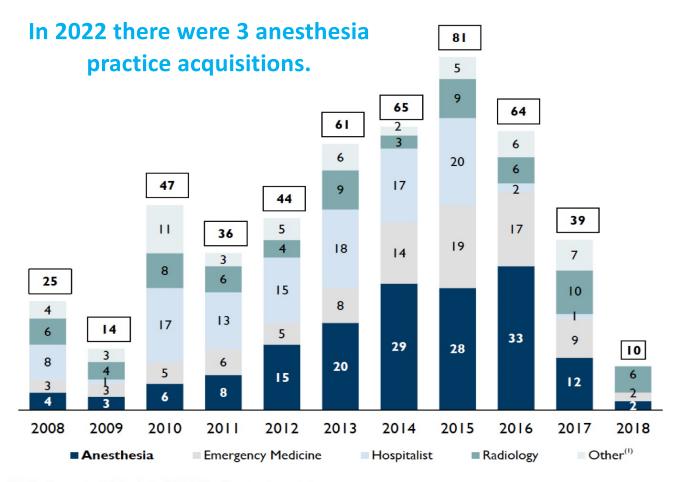
Anesthesia Consolidation History



Strategy Lessons

Anesthesia Consolidation is Responsive to Broader Trends in Healthcare

Transaction Volume by Hospital Specialty 2008-2018YTD



- Average of ~25 anesthesia transactions per year the last four years
- anesthesia transactions from 2013 – 2016
- Current activity level is typical post-peak

"You don't want to be the last independent specialty in one of our hospitals"

Undisclosed consolidator

(1) "Other" transactions include selective NICU, ENT and intraoperative monitoring

Practice Structure Summary

Military

- Clinical Operations
- Tactical Operations

ACT

Clinical Operations

Independent

- Clinical Operations
- Business Operations

Anesthesiologist only

Physician administers all anesthesia

CRNA only

CRNA's administer all anesthesia

Anesthesia Practice Models

Anesthesia Care Team (ACT)

 MD medically directs 2-4 CRNAs

Collaborative

• MD & CRNA work together

Owner/Operator

Business Operations

- Leadership
- SWOT Analysis
- Corporate Structure
- Contractual Relationships
- Benefits
- Policies and Procedures
- 3rd Party Contractors
- Relationships

- Leadership
- Service Deliverables
- Data Metrics

- Leadership
 - Clinical Leadership
 - Facilitate OR workflow
 - Serve on clinical committees
 - Assist with developing institutional policy and procedure

- Service Deliverables
 - How many anesthetizing sites
 - Staffing
 - Call coverage
 - Pain Service
 - Active Management of OR Efficiency

- Data Metrics
 - Reportable and Required
 - Drive OR Efficiency
 - Predictive Analytics

- SWOT Analysis
 - Strengths
 - Weaknesses
 - Opportunities
 - Threats

Politics, Practice, Payors, Policy

- Corporate Structure
 - C Corp
 - S Corp

 - LLC (P)Sole Proprietor

- 1099
 - IRS qualifying criteria(20 point test)
 - Pay for own benefits
 - Deductions
 - Pre-tax dollars

- W-2
 - employee
 - Benefits
 - taxes withheld
 - (FICA, SS, income)
 - Minimal deductions

- Contractual Relationships
 - Group (Partners)
 - Facility (Hospital, ASC, Office)
 - Insurance (Managed Care Contracting)
 - 3rd Party (Legal, Accounting, Billing/RCM, AMC's)

- Benefits
 - Health
 - Life
 - Disability (Long/Short)
 - Malpractice
 - Professional Dues
 - Continuing Education
 - PTO
 - Travel/Mileage/Auto

- Policies and Procedures
 - Consistent with Accrediting Agencies (JCAHO, DNV, AHCQ, AAAHC, OSHA)

HC 446074418

- Non-restrictive
- Due process
- Approved by partners
- Create a standard of care (liability?)

- 3rd Party Contractors
 - Lawyers
 - Accountants
 - Billing Companies
 - Locum Agencies (recruitment, vacation coverage)

- Relationships
 - Patients
 - C-suite (CEO, COO, CFO, CNO, CMO)
 - Surgeons
 - OR Director
 - Nursing

There are no secrets to success. It is the result of preparation, hard work, and learning from failure.

- Colin Powell

Perseverance is the hard work you do after you get tired of doing the hard work you already did.

- Newt Gingrich

- ..Good leaders take care of their people. Poor leaders take care of customers.
- Good leaders create an environment where their people want to serve. Poor leaders put checks in boxes...
 - Tom Chenowith, CRNA, MSN, COL USAR



Prices tumble for debt backing KKR's \$9.9bn Envision buyout

US BUSINESS

Healthcare provider stumbles as support grows for medical billing reform

RECENT POSTS

- Man pretends his finger is a gun, stops suspect
- Deputies: 8-year-old boy found dead behind home
- 4 teens indicted on murder charges after crime spree



Atrium and Mednax part ways after months-long battle

By David Mildenberg Posted July 30, 2018 In August 2018

Share this story:

Southeast Anesthesiology Consultants has no plans to drop its lawsuit against Atrium Health — despite failing to block the health-care system's switch to a new anesthesia provider.

An N.C. Business Court judge denied Southeast Anesthesiology's request for a preliminary injunction on Friday.

Southeast Anesthesiology, an affiliate of Mednax (NYSE:MD), had sought that legal relief, alleging Atrium and Scope Anesthesia founder Dr. Thomas Wherry obtained and attempted to use its proprietary information without permission.

Mednax, Inc.

Rosen Law Firm, a global investor rights law firm, announces the filing of a class action lawsuit on behalf of purchasers of the securities of Mednax, Inc. (NYSE: MD) from February 4, 2016 through July 27, 2017, inclusive. The lawsuit seeks to recover damages for Mednax investors under the federal securities laws.

If you purchased shares of Mednax between February 4, 2016 and July 27, 2017 and would like to join the action, please click "Join This Class Action" above.

Press Release

EQUITY ALERT: Rosen Law Firm Announces Filing of Securities Class Action Lawsuit Against Mednax, Inc. - MD

New York, N.Y., August 29, 2018. Rosen Law Firm, a global investor rights law firm, announces the filing of a class action lawsuit on behalf of purchasers of the securities of Mednax, Inc. (NYSE: MD) from February 4, 2016 through July 27, 2017, inclusive (the "Class Period"). The lawsuit seeks to recover damages for Mednax investors under the federal securities laws.

To join the Mednax class action, go to https://www.rosenlegal.com/cases-1378.html or call Phillip Kim, Esq. or Zachary Halper, Esq. toll-free at 866-767-3653 or email pkim@rosenlegal.com or zhalper@rosenlegal.com for information on the class action.

NO CLASS HAS YET BEEN CERTIFIED IN THE ABOVE ACTION. UNTIL A CLASS IS CERTIFIED, YOU ARE NOT REPRESENTED BY COUNSEL UNLESS YOU RETAIN ONE. YOU MAY RETAIN COUNSEL OF YOUR CHOICE. YOU MAY ALSO REMAIN AN ABSENT CLASS MEMBER AND DO NOTHING AT THIS POINT. AN INVESTOR'S ABILITY TO SHARE IN ANY POTENTIAL FUTURE RECOVERY IS NOT DEPENDENT UPON SERVING AS LEAD PLAINTIFF.

HEALTH CARE

Health groups backed dark money campaign to sink 'surprise' billing fix

By RACHEL ROUBEIN | 09/13/2019 03:03 PM EDT | Updated 09/13/2019 04:57 PM EDT





A group calling itself Doctor Patient Unity has spent nearly \$30 million on a campaign designed to kill the leading congressional legislation that would make it harder for hospitals and doctors to spring massive, unexpected bills on patients.

Its funding source has been secret thanks to the rules surrounding this "dark money" group, but multiple sources tell POLITICO that doctor staffing firms Envision Healthcare and TeamHealth are significant sponsors — showing just how powerful corporate medicine has become in trying to derail changes to a system that has put thousands of Americans in debt.

Two sources affiliated with Doctor Patient Unity confirmed that Envision Healthcare and TeamHealth are funding a portion of the \$28.6 million campaign that runs from July 30 to Sept. 17 in states including Alabama, California, Colorado and New Hampshire, according to Advertising Analytics. The sources wouldn't say who else is involved but confirmed the two companies are funders.

References

https://www.irs.gov

 https://www.healthcatalyst.com/the-bestway-to-maximize-healthcare-analytics-roi

