

NORA (Non-Operating Room Anesthesia) “A Strong Buy”, Part Two

Earlier this year, in a previous AACD editorial, I wrote about the rise of NORA (Non-Operating Room Anesthesia). In my discussion, I looked at the issues, challenges, and opportunities that these cases present. I outlined the growth of NORA, mentioning reasons for further growth as well as reasons for caution. Because this is so new a topic to so many people, I made the analogy of NORA to that of an IPO (Initial Public Offering) stock. In doing so, I then rated NORA as if it indeed was a stock. After a thoughtful discourse, I recommended NORA as a "strong buy". Now, after several months, it seems only prudent to review my rating and see how it stands. For this review, I collaborated with my colleague Mark Weiss, MD (Vice President: Society of Non-Operating Room Interventionalists and Anesthesiologists; SONORIA).

A criteria for a stock that you would want to own would be growth. The potential for our stock, “NORA” is to not only grow, but have the potential to increase and diversify in the future. As we review the past few years, the sheer rise of NORA has been impressive. At our institution, the Hospital of the University of Pennsylvania, we are doing approximately 30 percent of all cases outside of the operating room. This number is projected only to grow, and this trend is reflected in hospitals across the nation. Not only are a greater number of patients having these procedures, but the variety of the procedures being done continues to expand. We believe that the conditions for the continued growth remain favorable and robust.

If we review NORA from the patient care view, it also seems to be a success. Patient satisfaction is greater with less invasive procedures, less pain, and shorter hospital stays away from their loved ones. For example, an elderly patient with an intracranial aneurysm previously would have been forced to endure having their head shaved, invasive monitors placed, and a very dangerous invasive surgery that would have left them admitted in an ICU hoping that they incurred no permanent neurologic deficit. Now, in select instances, these patients can be treated in the radiology suite; undergo a relatively non-invasive procedure, and return safely to home in a few days, neurologically intact. Also to be considered is the considerable cost savings of not being in an operating room, not having an ICU stay, decreased length of hospital stay, and not having to pay for long term physical therapy and rehabilitation.

These economic issues certainly continue to favor the growth of NORA. Also, favorable economic issues are an aging population, combined with improved anesthetic techniques and better technology, are all factors in the increasing number of procedures being performed. As NORA cases grow, so too will the opportunities for new revenue streams, both in terms of the volume of number of patients as well as an increased number of procedures that can be efficiently performed. This will be important as physicians evolve from an individual patient model based on billing for various procedures (the "eat what you kill" billing model) to that of insured patient groups with a set pool of money to for their care. The emphasis will now be to perform better service and better care more economically, with the incentive to the physicians of better reimbursement.

Other issues remain. The initial start-up cost of sites, such as MRI suites or Electrophysiology centers, are formidable. Equipment, manpower, and support facilities all need to be accounted for. Issues of billing will arise. Collaboration between the hospital or health care system and physicians, and perhaps more importantly, between the physician specialties (anesthesia, GI,

radiology) will be crucial to insure that patients are taken care of not just medically, but efficiently and economically as well.

The opportunities ahead of NORA are tremendous. The opportunity for NORA, and indeed, the opportunity for all of these specialties, is the accumulation, assimilation and assessment of a vast amount of information about a new and growing sub-specialty of medicine. With advances in technology, an aging population, and improved procedural techniques, access and information to, of, and about NORA cases will only continue to grow. In the future, perhaps in partnership with technology or business concerns, universities, government health care agencies, or insurance companies, this information could be made accessible to today's practitioners through hand-held or mobile devices, or even be used to influence the provision of resources used in public health-care.

As anesthesiologists, we have a unique opportunity before us and perhaps, the obligation to utilize our skills and knowledge to advance NORA to the same level of safety and standardization present in the operating room environment. We recognize that tomorrow NORA has the potential to change how we practice our medicine, how we teach our residents and practitioners, how we earn our income, how we collaborate with other specialties, and perhaps how we provide the resources for health care in the future. For all of the above, we still see NORA as a key element in the future of medicine, and we would reiterate our recommendation of NORA as a "STRONG BUY".

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