Leisy P, et al., J Community Med Public Health Care 2024, 11: 143
DOI: 10.24966/CMPH-1978/1000143

HSOA Journal of Community Medicine and Public Health Care

Commentary Article

Is Privatization the Key to The Expansion of Enhanced Recovery After Surgery (ERAS) to Rural Surgical Care—A Commentary on The Novel Start-Up, Goldfinch Health, and Their Early Reported Outcome Improvements in The State of Iowa

Philip Leisy[1], Amy Friedman[1] and Bret D Alvis[1,2]*

[1]*Department of Anesthesiology, Vanderbilt University Medical Center, Nashville, TN, USA*

[2]*Department of Biomedical Engineering, Vanderbilt University, Nashville, TN, USA*

Abstract

Enhanced Recovery After Surgery (ERAS) programs represent evidence-based approaches designed to improve patient outcomes following surgery. Studies have demonstrated that ERAS programs significantly reduce length of stay, overall complications, total costs, and 30-day readmission rates, while also decreasing postoperative opioid consumption. Despite the proven benefits, their implementation in routine clinical practice remains limited, particularly in rural settings. This commentary examines how privatization of ERAS may be the key to widespread adoption. One such company, Goldfinch Health, has began offering a novel solution to facilitate the adoption of ERAS programs in rural communities across the United States. Their innovative approach combines tech-enabled clinical navigation with opioid-minimizing ERAS pathways. By partnering with healthcare payers, the company ensures that ERAS programs are accessible to patients regardless of their location. In October 2022, Goldfinch Health joined forces with Iowa's Attorney General, Tom Miller, to launch "The Billion Pill Pledge," an initiative aimed at preventing opioid addiction before it begins through the benefits of enhanced recovery. Funded by opioid settlements, the program extends support to rural communities, particularly those affected by the opioid epidemic. Early reported data from twelve rural and community hospitals participating in the initiative suggests significant improvements in opioid prescribing and consumption. While their reported data is preliminary and further research is needed, it demonstrates the potential impact of privatizing ERAS programs.

Keywords: Enhanced Recovery; ERAS; Lowa; Opioids; Rural surgery

Highlights

- Enhanced Recovery After Surgery (ERAS) improves surgical outcomes.
- Rural hospitals do not routinely practice enhanced recovery.
- Privatization of enhanced recovery may help bring it to rural hospitals.

Background

Enhanced Recovery After Surgery (ERAS) programs are well-described, evidence-based approaches to improving outcomes after surgery [1-4]. In a recent meta-analysis of 42 randomized controlled trials, ERAS programs were associated with a significant reduction in length of stay (LOS), overall complications, total costs, and 30-day readmission rates.[2] Lau et. al. concludes that ERAS programs are an effective and valuable part of improving patient outcomes while accelerating recovery after surgery [2]. A study from the Nashville TVHS-Veterans Affairs hospital reported that the post-ERAS patient cohort experienced a reduction in inpatient and outpatient opioid consumption with a significant reduction in total days of opioid supply with no increase in hospital readmissions [3]. In a recent review, Echeverria-Villaloos et. al. objectively looked at the scientific evidence on the role of ERAS implementation in reducing postoperative opioid consumption and their potential association with decreasing long-term opioid use, dependency and addiction [5]. They concluded that there is a clear trend of ERAS programs limiting intraoperative and postoperative opioid use through guidelines to prevent chronic post-surgical pain and support weaning from opioid medications [5]. The American Society for Enhanced Recovery and Perioperative Quality Initiative Joint Consensus Statement on Persistent Postoperative Opioid Use concludes that "efforts to modify prescriber behaviors and health system characteristics are likely to have success in reducing persistent postoperative opioid use" [6]. In a recent retrospective study by the PRIMUM Group of 791 patients, the use of ERAS protocols in minimally invasive gynecologic procedures resulted in a 65% reduction in

***Corresponding author:** Bret D. Alvis, advisor and Chief Anesthesia Officer for Goldfinch Health, USA, E-mail: bret.d.alvis@vumc.org

Citation: Leisy P, Friedman A, Bret Alvis D (2024) Is Privatization the Key to The Expansion of Enhanced Recovery After Surgery (ERAS) to Rural Surgical Care-A Commentary on The Novel Start-Up, Goldfinch Health, and Their Early Reported Outcome Improvements in The State of Iowa. J Community Med Public Health Care 11: 143.

Received: December 30, 2023; **Accepted:** January 08, 2024; **Published:** January 15, 2024

readmissions and a reduction in intra-operative opioid use and opioids prescribed for post-operative pain [7].

Despite the published successes in outcome improvement, the adoption of evidence-based ERAS pathways in routine clinical practice is slow [8]. This is certainly true in local, community, and district hospitals/surgery centers. Rural populations in the United States comprise 60 million people [9]. With the opioid epidemic continuing to devastate community public health [10], it is imperative that rural populations benefit from innovations in care models that provide, as Harrington et. al. states: "best health at best cost" [9]. However, it is clear that the "best health" provided by ERAS is not practiced in most hospitals, especially in rural communities.

A Novel Approach

A unique, private, start-up company, Goldfinch Health (Iowa City, IA), is helping bridge this gap between ERAS utilization and rural America (https://www.goldfinchhealth.com/), positioning hospitals serving rural communities to lead the United States healthcare system toward more standard adoption of enhanced recovery [11-13]. Their approach appears to harness an innovative combination of tech-enabled clinical navigation and opioid minimizing ERAS pathways [11,12]. By contracting with healthcare payers (i.e., insurance companies, corporations, unions, governments, etc.), they are efficiently able to make ERAS available to anyone, no matter their residence. The implementation of ERAS is currently dependent on institutional prioritization primarily located in academic medical centers [1,4]. Their services empower the patient by providing them with pre-operative education and nutrition, an ERAS dedicated nurse advocate, aid finding ERAS friendly surgeons, as well as post-operative follow-up/outreach from with nurse [11,13]. Ultimately, they help hospitals and physicians practice ERAS principles [11]. They were recently awarded the 2023 Health Value Award during The Healthcare Innovation Congress.[11] To date, and to the best of our knowledge, this is the first private company in the United States whose primary mission is to help surgical patients receive their care along an ERAS pathway.

The Billion Pill Pledge

According to press-releases and Goldfinch Health, in October 2022, Iowa's Attorney General, Tom Miller, launched "The Billion Pill Pledge" alongside Goldfinch Health [11-13]. The mission of this pledge is to "remove a billion leftover opioids" [11,12]. Using money received in opioid settlements, Iowa used this bill to start a collaborative approach to "prevent opioid addiction before it begins" [11,12]. Attorney General Miller explained that the "the opioid settlements [provided Iowa] a new path forward in preventing future addiction" [11]. This program's goal was to "extend support to rural communities and, especially, to those within these communities who are at-risk or who have already been harmed by the opioid epidemic" [11]. Based on information provided by Goldfinch Health, at the one-year anniversary of the program, twelve community hospitals caring for rural surgery patients have joined the initiative and started to have key aspects of ERAS with Goldfinch Health (pre-habilitation, multi-modal analgesia, minimally invasive surgery, and post-surgery care nurse support) added to their surgical care, no matter the procedure. They report that, over the course of the first 1200 patients, a marked improvement in opioid need and output has been appreciated. Early data has demonstrated a provider opioid prescribing reduction of 70%, the need for opioid refills reduced by 90%, and a readmission rate less than 2% across all procedures. Regarding pill reduction, they report that 85% of patients in the Iowa state program require 10 or fewer opioid pills throughout surgical care/recovery with 30% not requiring any opioids throughout. The average number of opioids taken from start to recovery for these first 1200 patients is reported as 6.8 pills. If these data are projected over traditional, non-ERAS care, the quantity of opioid tablets avoided amounts to over one million pills every 4 years in these communities.

Conclusion

While there have been pitfalls in United States healthcare privatization, few companies have looked to privatize a product that empowers the patient and help ensure they receive evidence-based healthcare. Privatizing enhanced recovery in a way that gives companies, health insurance corporations, hospitals, and governments the ability to provide evidence-based innovations like ERAS to their employees/patients/constituents may be the answer to ERAS' slow adoption. Early reported data from the "The Billion Pill Pledge" is impressive and warrants a continued look as the progress is reported in the state of Iowa. However, it must be appreciated that this data is early, non-randomized, and likely, underpowered for strong conclusions. Nevertheless, it demonstrates a trend toward real and significant opioid reduction in patients that likely would not have been provided this evidence-based care. Concrete conclusions should not be made with this summary of reported data; however, this impressive early data supports the need for future studies investigating Goldfinch Health's impact on length of stay, return to work, opioid use, and patient satisfaction.

In conclusion, the adoption of ERAS programs in rural hospitals and surgery centers is crucial in providing optimal healthcare to rural populations. As the opioid epidemic continues to impact communities across the United States, rural areas must not be left behind. The innovative approach of Goldfinch Health and its early successes in the state of Iowa suggest that privatization may indeed be a key to expanding ERAS in rural surgical care.

References

1. King AB, Alvis BD, McEvoy MD (2016) Enhanced recovery after surgery, perioperative medicine, and the perioperative surgical home: current state and future implications for education and training. Curr Opin Anaesthesiol 29: 727-732.

2. Christine SM, Lau RSC (2016) Enhanced Recovery After Surgery Programs Improve Patient Outcomes and Recovery: A Meta-analysis. World Journal of Surgery 1: 899-913.

3. Alvis BD, Amsler RG, Leisy PJ, Feng X, Shotwell MS, et al. (2021) Effects of an anesthesia perioperative surgical home for total knee and hip arthroplasty at a Veterans Affairs Hospital: a quality improvement before-and-after cohort study. Can J Anaesth 68: 367-375.

4. Alvis BD, King AB, Pandharipande PP, Weavind LM, Avila K, et al. (2017) Creation and Execution of a Novel Anesthesia Perioperative Care Service at a Veterans Affairs Hospital. Anesth Analg 125: 1526-1531.

5. Echeverria-Villalobos M, Stoicea N, Todeschini AB, Fiorda-Diaz J, Uribe AA, et al. (2020) Enhanced Recovery After Surgery (ERAS): A Perspective Review of Postoperative Pain Management Under ERAS Pathways and Its Role on Opioid Crisis in the United States. Clin J Pain 36: 219-226.

6. Kent ML, Hurley RW, Oderda GM, Gordon DB, Sun E, et al. (2019) American Society for Enhanced Recovery and Perioperative Quality Initiative-4 Joint Consensus Statement on Persistent Postoperative Opioid Use: Definition, Incidence, Risk Factors, and Health Care System Initiatives. Anesth Analg 129: 543-552.

7. Levytska K, Yu Z, Wally M, Odum S, Hsu JR, et al. (2022) Enhanced recovery after surgery (ERAS) protocol is associated with lower post-operative opioid use and a reduced office burden after minimally invasive surgery. Gynecol Oncol 166: 471-475.

8. Joshi GP, Kehlet H (2019) Enhanced Recovery Pathways: Looking Into the Future. Anesth Analg 128: 5-7.

9. Harrington RA, Califf RM, Balamurugan A, Brown N, Benjamin RM, et al. (2020) Call to Action: Rural Health: A Presidential Advisory From the American Heart Association and American Stroke Association. Circulation 141: e615-e644.

10. Shaver C, Johnson JA, Greenhill RC, Nadimidla S (2021) Comparative Analysis of State Level Health Policy Support for Opioid Abuse Mitigation in Rural America. Journal of Health and Human Services Administration 44: 137-161.

11. Newland BG, Shelton RAJ (1970) The preparation of α- and β-titanium tribromide. Journal of the Less Common Metals 22: 369-372.

12. https://iowacapitaldispatch.com/2023/04/11/company-new-state-program-can-cut-post-surgery-opioid-use-by-7

13. https://www.ketv.com/article/iowa-billion-pill-pledge-program-aims-to-reduce-need-for-opioids-post-surgery/4304.

HERALD

Advances In Industrial Biotechnology | ISSN: 2639-5665

Advances In Microbiology Research | ISSN: 2689-694X

Archives Of Surgery And Surgical Education | ISSN: 2689-3126

Archives Of Urology

Archives Of Zoological Studies | ISSN: 2640-7779

Current Trends Medical And Biological Engineering

International Journal Of Case Reports And Therapeutic Studies | ISSN: 2689-310X

Journal Of Addiction & Addictive Disorders | ISSN: 2578-7276

Journal Of Agronomy & Agricultural Science | ISSN: 2689-8292

Journal Of AIDS Clinical Research & STDs | ISSN: 2572-7370

Journal Of Alcoholism Drug Abuse & Substance Dependence | ISSN: 2572-9594

Journal Of Allergy Disorders & Therapy | ISSN: 2470-749X

Journal Of Alternative Complementary & Integrative Medicine | ISSN: 2470-7562

Journal Of Alzheimers & Neurodegenerative Diseases | ISSN: 2572-9608

Journal Of Anesthesia & Clinical Care | ISSN: 2378-8879

Journal Of Angiology & Vascular Surgery | ISSN: 2572-7397

Journal Of Animal Research & Veterinary Science | ISSN: 2639-3751

Journal Of Aquaculture & Fisheries | ISSN: 2576-5523

Journal Of Atmospheric & Earth Sciences | ISSN: 2689-8780

Journal Of Biotech Research & Biochemistry

Journal Of Brain & Neuroscience Research

Journal Of Cancer Biology & Treatment | ISSN: 2470-7546

Journal Of Cardiology Study & Research | ISSN: 2640-768X

Journal Of Cell Biology & Cell Metabolism | ISSN: 2381-1943

Journal Of Clinical Dermatology & Therapy | ISSN: 2378-8771

Journal Of Clinical Immunology & Immunotherapy | ISSN: 2378-8844

Journal Of Clinical Studies & Medical Case Reports | ISSN: 2378-8801

Journal Of Community Medicine & Public Health Care | ISSN: 2381-1978

Journal Of Cytology & Tissue Biology | ISSN: 2378-9107

Journal Of Dairy Research & Technology | ISSN: 2688-9315

Journal Of Dentistry Oral Health & Cosmesis | ISSN: 2473-6783

Journal Of Diabetes & Metabolic Disorders | ISSN: 2381-201X

Journal Of Emergency Medicine Trauma & Surgical Care | ISSN: 2378-8798

Journal Of Environmental Science Current Research | ISSN: 2643-5020

Journal Of Food Science & Nutrition | ISSN: 2470-1076

Journal Of Forensic Legal & Investigative Sciences | ISSN: 2473-733X

Journal Of Gastroenterology & Hepatology Research | ISSN: 2574-2566

Journal Of Genetics & Genomic Sciences | ISSN: 2574-2485

Journal Of Gerontology & Geriatric Medicine | ISSN: 2381-8662

Journal Of Hematology Blood Transfusion & Disorders | ISSN: 2572-2999

Journal Of Hospice & Palliative Medical Care

Journal Of Human Endocrinology | ISSN: 2572-9640

Journal Of Infectious & Non Infectious Diseases | ISSN: 2381-8654

Journal Of Internal Medicine & Primary Healthcare | ISSN: 2574-2493

Journal Of Light & Laser Current Trends

Journal Of Medicine Study & Research | ISSN: 2639-5657

Journal Of Modern Chemical Sciences

Journal Of Nanotechnology Nanomedicine & Nanobiotechnology | ISSN: 2381-2044

Journal Of Neonatology & Clinical Pediatrics | ISSN: 2378-878X

Journal Of Nephrology & Renal Therapy | ISSN: 2473-7313

Journal Of Non Invasive Vascular Investigation | ISSN: 2572-7400

Journal Of Nuclear Medicine Radiology & Radiation Therapy | ISSN: 2572-7419

Journal Of Obesity & Weight Loss | ISSN: 2473-7372

Journal Of Ophthalmology & Clinical Research | ISSN: 2378-8887

Journal Of Orthopedic Research & Physiotherapy | ISSN: 2381-2052

Journal Of Otolaryngology Head & Neck Surgery | ISSN: 2573-010X

Journal Of Pathology Clinical & Medical Research

Journal Of Pharmacology Pharmaceutics & Pharmacovigilance | ISSN: 2639-5649

Journal Of Physical Medicine Rehabilitation & Disabilities | ISSN: 2381-8670

Journal Of Plant Science Current Research | ISSN: 2639-3743

Journal Of Practical & Professional Nursing | ISSN: 2639-5681

Journal Of Protein Research & Bioinformatics

Journal Of Psychiatry Depression & Anxiety | ISSN: 2573-0150

Journal Of Pulmonary Medicine & Respiratory Research | ISSN: 2573-0177

Journal Of Reproductive Medicine Gynaecology & Obstetrics | ISSN: 2574-2574

Journal Of Stem Cells Research Development & Therapy | ISSN: 2381-2060

Journal Of Surgery Current Trends & Innovations | ISSN: 2578-7284

Journal Of Toxicology Current Research | ISSN: 2639-3735

Journal Of Translational Science And Research

Journal Of Vaccines Research & Vaccination | ISSN: 2573-0193

Journal Of Virology & Antivirals

Sports Medicine And Injury Care Journal | ISSN: 2689-8829

Trends In Anatomy & Physiology | ISSN: 2640-7752