The Latest Headlines from Data and Economics
Thomas R Miller, PhD MBA | October 15, 2023

CAWS
Center for Anesthesia Workforce Studies
American Society of Anesthesiologists™
I have no disclosures, other than I am an employee of ASA.

I am NOT Ron Miller.
Projected Physician Surplus and Shortage (%) by Specialty, 2035


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Pardon the Intervention

<table>
<thead>
<tr>
<th>Primary Specialty</th>
<th>Estimated Number Sep 2023</th>
<th>Percentage Change Sep 2018–Sep 2023</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anesthesiologist</td>
<td>40,411</td>
<td>9.6</td>
</tr>
<tr>
<td>Nurse Anesthetist</td>
<td>50,322</td>
<td>25.4</td>
</tr>
<tr>
<td>Anesthesiologist Assistant</td>
<td>3,097</td>
<td>60.5</td>
</tr>
<tr>
<td><strong>Total Anesthesia Clinicians</strong></td>
<td><strong>93,830</strong></td>
<td><strong>18.9</strong></td>
</tr>
<tr>
<td><strong>Interventional Cardiology and Intervventional Radiology</strong></td>
<td><strong>8,920</strong></td>
<td><strong>27.1</strong></td>
</tr>
<tr>
<td>Surgical Oncology</td>
<td>1,182</td>
<td>24.4</td>
</tr>
<tr>
<td>4 Specialties with Growth &gt; Anesthesiology but &lt; Overall Anesthesia</td>
<td>9,553</td>
<td>12.7</td>
</tr>
<tr>
<td>6 Specialties with Positive Growth But &lt; Anesthesiology</td>
<td>81,865</td>
<td>4.6</td>
</tr>
<tr>
<td>6 Specialties with Decreases</td>
<td>55,762</td>
<td>(2.0)</td>
</tr>
</tbody>
</table>

Over these 5 years:

The ratio of anesthesiologists to surgical & procedural specialists increased 5.7%.

- The ratio of total anesthesia professionals to surgical & procedural specialists increased 14.6%.

NOTE: Based on clinicians participating in Medicare and their primary specialty; each clinician may have up to 4 secondary specialties.
Source: Developed by CAWS based on CMS Doctors and Clinicians National Downloadable Files
Recent Additions to the Anesthesia Workforce

CAWS examined “new” anesthesiologists in 2017 and 2022.

- There was a slight decrease (7%; 2,071 vs. 1,927) in the number of new anesthesiologists.
- Age and gender distribution were similar.
- 15 states had an increase, with 4 states increasing by > 10: MA, IL, CT, and OH, representing 61% of the increases in states.
- States with largest decreases in new anesthesiologists: CA, PA, TX, MD, IN, and NY
- The new anesthesiologists practiced at 21% fewer groups in 2022 compared to 2017, but the mean group size was 18% larger, and the median was more than twice as large.
  - Largest increases occurred in large faculty practice plans and private equity groups.
- In 2022, the new anesthesiologists were distributed among 13% fewer hospitals than in 2017. Large academic medical centers captured the most physicians in both years.

Source: Estimates by CAWS based on CMS Doctors and Clinicians National Downloadable Files
Seek Clarity on Perspectives

Time is the healer of all necessary evils.
- Menander, ~300 BCE

Can we unscramble the egg? Will we ever want/need to?

Shortages: Better compensation / Job security OR
Increased substitution / Inefficiencies / Quality risks?

We need better workforce metrics, e.g., measuring demand, productivity-based supply.

The US Nursing Shortage: The Gap Could Reach 400K
Hospital RN FTEs in 2027

“A shortage exists when the number of workers available (the supply) increases less rapidly than the number demanded at the salaries in the recent past. Then salaries will rise, and activities which were once performed by (say) engineers must now be performed by a class of workers less well trained and less expensive.”


Visit the New CAWS Website!
Questions and Comments Welcome

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