

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**™

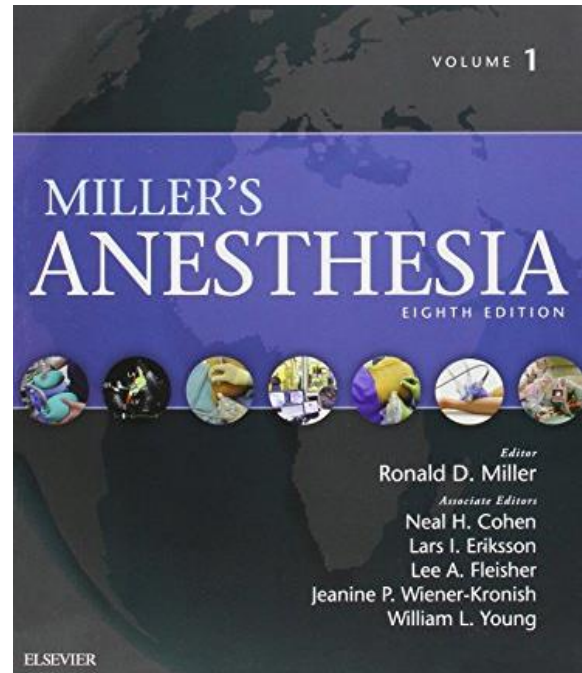
the
ANESTHESIOLOGY®
annual **meeting**

American Society of **Anesthesiologists**®

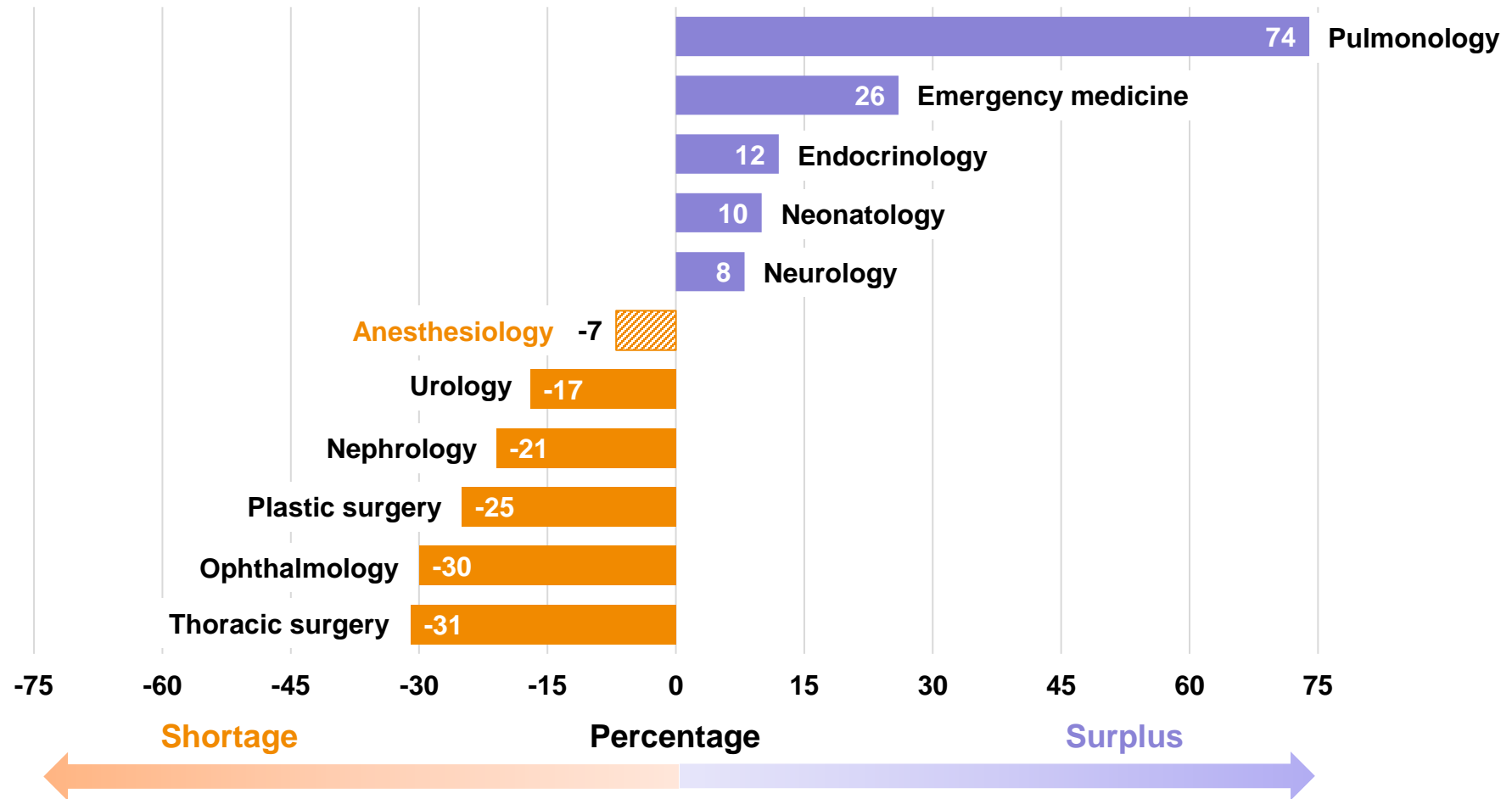
Disclosures

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



Source: Adapted by CAWS. HRSA Health Workforce. *Physician workforce: Projections, 2020-2035*. November 2022.
<https://bhwh.hrsa.gov/data-research/projecting-health-workforce-supply-demand>

Pardon the Intervention

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

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

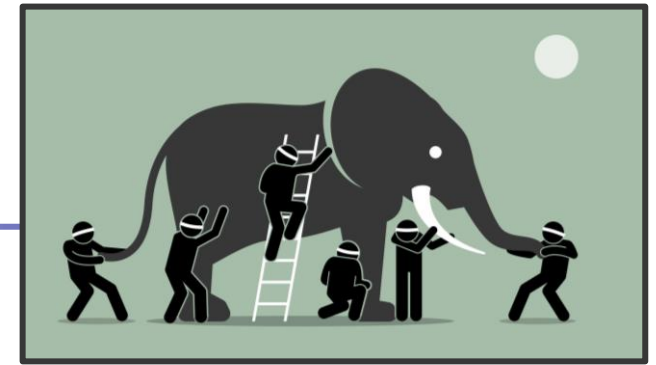
Recent Additions to the Anesthesia Workforce

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

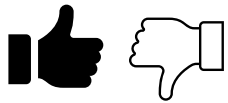


Time is the healer of all necessary evils.

- 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?

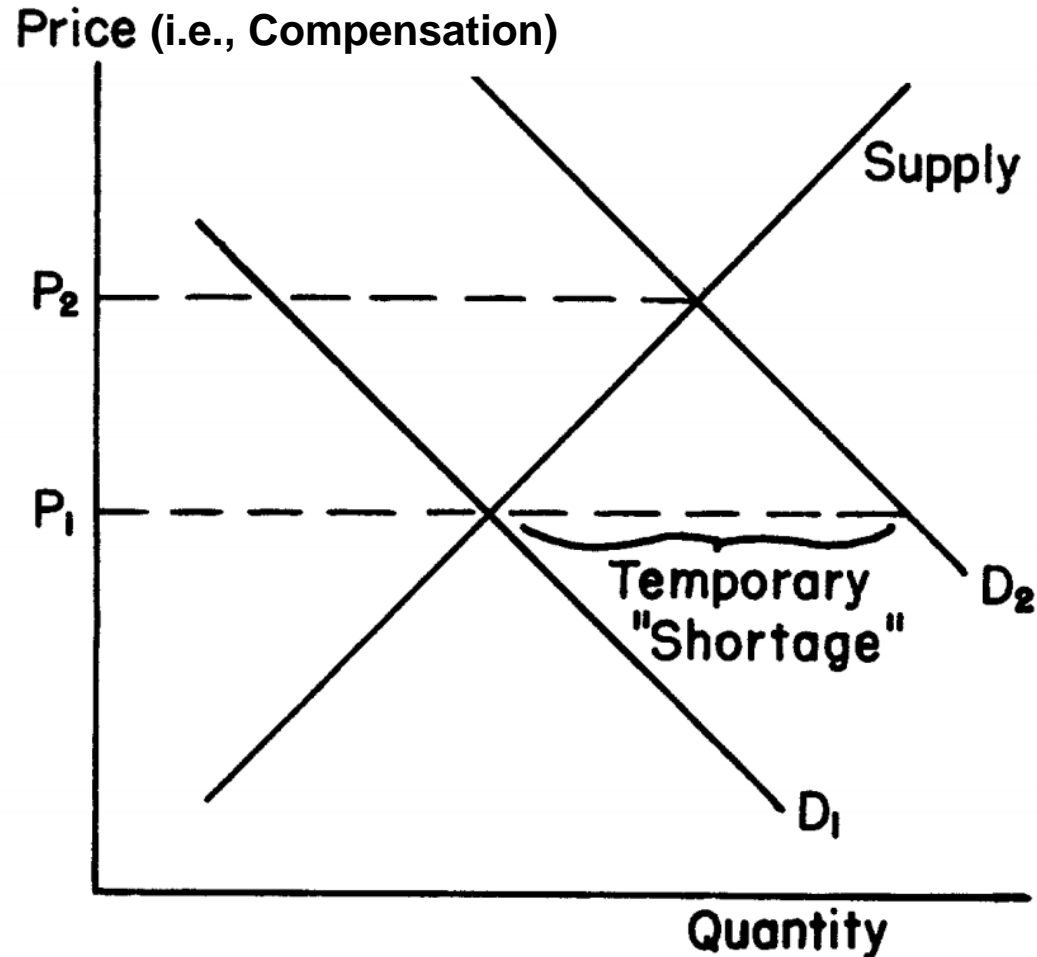


We need better workforce metrics, e.g., measuring demand, productivity-based supply.

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

L.E.K. Consulting LLC <https://www.lek.com/insights/hea/us/ei/us-nursing-shortage-gap-could-reach-400k-hospital-rn-ftes-2027#:~:text=analysis%20suggests%20the%20U.S.%20hospital,coordination%20between%20provider%20organizations%2C%20technology%2C>

You Can't Always Get What You Want...



“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.”¹

¹Blank DM, Stigler GJ. *The Demand and Supply of Scientific Personnel*; Chap. II, p. 2. (New York: National Bureau of Economic Research, 1957)

Source of figure on left: Arrow KJ, Capron WM. Dynamic shortages and price rises: the engineer-scientist case. *Quarterly Journal of Economics*. 1959. 292-308.

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Questions and Comments Welcome

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Q&A

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