National Anesthesia Workforce

Richard P. Dutton, MD MBA, FASA
- Equity option holder: US Anesthesia Partners

- ASA and ABA Committee Member (multiple)

- Ad hoc Consultant:
  - Edwards Scientific
  - Eagle Pharmaceutical
  - Merck
  - Becton-Dickson
  - 3M
  - Cerus
The Workforce Problem

- Every hospital in America wants more anesthesia service

- Hiring and retaining an adequate clinical workforce has become the hardest task of every anesthesia leader

- Anesthesia has become THE limiting factor in hospital throughput, with rooms closed and cases cancelled every day

- Everyone feels stressed by overwhelming demand
Total U.S. Procedural Volume = 100 million

Cases that MUST have an anesthesia professional

30 million

Cases that MIGHT have an anesthesia professional

20 million

50 million
Demand Side Drivers

- Non-Operating Room Anesthesia (NORA); e.g. Gastroenterology, Invasive radiology, Cardiology

- Catering to surgeons; e.g. Unfilled block times; Flexible (and unenforced) start times, ‘Flip rooms’

- Out-migration to smaller facilities, leading to inefficient schedules
Impact on Hospitals

- Rapid rise in anesthesia costs
- Inability to cover the desired schedule
- Unhappiness with legacy anesthesia groups, leading to …
  - Painful negotiations over stipend contracts
  - Daily discussions about coverage requirements and scheduling
  - The desire to employ (and control) the anesthesia workforce
  - RFPs (“Request for Proposals”): the anesthesia group gets fired
Impact on Private Practice

- Arms race for clinical talent
- Rising salaries, bonuses, benefits
- “Market volatility” – Lots of people changing jobs
- Shift to ‘gig work’: 1099 vs. W2 employment
- *Locums tenens* business booming
Solutions
Solutions: Supply Side

- **Train more anesthesia clinicians**
  - Expansion of existing programs
  - Creation of new programs and new residencies

- **Import more anesthesiologists**
  - Change visa laws
  - Change licensing and credentialing rules

- **Take advantage of other specialties with a surplus or an economic gradient that favors work as a ‘Sedationist’**
  - Emergency medicine
  - Primary care specialties
Training More Clinicians

- Existing residencies expanded by > 100 positions in 2023

- New residencies are starting in many places
  - Hospital/private practice collaborations
  - USAP – Las Vegas, Denver, Houston, Orlando
  - NorthStar – Ft. Worth
  - HCA – Tampa and elsewhere
  - Bridgeport CT – Quinnipiac College, Hartford Hospital System

- When have we grown enough?
Importing Clinicians

- Anesthesia practice in the US is highly favored

- Positions (not requiring a repeat of residency) are limited by a patchwork of state laws and local policy

- FSMB maintains a site to help navigate this: https://www.fsmb.org/step-3/state-licensure/

- ASA resources also available
Questions or Comments?

richard.dutton@usap.com