

# National Anesthesia Workforce



Richard P. Dutton, MD MBA, FASA

the  
**ANESTHESIOLOGY**<sup>®</sup>  
annual **meeting**

American Society of Anesthesiologists<sup>®</sup>



- 
- Equity option holder: US Anesthesia Partners
  
  - ASA and ABA Committee Member (multiple)
  
  - Ad hoc Consultant:
    - Edwards Scientific
    - Eagle Pharmaceutical
    - Merck
    - Becton-Dickson
    - 3M
    - Cerus

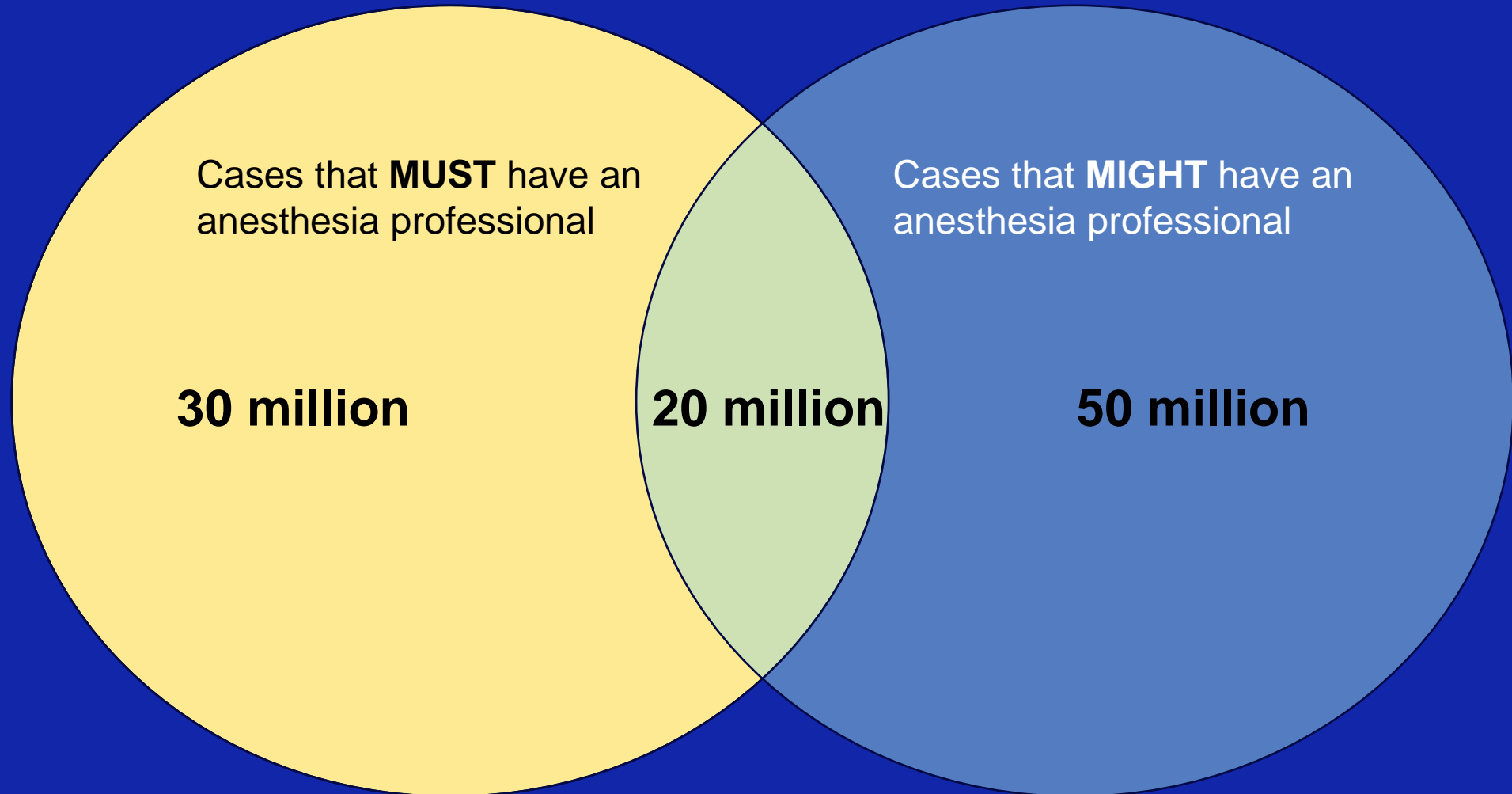
# The Workforce Problem

---

- 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

---



# 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](mailto:richard.dutton@usap.com)**