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Resident Focused: Anesthesia Practice Types – Academic Anesthesiology

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Anesthesia practices continue to evolve in response to the changing roles of Anesthesiologists, the changing healthcare economic environment, and the growing interdependence between hospitals, healthcare systems, physicians and providers of all types. Traditional practice type delineations such as Academic Practice or Private Practice are becoming blurred and traditional practice structures are being replaced as practices and systems respond to the rapidly changing healthcare environment. While no single business or organizational model within the broader categories of practice types exists, the purpose of this guide is to provide an overview of major Anesthesiology Practice types, their chief differences, and key elements essential for making an informed decision and understanding key differences in structure, contractual elements, and expectations.

While Academic practice can encompass a broad array of practice arrangements, the identifying element for academic practice is association with and activities supporting the mission of a University and/or Medical School. Academic practices incorporate teaching and structured scholarly activity, research, and service within the University and/or Medical School with their clinical mission. Traditionally, Academic practices were distinguished by a Medical School appointment and protected time for academic pursuits. However, few “pure” academic practices of this nature continue to exist and many of these practices are more appropriately referred to as mixed practices with a faculty mix consisting of both full time clinical faculty and faculty with academic duties with associated academic time.

The Academic Environment

Core missions within an academic practice include education, research, and other scholarly activities. Resident education in many Academic programs is considered a Clinical Anesthesiology function; however, medical student education is essential academic work. Academic appointments and protected academic/research time is requisite to receive grant funding. Therefore, in mixed practices, only faculty applying for grants or with formal roles in the medical school must have Academic appointments. Residency training activities are also part of the core mission of these programs and opportunities exists in these practices for formal leadership and administrative roles, educational program participation, and mentorship within these practices. While academic practices may provide protected time for these activities, there exists significant production pressure when involved with academic pursuits. A well-structured faculty development process and mentorship program is an essential component of successful Academic departments.

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Timely Topics

PAYMENT AND PRACTICE MANAGEMENT

Clinical Environment

Trends towards higher subspecialty and complex caseload, and greater Medicaid and Medicare percent caseload occur at Academic medical centers. Clinical research activity and the presence of trainees in the clinical environment add to the complexities of patient care. Use of trainees as hands on providers limits concurrency and affords faculty time for clinical teaching and greater direct involvement in patient care. Resident and other trainee presence challenges faculty to stay up to date with evidence based changes in anesthesiology practice and encourages academic dialogue. Faculty are more likely to be divided into teams surrounding subspecialty caseload and opportunity to practice a full range of subspecialties may be limited.

Compensation

Compensation for Academic anesthesiologist averages about 10– 25% less than in non-academic practices. However, compensation arrangements vary greatly between practices. Compensation for academic time may be at a discounted rate, at the discretion of the chair based on relative value towards the missions of the department, or equivalent to clinical time. The reduced compensation is associated with a decrease in efficiency and limitations to revenue associated with Academic practice as noted in the “Clinical Environment” above. Academic practices may have separate compensation tracks for Academic faculty and full time Clinical faculty. Likely, Academic faculty will have a “base” salary set by academic rank and years of service (instructor, assistant professor, associate professor, professor) and incentive that includes academic productivity. While core elements of the benefit package (retirement, health insurance, malpractice insurance, disability insurance) may lag non-Academic groups, the scope of available benefits tends to be greater and may include dependent tuition benefits, other educational benefits, and benefits associated with University employment.

Professional Growth

Opportunities for professional growth and advancement and promotion are broad within an Academic practice. In addition to Clinical and Operational leadership opportunities, educational, teaching, research, and service within the University exist. Academic departments may provide promotion capabilities within specific promotional tracks; clinician-educator, clinician-research, or research tracts as example. Successful departments provide mentorship and other faculty development resources to guide faculty and promote development within the missions of the department