


Ann & Robert H. Lurie
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Regional Anesthesia Fellowship Update

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Regional Anesthesiology and Acute Pain Medicine

- History of Regional Anesthesia Fellowships
 - Early 1980's
 - Virginia Mason Medical Center
 - Daniel Moore, MD
 - Brigham and Women's Hospital
 - Benjamin Covino, MD, PhD
 - Others
 - Duke Hospital for Special Surgery/Cornell
 - Mayo Clinic
 - McGill University
 - St. Luke's/Roosevelt/Columbia
 - University of Alberta
 - University of Florida
 - University of Manitoba
 - University of Texas/Houston
 - University of Toronto

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Regional Anesthesiology and Acute Pain Medicine

- Currently (2016).....
 - **62 RAAPM fellowships in the US**
 - **8 RAAPM fellowships in Canada**
 - **133 positions available in the US**
 - **17 positions available in Canada**

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Regional Anesthesiology and Acute Pain Medicine

Directors of Regional Anesthesia Fellowship Training

- History
- Membership
- Function
- Initiatives

Meetings Sponsored by HSS

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Group Initiatives

- Development of Guidelines
- Curriculum Development
- ACGME Accreditation
- Information Repository
- Knowledge Sharing

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ACGME Accreditation

- Pro's
 - Consistency in the curriculum
 - Rigorous review process
 - Potential subspecialty certification
 - Recruiting tool
 - Legitimacy
- Con's
 - Restrictions in the curriculum
 - ACGME hours regulations
 - Faculty practice ineligibility
 - Loss of autonomy

• Adapted from Current Opinion Anesth 20:572-575

Regional Anesthesiology and Acute Pain Medicine

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- Proposal for new Subspecialty submitted to ACGME December 2013 by Boards of ASRA and AAPM
- Exploratory Committee formed in May 2014
- Subcommittee to develop Program Requirements met from June 2015-June 2016
- Fellowship approved at September 23-25, 2016 Board of Directors meeting
- Applications online October 4th

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- Common Application in ADS must be initiated by DIO
- Sub-specialty Application on specialty page (Word format)
- **New Application Deadlines:**
 - March 26-27, 2017 RC meeting-- December 2, 2016
 - September 2017 RC meeting -- June 2, 2017 (approx.)
 - Contact [Anne Gravel Sullivan](#) or [Sonia Sangha](#) with any questions.

Information Repository

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- ASRA Website Fellowship Directory
- E-mail list of all graduates of regional anesthesia fellowship programs
 - Approx 500 graduated fellows
- What this list allows us to determine.....where are they now and what they are doing!

The Training and Careers of Regional Anesthesia Fellows—1983-2002

Joseph M. Neal, M.D., Dan J. Kopacz, M.D., Gregory A. Liguori, M.D., James D. Beckman, M.D., and Mary J. Hargett, B.S.

Regional Anesthesia and Pain Medicine, Vol 30, No 3 (May-June), 2005; pp 228-232

The Training and Careers of Regional Anesthesiology and Acute Pain Medicine Fellows, 2013

Joseph M. Neal, MD,* Gregory A. Liguori, MD,† and Mary J. Hargett, BS‡

Regional Anesthesia and Pain Medicine • Volume 40, Number 3, May-June 2015

Survey

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- 12 programs surveyed
- Programs were contacted and asked for their graduate fellow information
- 77/176 (44%) responded
- 54/77 (70%) were from 2 institutions (VMC, BWH)
- 47/77 (61%) of respondents were from academic practices

Regional Anesthesia and Pain Medicine, Vol 30, No 3 (May-June), 2005; pp 228-232

New 2013 Survey

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- Alumni from 47 programs surveyed
- 201/341* (59%) responded

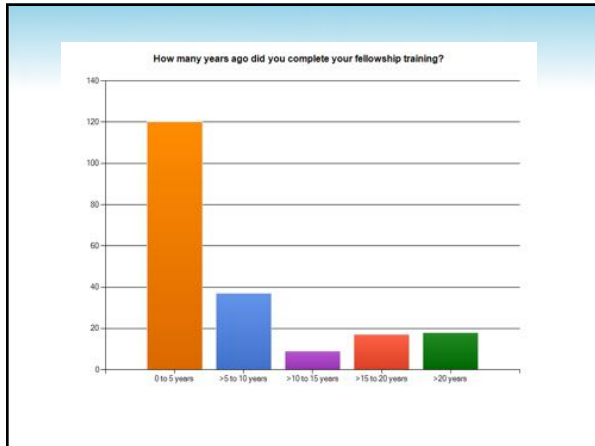
*371 Surveys Sent

- 28 Bounced Back
- 2 Opted Out of Survey

Regional Anesthesia and Pain Medicine, Vol 30, No 3 (May-June), 2005; pp 228-232

"Demographics" of Fellowships in Regional Anesthesia and Acute Pain Medicine

	2002 (US/Canada)	2012 (US/Canada)
Number of programs	16 (12/4)	47 (39/8)
States with Fellowships	7	25
Cum. Fellows trained	176	430
Average number/year	9	30



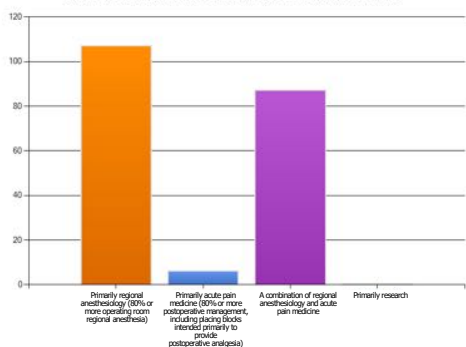
Fellowship Training.....Then



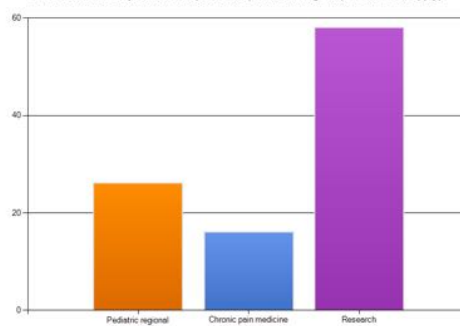
Fellowship Training.....Now

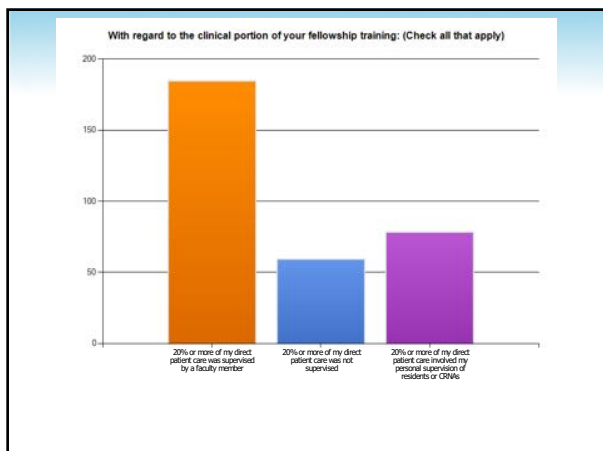


Which one of the following best describes your fellowship curriculum?



Did 20% or more of your fellowship involve specific training in? (Check all that apply)

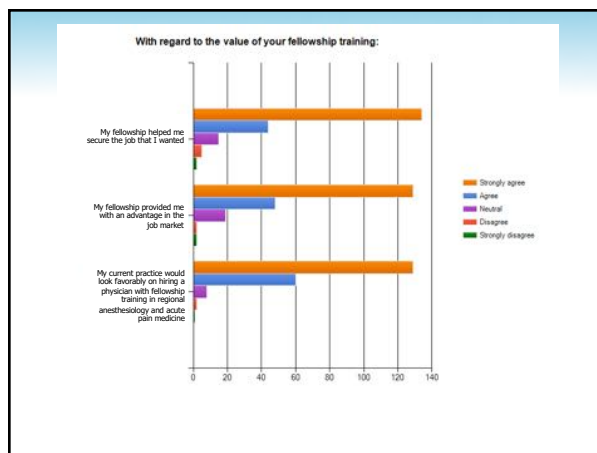




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Where are our graduate fellows practicing?

	2002	2012
Academic Practice	49%	53%
Private Practice	43%	23%
"Hybrid" Practice	8%	24%



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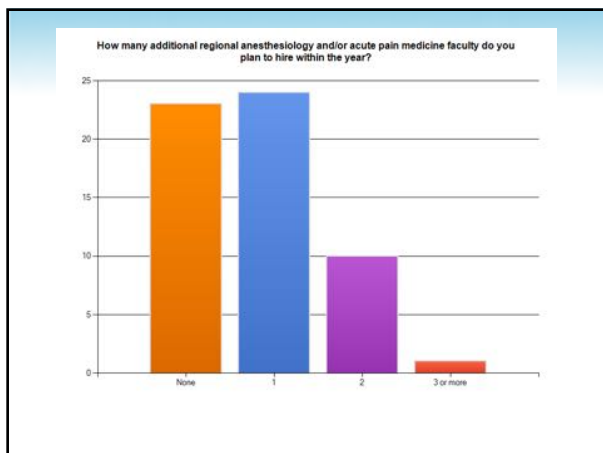
How are our graduate fellows "staying current"?

	2002	2012
Members of ASRA	73%	79%
Read RA Literature	92%	78% (RAPM)

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Academic Chairs Survey

	2002 (61)	2012 (58)
Additional RA faculty needed	2 (±2)	1 (±1)



What is it worth?

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Impact of including regional anaesthesia in enhanced recovery protocols: a scoping review
 D. I. McIsaac^{1,2,3}, E. T. Cole¹ and C. J. L. McCartney^{1,2,3,*}
British Journal of Anaesthesia, 115 (52): 948-956 (2015)

- 58 studies
 - 37 RCT, 1 non-RCT
 - All inpatient, 55 elective

Flowchart illustrating outcomes:

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    ERP with RA → [Decreased PONV, Decreased pain, Improved mobility, Improved organ function] → [Decreased LOS, Decreased readmissions, Decreased complications] → [Population health outcomes, Patient experience, Lower per capita cost]
    
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Proximal outcomes → Intermediary outcomes → Triple Aim

- Of all studies, X% found..
 - 58% significant improvement in pain
 - 28% improved PONV outcomes
 - 46% mobility improved
 - 52% improved GI function
 - 42% shorter LOS
 - 5% lower readmissions
 - 27% decrease in adverse events
 - Consistent signal towards improved economic outcomes with RA included in ERPs
 - Need more value, based outcomes!

Pain and Cost Saving Case Study

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TABLE 3. PACU-Associated Outcomes in Pediatric Patients Undergoing ACL Repair

Variable	Control (n = 36)	Nerve Block (n = 18)	P
PACU phase I stay, min	87 ± 37	82 ± 27	0.373
PACU phase II stay, min	102 ± 100	145 ± 76	0.014*
PACU episode, n(%)	0 (0%)	0 (0%)	0.000*
PACU assessment, min	6 (17%)	7 (39%)	0.011*
PACU extubation time	31 (86%)	35 (100%)	0.006*
PACU discharge	4 (11%)	9 (50%)	0.008*
URIA	7 (19%)	8 (44%)	0.042*

TABLE 4. Peripheral Nerve Block Costs and Savings

Variable	No Ambulatory Pump		Ambulatory Pump	
	PNB in OR	PNB in Block Room	PNB in OR	PNB in Block Room
Itemized cost	\$55.27	\$55.27	\$294.14	\$294.14
Disposable supplies	\$47.01	\$47.01	\$47.01	\$47.01
all Consum	\$79.82	\$79.82	\$79.82	\$79.82
1x Single-shot PNB	\$74.81	\$74.81	\$74.81	\$74.81
4x catheter PNB	\$69.00	\$69.00	\$127.50	\$127.50
6x Single-shot SNB	4.000	4.000	9.000	9.000
PNB in OR	\$112.91	\$112.91	\$625.85	\$625.85
Subtotal costs				
Savings				
PNB in block room		(\$71.08)	(\$263.33)	(\$73.00)
USG*		(\$263.33)	(\$263.33)	(\$263.33)
PACU 2 day†		(\$148.39)	(\$148.39)	(\$148.39)
Pharmacy		(\$5.71)	(\$5.71)	(\$5.71)
Subtotal savings		(\$427.91)	(\$427.91)	(\$500.43)
Total cost savings‡		\$115.00	\$230.00	\$197.94

*USG, average added cost across all patients undergoing ACL, without nerve block, \$470.75; with nerve block, \$106.96.
 †PACU 2 day average cost across all patients undergoing ACL, without nerve block, \$487.04; with nerve block, \$488.65.
 ‡Sum of subtotal savings minus subtotal cost.
 PNB indicates femoral nerve block, SNB, sciatic nerve block.



Summary

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- Growth
- Initiatives
- Competition and Prospects