# PERFECT STORM PART II: IS A TSUNAMI BREWING?

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## Conflict of Interest & Why am I qualified to do this?

- I have no conflicts except:

(1) I have a long standing interest in the economics of academic anesthesia practice dating back to collaborations which began with Amr Abouleish and others in the late 1990's.

(2) Mark Hudson, Amr Abouleish, and I continue to perform collaborative research utilizing national databases.



## Perfect Storm Overview: Part I

**This has been presented from 2000-2011 by Kevin Tremper and leaves a wonderful legacy for us in Academic Anesthesiology.**

**No data was presented in 2012 at the SAAA Meeting. I have presented 2012 data for completeness in some of the slides. I have compiled this data since 2013.**



# Outline

1. 2018 SAAA Survey
2. 2019 SAAAPD Report

## The Etiology of Perfect Storm Part I

MATCH DAY 1994




## Wall Street Journal March 17, 1995 – *G. Anders* "Once a hot specialty, Anesthesiology cools as insurers scale back"

- 1994 Grads-1,863 Residents graduate from Anesthesia Residencies
- 1995 Start – 892 Residents, consisting of 348 IMG's and 544 AMG's
- "This was the start of the lost generation." The specialty is now feeling this loss at another level, as individuals from this "lost generation" should be morphing into significant leadership positions.

## Size of Residency Training Programs

- In 2018- 1,434 Senior Residents. A total of 6,346 Anesthesiology Residents are enrolled in 153 Core Residency Programs graduated
- (**44% women enrolled in all specialty and subspecialty training programs**).

**Residency Production: Confounding Factors**

- In 2018, we know that the following pursued ACGME fellowships:

| Number of Programs (N) | Positions Filled | % Women |
|---|---|---|
| Critical Care Medicine (N=62) | 194/246 | 36% |
| Pain Medicine (N=102) | 381/409 | 22% |
| Pediatrics (N=60) | 244/257 | 49% |
| Adult Cardiothoracic (N=66) | 217/222 | 29% |
| OB (N=34) | 45/59 | 62% |
| Clinical Informatics (N=1) | 2/2 | 0% |
| Regional & Acute Pain (N=18) | 50/59 | 38% |
| **Total** | **1,133/1,254** | |



# SAAA YEARLY SURVEY DATA 2018

**n=88**



## 2018 Department

| Attending Physician FTEs | Mean | +/- SD | Median |
|---|---|---|---|
| Surgical Anesthesiologist FTEs | 45.3 | 30.9 | 38.8 |
| Acute Pain (In-Patient) | 2.1 | 2.35 | 1.1 |
| Chronic Pain (Out-Patient) | 3.5 | 2.59 | 3.0 |
| ICU | 3.4 | 3.64 | 2.0 |
| Pre-Op Clinic | 1.1 | 0.96 | 1.0 |
| Other | 1.5 | 2.86 | 0.0 |
| **Total** | **56.9** | | |



## 2018 Department (cont'd)

| Academic Rank | Clinical Anesthesiology Faculty: Total *Mean* | Clinical Anesthesiology Faculty: Total FTEs *Mean* | Clinical Anesthesiology Faculty: Clinical FTEs *Mean* |
|---|---|---|---|
| Chair | 1.0 | 1.0 | 0.3 |
| Professor | 8.8 | 8.3 | 5.3 |
| Associate Professor | 14.8 | 14.0 | 10.7 |
| Assistant Professor | 38.5 | 35.7 | 29.4 |
| Instructor | 5.8 | 5.1 | 3.9 |
| Non Academic Clinical | 4.1 | 3.2 | 3.0 |
| **Total** | **73.0** | **67.3** | **52.7** |

*52.7/67.3 – 78% (22% non-clinical)



## National Clinical Coverage

| | Mean | +/- SD | Median |
|---|---|---|---|
| How many OR's does your Department cover each day Monday- Friday? | 45.7 | 23.7 | 40 |
| How many Non-OR/Off Site locations does your Department cover each day Monday-Friday? | 12.4 | 7.86 | 10 |
| How many OB deliveries with anesthesia involvement does your Department have each year? *How do we staff OB at night and at what level of deliveries does it take to have a dedicated person covering this service? | 3,586 | 4,556 | 2,500 |



## OB Staffing

| | Nights | Weekends |
|---|---|---|
| Separately Assigned MD | 51% | 50% |
| Crossover Faculty from Main OR | 35% | 34% |
| Other | 2% | 3% |
| No Answer | 11% | 11% |

# National Clinical Coverage

| | Mean | +/- SD | Median |
|---|---|---|---|
| How many faculty do you have on each of these services per day on average, Monday - Friday in the daytime. | | | |
| OR | 31.5 | 20.9 | 26 |
| OB | 1.7 | 1.33 | 1 |
| ICU | 2.2 | 1.93 | 2 |
| Acute Pain | 1.5 | 1.24 | 1 |
| Pain Clinic | 2.9 | 1.96 | 2.5 |
| Pre-Op Clinic | 1.1 | 0.88 | 1 |
| Other | 2.0 | 4.21 | 0 |
| **Total** | **42.9** | | |

* Reflection of total faculty not clinical FTE



# Department Clinical Sites Coverage Monday-Friday

| | Mean | +/- SD | Median |
|---|---|---|---|
| ORs | 45.7 | 23.7 | 40 |
| Off Site | 12.4 | 7.86 | 10 |
| OB | 1.7 | 1.33 | 1 |
| ICU | 2.2 | 1.93 | 2 |
| APS | 1.5 | 1.24 | 1 |
| Pain | 2.9 | 1.96 | 2.5 |
| Pre-Op | 1.1 | 0.88 | 1 |
| Other | 2.0 | 4.21 | 0 |
| **Total** | **69.5** | | |



# National Institutional Support

| | Mean | +/- SD |
|---|---|---|
| Institutional Support ↑ | $ 13,201,714 | $ 8,872,979 |
| Institutional Support / FTE ↑ | $ 224,091 | $ 150,271 |
| | | |
| | | |
| | | |
| | | |



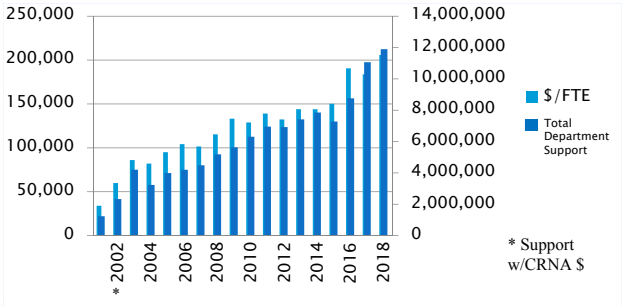
| Total Support | 25% | Median | 75% |
|---|---|---|---|
| Total Support | $ 5,154,694 | $ 11,895,000 | $ 19,528,282 |
| Total Support per FTE ↑ | $ 118,489 | $ 205,793 | $ 307,638 |

## Mean National Institutional Support

| | | |
|---|---|---|
| **Total Support/FTE** | **2018** | **$ 224,091** |
| | **2017** | **$ 183,712** |
| | **2016** | **$ 190,584** |
| | **2015** | **$ 191,912** |
| | **2014** | **$ 196,441** |
| | **2013** | **$ 181,000** |



# Total National Department Support (Without CRNA Support)






# Comparison of Economic Status by Departmental Size

<40 (n=16) 88+ (n=26)

| <40 n= 16 | Mean | +/- SD | Median |
|---|---|---|---|
| Institutional Support ↑ | $ 7,987,996 | $ 5,870,159 | $ 6,000,000 |
| Institutional Support per FTE ↑ | $ 320,119 | $ 186,040 | $ 241,677 |

| 88+ n= 26 | Mean | +/- SD | Median |
|---|---|---|---|
| Institutional Support ↑ | $ 17,674,189 | $ 9,298,644 | $ 18,505,216 |
| Institutional Support per FTE ↑ | $ 166,912 | $ 90,147 | $ 188,803 |



## National Departmental Revenue Producers

| | Mean | +/- SD | Median |
|---|---|---|---|
| ASA Unit Production | $45.3 | $30.9 | $38.8 |
| Chronic (Out-Patient) Pain | $3.5 | $2.59 | $3.0 |
| Clinical ICU | $3.4 | $3.64 | $2.0 |
| Acute (In-Patient) Pain | $2.1 | $2.35 | $1.1 |
| Pre-Op Clinic | $1.1 | $0.96 | $1.0 |
| Other | $1.5 | $2.86 | $0 |
| **Total** | **$55.9** | | |



## National Department Clinical Revenue

| | Mean | +/- SD |
|---|---|---|
| ASA Units | $ 34,221,889 | $ 28,290,073 |
| ICU Units | $ 2,026,114 | $ 2,765,891 |
| Pain Units | $ 2,547,235 | $ 2,995,337 |
| Other | $ 1,547,126 | $ 2,482,999 |
| **Total ↑** | **$ 45,342,364** | |



## National Collection / FTE

| | Mean | +/- SD |
|---|---|---|
| ASA Units | $ 547,710 | $ 428,312 |
| ICU Units | $ 26,459 | $ 31,605 |
| Pain Units | $ 40,392 | $ 67,491 |
| Other | $ 25,851 | $ 67,753 |

Is it a true reflection of clinical FTE??



| Billing Production National | Mean | +/- SD | Median |
|---|---|---|---|
| Total Anesthesia Units Billed | 801,507 | 439,187 | 735,113 |
| Total Anesthesia Units Billed Per FTE ↑ | 13,580 | 13,563 | 11,555 |

| Billing Data | Mean | +/- SD |
|---|---|---|
| What is your average $ amount collected per unit? | $ 45.99 | $ 34.60 |



| Number of Units Billed | Mean | +/- SD |
|---|---|---|
| ASA Units | 801,507 | 439,187 |
| ICU Work Units | 29,880 | 37,204 |
| Pain Work Units | 26,718 | 21,421 |
| Other | 20,914 | 35,971 |

| Billing – Collection Mean Summary | Mean | +/- SD | Median |
|---|---|---|---|
| ASA (Base and Time) units billed for anesthesia service | $45.99 | $34.60 | $36.11 |
| Work units in ICUs (wRVUs) | $64.41 | $79.87 | $55.27 |
| Units for Pain (wRVUs) | $96.39 | $122.57 | $79.89 |
| Any other billed services | $65.79 | $54.24 | $60.10 |

## ASA Units – Collections for Anesthesia Services

| n | Mean | SD | 90% | 75% | 50% | 25% |
|---|---|---|---|---|---|---|
| 85 | $45.99 | $34.60 | $90.74 | $49.88 | $36.11 | $28.19 |

## wRVUs – Collections in ICUs

| n | Mean | SD | 90% | 75% | 50% | 25% |
|---|---|---|---|---|---|---|
| 72 | $64.41 | $79.87 | $101.40 | $66.77 | $55.27 | $37.84 |

## wRVUs – Collections for Pain

| n | Mean | SD | 90% | 75% | 50% | 25% |
|---|---|---|---|---|---|---|
| 79 | $96.39 | $122.57 | $143.31 | $105.16 | $79.89 | $54.47 |



## ASA Units Billed: ASA Units/Year

| n | Mean | SD | 90% | 75% | 50% | 25% |
|---|---|---|---|---|---|---|
| 85 | 801,507 | 439,187 | 1,269,715 | 1,077,654 | 735,113 | 510,108 |

## Units Billed: ICU wRVUs/Year

| n | Mean | SD | 90% | 75% | 50% | 25% |
|---|---|---|---|---|---|---|
| 74 | 29,880 | 37,204 | 71,284 | 42,031 | 20,265 | 5,654 |

## Pain wRVUs/Year

| n | Mean | SD | 90% | 75% | 50% | 25% |
|---|---|---|---|---|---|---|
| 78 | 26,718 | 21,421 | 60,630 | 34,953 | 20,841 | 12,768 |



## Number of ASA Units Billed/FTE: ASA Units

| n | Mean | SD | 90% | 75% | 50% | 25% |
|---|---|---|---|---|---|---|
| 85 | 13,580 | 13,563 | 18,118 | 14,795 | 11,555 | 9,498 |



## SAAA 2018 Compensation
## Total Compensation Including Income Plus Pension Contributions

| Compensation Includes Income Plus Pension Contribution | 25% | Median | 75% |
|---|---|---|---|
| Instructor ↑ | $226,494 | $298,000 | $332,019 |
| Assistant Professor ↑ | $331,409 | $358,143 | $386,604 |
| Associate Professor ↑ | $368,090 | $391,257 | $423,697 |
| Professor ↑ | $388,882 | $411,550 | $443,507 |
| Non Academic Clinical ↑ | $166,838 | $276,133 | $386,391 |
| Chair ↑ | $561,656 | $600,000 | $677,250 |

*Is not a reflection of C FTE



## Faculty Benefits

| | 25% | Median | 75% |
|---|---|---|---|
| Instructor | $0 | $17,537 | $47,250 |
| Assistant Professor | $49,617 | $60,517 | $76,426 |
| Associate Professor | $50,228 | $65,309 | $82,584 |
| Professor | $51,894 | $66,357 | $87,539 |
| Non Academic Clinician | $0 | $0 | $24,438 |
| Chair | $60,377 | $85,869 | $118,225 |



## Summary of 2018 Submissions

For the Average Department

- Less Faculty
- Same or more clinical work as reflected by ASA units and work RVUs
- Greater compensation per faculty
- Deteriorating payor mix
- Unprecedented increase in Institutional Support

# Understanding Clinical Productivity for Anesthesiology Departments

**Utilize the Following:**

- Not Simple
- Key Point: Organizational factors that determine a facility type impact clinical productivity.
- To best understand, compare to similar types of facilities:
  - ASC to ASC
  - Community Hospital to Community Hospital
  - AMC / Trauma to AMC / Trauma



## Anesthesiology Group Clinical Productivity: Measuring, Comparing, Benchmarking

- Measuring:
  - Develop metrics that work for your department
  - Essential: Need to know what the metric values and devalues
  - Dashboard: Used to identify areas to look at more closely
- Comparing
  - Done within a department by comparing facilities
  - Best if similar type of facilities
  - Can adjust for non-anesthesia factors
  - Often done by comparing the same facility to previous years
- Benchmarking
  - Need national data benchmarks
  - Metrics defined the same way for all groups
  - Not as granular as internal metrics
  - Limited comparisons
  - Need to benchmark to similar facilities (type and size) since you can't control non-anesthesia factors

Covers Measuring, Comparing, Benchmarking


## BENCHMARKING DATA FOR SAAAPD

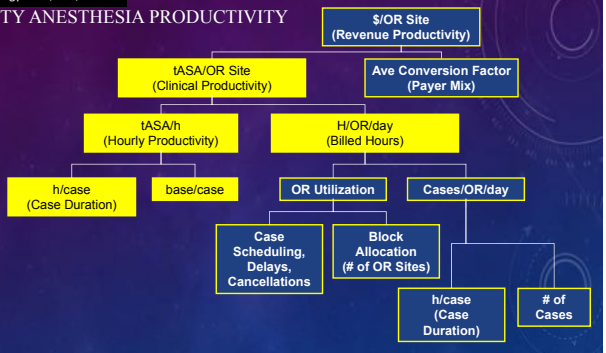
- 2003 Data
  Anesth Analg 96: 802-812; 2003
  Abouleish AE, Prough DS, Barker SJ, Whitten CW, Uchida T, Apfelbaum JL. Organizational Factors Affect Comparisons of Clinical Productivity of Academic Anesthesiology Departments.
- 2013 SAAA Report
  http://anesth.utmb.edu/Public/publications/SAAAReport.pdf
- 2019 SAAAPD Report: Surgical Anesthesia

## 2019 SAAPD REPORT

- Designed to report data by facilities
- Provides median values for all facilities, then type of facilities, and size of facilities
- Then breakout for each category and subcategories that includes Mean, 10th, 25th, 50th, 75th, and 90th percentile
- Allows for benchmarking your facility three ways: to all, to same type, and to same size

Anesthesiology 2019; 130;336-48

FACILITY ANESTHESIA PRODUCTIVITY



## 2019 SAAAPD REPORT: MEDIAN BY FACILITY TYPE

| | All Facilities | AMC | Community | Children | ASC |
|---|---|---|---|---|---|
| n | 140 | 69 | 26 | 7 | 38 |
| tASA/case | 13.9 | 15.9 | 12.0 | 13.9 | 8.8 |
| Base/case | 5.8 | 6.3 | 5.3 | 6.3 | 4.4 |
| h/case | 2.0 | 2.3 | 1.9 | 2.0 | 1.1 |
| h/OR/d | 6.5 | 7.3 | 5.8 | 6.3 | 4.4 |
| case/OR/d | 3.2 | 3.1 | 3.4 | 3.0 | 3.7 |
| tASA/OR | 11,546 | 12,592 | 11,164 | 12,364 | 8,911 |
| tASA/h | 7.0 | 6.8 | 7.2 | 7.3 | 7.8 |

## 2019 SAAAPD REPORT: MEDIAN BY FACILITY SIZE: USE SIMILAR FACILITY TYPES

| | All Facilities | AMC | Community | Children | ASC |
|---|---|---|---|---|---|
| n | 140 | 69 | 26 | 7 | 38 |
| tASA/case | 13.9 | 15.9 | 12.0 | 13.9 | 8.8 |
| Base/case | 5.8 | 6.3 | 5.3 | 6.3 | 4.4 |
| h/case | 2.0 | 2.3 | 1.9 | 2.0 | 1.1 |
| h/OR/d | 6.5 | 7.3 | 5.8 | 6.3 | 4.4 |
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| tASA/OR | 11,546 | 12,592 | 11,164 | 12,364 | 8,911 |
| tASA/h | 7.0 | 6.8 | 7.2 | 7.3 | 7.8 |

## 2019 SAAAPD REPORT: MEDIAN BY NUMBER OF ANESTHETIZING SITES

| | ASC<10 | nonASC <10 | nonASC 10-19 | nonASC 20-39 | nonASC 40 or more |
|---|---|---|---|---|---|
| n | 34 | 23 | 16 | 28 | 35 |
| tASA/case | 8.7 | 12.8 | 14.6 | 14.5 | 16.1 |
| Base/case | 4.3 | 5.1 | 6.2 | 5.9 | 6.7 |
| h/case | 1.1 | 2.0 | 2.1 | 2.2 | 2.4 |
| h/OR/d | 4.5 | 5.7 | 7.0 | 7.5 | 7.1 |
| case/OR/d | 4.1 | 3.0 | 3.2 | 3.3 | 3.1 |
| tASA/OR | 9,019 | 11,452 | 12,746 | 12,719 | 12,290 |
| tASA/h | 7.6 | 7.2 | 7.2 | 6.7 | 6.9 |

## MEDIAN TASA/OR DOES NOT MEAN MEDIAN OTHER MEASUREMENTS

| | AMC (n=69) Median | Group 1 | Group 2 | Group 3 |
|---|---|---|---|---|
| Sites | 39 | 57.75 | 25.00 | 42.00 |
| Staffing Ratio | 1.8 | 1.3 | 2.3 | 1.6 |
| tASA/case | 15.9 | 15.4 | 15.9 | 14.3 |
| Base/case | 6.3 | 6.5 | 6.7 | 8.3 |
| h/case | 2.3 | 2.2 | 2.3 | 1.5 |
| h/OR/d | 7.3 | 7.2 | 7.3 | 5.3 |
| case/OR/d | 3.1 | 3.2 | 3.2 | 3.5 |
| tASA/OR | 12,592 | 12,398 | 12,592 | 12,624 |
| tASA/h | 6.8 | 6.9 | 6.9 | 9.6 |

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| h/case | 2.3 | 2.2 | 2.3 | 1.5 |
| h/OR/d | 7.3 | 7.2 | 7.3 | 5.3 |
| case/OR/d | 3.1 | 3.2 | 3.2 | 3.5 |
| tASA/OR | 12,592 | 12,398 | 12,592 | 12,624 |
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| tASA/OR | 12,592 | 12,398 | 12,592 | 12,624 |
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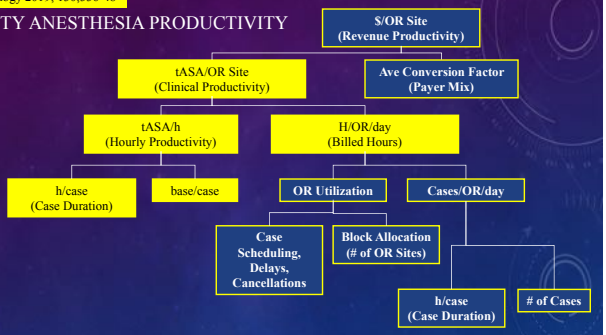
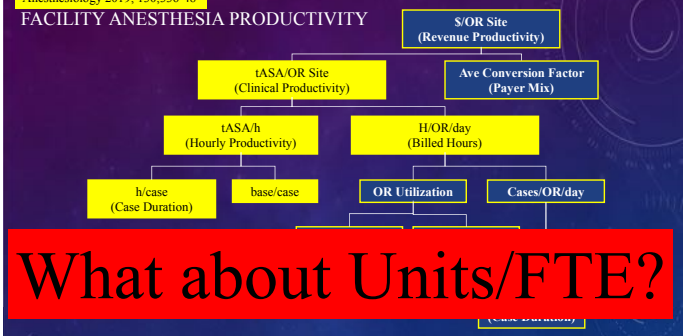
FACILITY ANESTHESIA PRODUCTIVITY




Anesthesiology 2019; 130;336-48

FACILITY ANESTHESIA PRODUCTIVITY




# What about Units/FTE?

## "PER FTE" MEASUREMENTS IN ANESTHESIOLOGY CLINICAL PRODUCTIVITY CAN BE MISLEADING

- 2019 SAAPD Report
- ASC only
- MD only vs. >2.0 staffing ratio
- Per MD means per anesthesiologist in the OR that day
- Per MD does not equal Per FTE

| | | |
|---|---|---|
| | | |
| | | |
| | | |
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| | | |
| | | |

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- Per MD means per anesthesiologist in the OR that day
- Per MD does not equal Per FTE

| | MD only | Staffing ratio >2 |
|---|---|---|
| Cases/MD | | |
| | | |
| tASA/MD | | |
| | | |
| H billed/day/MD | | |
| | | |

## "PER FTE" MEASUREMENTS IN ANESTHESIOLOGY CLINICAL PRODUCTIVITY CAN BE MISLEADING

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- ASC only
- MD only vs. >2.0 staffing ratio
- Per MD means per anesthesiologist in the OR that day
- Per MD does not equal Per FTE

| | MD only | Staffing ratio >2 |
|---|---|---|
| Cases/MD | 984.2 | 2,886.5 |
| | | |
| tASA/MD | 8,765 | 26,033 |
| | | |
| H billed/day/MD | 4.7 | 12.1 |
| | | |

## "PER FTE" MEASUREMENTS IN ANESTHESIOLOGY CLINICAL PRODUCTIVITY CAN BE MISLEADING

- 2019 SAAPD Report
- ASC only
- MD only vs. >2.0 staffing ratio
- Per MD means per anesthesiologist in the OR that day
- Per MD does not equal Per FTE

| | MD only | Staffing ratio >2 |
|---|---|---|
| Cases/MD | 984.2 | 2,886.5 |
| Cases/OR | 984.2 | 1,124.8 |
| tASA/MD | 8,765 | 26,033 |
| tASA/OR | 9,241 | 8,931 |
| H billed/day/MD | 4.7 | 12.1 |
| H billed/day/OR | 4.7 | 4.6 |

## "PER FTE" MEASUREMENTS IN ANESTHESIOLOGY CLINICAL PRODUCTIVITY CAN BE MISLEADING

- 2019 SAAPD Report
- ASC only
- MD only vs. >2.0 staffing ratio

Unfortunately, deans, consultants, administrators want "units per FTE".
No meaningful benchmarking because of factors that affect "units per FTE"
Can use internally if control factors …

| | MD only | Staffing ratio >2 |
|---|---|---|
| Cases/MD | 984.2 | 2,886.5 |
| Cases/OR | 984.2 | 1,124.8 |
| H billed/day/MD | 4.7 | 12.1 |
| H billed/day/OR | 4.7 | 4.6 |

## tASA/FTE MEASUREMENT: PRODUCTIVITY FROM ANESTHESIA CARE (NON OB)

Measurement does not include:
- other billable work (Lines, OB, acute pain, chronic pain, ICU, Consults)
- non-billable work (DSU preop, PACU, Schedule Runner)

## tASA/FTE MEASUREMENT: PRODUCTIVITY FROM ANESTHESIA CARE (NON OB)

$$\frac{tASA}{FTE} =$$

Measurement does not include:
- other billable work (Lines, OB, acute pain, chronic pain, ICU, Consults)
- non-billable work (DSU preop, PACU, Schedule Runner)

## tASA/FTE MEASUREMENT: PRODUCTIVITY FROM ANESTHESIA CARE (NON OB)

$$\frac{tASA}{FTE} = \frac{tASA}{OR} \left| \quad \right| \quad$$

Measurement does not include:
- other billable work (Lines, OB, acute pain, chronic pain, ICU, Consults)
- non-billable work (DSU preop, PACU, Schedule Runner)

## tASA/FTE MEASUREMENT: PRODUCTIVITY FROM ANESTHESIA CARE (NON OB)

$$\frac{tASA}{FTE} = \frac{tASA}{OR} \left| \frac{OR}{ORFTE} \right| \quad$$

Measurement does not include:
- other billable work (Lines, OB, acute pain, chronic pain, ICU, Consults)
- non-billable work (DSU preop, PACU, Schedule Runner)

ORFTE = regular weekdays providing surgical anesthesia / total workdays available
FTE = full time equivalent

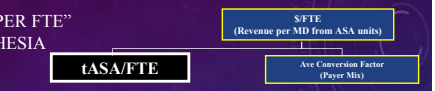
## tASA/FTE MEASUREMENT: PRODUCTIVITY FROM ANESTHESIA CARE (NON OB)

$$\frac{\text{tASA}}{\text{FTE}} = \frac{\text{tASA}}{\text{OR}} \left| \frac{\text{OR}}{\text{ORFTE}} \right| \frac{\text{ORFTE}}{\text{FTE}}$$

Measurement does not include:
- other billable work (Lines, OB, acute pain, chronic pain, ICU, Consults)
- non-billable work (DSU preop, PACU, Schedule Runner)

ORFTE = regular weekdays providing surgical anesthesia / total workdays available
FTE = full time equivalent

## INTERNAL: USING "UNITS PER FTE" NON OB SURGICAL ANESTHESIA




Anesthesiology 2019; 130;336-48

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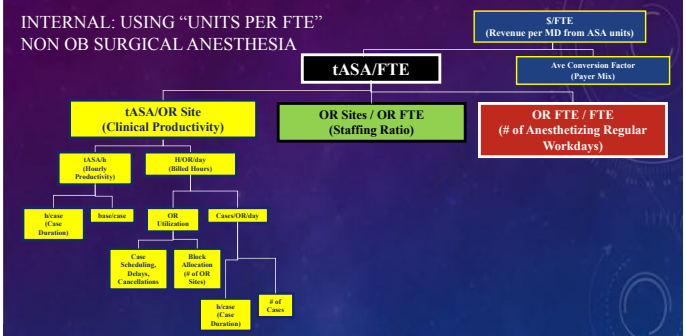


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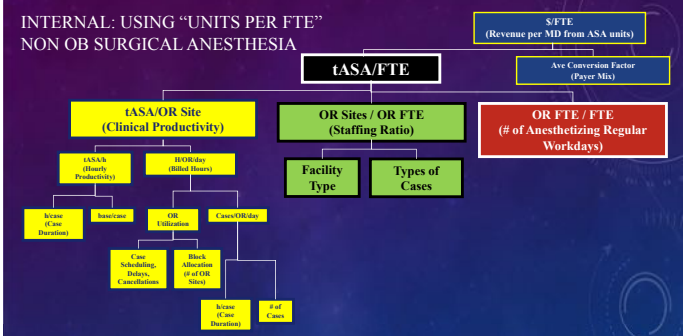


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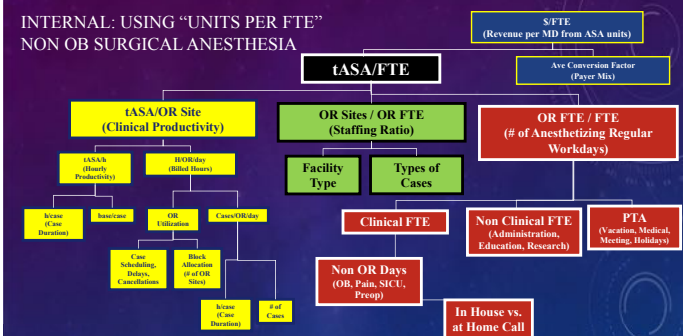
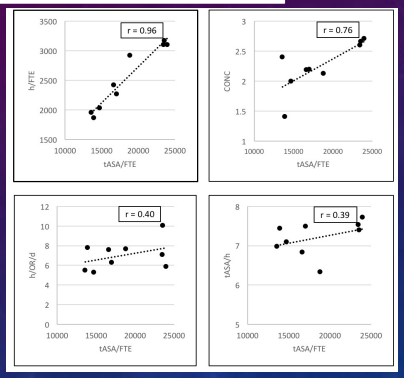


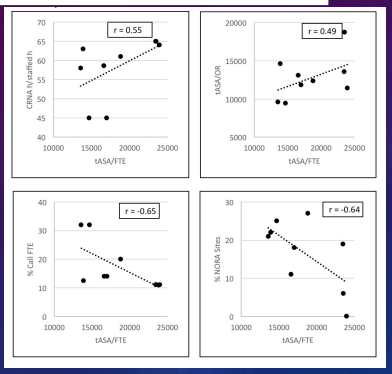

Anesthesiology 2019; 130;336-48

Figure 3. Correlation of tASA/FTE with factors impacting productivity




Hudson ME, Lebovitz EE. Measuring clinical productivity. Anesthesiology Clin 2018; 36(2): 143-60

Figure 3. Correlation of tASA/FTE with factors impacting productivity (cont.d)




Hudson ME, Lebovitz EE. Measuring clinical productivity. Anesthesiology Clin 2018; 36(2): 143-60

# OB ANESTHESIOLOGY

| | Small | Low Medium | High Medium | Large |
|---|---|---|---|---|
| **Deliveries/year** | 0-1,199 | 1,200-2,399 | 2,400-3,599 | ≥3,600 |
| **C-sections/year** | 0-359 | 360-719 | 720-1,079 | ≥1,080 |
| **Epidurals/year** | 0-719 | 720-1,439 | 1,140-2,159 | ≥2,160 |

## SUMMARY OF KEY FINDINGS OF OB

1. % Epidurals: The Small facilities had slightly lower % ranging from 52-59% median values, while all the other groupings had median values ranging from 59-66%.

2. % C-sections: Smallest facilities had the highest median values ranging 37-38%, while the other facilities ranged from 28%-32% (except one with 38%).

3. As expected, dedicated staffing for the labor and delivery unit was different depending on size of workload. Although findings different slightly by which grouping one used, the following is based on total deliveries/year grouping.

a. Small Groups had a high percentage of facilities with no dedicated clinician providing obstetric anesthesia during the day or in-house on call.

b. Low Medium groups had >80% of facilities with an anesthesiologist assigned to obstetric anesthesia during the day, but about half had an anesthesiologist assigned on call in-house.

## SUMMARY OF KEY FINDINGS OF OB *(CONT'D)*

c. High Medium groups almost all had an anesthesiologist assigned during the day, but only about half had an anesthesiologist in-house on call.

d. Large groups had 100% anesthesiologist assigned to obstetric anesthesia during the day and 94% had an anesthesiologist in-house on call.

3. 24/7 tubal ligations are typically provided in about half of facilities, except for small facilities that are only offered in less 20% of the facilities.

4. Alternatives to epidurals – specifically Nitrous Oxide or PCA Remifentanil – are not offered as often within small facilities. In Large facilities, Nitrous Oxide was available in more than half of the facilities, and PCA Remifentanil 40-50%.

## ICU

- Abouleish, Hudson and Whitten felt the data were "too dirty" to draw conclusions.
- Our recommendation is to repeat involving subject matter experts and beta testing

## SUMMARY OF COMPARING PRODUCTIVITY

- Review Article: Anesthesiology February 2019 provides detailed discussion of how to do this and what each measurement is calculated and means
- SAAAPD 2019 Report provides benchmarking data (more than what was presented)
- "per FTE" measurements are only valid internally because of the many non-anesthesiologist factors

My observation in running a large Department,
AND SPEAKING TO OTHER CHAIRS, is that there is a shifting emphasis to concurrency rates, by hospital administration.
Many of us are also seeing capitated fees for the MD portion of a case involving a CRNA.



## REALITY

Healing is an Art

Medicine is a Science

Healthcare is a Business