

What's Up with Anesthesia?

How did we get here?

Where are things going?



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+ DISCLOSURE



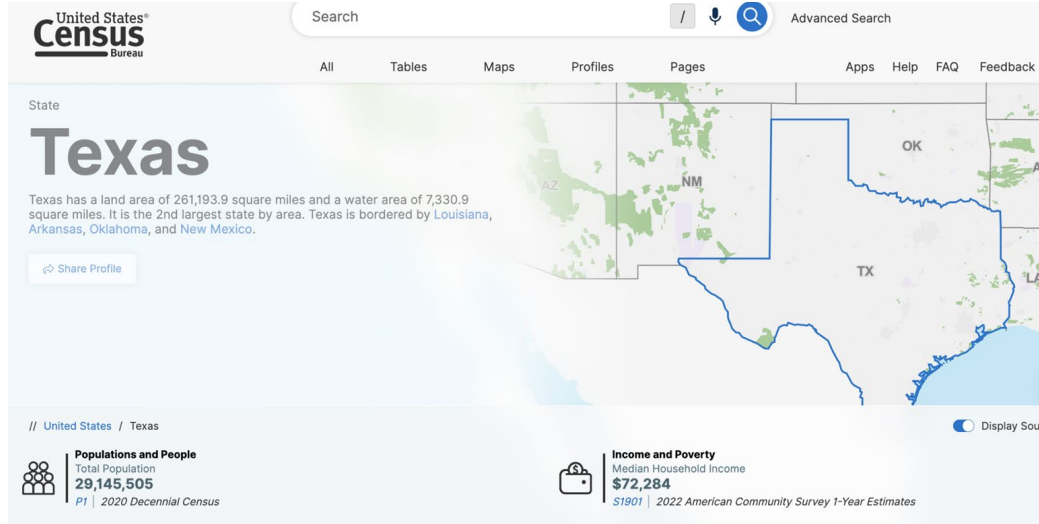
Overview

- Anesthesia Workforce Trends Supply, Demand and Projections
- Medicare Payment Challenges
- No Surprises Act
- Health Plans Cutting ASA Physical Status Modifiers
- Q&A



Texas Population and Population Growth

Texas' population rose nearly 4 million between 2012 and 2022, by far the most of any state and surpassing second-place Florida by 1 million. Texas' 15.1 percent increase in population during this period was more than double the U.S. growth of 6.2 percent. Eleven of Texas' 12 economic regions experienced net population growth, led by the Capital (30.9 percent), Metroplex (19.3 percent), Gulf Coast (18.4 percent), Alamo (16.8 percent) and Central Texas (13.2 percent) regions.



U.S. Census Bureau. Texas profile. Census.gov. Retrieved July 22, 2024, from <https://data.census.gov/profile/Texas?g=040XX00US48>

Texas Comptroller of Public Accounts. (2024, June). Texas shows continued economic, population growth: Highlights Comptroller's new state regional reports. Retrieved July 22, 2024, from <https://comptroller.texas.gov/economy/fiscal-notes/economics/2024/region-facts/>

Supply of Licensed Anesthesiologist in Texas

Number of Anesthesiologists Licensed in Texas:

- May 2021: 4966
- May 2022: 5040
- May 2023: 5129
- May 2024: 5288

Supply of Nurse Anesthetists in Texas

[2023 Nurse Anesthetists by County \(4,307\)](#)

6/15/2020

[2022 Nurse Anesthetists by County \(4,477\)](#)

4906 Nurse Anesthetists Licensed
in Texas

[2021 Nurse Anesthetists by County \(4,423\)](#)

[2020 Nurse Anesthetists by County \(4,082\)](#)

Texas Board of Nursing. "Advanced Practice Registered Nurses by County, 2020." Texas Board of Nursing, June 15, 2020. Accessed July 16, 2024.
https://www.bon.texas.gov/pdfs/statistics_pdfs/2020TexasStatistics/APRN-County-%202020-06-15.pdf

Texas Department of State Health Services. "Certified Registered Nurse Anesthetists, 2023." Texas Health Data, 2023. Accessed July 16, 2024.
<https://www.dshs.texas.gov/center-health-statistics/health-professions-resource-center-hprc/supply-distribution-tables-state-licensed-health-professions-texas/certified-registered-nurse-anesthetists/certified-registered-nurse-anesthetists-2023>

Physician Workforce Age and Gender Trends

Physicians by Age

May 2024

AGE GROUP	MALE	FEMALE	UNKNOWN	TOTAL
0 - 30	760	901	0	1661
31 - 35	5141	4657	0	9798
36 - 40	7814	6513	2	14329
41 - 45	7989	6362	1	14352
46 - 50	8003	5334	4	13341
51 - 55	7536	4359	9	11904
56 - 60	6814	3096	9	9919
61 - 65	6127	2252	3	8382
66 - 70	5056	1361	3	6420
71 - 75	3155	627	0	3782
76 - 120	2608	282	0	2890
TOTAL	61003	35744	31	96778

AGE GROUP	IN STATE	OUT OF STATE	TOTAL
0 - 30	1476	185	1661
31 - 35	8243	1555	9798
36 - 40	11184	3145	14329
41 - 45	10726	3626	14352
46 - 50	9872	3469	13341
51 - 55	8729	3175	11904
56 - 60	7343	2576	9919
61 - 65	6221	2161	8382
66 - 70	4862	1558	6420
71 - 75	2996	786	3782
76 - 120	2419	471	2890
TOTAL	74071	22707	96778

Youngest Physicians (0-30): Predominantly female: 54% (901 out of 1,661) A higher proportion of female physicians in the younger age group (0-30). The gender gap widens significantly with age, with a higher percentage of males in older age groups. Younger generation values work life balance.

23,841/74,071 32% of the In State Licensed Physicians are 56 and above.

Future Estimated Supply of Anesthesiologists in Texas

Residency Program	PGY 1	PGY 2	PGY 3	PGY 4	Total Program Size	Graduates per Year
UT Southwestern	20	23	23	23	89	23
San Antonio Uniformed Services Health Education Consortium	12	12	12	12	48	12
Baylor All Saints Medical Center Fort Worth	4	4	4	4	16	4
UT Medical Branch Hospitals	20	20	20	20	80	20
Baylor College of Medicine	22	22	22	22	88	22
UTHealth Houston (McGovern)	30	30	30	30	120	30
Methodist Hospital (Houston)	12	12	12	12	48	12
Texas Tech University HSC Lubbock	4	4	4	4	16	4
UT Health Science Center San Antonio	18	18	18	18	72	18
Texas A&M Scott and White Medical Center	12	12	12	12	48	12
UT Health Science Center Tyler	4	4	4	4	16	4

11 Anesthesiology Programs in Texas

Maximum Graduates/Year in Texas Assuming the Entire Class Finishes is 161.

Future Estimated Supply of CRNA's in Texas

Program	Current Annual Class Size
Baylor College of Medicine	28
University of Texas Health Science Center at Houston	25
US Army Graduate Program in Anesthesia Nursing (USAGPAN)	31
UT Health San Antonio	New program, size not specified
Texas Wesleyan University	105
Texas Christian University	68
University of Texas Medical Branch at Galveston	20

So accounting for attrition 250 + CRNA's graduating annually.

Future Estimated Supply of Anesthesiology Assistants in Texas

Program Name	Location	Average Number of Students per Class
Case Western Reserve University Master of Science in Anesthesia Program	Houston, TX	25
Case Western Reserve University Master of Science in Anesthesia Program	Austin, TX	28
University of Texas Health Science Center at Houston - Master of Science in Anesthesia Program	Houston, TX	28

So 81 AA's entering the workforce yearly

National Supply of Anesthesiologists, Nurse Anesthetists, Anesthesiology Assistants

Nationally:

According to the National Downloadable File, the Center for Anesthesia Workforce Studies estimates that the clinically active professions are made up of

43,500 anesthesiologists

50,000 nurse anesthetists

3,200 anesthesiologist assistants.

5,200 anesthesia professionals entered the workforce from training programs in 2023:

1,900 anesthesiologists,

3,000 nurse anesthetists,

300 anesthesiologist assistants.

Compared to 4,800 anesthesia professionals in 2022.



With a Range of 97,000-138,000 ?!

Amr E. Abouleish, et al Closing the Chasm: Understanding and Addressing the Anesthesia Workforce Supply and Demand Imbalance. *Anesthesiology* 2024; 141:238–249 doi: <https://doi.org/10.1097/ALN.0000000000005052>

Current Estimated Demand Texas and Nationally for Anesthesiologists

GasWork.com
Search - Anesthesiologist Jobs

SEARCH RESULTS: (1-33 of 33) [Refine Your Search](#) | [New Search](#) | [Save Search](#) | [Add Personal Notice](#)

Show 100 results per page

Company	Job #	City	State	Job Description	Duration	Min \$	Max \$	W-2	User Type	Company	Notice Period	Post Date
	478751	Texas	Texas	CHRISTUS St. Michael's Hospital in Texas is seeking a BC/BE Cardiovascular Anesthesiologist. Generous sign on incentive!	Full Time	\$675,000	\$700,000	W-2	Group: Multiphasic	CHRISTUS Health	07/19/2024	06/21/2024
	412808	Houston	Texas	CV trained Anesthesiologist one intensive call per month plenty of opportunity to earn extra money for extra call CV and general cases mix	Full Time	\$500,000	\$700,000	W-2	Group: Private Practice	Texas Anesthesia	07/10/2024	07/10/2024
	374621	El Paso	Texas	1099 Salary \$540,000.00. 14 weeks off. Potential for additional income. Great job for sleepers.	Full Time	\$525,000	\$600,000	1099	Group: Academic	Texas Tech University Health Sciences Center of El Paso	07/08/2024	06/05/2024
	386604	Houston	Texas	Fulltime night full MD 2 weeks on 2 weeks off	Full Time	\$500,000		W-2	Group: Private Practice	Texas Anesthesia	07/10/2024	07/10/2024
	374963	Memorial Hermann Greater Height and Southeast	Texas	CV trained Anesthesiologist Minimal intensive call plan of opportunity to earn extra money for extra call CV and general cases mix	Full Time	\$500,000	\$700,000	W-2	Group: Private Practice	Texas Anesthesia	07/10/2024	07/10/2024
	481129	Adrian area	Texas	Adrian TX area full time General Anesthesiologist job opening for variety of cases. Offers \$500K & generous benefits! Residents welcome!	Full Time	\$500,000		W-2	Recruitment Agency	(MAC) Medical Associates Consulting	07/14/2024	07/11/2024
	364720	Houston	Texas	Hiring fulltime Pediatric fellowship trained anesthesiologist in Houston	Full Time	\$500,000		W-2	Group: Private Practice	Texas Anesthesia	07/10/2024	07/10/2024
	362637	Houston	Texas	Fulltime position general anesthesiologist Care team model MDs and CRNAs Trauma Level 3-4 facilities Most calls home calls	Full Time	\$500,000	\$700,000	W-2	Group: Private Practice	Texas Anesthesia	07/10/2024	07/10/2024
	288336	Houston	Texas	Hiring night float position	Full Time	\$500,000	\$600,000	W-2	Group: Private Practice	Houston Anesthesia	07/10/2024	07/10/2024
	404761	South	Texas	Physician MD group looking for Anesthesiologist to	Full Time	\$475,000	\$650,000	1099	Group: Private Practice	Hudspeth Anesthesia Associates	07/02/2024	

33 Openings in Texas
495 Openings Nationally

GasWork.com
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Show 100 results per page

Company	Job #	City	State	Job Description	Duration	Min \$	Max \$	W-2	User Type	Company	Notice Period	Post Date
	481128	Yuma	Arizona	2.5 hours away from San Diego, California in the Southwest corner of Arizona	Full Time	\$700,000	\$800,000	W-2	Facility: Hospital	Yuma Regional Medical Center	07/11/2024	07/09/2024
	481881	Anchorage	Alaska	Looking for a cardiac anesthesiologist. TSE proficiency required.	Full Time	\$700,000		W-2	Group: Private Practice	Orwell Anesthesia, LLC	07/11/2024	07/11/2024
	481536	Rock Island	Illinois	Come lead a great team! Enjoy work life balance with 10 weeks of \$100K in bonuses plus \$20K Chief Stipend. On call for OR Only	Full Time	\$700,000	\$800,000	1099	Group: National Private Practice	CCI Anesthesia	07/12/2024	07/12/2024
	480552	Rock Island	Illinois	Come work with a great team! Enjoy work life balance with 10 weeks of \$100K in bonuses. On call for OR Only	Full Time	\$700,000	\$800,000	1099	Group: National Private Practice	CCI Anesthesia	07/03/2024	07/03/2024
	413008	Yuma	Arizona	Anesthesia opportunity 2.5 hours away from San Diego, CA in the Southwest corner of Arizona	Full Time	\$700,000	\$800,000	W-2	Facility: Hospital	Yuma Regional Medical Center	07/11/2024	06/05/2024
	478751	Texas	Texas	CHRISTUS St. Michael's Hospital in Texas is seeking a BC/BE Cardiovascular Anesthesiologist. Generous sign on incentive!	Full Time	\$675,000	\$700,000	W-2	Group: Multiphasic	CHRISTUS Health	07/19/2024	
	404880	Columbus	Ohio	New Compensation Plan. I am seeking Cardiac Anesthesiologists interested in being part of a new practice in Mount Carmel East.	Full Time	\$600,000	\$725,000	1099	Group: National Private Practice	Premier Anesthesia	07/11/2024	07/09/2024
	423280	Columbus	Ohio	New Compensation Plan. Seeking candidates interested in being part of our practice at Mt. Carmel East. TSE sign on. 10 weeks off	Full Time	\$600,000	\$680,000	1099	Group: National Private Practice	Premier Anesthesia	07/11/2024	07/09/2024
	466615	Oakland/Berkeley	California	Full time cardiac anesthesiologist position at MD only sleep-in based group with a diverse hospital and ASC based practice	Full Time	\$600,000	\$750,000	W-2	Group: Private Practice	East Bay Anesthesiology Medical Group	07/12/2024	07/09/2024
	470732	Springfield	Missouri	Merit Hospital Springfield is seeking a BC/BE cardiac anesthesiologist to join our nationally recognized and award-winning group	Full Time	\$500,000	\$750,000	W-2	Group: Multiphasic	Merit Hospital Springfield	07/09/2024	06/24/2024
	457418	Tacoma	Washington	100% Cardiac Anesthesia Opportunity - Puget Sound Metro Area Integrated Health System with EPIC EMR	Full Time	\$625,000	\$675,000	W-2	Facility: Hospital	Virginia Mason Franciscan Health	07/12/2024	03/31/2024

Gaswork.com. (2024, July 14). Anesthesiologist jobs in Texas 33 openings. Excluding pain management.

Gaswork.com. (2024, July 14). Anesthesiologist jobs nationwide, excluding pain management and critical care 495 openings.


















577 openings in Texas

9,591 Openings Nationally

Gaswork.com. (2024, July 14). Certified Registered Nurse Anesthetist (CRNA) Texas 577 openings.

Gaswork.com. (2024, July 14). CRNA job opportunities nationwide 9,591 openings.



















SEARCH RESULTS (15 of 16) Refresh View New Search Save Search Add Personal Number									
Image	Job #	City	State	Board/Department	Duration	Start	End	Wk	Other
	42108	Lubbock	Texas	Ending Oncology for AA in Existing Oncology with Competitive Compensation	Full Time	\$20,000	\$20,000	W-2	Facility: Hospital
	63451		Texas	FT/As-needed in ED (Pain Management) 9:00am-5:00pm. Call Chat on 435-298-1117 or email dave@stanfordgroup.com	Full Time	\$230,000	\$240,000		Agency: AMS-Anesthesia Management Practice: Pain Medicine
	60713		Texas	Anesthesiology Assistant needed near Dallas. No sign on bonus. \$30k sign on bonus.	Full Time	\$20,000	\$20,000	W-2	Recruitment Agency: CompHealth
	64602	Houston/Texas	Texas	AA Fulltime- Private Practice in Houston (AA) w/ 5 - (8hr. wk), "Only qualified candidates. We have a busy pediatric anesthesiology unit, and we are expanding. \$200-300 sign-on, generous PTO and not expensive! No Contract!	Full Time	\$220,000	\$250,000	W-2	Agency: Behring Anesthesia Group Practice: Anesthesia
	60674	Dallas	Texas	We have a busy pediatric anesthesiology unit, and we are expanding. \$200-300 sign-on, generous PTO and not expensive! No Contract!	Full Time	\$220,000	\$300,000	W-2	Agency: Children's Health Practice: Anesthesia
	60393	Houston	Texas	Growing Private Practice in Houston needs anesthesiologist fulltime AA for expanding coverage.	Full Time	\$210,000		W-2	Agency: Group: Healthcare Associates Practice: Anesthesiology
	43861	San Antonio	Texas	Full-time and PRN Anesthesiologist for San Antonio \$50,000 Sign On Bonus and up to \$75,000 in Sign-On Incentive optional. "First Step On-Board" Baylor Scott & White Medical Temple, TX	Full Time	\$200,000		W-2	Agency: US Anesthesia Partners (USAP) Practice: Regional Anesthesia
	60524	Temple	Texas	"First Step On-Board" Baylor Scott & White Medical Temple, TX	Full Time	\$200,000	\$200,000	W-2	Agency: Baylor Scott & White Health Practice: Anesthesiology
	61218	Houston	Texas	MD Anesthesia Center Career has Certified Anesthesiologist and AA Anesthesiologist and AA Anesthesiology department.	Full Time	\$200,000	\$210,000	W-2	Facility: Hospital Practice: UT MD Anderson Cancer Center
	605261	Temple	Texas	"First Step On-Board" Baylor Scott & White Medical Temple, TX	Full Time	\$200,000	\$200,000	W-2	Agency: Baylor Scott & White Health Practice: Anesthesiology
	60583	Temple	Texas	"First Step On-Board" Baylor Scott & White Medical Temple, TX	Full Time	\$200,000	\$200,000	W-2	Agency: Baylor Scott & White Health Practice: Anesthesiology
	605320	Temple	Texas	"First Step On-Board" Baylor Scott & White Medical Temple, TX	Full Time	\$200,000	\$200,000	W-2	Agency: Baylor Scott & White Health Practice: Anesthesiology
	605222	Temple	Texas	"First Step On-Board" Baylor Scott & White Medical Temple, TX	Full Time	\$200,000	\$200,000	W-2	Agency: Baylor Scott & White Health Practice: Anesthesiology
	60500	New Braunfels	Texas	First Step On-Board! 100 County of New Braunfels, TX. No sign on bonus and no w/o contract!	Full Time	\$200,000		W-2	Agency: US Anesthesia Partners (USAP) Practice: Regional Anesthesia
	605802	Temple	Texas	"First Step On-Board" Baylor Scott & White Medical Temple, TX	Full Time	\$200,000	\$200,000	W-2	Agency: Baylor Scott & White Health Practice: Anesthesiology
	605096	Temple	Texas	"First Step On-Board" Baylor Scott & White Medical Temple, TX	Full Time	\$200,000	\$200,000	W-2	Agency: Baylor Scott & White Health Practice: Anesthesiology
	612142	Temple	Texas	"First Step On-Board" Baylor Scott & White Medical Temple, TX	Full Time	\$200,000	\$200,000	W-2	Agency: Baylor Scott & White Health Practice: Anesthesiology



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PREMIER
ANESTHESIA

Search - Anesthesiologist Assistant Jobs											
SEARCH RESULTS (5,100 of 103)	Refine Your Search	View Details	Save Search	Alert Payment Results	Show 100 results per page						
Job #	City	State	Job Description	Flexibility	Min \$	Max \$	W-2	Job Type	Specialty	Post Date	Open Date
 37545	Shawnee	Georgia	New Compensation and work schedule. We are looking for an Anesthesiologist Assistant Center work in the Atlanta City Area (Shawnee, GA area Central)	Full Time	\$305,000	\$305,000	W-2	Group Practice	Pain Management	07/11/2024	07/01/2024
 60513	30 Minutes from	Ohio	Board Certified, No OB, No Call, No On-Weekends and no Inpatient/ICU. Excellent Benet/Benefit/Health Insurance	Full Time	\$200,000	\$300,000	W-2	Recruitment Agency	Anesthetic Healthcare	07/14/2024	08/05/2024
 007133	Green Bay	Wisconsin	Bedside Nurse is seeking a CNA to join our growing health system	Full Time	\$25,000		W-2	Facility Hospital	Bedside Health	07/11/2024	02/07/2023
 28819		Wisconsin	Anesthesiologist Assistant to join our growing health system	Full Time	\$40,000			Recruitment Agency	CompHealth	07/14/2024	07/15/2024
 670139	Lubbock	Texas	Excellent Opportunity for Anesthesiologist Assistant to join our growing health system	Full Time	\$40,000	\$205,000	W-2	Facility Hospital	Group Health	07/05/2024	06/05/2024
 670140	Kennett City	Missouri	Excellent Opportunity for Anesthesiologist Assistant to join our growing health system	Full Time	\$200,000		W-2	Facility Hospital	Stark's Health System	07/12/2024	06/19/2024
 006137		Texas	FTSE at Endo in El Paso! \$24k plus \$10K sign on bonus. Call Chat at 479.200.1177 or email: hr@mcgovernmedical.com	Full Time	\$220,000	\$240,000		Group Practice	AMBA-Accredited Management Solutions		
 670143	Valdosta	Georgia	Independent group seeking anesthesiologist for general. Flexible expression of services. Little to no call.	Full Time	\$231,000	\$279,000	W-2	Group Practice	Valdosta, Georgia	06/28/2024	09/28/2024
 007013		Texas	Anesthesiologist Assistant position with Dallas, TX. Anesthesiologist Assistant - \$30k sign on bonus!	Full Time	\$220,000	\$200,000	W-2	Recruitment Agency	CompHealth	07/01/2024	06/19/2024
 665692	Northwest/Texas	Texas	AA/FA/BS. Provide Practice Revenue. \$100,000 - \$150,000 incl. (10% attr.) / Study overtime opportunities.	Full Time	\$220,000	\$200,000	W-2	Group Practice	Baylor Ambulatory	07/12/2024	07/01/2024
 670140		Indiana	Indiana University Health is seeking an Anesthesiologist Assistant (AA) for our IN Practice. Schedule: No weekends or Call. Agency: No agency fees.	Full Time	\$220,000		W-2	Facility Hospital	Indiana University Health	07/06/2024	04/05/2024
 007130	Warren	Michigan	Great Opportunity for Michigan Anesthesiologist Assistant to join our growing health system. No weekends or Call. No nights. No holidays / FT	Full Time	\$220,000	\$230,000	W-2	Facility Surgery Center	Height Surgical Health	07/10/2024	07/10/2024
 670140	Indianapolis	Indiana	Health Community Medicine is seeking CNA to join our growing health system	Full Time	\$220,000		W-2	Facility Hospital	Indiana University Health	07/08/2024	11/08/2023
 670140	Atlanta	Georgia	Behavioral Health Clinic is based in Atlanta, GA. We are seeking an Anesthesiologist Assistant (PT/PT) - Emory University Hospital (EUPH) - Emory University Hospital Midtown (EUMH)	Full Time	\$220,000	\$200,000	W-2	Facility Hospital	Emory Healthcare	07/03/2024	06/05/2024
 006136	Orlando	Texas	We have a busy pediatric unit. Anesthesiologist Assistant, and we are seeking PT/PT and call nights	Full Time	\$220,000	\$300,000	W-2	Group Ambulatory	Children's Health	07/08/2024	06/04/2024

Gaswork.com. (2024, July 14). Anesthesiologist Assistant jobs nationwide Nationally 339 openings.

Predicting the Long Term Anesthesia Workforce Supply and Demand
Can be Difficult

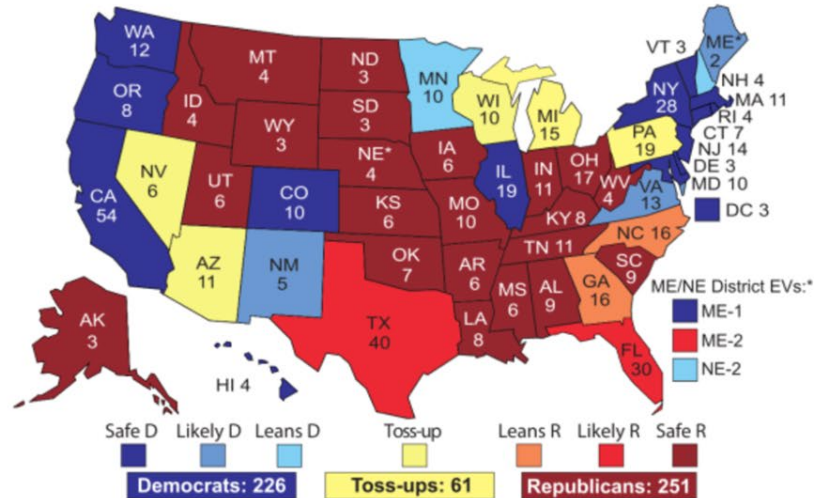


Akin to Predicting the U.S Presidential Race or the Democratic Presidential Nominee

2024 Electoral College ratings

Updated: July 3, 2024

Sabato's Crystal Ball



*Two states, Maine and Nebraska, award electoral votes by congressional districts (all others are awarded winner-take-all statewide). Nebraska's two statewide electoral votes, and two of its three districts, are rated Safe Republican. Maine's statewide votes are rated Likely Democratic. The ratings for Maine's two districts, and Nebraska's one competitive district, are listed separately.

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Sabato's Crystal Ball. (2024). *Center for Politics at the University of Virginia*. Retrieved from

<https://centerforpolitics.org/crystalball/>

Poor Predictions of Workforce Can Require Decades to Correct

-Emergency Medicine suffered from an oversupply of ER physicians in the last few years culminating in over 500 positions going unmatched in 2023 and over 100 positions unmatched in 2024.

-Workforce Estimate supply and demand data may not be accurate and the specialty of anesthesiology paid the price for this miscalculation in the 1990's with a well meaning but poorly forecasted oversupply that deterred medical students from entering the specialty leading to a severe shortage that lasted over a decade.

-Federal Policy change can dramatically impact workforce for both

Supply and Demand

Kiemery, M., Fisher, J., Calaway, N., & Dark, C. (2024, March 11). Emergency Medicine Shows Rebound in 2024 Residency Match. *ACEP Now*. Retrieved from <https://www.acepnow.com/article/2024-match-week/>

Schubert, A., Eckhout, G., Cooperider, T., & Kuhel, A. (2001). Evidence of a Current and Lasting National Anesthesia Personnel Shortfall: Scope and Implications. *Mayo Clinic Proceedings*, 76(10), 995-1011.
<https://doi.org/10.4065/76.10.995>



Workforce Overview



Fig. 1. Imbalance in anesthesia workforce supply and demand is multifactorial. Since the COVID pandemic, the imbalance has accelerated as the increase in demand, especially in non–operating room anesthetizing sites, has outpaced supply.

Workforce Overview

- Currently a demand/supply imbalance for the anesthesia workforce
- Before COVID, 35% of facilities reported anesthesia staffing shortages, after COVID 78% report shortages
- Unique circumstance of increased procedures due to aging population, with 58 million Americans 65 or older which is expected to become 90 million by 2050.
- An aging anesthesia workforce
- Changes in new generation of anesthesia clinician, different expectations



Workforce Overview

- In normal consumer markets, price and supply can adjust quickly to make a market equilibrium.

- Highly skilled labor is different.

Regulation of training positions creates longer lead time to fill empty spots, some markets have only one large employer limiting wage adjustments, long-term employment contracts favor static wages, and payments to clinicians are fixed based on govt. price setting or 3-year insurance contracts.

- Workforce issues topped the list at American College of Healthcare Executives 2023 annual survey for second year in a row.



National Workforce numbers

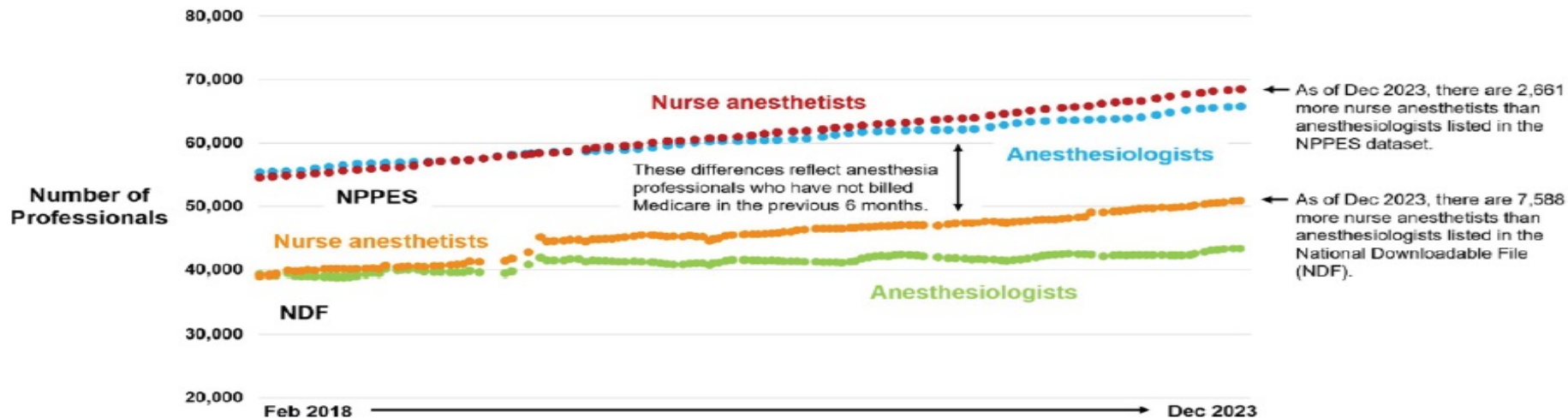


Fig. 2. Number of anesthesiologists and nurse anesthetists: 2018 to 2023. According to the National Plan and Provider Enumeration System (NPPES) (https://download.cms.gov/nppes/NPI_Files.html), in December 2023 there were an estimated 138,000 anesthesia clinicians in the United States. The Center for Anesthesia Workforce Studies estimates that 5,400 anesthesia professionals entered the workforce from training programs in 2023, comprising roughly 2,100 anesthesiologists, 3,000 nurse anesthetists, and 300 anesthesiologist assistants. The ratio of types of clinicians will continue to change. Although there is a net increase in workforce supply, demand for the number of procedures, increasing medical complexity, and inefficiencies in scheduling will continue to strain resources (National Downloadable File, <https://data.cms.gov/provider-data/dataset/mj5m-pzi6>). Reprinted with permission from https://www.asahq.org/-/media/sites/asahq/files/public/research/caaws_anesthesia_workforce_trends.pdf (accessed February 20, 2024).

National Anesthesia Workforce Trends

- Some speculating a shortage of 12,500 anesthesiologists in 2033
- Over 17% of anesthesiologists nearing retirement
- 56% of anesthesiologists are older than 55



Becker's ASC Review. (2024). *Anesthesia reimbursements decline: 10 notes*. Retrieved from <https://www.beckersasc.com/anesthesia/anesthesia-reimbursements-declines-10-notes.html>

Positive Medicare Updates for Hospitals & ASC's in 2024 and 2025

Inpatient Prospective Payment System (IPPS): For fiscal year (FY) 2024, CMS increased operating payment rates for general acute care hospitals under the IPPS by 3.1%

In accordance with Medicare law, CMS is finalizing OPPS payment rates for hospitals and ASCs that meet applicable quality reporting requirements by 3.1%.



Centers for Medicare & Medicaid Services. (2024, June 22). *CY 2024 Medicare Hospital Outpatient Prospective Payment System and Ambulatory Surgical Center Payment System Final Rule (CMS 1786-FC)*.

Centers for Medicare & Medicaid Services. (2024). *Inpatient Prospective Payment System (IPPS): For fiscal year (FY) 2024, CMS increased operating payment rates for general acute care hospitals under the IPPS by 3.1%*. Retrieved from

How much do you think an Anesthesiologist gets paid per unit for caring for a Medicare Patient?

\$100/Unit

0%

\$60/Unit

0%

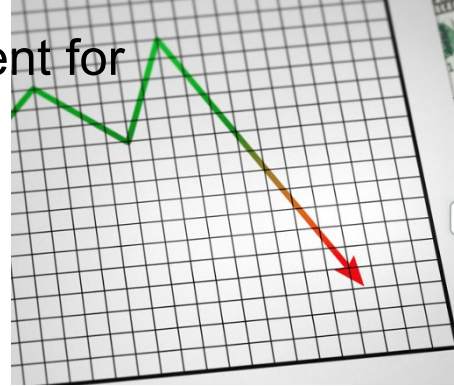
\$40/Unit

0%

\$20/Unit

0%

The 2025 PFS Proposed Rule: Another Disappointment for Anesthesia



- The anesthesia conversion factor CMS proposes for 2025, has been set at \$20.3340 a decrease of 2.1 percent from the 2024
- 8.2% decline in CMS anesthesia reimbursements from 2019 to 2024
- Consistently lower than private insurance rates for nearly 40 years, Less 33% of commercial in network rates.
- Can result in hourly rates as low as \$80/hr, this creates a loss regardless of staffing model.

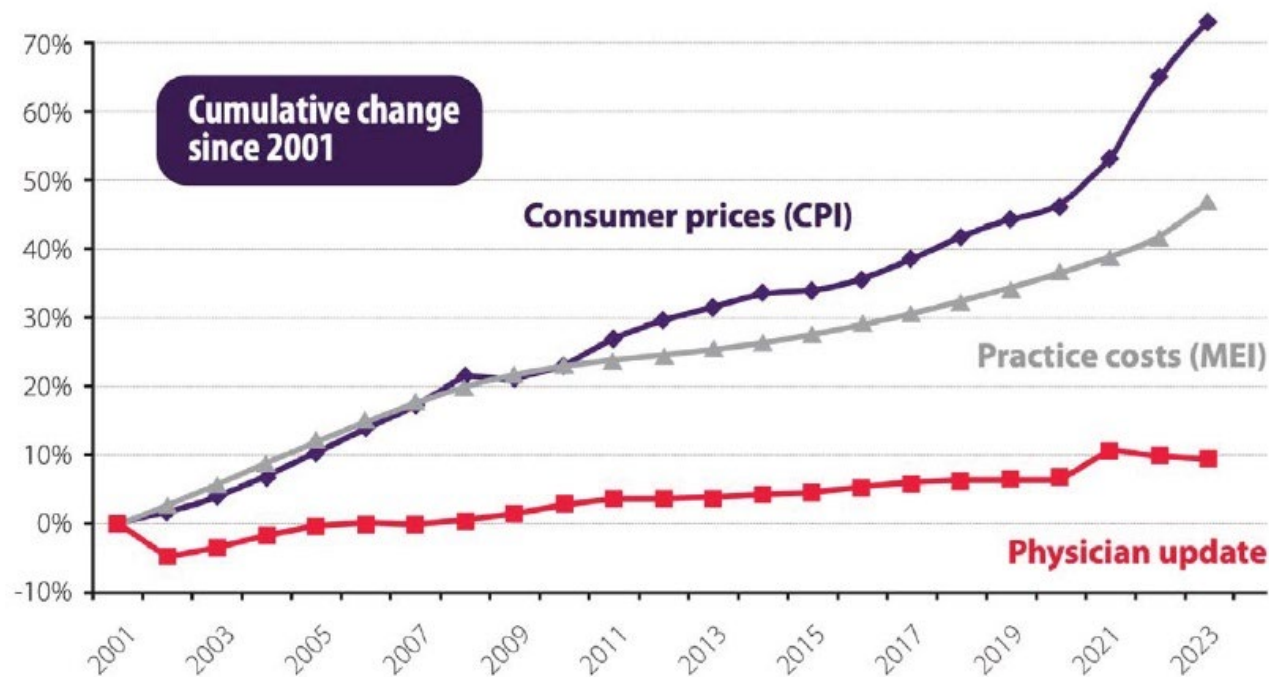
The ASA response:

- *ASA opposes these additional Medicare payment cuts included in the CY 2025 PFS proposed rule. The proposed rule underscores how the Medicare payment system is broken, especially during a time when anesthesia groups are faced with continued inflation pressures...*

American Society of Anesthesiologists. (2024, July). *CMS proposes reduced physician payments in 2025, maintains anesthesiology quality payment program features*. Retrieved from <https://www.asahq.org/advocacy-and-asapac/fda-and-washington-alerts/washington-alerts/2024/07/cms-proposes-reduced-physician-payments-in-2025-maintains-anesthesiology-quality-payment-program-features>

CMS HHS. (2024). *Medicare and Medicaid Programs: 2025 Physician Fee Schedule*. Federal Register. Retrieved from <https://public-inspection.federalregister.gov/2024-14828.pdf>

The Medicare physician payment system needs annual inflation updates



Sources: Federal Register, Medicare Trustees' Reports, Bureau of Labor Statistics, Congressional Budget Office.

Fig. 3. Medicare updates compared to inflation (2001 to 2023). Because Medicare payments for anesthesia services, as well as other physician services, have not kept up with inflation and practice expenses, anesthesia groups have become more reliant on facilities to cover staffing costs. Medicare physician pay has increased just greater than 9% since 2001, whereas the consumer price index has increased almost 73%. If adjusted for inflation, Medicare physician pay has declined by 26% since 2001. Reprinted with permission from <https://www.ama-assn.org/system/files/ama-medicare-gaps-chart-grassroots-insert.pdf> (accessed February 20, 2024). CPI, Consumer Price Index; MEI, Medicare Economic Index.

Impact of Medicare Cuts on Anesthesia Practices

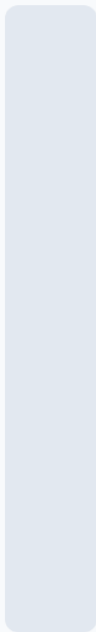
- Compounding financial strain on anesthesia groups as the U.S Population ages.
- Potential harm to seniors' access to surgical care.
- Disproportionate impact on anesthesiologists, critical care, and pain medicine physicians.
- Increased Reliance on Facility Financial Support.

Becker's ASC Review. (2024). *Anesthesia reimbursements decline: 10 notes*. Retrieved from <https://www.beckersasc.com/anesthesia/anesthesia-reimbursements-declines-10-notes.html>



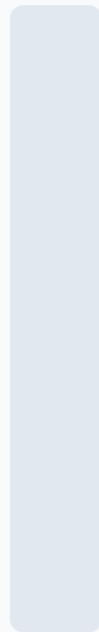
Anesthesia- Has your surgery center been asked to give a stipend or financial support to your Anesthesia Team?

0%



Yes

0%



No

No Surprises Act Impact

Physicians support removing patient from payment disputes and shielding patients from surprise medical bills.

- Health Plans terminating contracts and using IDR or threat of IDR to reduce payment.
- Health Plans refusal to go in-network with anesthesia providers.
- Health Plans No/Low/Late Paying after they lose in NSA IDR.
- Physician groups reporting a 39% reduction in out of network payments from Health Plans in 2024
- Only 33% of eligible OON claims were submitted.The remaining 67% of eligible claims did not enter the IDR process due to various practice limitations.
- Delays Only 7.6% of filed disputes have been resolved. The average takes 211 days (about 7 months). These delays significantly hamper resources and cash flow.



2024 Cuts by BCBS and Aetna to ASA Physical Status Modifiers



Reimbursement of Anesthesia Physical Status Modifiers

This update applies to our commercial members.

Effective July 15, 2024, Aetna® will no longer reimburse additional unit value(s) for Anesthesia Physical Status Modifiers, which is in accordance with the Centers for Medicare & Medicaid Services (CMS) guidelines.

Note to Washington State providers: Your effective date for changes described in this article will be communicated following regulatory review.

Note to Texas providers: Changes described in this article will be implemented for fully insured plans written in the state of Texas in accordance with regulatory requirements. Changes for all other plans will be as outlined in this article.



BlueCross BlueShield
of Texas



Network
Participation

Claims and
Eligibility

Education and
Reference Center

Clinical
Resources

Pharmacy
Program

Standards and
Requirements

Update: Our Revised Clinical Payment and Coding Policy for Billing Anesthesia Services Now Effective Aug. 14, 2024

Posted February 29, 2024 Updated May 30, 2024

What's changing?

Now effective Aug. 14, 2024, Blue Cross and Blue Shield of Texas is updating the Clinical Payment and Coding Policy, [CPCP010 - Anesthesia Information](#).

The Details

Under this revised policy BCBSTX will no longer offer additional reimbursement for services based on the use of physical status modifier, P3, P4 and P5, when appended to anesthesia services.

What do I need to do?

Review in detail the revised policy – [Anesthesia Information CPCP010](#).

Be sure to check eligibility and benefits before rendering service(s) to make sure a procedure is a covered benefit for the member. Refer to [Clinical Payment and Coding Policies](#) under **Standards and Requirements** on the [provider website](#) to review the current CPCPs.

If you have any questions or if you need additional information, please contact your BCBSTX [Network Management Representative](#).

Clinical payment and coding policies are based on using healthcare professionals and industry standard guidelines. The clinical payment and coding guidelines are not intended to provide billing or coding advice but to serve as a reference for facilities and providers.

ASA Physical Status Modifiers

Physical status modifiers (PS) were developed by ASA for use to assess and report a patient's pre-anesthesia medical comorbidities. The physical status modifiers classify the level of complexity of the anesthesia care and can be added to the base values for additional payment for complex patients.

For decades, the use of ASA PS classification system has defined the patient's health status to determine the additional resources and medical expertise needed to care for the complex patient. From that determination, Anesthesiologists and their medical team uses that information to personalize the patient's specific anesthesia plan. This plan includes all details required for that patient's intraoperative on postoperative care to optimize patient outcomes.

Physical Status Modifier	Description/Status Classification
P1	A normal healthy person (ASA I)
P2	A patient with mild systemic disease (ASA II)
P3	A patient with severe systemic disease (ASA III)
P4	A patient with severe systemic disease that is a constant threat to life (ASA IV)
P5	A moribund patient who is not expected to survive without the operation (ASA V)
P6	A declared brain-dead patient whose organs are being removed for donor purposes (ASA VI)

ASA Physical Status Modifiers

According to Dr. Ronald L. Harter, President of ASA, “Insurers disregarding the needs of medically complex patients flies in the face of basic health care...”. This change removes the individualization of patient healthcare for anesthesia services. Dr. Harter also goes on to say that “One size does not fit all”.

These policy changes reduce providers’ compensation for these complex procedures places a larger financial burden directly to their practice. With reduction in payments the strain on providers can be debilitating for their practice by not only straining their budgets but can potentially affect their sustainability and the quality of care provided.

The policy changes going into effect results in additional inconsistencies in reimbursement policies across different commercial payers. This leaves room for added burdens to practices in their administrative tasks that can also lead to lost revenue. Monitoring multiple fee schedules, policies, etc. for numerous payers has always been a struggle for practices across the board and this is just an added burden.

Effective Dates for ASA Physical Status Modifier Cuts

Despite ongoing efforts by the American Society of Anesthesiologists' (ASA) TSA, ISA, NMSA, OSA and other providers organizations, Aetna and HCSC (BCBS of TX, OK, IL, MT) have continued to implement these policy changes. New Mexico was given a written exemption by BCBS NM after pressure was applied by the NMSA in concert with ASA and multiple state societies and the NM state department of Insurance.

- Aetna's policy went into effect 7/15/2024
- BCBS (HCSC) has pushed their implementation back to 8/14/2024.

We recommend all providers to reach out to their Network Management Representatives and urge them to reverse their decision regarding the policy changes.

For anesthesiologists, we recommend that they also work with their Network Management Representatives to coordinate contract changes to offset these reduced payments.

References:

<https://www.asahq.org/about-asa/newsroom/news-releases/2024/06/insurers-set-to-ignore-sicker-more-complex-patients-starting-july-15>

<https://www.bcbstx.com/docs/provider/tx/standards/clinical-pay-coding/2024/cpcp010-anesthesia-06012024.pdf>

<https://www.bcbstx.com/provider/standards/standards-requirements/cpcp>

Advocacy Matters

- As of Jan. 1, BCBSMA's **policy 154** states that general anesthesia is no longer “**medically necessary**” for some colonoscopy procedures. Those considered class I or II patients — further described as BMI under 35, light smokers, and social drinkers — may not receive deep sedation unless it is deemed clinically appropriate.
- The policy also extends to other procedures including endoscopic, bronchoscopic, or interventional pain procedures.
- Because of Advocacy by various Medical Organizations – the policy has been postponed.
- Get involved at the State and National level.
- <https://www.boston.com/news/health/2024/01/17/general-anesthesia-not-medically-necessary-for-a-colonoscopy-says-one-of-states-biggest-insurers/>

Healthcare Advocacy is not Red or Blue



Potential Reform

Strengthening Medicare for Patients and Providers Act (H.R. 2474)

- Mandatory annual physician payment inflation update based on the Medicare Economic Index (MEI)
- 144 current bipartisan co-sponsors

Provider Reimbursement Stability Act (H.R 6371)

- Increases budget neutrality cap to \$53 million (up from current \$20m)
- One-year look-back period to reconcile over/under pricing estimates based on actual utilization data
- Regular updates to practice expense pricing at least every 5-years
- Limits annual increases or decreases to 2.5%
- 17 cosponsors

No Surprises Act:

Texas Medical Association litigation against the corrupt rule making of the tri departments accrues 4 straight wins. Tri Dept. Appeals and briefs ongoing in the 5th Circuit.



American Society of Anesthesiologists. (2024, June 22). *Committee on Economics: Advocacy Update*.
Texas Medical Association. (2024). *Seeking balance: TMA opposes Feds' implementation of the No Surprises Act*. Retrieved from <https://www.texmed.org/TexasMedicineDetail.aspx?id=63115>

No Surprises Act: Regulatory Update

Regulation pending (expected September 2024)

- Possible content
 - Insurers required to provide more information, including codes to more clearly identify if claim is eligible for federal or state dispute resolution process
 - Shortens 90-day cooling-off period
- Key requests
 - Easier Batching rules for Anesthesia Codes
 - Enforcement mechanism for post-IDR 30-day payment requirement from health plan.

No Surprises Act: New Data

Key findings from data release of June 13, 2024

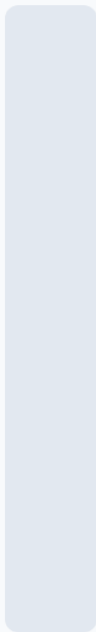
- The Clinician's Offer for Payment in NSA IDR Is Reasonable to the IDRE, but just because Physician's are winning does not mean they are getting paid.
 - 2023 Q3 - 63,395 of 69,295 (78% win rate)
 - 2023 Q4 - 279,492 of 313,314 (85% win rate)
- NSA fees charged by the administration and the IDRE's are Substantial
 - 2023 Q3 - \$27M (adm) and \$21M (IDR)
 - 2024 Q4 - \$21M (adm) and \$36M (IDR)

Coming soon

- Legislation to add civil monetary penalties for insurers who do not comply with post-IDR 30- day payment requirement
- Bipartisan: Lead will be Rep. Greg Murphy, M.D. (NC)

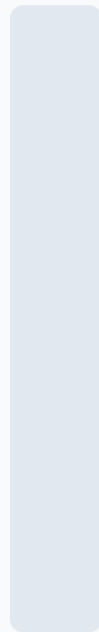
Anesthesia- Has your surgery center utilized Locum Tenens Anesthesia (Including Anesthesiologists, Nurse Anesthetists, or Anesthesiologist Assistants) in the last 12 months?

0%



Yes

0%



No

What can we do together?

At your center:

- Increase your OR efficiency by vertically stacking your cases, enforce block utilization policies; involve anesthesia in scheduling.
- Decrease OT or have double shifts
- Provide team members get patients ready and transport to/from OR, get hooked up, act as anesthesia tech, etc = anesthesia can staff more rooms and run more lean.
- Consider income guarantees when volume/payments are low, a stipend may be an option - be transparent with each other!!
- Help anesthesia collect self-pay patients and encourage them to collect for insurance cases in advance

At the State/National level:

- Lobby!!! Get involved and contribute \$\$ to PACs



DOCTORS UNITE FOR SUCCESS

Anesthesia Update Summary

- The Anesthesia Workforce is in Current high demand with focal shortages and broader projected shortages without reasonable interventions.
- Major long standing and worsening payment methodology from CMS.
- Health plans emboldened by the No Surprises Act terminating and threatening contracts.
- Health plans threatening access to care for patients with preexisting conditions by recently developing policies to deny payment for ASA PS Modifiers.
- Anesthesia Workforce locum tenens in high demand.
- Both government and health plan payment challenges lead to dependence of the Anesthesia Workforce on Facilities for support.
- Solutions abound for ASC's and Anesthesiologists to partner together to accomplish mutual goals in the historic safe and efficient care of Texas Patients.

ENGAGE WITH US NOW!

@crcook1978
@maggiej67065
@zachjonesfortx



References Future Supply of Anesthesiologists in Texas

UTHealth Houston (McGovern):

- <https://med.uth.edu/anesthesiology/education/residency/>

Methodist Hospital (Houston):

- <https://www.houstonmethodist.org/anesthesiology-residency/>

Texas Tech University HSC Lubbock:

- <https://www.ttuhscl.edu/medicine/anesthesiology/residency/default.aspx>

UT Health Science Center San Antonio:

- <https://lsom.uthscsa.edu/anesthesiology/education/residency/>

Texas A&M Scott and White Medical Center:

- <http://wwwp.bswhealth.med/education/Pages/gme/template/anesthesiology-residency.aspx>

References for Future Supply of Anesthesiology Assistants

Case Western Reserve University. Austin and Houston, Master of Science in Anesthesia Program.
Retrieved from <https://case.edu/medicine/msa-program/>

University of Texas Health Science Center at Houston. Master of Science in Anesthesia Program.
Retrieved from <https://med.uth.edu/msa/>

Commission on Accreditation of Allied Health Education Programs. Retrieved from
<https://www.caahep.org/students/find-an-accredited-program>

References Future Supply of Anesthesiologists in Texas

UT Southwestern:

- <https://www.utsouthwestern.edu/departments/anesthesiology/education/residency/our-residents/>

San Antonio Uniformed Services Health Education Consortium:

- <https://health.mil/Military-Health-Topics/DHA-GME/Institutions/SAUSHEC/Programs/anes>

Baylor All Saints Medical Center Fort Worth:

- <http://www.bswhealth.med/education/Pages/gme/fort-worth/anesthesiology-residency-program.aspx>

UT Medical Branch Hospitals:

- <https://www.utmb.edu/anesthesia/resident-applicants>

Baylor College of Medicine:

- <https://www.bcm.edu/departments/anesthesiology>

UT Health Science Center Tyler:

- <https://www.uttyler.edu/academics/colleges-schools/medicine/departments/graduate-medical-education/anesthesiology-residency/>

References for Future Supply of CRNA's in Texas

Baylor College of Medicine. "Doctor of Nursing Practice Program-Nurse Anesthesia." Baylor College of Medicine. Accessed July 16, 2024.

<https://www.bcm.edu/education/school-of-health-professions/dnp-program-nurse-anesthesia>

University of Texas Health Science Center at Houston. "BSN-DNP Nurse Anesthesia Program." University of Texas Health Science Center at Houston. Accessed July 16, 2024. <https://nursing.uth.edu/programs/dnp/nurse-anesthesia/admission-requirements>

US Army Graduate Program in Anesthesia Nursing (USAGPAN). "USAGPAN Program." Baylor University. Accessed July 16, 2024.

<https://armydnps.nursing.baylor.edu/usagpan-program>

UT Health San Antonio. "BSN to DNP - Nurse Anesthesia Program." UT Health San Antonio. Accessed July 16, 2024.

<https://uthscsa.edu/nursing/programs/graduate/bsn-to-dnp-nurse-anesthesia>

Texas Wesleyan University. "Nurse Anesthesia Program Statistics." Texas Wesleyan University. Accessed July 16, 2024. <https://txwes.edu/academics/health-professions/graduate-programs/nurse-anesthesia/program-statistics/>

Texas Christian University. "School of Nurse Anesthesia." Texas Christian University. Accessed July 16, 2024. <https://harriscollege.tcu.edu/nurse-anesthesia/>

University of Texas Medical Branch at Galveston. "BSN-NA Program." University of Texas Medical Branch at Galveston. Accessed July 16, 2024.

<https://nursing.utmb.edu/BSN-NA>

Council on Accreditation of Nurse Anesthesia Educational Programs. "CRNA School Search." Council on Accreditation of Nurse Anesthesia Educational Programs. Accessed July 16, 2024. <https://www.coacrna.org/programs-fellowships/crna-school-search/>