

# Additional anesthesiology residency positions may help hospitals save costs

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Expanding anesthesiology residency programs—even in the absence of federal funding—may help medical institutions save staffing costs and address projected shortages of anesthesia care professionals, suggests a

first-of-its-kind study being presented at the American Society of Anesthesiologists' [ADVANCE 2023](#), the Anesthesiology Business Event.

In the wake of the COVID-19 pandemic, hospital expenses are rising as health care staff leave medicine and their positions are filled often using costly temporary workers or paying other staff members for overtime or extra shifts.

"There is a projected shortage of anesthesia care professionals in the next three to five years, and a third of the physician anesthesiologist workforce is older than 601," said Lauren Nahouraii, M.D., lead author of the study and an anesthesiology and perioperative medicine [resident physician](#) at the University of Pittsburgh Medical Center. "Adding extra anesthesiology residency positions can help address the issue, and our research suggests it also may be cost effective for the institution."

Physicians who graduate from medical school pursue residencies in their desired specialties at U.S. medical institutions through the Accreditation Council for Graduate Medical Education (ACGME). The federal government provides funds for those residencies, capping the positions available at each medical institution. While the U.S. Congress has made provisions for ACGME-qualified institutions to offer additional residency positions, they may not receive federal funding.

Anesthesiology residency positions usually fill up every year. In the 2022 match, 1,182 medical students (44% of applicants) seeking an anesthesiology residency did not match, suggesting there aren't enough positions, she said.

In the study, the researchers compared the cost of anesthesiology residents vs. nurse anesthetists, factoring in actual work hours and supervision ratios. They determined expanding the program to include more residents is financially beneficial as the cost per hour of clinical coverage for residents was \$29.14, whereas paying nurse anesthetists to

work overtime was \$181.12 per hour of clinical coverage and paying nurse anesthetists to take on extra shifts was \$255.31 per hour of clinical coverage. The researchers concluded that over three years, the addition of three residency positions resulted in a [cost savings](#) of between \$440,000 and \$730,000 for the first year, \$840,000 and \$1.4 million for the second year, and \$1.2 million and \$1.9 million for the third year. The analysis factored in the cost of those three additional residents, who weren't supported by federal funding.

"While institutions gain greater financial benefit if they can obtain federal funding for their anesthesiology residencies, our findings suggest they might consider expanding their residency positions even if they do not receive that funding," said Dr. Nahouraii. "Given our study may be the first investigation and description of these cost savings, adding anesthesiology residency positions may quickly catch on across [anesthesiology](#) departments, as long as they are committed to maintaining the integrity of the educational mission of residency training."

Provided by American Society of Anesthesiologists

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