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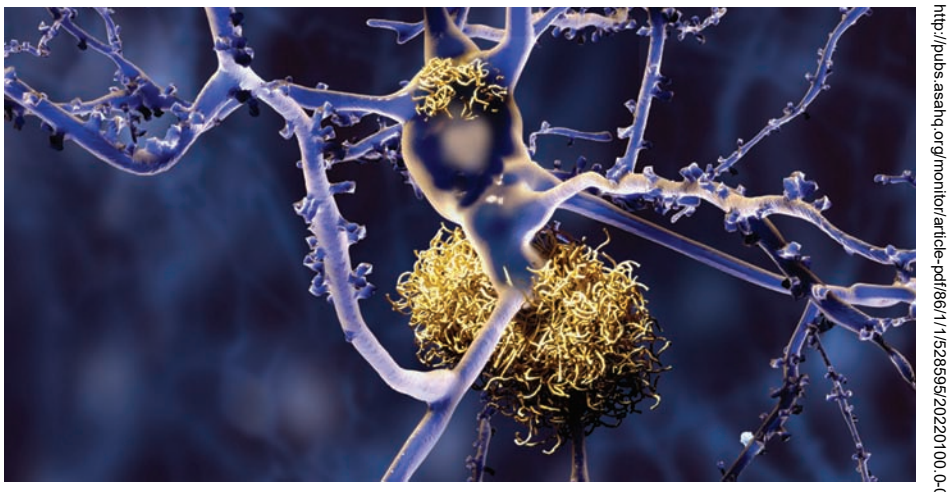
Aducanumab, the Novel $56,000 Drug: Perioperative Considerations

James W. Ibinson, MD, PhD Daniel J. Cole, MD, FASA



Aducanumab is a IgG1 monoclonal antibody therapy that targets amyloid beta (Aβ), aiding in clearance of the Aβ plaques that are a defining molecular feature of Alzheimer's Disease (AD). Controversy erupted in June 2021 when the FDA overruled their own advisory committee and approved aducanumab (Aduhelm, Biogen) for the treatment of AD. Three members of the Peripheral and Central Nervous System Drugs Advisory Committee resigned in protest and the U.S. House of Representatives and other groups are investigating the FDA's decision, including the relationship between the FDA and Biogen, setting the stage for what may be landmark modifications to drug approval.

The Alzheimer's Association estimates that over 6 million Americans are living with AD, and that number is projected to grow to 12.7 million people by the year 2050. The Alzheimer's Association "enthusiastically" welcomed the approval,

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Are We Facing an Anesthesiologist Shortage?

Richard Simoneaux

According to the AAMC, by 2034 there is projected to be a shortage of anywhere between 38,000 to 124,000 physicians (asamonitor.pub/2Y4Pr6S). One critical group of specialists included in these physicians are anesthesiologists. Recently, the *ASA Monitor* conducted a phone interview with 2020 ASA President Mary Dale Peterson, MD, MSHCA, FACHE, FASA, to discuss the potential causes and impact of this looming shortage on anesthesiologists. When asked about the reasons for this potential shortcoming of anesthesiologists, Dr. Peterson replied, "This is a complex problem with a number of contributing factors, a major one of which is legislation that was passed more than 20 years ago – the Balanced Budget Act of 1997."

A heterogeneous problem

Any potential shortage of anesthesiologists we are facing is complex and by no means the same all over the country. Some

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SPECIAL SECTION
The New Normal 19–27

How Much Does That Non-Physician Anesthetist Cost?

Thomas R. Miller, PhD, MBA

As a curious person, I often look for outliers in data because they frequently lead to interesting insights and researchable questions. Recently, I found the following curious outlier: A rural hospital conducting less than 600 surgeries per year and employing (or contracting with) a non-physician anesthetist (NPA)[1] reported that the cost for this NPA exceeded one million dollars. Medicare's portion of this hospital's anesthesia-related costs was about 60%, potentially resulting in the Centers for Medicare & Medicaid Services (CMS) reimbursing the hospital more than $600,000 for the anesthesia-related professional services provided to the hospital's Medicare patients. In this month's column, I examine the NPA cost data reported by rural pass-through hospitals.

Rural pass-through (RPT) hospitals

Qualifying hospitals can receive pass-through payments from Medicare for any services that the NPA is legally authorized to perform in the state in which the services are provided. That is, RPT hospitals receive cost-based reimbursement associated with the NPA rather than fee-for-service payments based on the Part B fee schedule. To qualify, these hospitals must meet specific criteria (asamonitor.pub/3krMPrF):

- Be geographically located in a rural area
- In the prior calendar year, performed no more than 800 surgical procedures requiring anesthesia services
- The NPA's total number of service hours may not exceed 2,080 hours per year (one full-time equivalent). These hours represent total hours at the hospital (not

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Anesthesiologist Shortage

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regions, such as rural ones, will likely be more heavily affected than those areas that have access to higher numbers of medical school graduates and large residency programs. Additionally, the aging demographics of our population could also play an important role in the demand for anesthesiologists, with greater needs in those states with higher numbers of older adults.

Dr. Peterson also noted that with the COVID pandemic, anesthesiologists have had an expansion in both the roles they perform as well as the settings in which they work. For example, many more anesthesiologists are being pulled into non-OR anesthetizing locations, which makes for a challenge with scheduling.

One particular problem for quickly addressing any shortage of anesthesiologists is the amount of time required for training – a pipeline taking 12-14 years.

Because of the incredible costs associated with the lengthy specialized education within the medical field, considerable support is drawn from Medicare, which is in fact the largest single source of funding for GME. This funding was significantly affected by the Balanced Budget Act of 1997. In that piece of legislation, there was a provision that set a cap for the number of residents and fellows trained across all specializations, including anesthesiology. Prior to that point, there had been an increasing number of physicians entering training programs for several years.

An article published in 2008 detailed the effects of the Balanced Budget Act of 1997, noting that there was a temporary halt in the growth of GME after passage (*JAMA* 2008;300:1174-80). Within the specialty of anesthesiology, from 2002-2007, there was an increase of 415 resident slots (9.1%). The authors speculated that the increase in GME (all fields) may be related to an ACGME rule change that occurred on July 1, 2003, which affected duty hours. Some hospitals were thought to have added residents as an economic means to cover services that might not have otherwise been covered because of work-hour limits for individual residents.

Legislative news

On December 21, 2020, the U.S. Congress passed the Consolidated Appropriations Act, 2021 (H.R.133), which included funding for the expansion of an additional 1,000 Medicare-funded GME slots. The distribution of these positions would be prioritized for hospitals in rural or traditionally underserved communities.

Another relevant piece of legislation is the Resident Physician Shortage Reduction Act of 2021 (S. 834, H.R. 2256), which was entered in the Senate on March 18, 2021 by bipartisan sponsorship. The legislation, if passed, would expand the number of federally funded residency positions by 2,000 each year for seven years.

Discussion

Regarding the urgency of the current situation, Dr. Peterson did not feel there would be an immediate surge of retirements among anesthesiologists, but she noted that 55% of physicians were 55 or older, while 15% were 66 or older. "Even though there may not be large numbers of retirees immediately, we must begin to address these issues soon, given the long training time necessary for qualified anesthesiologists," she noted. The resident matches have been very successful with almost 100% of slots filled, but there simply aren't enough residency positions.

Along with the age demographic, there also appears to be a cultural shift, with many younger anesthesiologists being less willing to work the 60- to 80-hour week that had been common in the past. While this lighter workload may be important to avoid burnout, which has been exacerbated by the COVID-19 pandemic, this does create the need for more anesthesiologists.

In conclusion, Dr. Peterson noted that the problem was complex, multifaceted, and heterogeneous. Different locations will have different problems to sort out and thus will likely require different solutions. As such, efforts utilizing a "top-down," one-size-fits-all approach are not likely to be successful universally. Regional-driven "bottom-up" approaches would allow more flexibility and stand a better chance of success. Whether it is offering more flexible hours for those nearing retirement or for those with young families, practice groups will need to adapt to the workforce shortages.

Highly trained anesthesiologists are essential for both solo providers and for anesthesiologists working in the care team environment, where one anesthesiologist may supervise several nurse anesthetists in appropriate cases. Regardless of the care model, quality patient care remains the overwhelming priority. Looking ahead, it is time to increase GME funding from public and private sectors to increase residency positions, ensuring the highest-quality anesthesia care for future patients. ■

Richard Simoneaux is a freelance writer with an MS in organic chemistry from Indiana University. He has more than 15 years of experience covering the pharmaceutical industry and an additional seven years as a laboratory-based medicinal chemist.

ASA News

Call for Nominations: ASA Excellence in Education Award

The ASA Excellence in Education Award recognizes ASA members who have made outstanding contributions through demonstrated excellence in teaching, development of new teaching methods, and/or implementation of innovative educational programs in anesthesiology. The nominee for this award must be an active ASA member in good standing who teaches students, residents, fellows, or faculty in an Accreditation Council for Graduate Medical Education-accredited (or international equivalent) anesthesiology or subspecialty training program and spends at least 50% of his or her time on clinical activities. Physicians from academic or community practices who have training programs are eligible. Nominees should have a minimum of five years of experience in resident and/or continuing medical education.

Those who wish to submit nominations should include the following:

1. A one-page cover letter summarizing why he or she believes the nominee should receive this recognition
2. A copy of the nominee's current resume or curriculum vitae
3. A letter of support from the nominee's department chair
4. Any additional supporting materials that are essential to impact the final decision of the Committee on Professional Education Oversight in selecting the reward recipient.

All nominations and supporting materials should be submitted to **j.barnett@asahq.org** by May 16, 2022. The award recipient will be announced in June 2022 and will receive a plaque, an honorarium, reimbursement for hotel and travel, and per diem to accept the award at the ANESTHESIOLOGY® annual meeting. ■