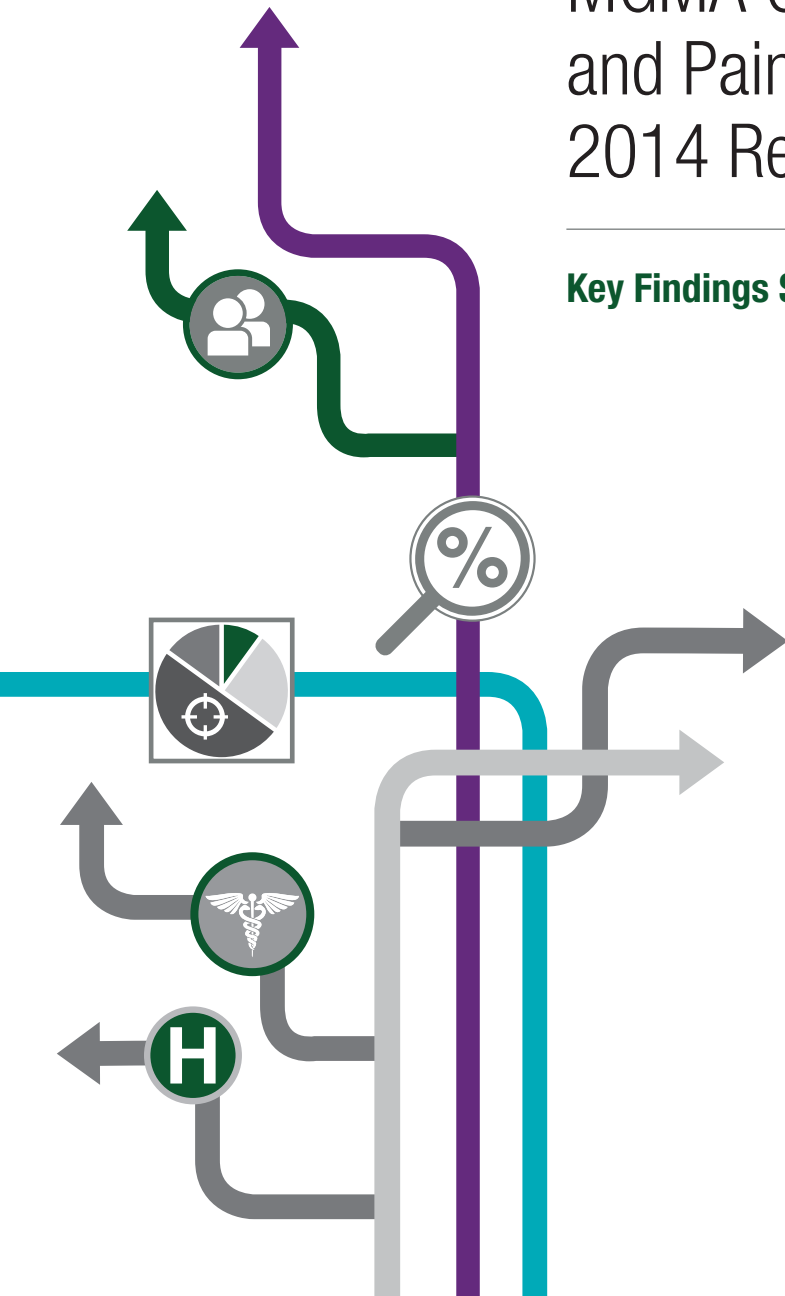




MGMA Cost Survey for Anesthesia and Pain Management Practices: 2014 Report Based on 2013 Data

Key Findings Summary Report



MGMA Cost Survey for Anesthesia and Pain Management Practices: 2014 Report Based on 2013 Data

Each year, MGMA surveys its members and nonmembers to obtain the most recent cost and revenue data. This year's survey remains the industry leader for benchmarking data, representing

136 groups.

The Data Solutions staff reached the following results and conclusions by historical and current-year trend analyses. These analyses provide insight on factors that influence cost and revenue measures in Anesthesiology and Pain Management practices. The median is used in the analysis, and the report reflects data submitted for the 2013 fiscal year.

Key Findings

- ➔ **Anesthesiology: Pain Management** practices report **3,158 total encounters** per FTE physician.
- ➔ **Total medical revenue per anesthetizing location** has **increased by \$19,029** for Anesthesiology practices since 2012.

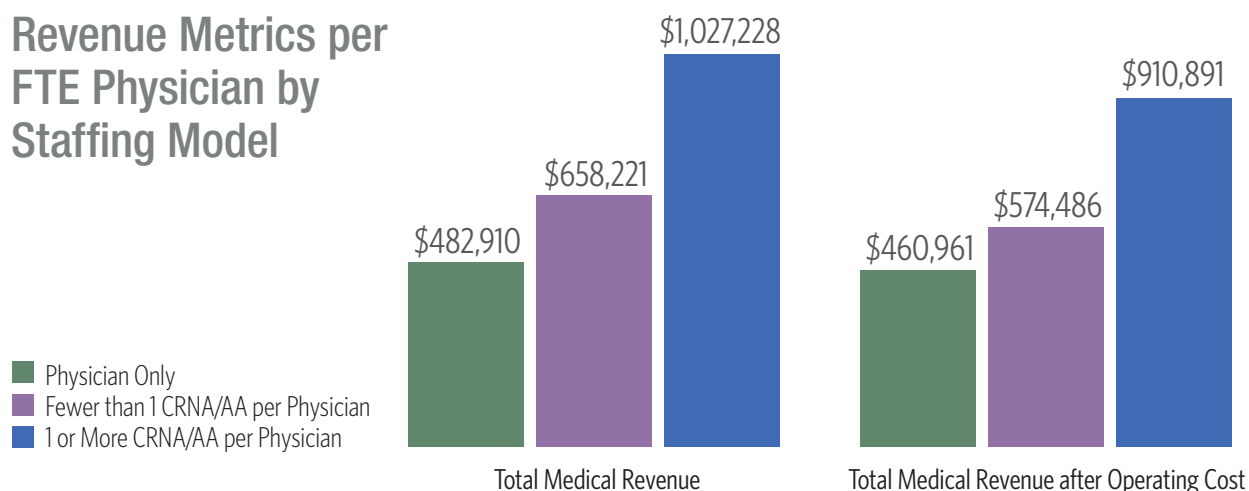
Factors Influencing Cost and Revenue

Staffing Model Influences Practice Revenue Metrics

Anesthesiology practices **with a staffing model of 1 or more Certified Registered Nurse Anesthetist/Anesthesia Assistant (CRNA/AA) per physician** report **\$369,007 more** in **total medical revenue** than practices with **fewer than 1 CRNA/AA per physician**, and **\$544,318 more** than **physician only** practices.

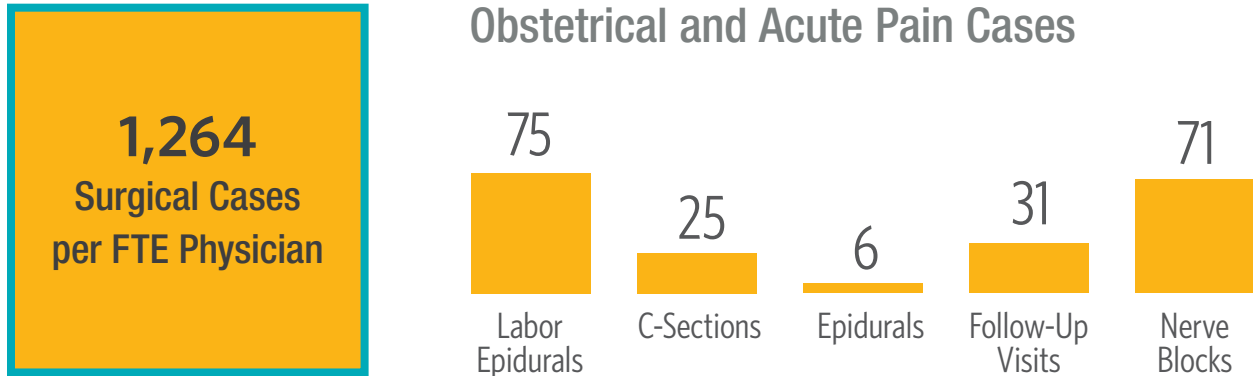
The same effect is reported for total medical revenue after operating cost. Practices with **1 or more CRNA/AA per physician** report **\$336,405 higher total medical revenue after operating cost** than practices with fewer than 1 CRNA/AA per physician and **\$449,930 higher** than practices with **physicians only**.

Revenue Metrics per FTE Physician by Staffing Model



Surgical Cases are the Majority of Cases Performed

Surgical cases are the most performed cases for Anesthesiology practices, with **1,264 cases** per FTE physician. This is **1,056 more cases** than labor epidurals, c-sections, epidurals, follow-up visits and nerve blocks combined.

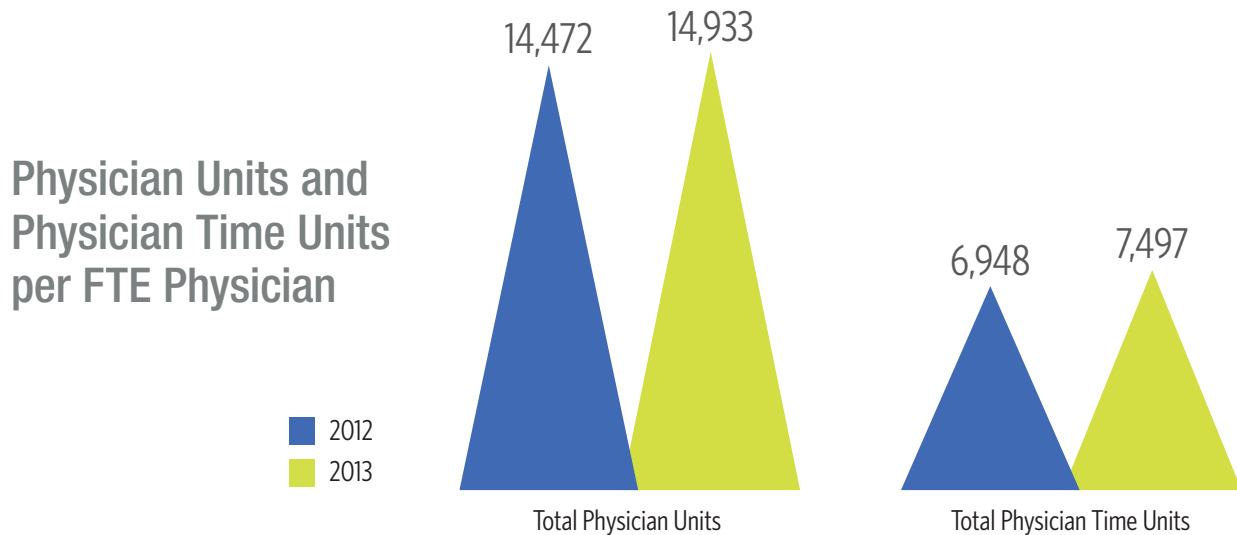


Key Findings

- ➔ Anesthesia practices report **10,385 ASA units** per anesthetizing location.
- ➔ **Physician-owned** Anesthesiology practices report **1,651 total procedures** per FTE physician compared to **1,511 in 2012**.
- ➔ **Anesthesiology: Pain Management** practices report **1,202 patients** per FTE physician.

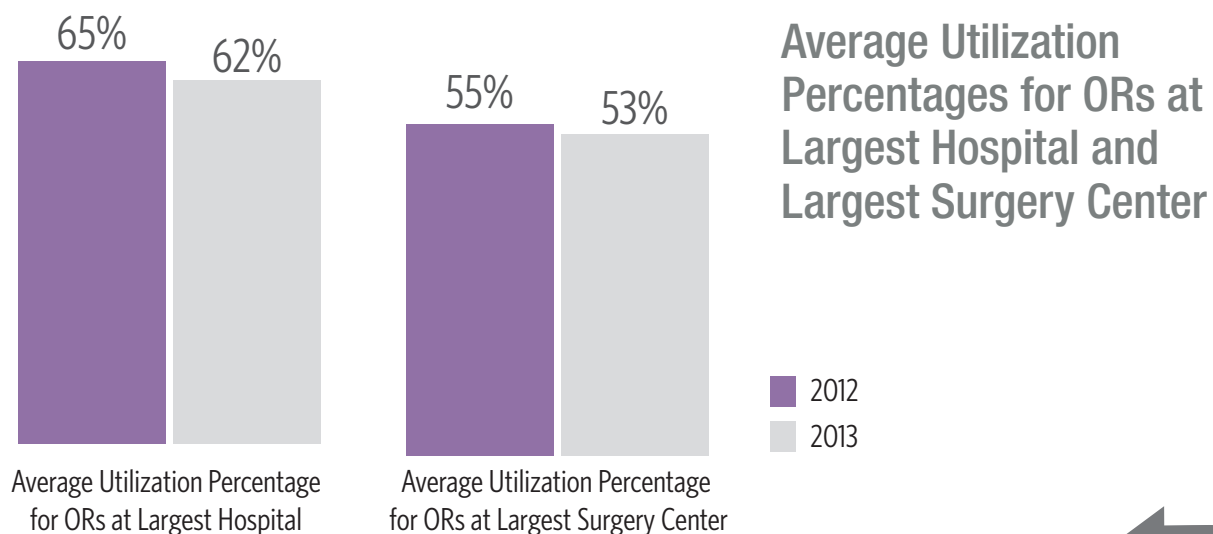
Practices Report Increases in Both Physician Units and Physician Time Units

Anesthesiology practices report an **increase** in the number of **total physician units** and **total physician time units** since 2012. While the increases are incremental, a **7.9% increase** in total **physician time units** and a **3.2% increase** in total **physician units** per FTE physician, this increasing trend has been reported since 2006.



Decreases in Average Utilization Percentages of Operating Rooms Reported

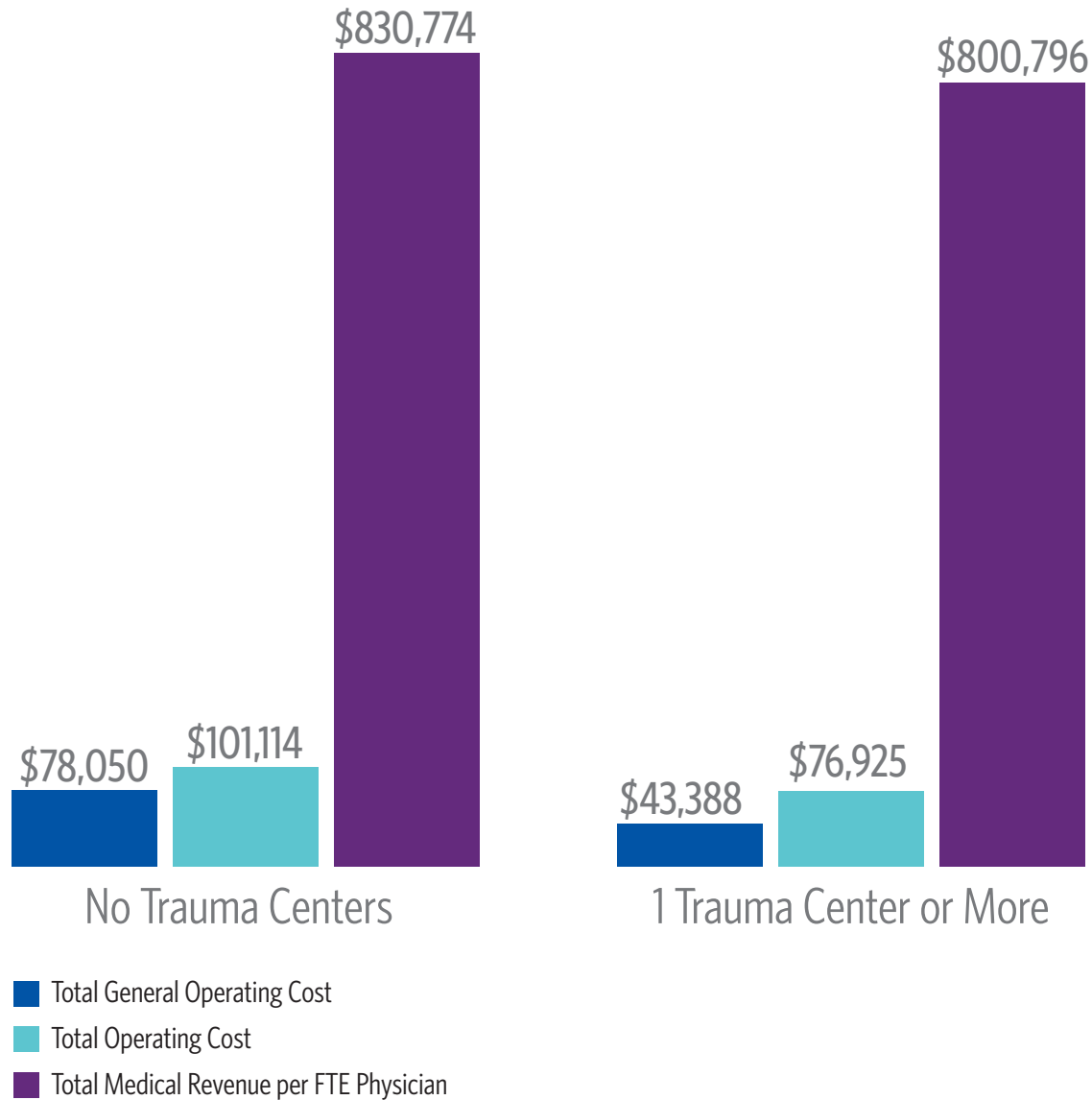
Since 2012, the **average utilization percentages for ORs at largest hospital** covered have **fallen by 3%** for Anesthesiology practices. **Average utilization percentages for ORs at largest surgery center** covered also show a slight **decrease of 2%**.



Differences in Cost and Revenue Reported by Number of Trauma Centers

Anesthesiology practices that have **1 trauma center or more** report **44.4% lower total general operating cost** per FTE physician and **23.9% lower total operating cost** per FTE physician than practices with **no trauma centers**.

The total number of trauma centers has the **opposite effect on total medical revenue**. Practices with no trauma centers report **3.7% higher** total medical revenue per FTE physician **than practices with 1 trauma center or more**.



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2014 MGMA Survey Reports

Use the detailed data found in the MGMA reports to power your important decisions.

Physician Compensation and Production

MGMA DataDive – item 8751

MGMA DataDive (physician compensation with management compensation) – item 8752

Printed report – item 8750

Management Compensation

MGMA DataDive – item 8754

Printed report – item 8753

Physician Placement Starting Salary

MGMA DataDive – item 8746

Printed report – item 8745

Medical Directorship and On-call Compensation

MGMA DataDive for Medical Directorship – item 8748

MGMA DataDive for On-Call – item 8749

Printed report (medical directorship and on-call data) – item 8747

Academic Practice Compensation and Production Survey for Faculty and Management

MGMA DataDive – item 8744

Printed report – item 8743

Cost and Revenue

MGMA DataDive (single-specialty and multispecialty data) – item 8757

Printed report for single-specialty practices – item 8755

Printed report for multispecialty practices – item 8756

Cost and Revenue for Primary Care Practices

MGMA DataDive (primary care data only) – item 8759

MGMA DataDive (full cost and revenue module plus primary care data) item 8760

Printed report – item 8758

Cost and Revenue for Orthopedic Practices

MGMA DataDive (orthopedic data only) – item 8762

MGMA DataDive (full cost and revenue module plus orthopedic data) item 8763

Printed report – item 8761

Cost and Revenue for Anesthesia and Pain Management Practices

MGMA DataDive (anesthesia and pain management data only) – item 8765

MGMA DataDive (full cost and revenue module plus anesthesia and pain management data) – item 8766

Cost and Revenue for Cardiology

MGMA DataDive (full cost and revenue module plus cardiology data) item 8770

Cost and Revenue for Hospitals and IDS Practices

MGMA DataDive (full cost and revenue module plus hospital/IDS data) item 8771

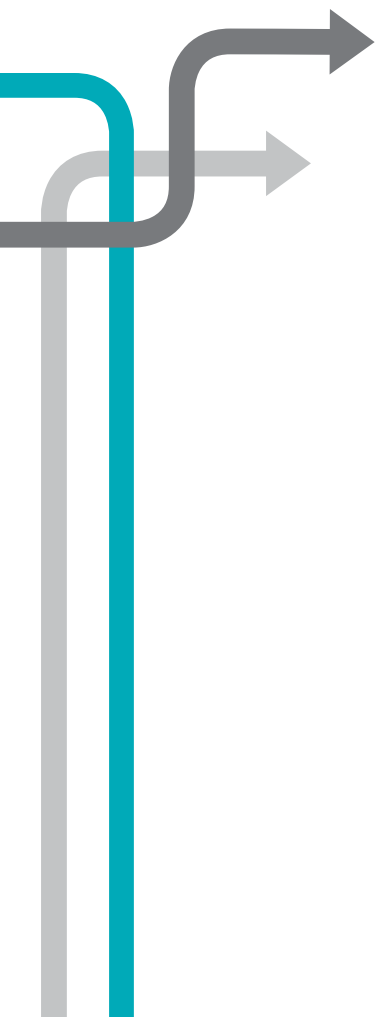
Performance and Practices of Successful Medical Groups

Printed report – item 8774

Procedural Profile

MGMA DataDive for one specialty – item 8775

MGMA DataDive for multiple specialties – item 8776



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