

EMPLOYING ANESTHESIA PROVIDERS:

Four Misconceptions that Derail Anesthesia Service Line Management

Hospitals and health systems are feeling the pressure of rising anesthesia costs. Many are moving to a direct employment model, expecting it will lower expenses and improve control. The reality? Without a tailored management approach, the opposite often happens. Costs rise. Staffing challenges persist. Service quality suffers. Why? Because anesthesia is not like other clinical services. It requires specialized leadership, dedicated processes, and the right tools to manage performance in real time.

This paper outlines **four common misconceptions** about employing anesthesia providers—and what it takes to avoid them.



The Four Misconceptions:

MISCONCEPTION 1

“We’ve got this” — Anesthesia can be folded into existing operations without significant specialized leadership, process or infrastructure.

MISCONCEPTION 2

“Clinical leadership is clinical leadership” — Strong anesthesia clinical oversight will evolve organically without targeted investment or strategy.

MISCONCEPTION 3

“Our data is good enough” — Existing EHR data is sufficient to manage anesthesia performance.

MISCONCEPTION 4

“If the pieces are in place, it’ll run itself” — Skilled teams and accurate data will automatically lead to success.



MISCONCEPTION 1

We've Got This

Rethinking Anesthesia Service Line Infrastructure

On the surface, anesthesia may seem like another clinical department. But the day-to-day realities—recruiting, scheduling, billing, compliance—are highly specialized.

Without a structure built for anesthesia, hospitals quickly discover:

- **Recruitment and retention** require competitive compensation, flexible scheduling, PTO, and professional autonomy — often beyond what's offered to other employed clinicians. Developing a package that will recruit and retain clinicians is essential to success.
- **Billing and compliance** are complex, with unique guidelines and risks. Splitting these functions across already stretched hospital managers often leads to errors, non-compliance, and revenue loss.
- **Operational oversight** should rest with a dyad — an anesthesiologist and an administrator — reporting to top leadership. Large departments also benefit from dedicated IT support to access and analyze anesthesia-specific data.

Bottom line: General hospital infrastructure can't absorb anesthesia without sacrificing efficiency and profitability.

MISCONCEPTION 2

Clinical Leadership is Clinical Leadership

Why Anesthesia Leadership is Different

Anesthesia leaders manage a constantly shifting environment — balancing predictable surgical schedules with emergencies, while ensuring patient safety and efficiency.

The role demands:

- **Rapid, informed decision-making** in high-stakes situations.
- **Strong interprofessional relationships** with surgeons, nursing, and administration.
- **A culture of safety and communication** where all team members feel empowered to raise concerns.

Anesthesia's exceptional safety record — mortality rates as low as 1:250,000 in healthy patients — exists because of decades of leadership-driven improvements. Removing or diluting that leadership risks both quality and efficiency.

Bottom line: Anesthesia leadership isn't interchangeable with other specialties. It requires rapid decision-making in high-stakes situations, strong relationships across perioperative teams, and a culture of safety and open communication. Without dedicated anesthesia leadership, both quality of care and operational efficiency suffer.

MISCONCEPTION 3

Our Data's Good Enough

Data Issues and the Need for AIMS

Many hospitals rely on EHR anesthesia modules, assuming they provide enough insight. In reality, these tools often lack the precision of dedicated Anesthesia Information Management Systems (AIMS).

Incomplete or inaccurate data can mean:

- **Staffing inefficiencies** – Overstaffing drives up costs; understaffing delays cases and burns out providers.
- **Revenue leakage** – Missing or incomplete case data leads to underbilling.
- **Poor quality tracking** – Without complete complication and outcome data, it's hard to identify risks or demonstrate value.
- **Weak strategic planning** – Decisions about expansion, recruitment, or resource allocation are only as strong as the data they're based on.

Bottom line: For anesthesia, “good enough” data isn't good enough.



MISCONCEPTION 4

If the Pieces Are in Place, it'll Run Itself

Converting Data into Visual, Understandable and Actionable Information

Even with experienced managers, strong clinical leadership, and accurate data, anesthesia service lines can still underperform if leaders can't translate data into real-time operational action. Numbers in spreadsheets don't solve problems—what matters is the ability to see patterns, understand their impact, and act quickly.

Why Visualization Matters

Dynamic dashboards and visual analytics give anesthesia leaders a constant, clear view of key performance drivers.

This includes:

- **OR and NORA Utilization** – Seeing how non-operating room anesthesia (NORA) cases affect staffing, coverage, and resource allocation.
- **Prime-time optimization** – Identifying underused OR blocks during peak hours that could be filled to increase throughput and revenue.
- **Staffing-to-demand matching** – Tracking the relationship between provider schedules and case volume to prevent over- or understaffing.
- **Locum monitoring** – Visualizing locum usage in context with vacancies, cancellations, and cost trends to guide targeted recruitment or scheduling adjustments.

Turning Insight Into Action

Visualization tools like scatter plots, heat maps, and control charts can surface connections that aren't obvious in raw data—for example, how NORA volumes spike at certain times of day and strain coverage for scheduled OR cases, or how block utilization changes when certain providers are on service.

By layering benchmarks—comparing performance against like facilities—leaders can spot when their service line is drifting from best practice, then intervene before problems become entrenched.

Bottom line: Even with strong teams and accurate data, anesthesia leaders need real-time, visual tools to manage OR and NORA utilization, staffing, and costs. Without dashboards and benchmarks to turn data into action, inefficiencies and missed opportunities remain hidden.



Summary

Too often, hospitals assume anesthesia can run on general clinical infrastructure, until reality proves otherwise. From recruitment to compliance, scheduling to billing, anesthesia demands a tailored approach.

This isn't just about filling OR seats—it's about building a specialized ecosystem with the right leadership, tech, and data visibility to drive clinical excellence and financial viability.

Here Are the New Guideposts and Key Takeaways to Replace the Common Misconceptions:

- **Dedicated infrastructure** – Anesthesia needs its own leadership dyad and operational support.
- **Specialized leadership** – Clinical oversight must be tailored to anesthesia's unique demands.
- **Competitive recruitment strategy** – Beyond salary, focus on scheduling, autonomy, and development.
- **Specialized billing** – Anesthesia billing requires an anesthesia billing specialist and streamlined access to data.
- **Centralized operational control** – Keep compliance and scheduling under anesthesia leadership.
- **High-fidelity data** – Invest in AIMS or equivalent systems to support decision-making.
- **Visualization and benchmarks** – Make performance insights accessible and actionable.

Medaxion is leading anesthesia into the future with its leading suite of information solutions that improve operating room and team performance. Our accessible solutions improve financials, enhance quality and optimize clinical teams. Information entered into the Medaxion platform is available for use in real-time by anesthesia, administration, nursing, pharmacy, and revenue cycle. The platform is informed by intelligence earned over 15 years serving 10,000+ anesthesia providers at 900+ locations combined with 500+ data pipelines. Medaxion is a trusted partner of the largest U.S. health systems and anesthesia provider organizations.

Learn more or request a demo, visit: www.medaxion.com