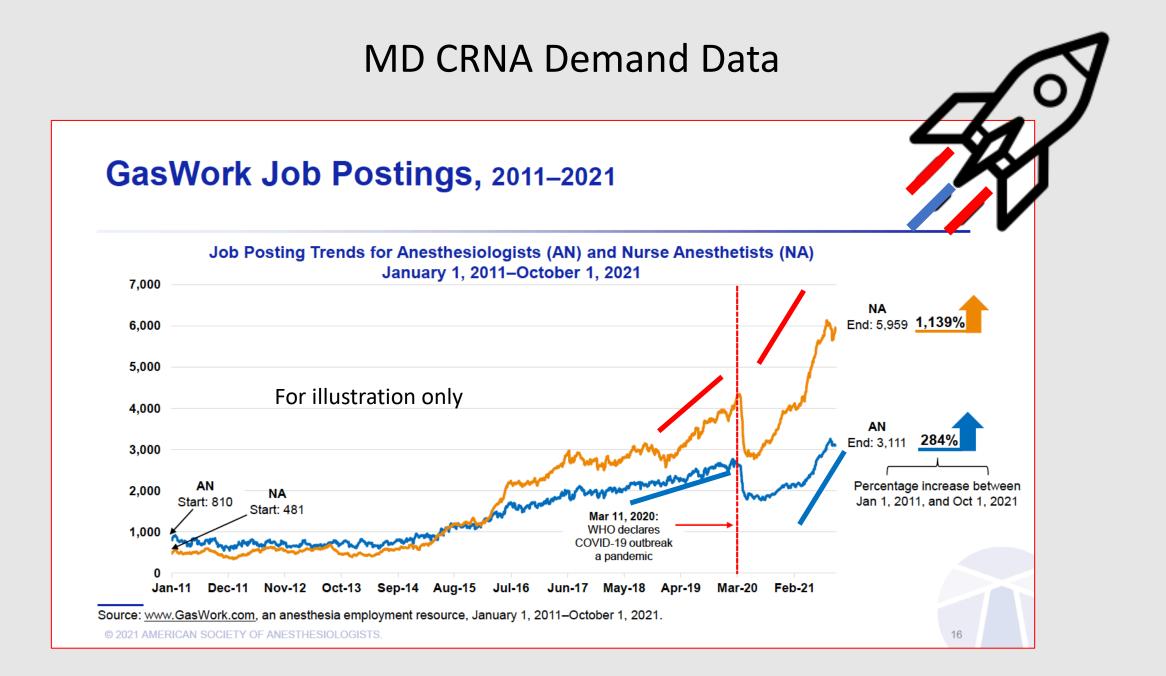
Anesthesia Market Overview

Marc Koch, MD, MBA, MSc. (mekoch@somniainc.com)

- MD: Perioperative Medicine | Anesthesiology
- MBA: Financial analyst and operations
- CEO for Somnia since 1997 (1000 Clinicians, 13 States, Hospitals, ASCs, OBSF)

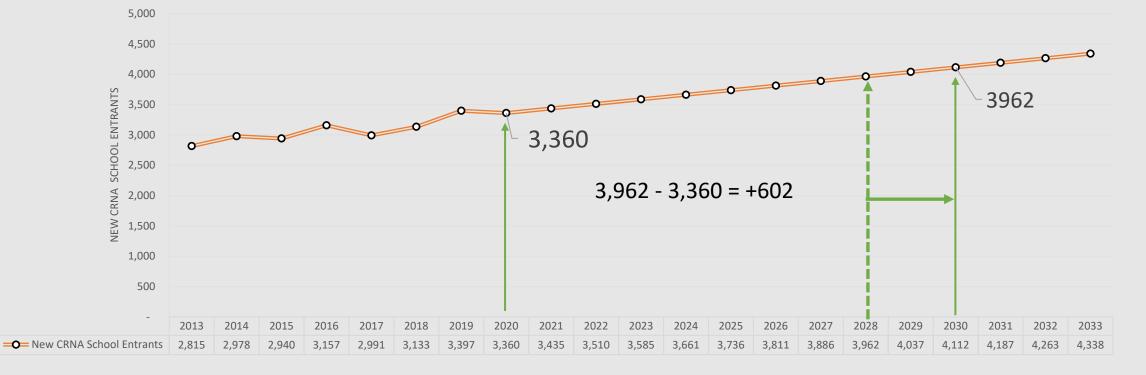
Marc Koch, MD MSc. MBA

- Medical AnesthesiologyYaleMBA FinanceFordhamMSc.UCL London (PeriOperative Medicine)
- President and CEO | Somnia Inc. for 25 years Anesthesia services for OBSF, ASC, Hospitals Metro NY and 15 other states 1,000 clinicians
- PeriOperative Medicine and Population Health
- 1,873 Hospitals, ASC and OBSF



CRNA Workforce Predictions ~602 Additional CRNA <u>annually</u> entering the market 2020) | does not bake in attrition |

CRNA STUDENT PROJECTIONS

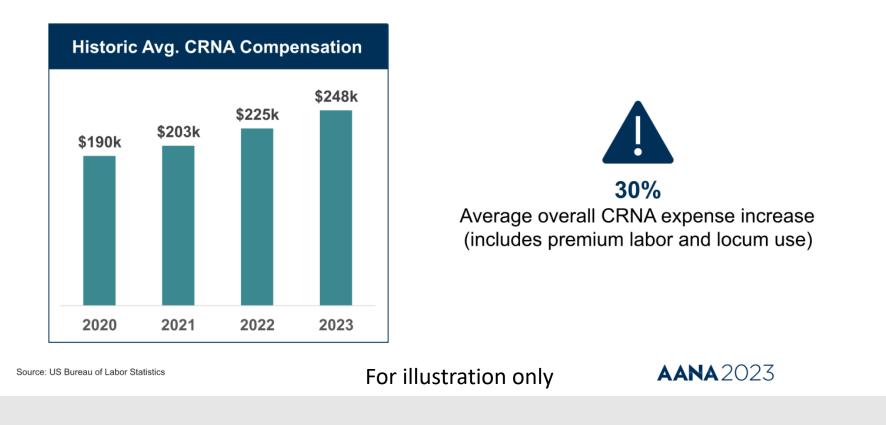


602/10 years= adding an avg 60 addition CRNA year-over-year

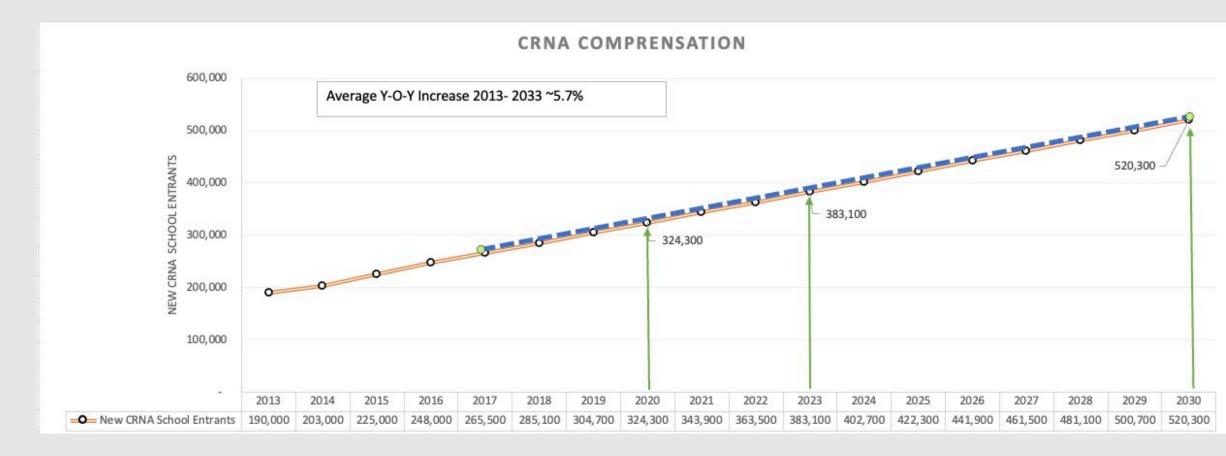


CRNA Labor Dynamics

Rising Workforce Costs Coupled with Decreasing Volumes Creating Imbalance

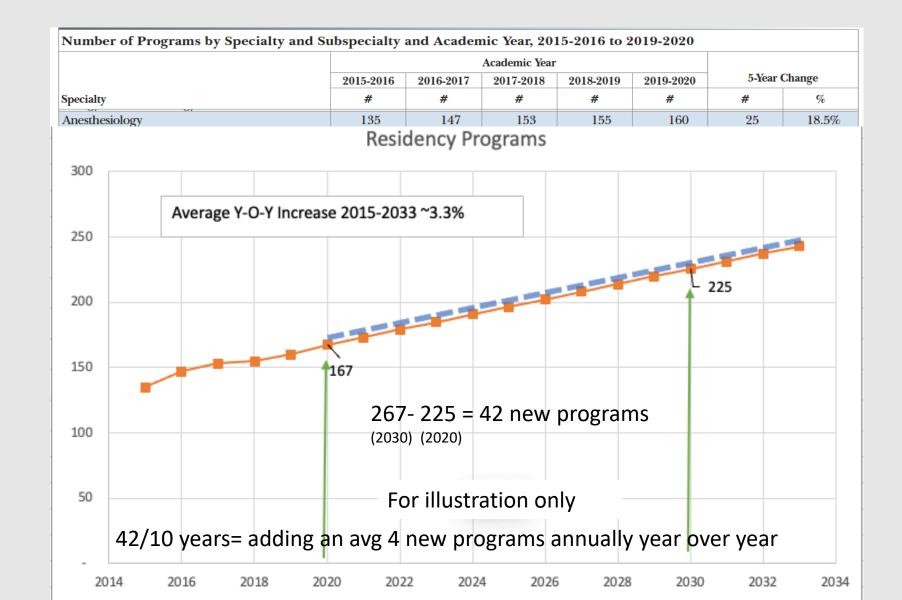


CRNA Compensation Predictions 2020→ 2030 Compensation 383K to 525K



190K in 2019 \rightarrow 383K* in 2023 \rightarrow 520K in 2030

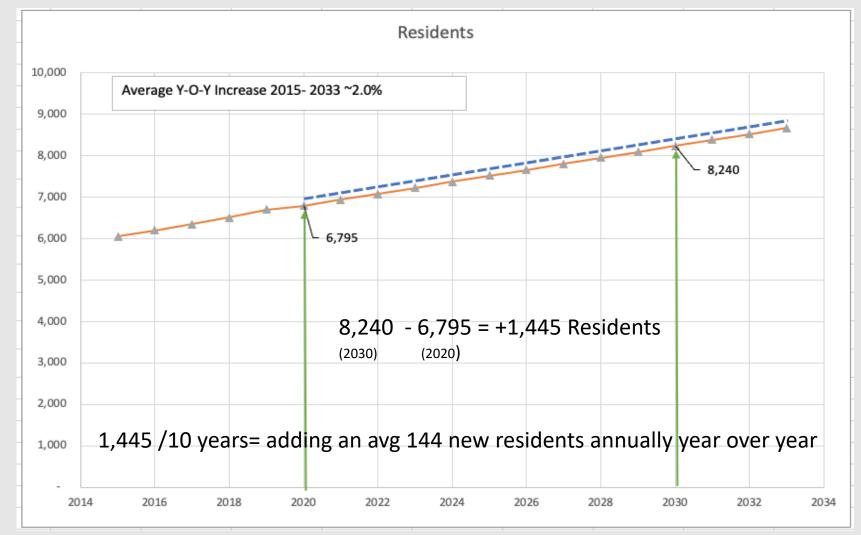
Residency Program Predictions ~= 42 over next 10 years | does not bake in attrition



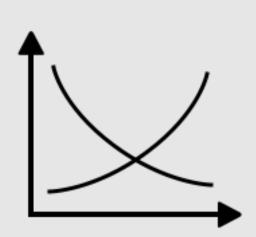


MD Anesthesiology Workforce Predictions ~= 1,445 over next 10 years (Average 144/year) |

~ 1,445 Additional MD annually coming into the market 2020 to 2030 | does not bake in attrition



Supply Summary 2020 \rightarrow 2030



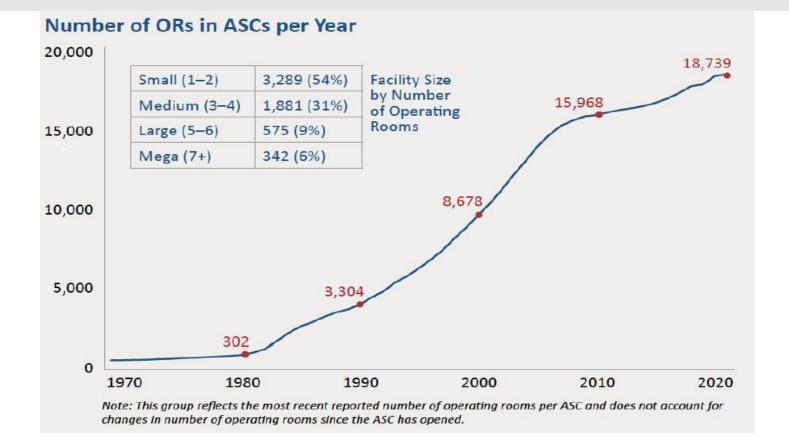
By 2030.....

- ~ 600 additional CRNA on a year over year basis
- <u>~1,450</u> additional MD on a year over year basis
- ~2,050 additional year over year workforce additions $2020 \rightarrow 2030$
- Does not consider attrition d/t, for example, program closure

Market Growth

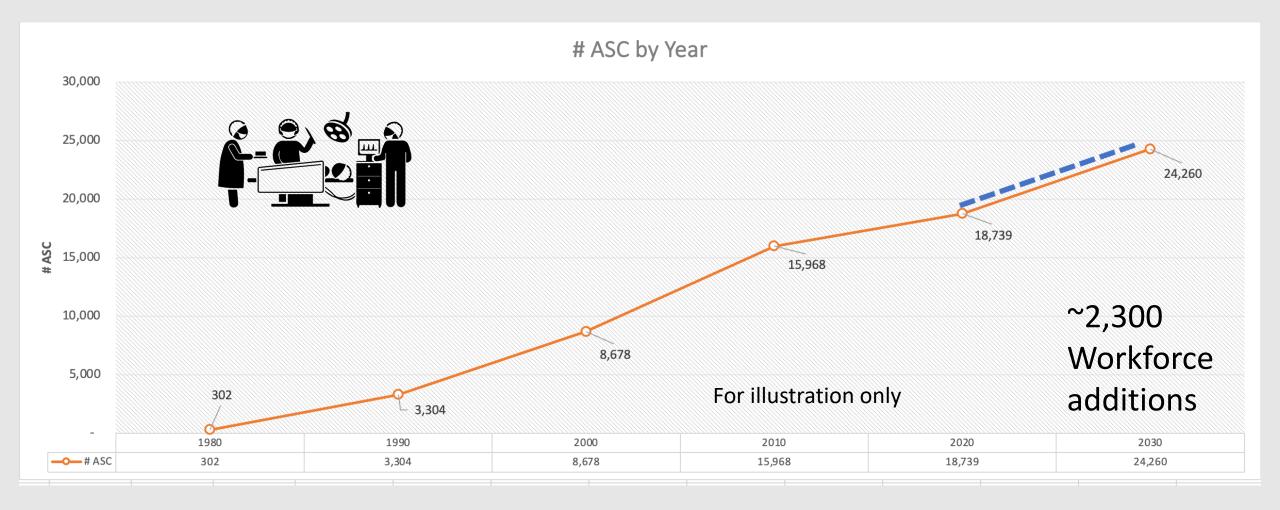
As the number of ASCs in the country grow, so too has the number of ORs in ASCs.

The majority of current ASCs are considered "Small" or "Medium" sized, with fewer than 4 operating rooms.



Source: ASC Data, Q4 2022 Report

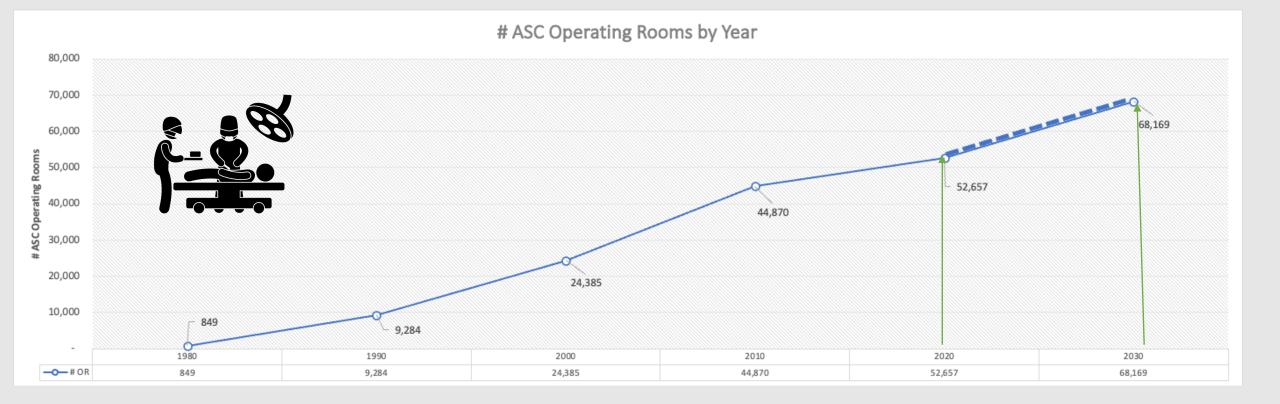
Incrementally, > 5,500 New ASC from 2020 to 2030 24,260 – 18,739 = 5,521



These Additional ASC Add Operating Rooms Average # Weighted Average OR/ASC = 2.81 OR / ASC

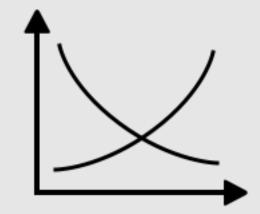
ASC Size	# OR	Percent	
Small	1.5	54%	0.81
Medium	3.5	31%	1.085
Large	5.5	9%	0.495
Mega	7	6%	0.42
	2.81		

Incrementally, > 15,500 New ASC OR 2020→2030 68,169- 52,657 = +15,512 additional OR



Demand Summary 2020→ 2030

- Currently, Weighted Average # ASC OR = 2.81
- New ASC from 2020 to 2030 = 5,521
- New Operating Rooms from 2020 to 2030 = 15,512
- Does not consider attrition, for example, ASCs that might shut down



Situation Could be Worse than Predicted

- 2020 to 2030 = ~2,050 New Providers Y-O-Y
- 2020 to 2030 = ~15,512 New ASC OR
- We will have ~2,050 new providers for ~15,500 new ASC OR

- Calculations do NOT consider those leaving profession
- Calculation do NOT consider other providers sinks (Hospital OR + Office-Based)



Macro Efforts to Mitigate: Helpful?

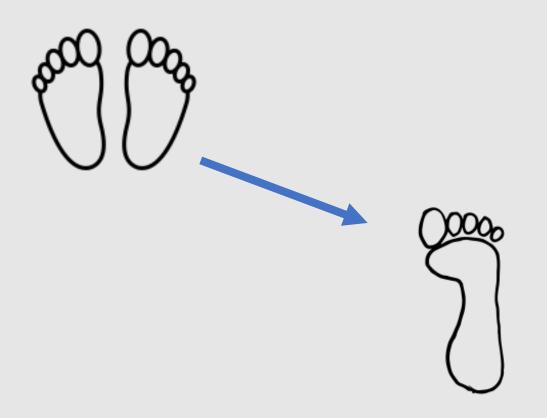
- Contraction of coverage footprint through improved OR utilization
- ACGME NST Fellowships (J1)
- Anesthesia Assistants
- Alternate sedation providers (Anesthesiologist, CRNA, AA, RN, NP, PA, MD)

Compounding Factors>>> Mitigating Factors

Local Efforts

• Improve utilization coverage heat maps \rightarrow efficient scheduling

Room	OR 1	OR 2	OR3	OR 4	
Av. Case Mins	77	308	123	71	
Turnover	30	30	30	30	
7:00	2%	11%	12%	3%	
8:00	16%	29%	22%	28%	
9:00	24%	34%	31%	31%	
10:00	23%	30%	31%	27%	
11:00	21%	26%	26%	24%	
12:00	24%	24%	22%	29%	
13:00	19%	23%	19%	19%	
14:00	12%	18%	17%	16%	
15:00	8%	16%	18%	10%	
16:00	6%	11%	19%	4%	



What and when are we staffing

- By changing hours of location, utilization rises
- By changing number of locations, overall utilization rises

	Ap	proxi	mate	e Cur	rent				Op	otimi	zed F	orec	ast		
Utilization for rooms:								Utilization f	or rooms:						
Common Specialties: URO, Gen, Ca, Vasc, Hybrid								Common Specialties: URO, Gen, Ca, Vasc, Hybrid							
	Mon	Tue	Wed	Thu	Fri	Sat	Sun		Mon	Tue	Wed	Thu	Fri	Sat	Sun
7A-3P								7A-3P					-		
ORs	7	7	7	7	7	1	1	ORs	6	7	7	5	(5)	1	1
3P-11P OR								3P-11P OR	-				-		
3p-5p	7	7	7	7	7	1	1	3p-5p	4) (4)	4) (4)	(4)	1	1
5p-7p	3	3	3	3	3	1	1	5p-7p	3	3	3	3	3	1	1
7p-9p	2	3	2	2	2	1	1	7p-9p	2	3	2	2	2	1	1
9p-11p	1	1	1	1	1	1	1	9p-11p	1	1	1	1	1	1	1
11P-7A	1	1	1	1	1	1	1	11P-7A	1	1	1	1	1	1	1
Turnover	30	#Cases:	2362	Av. Cas	es/OR:	337		Turnove	30	#Cases:	2362	Av. Case	s/OR:	394	- 0
# Cases	449	535	536	372	410	30	30	#Cases	449	535	536	372	410	30	30
	Mon	Tue	Wed	Thu	Fri	Sat	Sun		Mon	Tue	Wed	Thu	Fri	Sat	Sun
7A-3P							1000	7A-3P		-	Seat and the	-	10		
ORs	50%	61%	60%	40%	45%	13%	16%	ORs <	59%	61%	60%	55%	63%	13%	16-
3P-11P								3P-11P			-				
3p-5p	32%	34%	30%	31%	28%	16%	21%	3р-5р <	57%	59%	53%	54%	49%	16%	21%
5p-7p	53%	41%	38%	38%	34%	14%	14%	5p-7p	53%	41%	38%	38%	34%	14%	14%
7p-9p	41%	14%	20%	19%	20%	14%	6%	7p-9p	41%	14%	20%	19%	20%	14%	6%
9p-11p	15%	9%	8%	6%	10%	6%	2%	9p-11p	30%	18%	17%	12%	20%	13%	5%
11P-7A	4%	5%	3%	1%	3%	5%	0%	11P-7A	4%	5%	3%	1%	3%	5%	0%

Goals?

- Reduce rooms
- Utilization 65-85%+
- Patient access
- Surgeon access

Operationalization

- By reducing footprint of coverage, utilization rises
 - Overall: Reduce # of OR | Reduce hours of operation
- PeriOperative Medicine Clinic can be helpful
 - Per OR basis: schedules into surgeon block
- Alternative Providers
 - RN, NP, PA, MD



Results

- Leveraging tenure
- 100% Coverage
 - Alternative providers
 - > Utilization
 - PeriOperative Medicine Clinics

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