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The Future of Undersea and Hyperbaric Medicine in the US: Survey Results

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Introduction

The Undersea and Hyperbaric Medical Society (UHMS) has guided the formal practice of hyperbaric medicine (HBO₂) in the United States for the past fifty-seven years. Despite the many challenges over the decades, including recent ones that would have devastated hospitals, physicians, and providers, UHMS has been positioned to respond, protect, and promote the specialty. This study reports on a solicited survey of a specific group of UHMS members on their 10-year outlook on the future of hyperbaric medicine in the United States.

Methodology

This study was meticulously conducted by surveying US-based UHMS Regular members. The survey, designed in Microsoft Forms, consisted of 27 questions carefully created and interrogated for their merit by the UHMS ED, President-Elect, and Treasurer. The questions were designed to elicit responses about the future sentiment of HBO₂ practice using past and present regulatory and payment challenges, practice patterns, provider type, and certification and accreditation outlook. Twenty-six questions were yes/no and more/same/less, which allowed the responses to be numerically codified, and the last question was free text to provide a capstone for the survey.

The responses were exported into an Excel workbook, organized, numerically codified by response type, and analyzed using pivot tables for visualization.

Results

Of 809 UHMS US-based Regular members surveyed, 74 responded, for a 9.15% response rate. All 74 respondents answered the 26 yes/no and more/same/less questions, and 52 responded to the free text question.

In summary, respondents surveyed voted that in ten (10) years, 64%-HBO₂ will be provided in the hospital outpatient department, 76%-there will be fewer facilities providing urgent and emergent care, 54%-more NPPs will be supervising HBO₂, 62%-fewer hospitals will support direct supervision, 73%-general supervision will lead to worse outcomes for patients, 82%-general supervision

puts chamber staff at risk, 86%-more audit measures used, 84% telemedicine will not replace hyperbaric supervision, 81%-do not believe there will be more board-certified physicians in UHM, 70%-do not believe there will be more ACGME approved UHM fellowships, 64%-PATH CAQ/CAE will play a more important role, 96%-commercialization of HBO₂ by wellness companies, non-physicians, and non-code-compliant chamber manufacturers are negatively impacting the reputation of the specialty, 58%-AHJs will play a more significant role in hyperbaric chamber regulation, 84%-payors will restrict HBO₂ more, 70%-payors will require hyperbaric facility accreditation, 65%-board certification or PATH CAQ/CAE will be required by payors, 54%-hyperbaric certification will not be required for NPPs, 53%-payment for HBO₂ supervision will be less, 84%-hyperbaric registries and real-world evidence will play a more important role, 70%-physicians will be practicing medicine, 65%-physicians will be practicing HBO₂, 76%-the UHMS will be relevant and positioned to represent the specialty, 82% will be members of the UHMS, 58%-acute TBI will be approved by the UHMS, 76%-IBD/Crohn's will be approved by the UHMS, 58%-calciphylaxis will not be approved as a UHMS indication.

Conclusion & Discussion

Many areas of medicine are under duress, but few are as small and regulated as the specialty of hyperbaric medicine. The study demonstrates that UHMS members are pessimistic about the future of urgent and emergent hyperbaric medicine, the physician's role in practicing HBO₂, board-certified UHM physician numbers, ACGME-approved fellowships, attrition of physicians out of the specialty, and payment for practicing HBO₂. Conversely, there were some positive responses to essential questions about the UHMS's ability to address future challenges adequately, the number of physicians supportive of UHMS membership, and new diagnoses being approved for HBO₂.