INTRODUCTION

Due to a number of competing workforce supply and demand factors, health care organizations continue to face challenges in the effective recruitment and retention of anesthesiologists, certified registered nurse anesthetists (CRNAs) and certified anesthesiology assistants. Foremost, there is a projected industry shortage of approximately 12,500 anesthesiologists and CRNAs by 2034.1 Currently, the supply of providers is being adversely affected by a myriad of factors including slow growth in the establishment of new related residency programs and residency slots. Additionally, CRNA education programs have recently been extended from two to three years – requiring recruitment efforts to skip a graduating year. At the same time, demand for these providers is spiking as post-pandemic surgical volumes increase and the need for anesthesiology support in settings outside of the traditional operating room is growing.

RECRUITMENT AND RETENTION CHALLENGES

As a result, CRNA compensation has increased significantly during the past two years. Market data from SullivanCotter’s 2022 Advanced Practice Provider Compensation and Productivity Survey Report shows that median hourly rates for CRNA total cash compensation have gone up by 10.4% since 2019.2 Another pulse survey conducted in late 2021 indicates that the majority of health care organizations are still experiencing CRNA recruitment (77%) and retention (64%) challenges even though 61% of these had already reported changes to CRNA compensation plans during this period.3 In fact, this same pulse survey found that 90% of organizations were planning to review CRNA compensation again at the end of 2021 even after implementing a 5% increase, on average, earlier in the year.3 Other related issues identified include a limited talent pool, the need to review and adjust physician/CRNA staffing ratios, and the increased use of locum tenens.

USING MARKET DATA TO DETERMINE CRNA COMPENSATION

CRNA data continues to become more robust as the market’s need increases and CRNA roles expand. While regional, state and metropolitan data cuts can be very useful, SullivanCotter’s experience indicates that the market for CRNAs tends to be more nationally driven. When assessing the market data for CRNA compensation, organizations should be sure to review base pay (often reported as an hourly rate to normalize comparisons between CRNAs with different FTE designations and work effort requirements), total cash compensation (base pay plus performance incentives), and premium pay (pay for additional shifts, call coverage, etc.).

Base salary remains the heavily-weighted core of CRNA compensation – even when considering different market data cuts such as national, regional and the specific local area in which your organization might compete for talent. Particularly in highly competitive urban areas, base salary and scheduling preferences are key drivers in the design of competitive CRNA pay programs.

Although the use of incentive components appears to be growing, it is important to note that incentives for CRNAs are still uncommon with 16% of organizations utilizing them.2 Anecdotally, this type of compensation is usually structured as an add-on to base compensation rather than ‘at-risk’ dollars.
When assessing the market data for **premium pay**, this compensation is often in addition and not included in total cash compensation benchmarks. The most prevalent type of premium pay is compensation for extra shifts – for which nearly 75% of CRNAs are eligible. Shift differentials are also common with 60% of organizations reporting the use of differentials for at least some of their CRNA shifts. The provision of night shift differentials remains most common at more than 75%, with differentials for holiday shifts at approximately 40%. As for call coverage, only 43% of CRNAs are currently required to do this.

**Employment status** and assessment of **work effort** are also important considerations and can help to ensure greater alignment between pay and performance. More than half (55%) of organizations nationwide employ their CRNAs and, of these, 81% of full-time CRNAs are FLSA exempt status. This is slightly lower but in line with 90% of other advanced practice providers that are employed in exempt status. While anecdotally there has been great interest in the use of employment agreements for CRNAs, the latest survey found that only about 20% of organizations utilized contracts for this workforce.

CRNA work effort has remained stable over the past few years. Annual number of hours worked in 2020, 2021 and 2022 fluctuated minimally between 1816, 1960, and 1904 respectively. Finding the right balance between compensation and work effort is important in order to ensure alignment with expectations and market position – especially given the challenge in measuring CRNA productivity via ASA units.

**ADDITIONAL CONSIDERATIONS**

Finally, although the market for CRNAs is becoming more nationally driven, there are still a number of regional and location-specific practice patterns to consider. For instance, many organizations are expressing concern in the variation between how CRNAs practice in rural vs. urban areas. Organizations utilizing an anesthesiology care team in more rural settings are anecdotally reporting challenges in retaining CRNAs as they may desire more autonomous practice models. In response, many are reviewing their mix of staffing models (medical supervision vs. medical direction vs. autonomous), deployment of CRNAs in relationship to residency teams, and shift hours and length to ensure adequate coverage - especially in the critical afternoon and evening hours.

**CONCLUSION**

As the demand for the anesthesiology workforce continues to increase but provider supply remains flat or even starts to decline, health care organizations will need to reevaluate their CRNA recruitment and retention strategies in order to ensure effective staffing and coverage. A critical cornerstone of these strategies is the establishment of competitive compensation packages and desirable practice environments aligned with evolving CRNA preferences and market trends. Insight into emerging compensation and pay practices, access to reliable market data, and close consideration of employment status and work effort expectations will help organizations to attract, retain and engage this increasingly hard-to-recruit workforce more effectively.

**SOURCES**

2. SullivanCotter 2022 Advanced Practice Provider Compensation and Productivity Survey
3. SullivanCotter 2021 Mid-Year CRNA Pulse Survey

Learn more about SullivanCotter's comprehensive advisory services for the APP workforce.

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