In an era where health care dollars are in short supply and patients who require anesthesia care are living longer (and requiring more complex care), innovative strategies are needed to achieve value and access to anesthesiology services. Leveraging the professional interests of Certified Registered Nurse Anesthetists (CRNAs), the implementation of a flexibility-based compensation structure can optimize overall staffing requirements to meet patient care demands, particularly in the face of recruitment challenges.

Traditionally, anesthesia staffing at the hospital or facility level is determined by peak expected demand by hour of day. Shortfalls of staffing, due to vacancies, high vacation burden, or family medical leaves of absence are often covered with the use of overtime of employed staff or through the use of agency (locum tenens) personnel or a dedicated group of staff who are employed, yet able to provide services at multiple locations.

An enterprise-wide review of daily demand compared to staffing revealed that peak demands rarely overlapped across hospitals. Through modeling based on actual demand, a more efficient approach to enterprise coverage became apparent.

A large multihospital system comprised of sixteen disparate locations (at the time of implementation) faced this very situation and was tasked to meet an ever-growing demand for Certified Registered Nurse Anesthetist (CRNA) professional services.

The CRNA team had the ability to share in the cost savings by earning additional compensation, based upon each individual’s desire to offer flexibility to the integrated health system.

Although predictive labor data is somewhat contradictory, the United States appears to be experiencing a rapid demand for CRNA services across many regions.

While the Health Resources and Services Administration (HRSA) produced workforce projections in 2016 suggesting a surplus of 10,070 CRNAs by 2025, RAND Health projects a shortage of 1,282 CRNAs by 2020 with 60% of states reporting a current shortage of CRNAs. Schubert, et al., described the continued increase of case mix index, a measure of case complexity, among Medicare recipients.

This trend of living sicker and longer intensifies the resources needed in the practice of anesthesiology as patients, particularly the elderly, present for surgical and procedural intervention.