



THE ANESTHESIA PROVIDER SHORTAGE

A MEDICUS HEALTHCARE SOLUTIONS WHITE PAPER

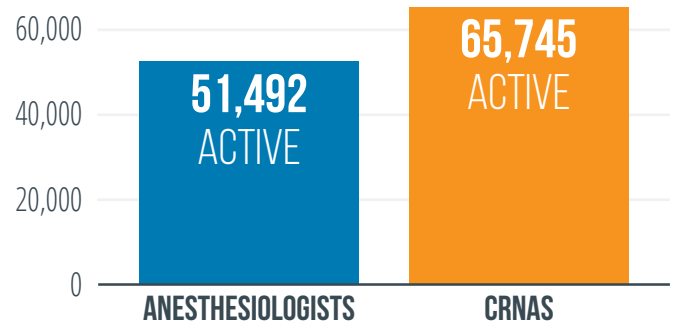


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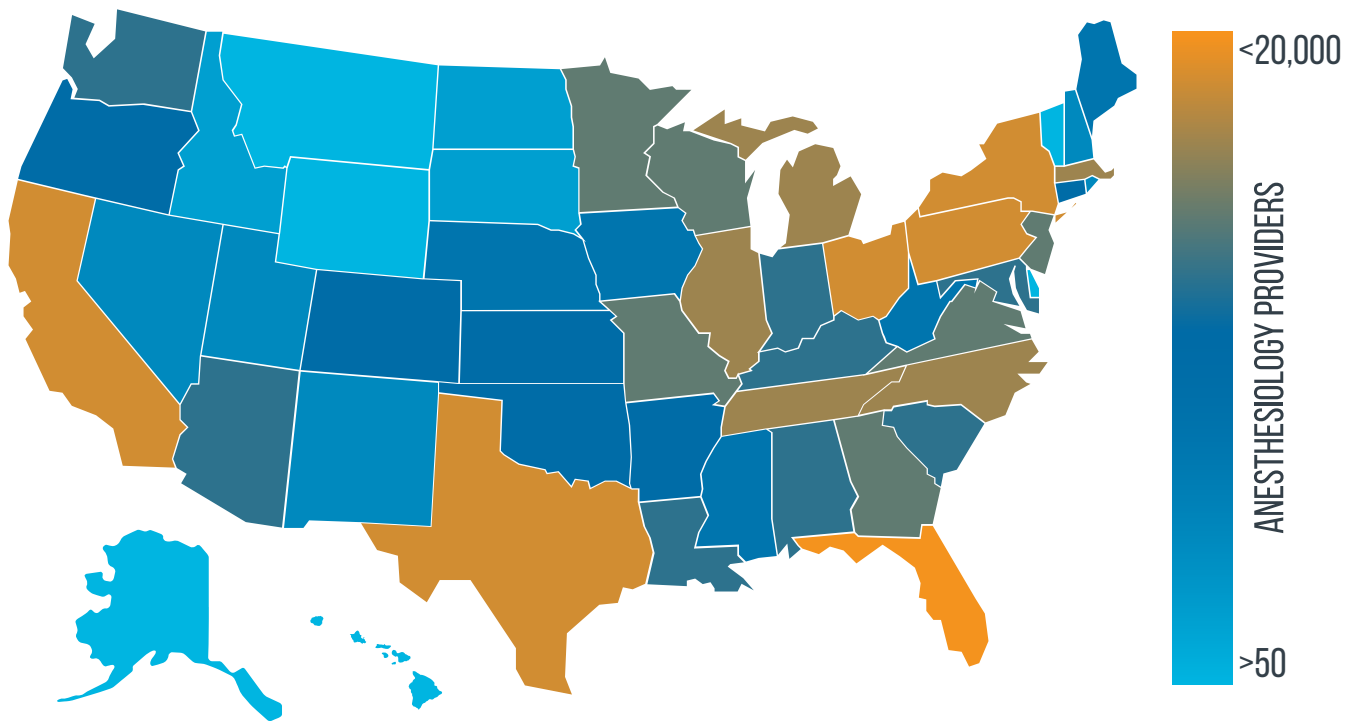
THE ANESTHESIA PROVIDER SHORTAGE

The healthcare industry is currently facing a growing shortage of anesthesiologists and Certified Registered Nurse Anesthetists (CRNAs). Projections indicate that by 2036, the United States could experience a shortfall of up to 86,000 physicians, with a significant portion of this deficit being in the field of anesthesia. This shortage presents substantial challenges for hospital operations, revenue streams, and, most importantly, patient care.

ACTIVE ANESTHESIOLOGISTS & CRNAs IN THE U.S.



DISTRIBUTION OF ANESTHESIOLOGY PROVIDERS ACROSS U.S. STATES



BY 2036, THERE WILL BE A PROJECTED SHORTAGE OF UP TO **6,300 ANESTHESIOLOGISTS**

BY 2025, THERE WILL BE A PROJECTED SHORTAGE OF UP TO **450,000 NURSES**

The overall demand for physicians and advanced practitioners — including specialists in anesthesiology — will surge faster than the supply for the foreseeable future.

ANESTHESIOLOGIST SUPPLY VERSUS DEMAND

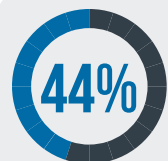
The anesthesiologist market is confronting an aging workforce where a significant number of physicians are nearing retirement. Given the aging workforce, there is a pressing need to bring in new anesthesiologists to maintain a steady supply. However, the current number of residency positions is not enough to meet the rising demand for anesthesiologists.

178

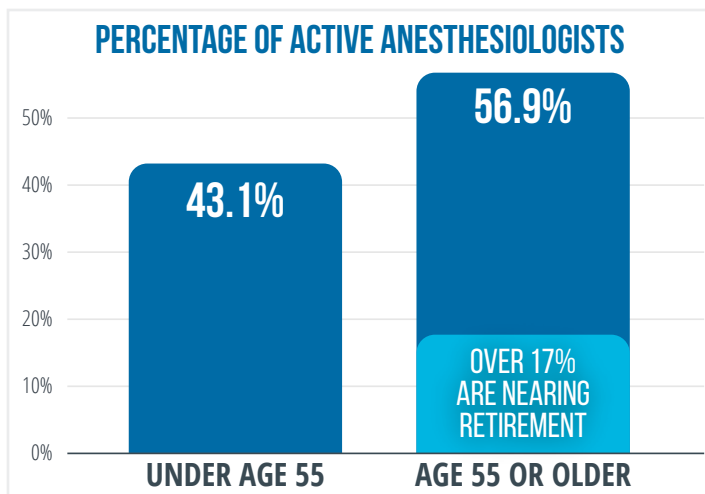
ANESTHESIOLOGY
RESIDENCY PROGRAMS
IN THE U.S.

1,695

ANESTHESIOLOGY
RESIDENCY POSITIONS
WERE AVAILABLE IN 2024.



ABOUT 44% OF MEDICAL STUDENTS
SEEKING RESIDENCY IN ANESTHESIOLOGY
DID NOT MATCH.



With an aging workforce, an increasing need for residency positions, and a 2-3% increase in the demand for surgical services anticipated over the next decade, it is projected the demand for anesthesia care will continue to outpace the supply of anesthesiologists.

CRNA SUPPLY VERSUS DEMAND

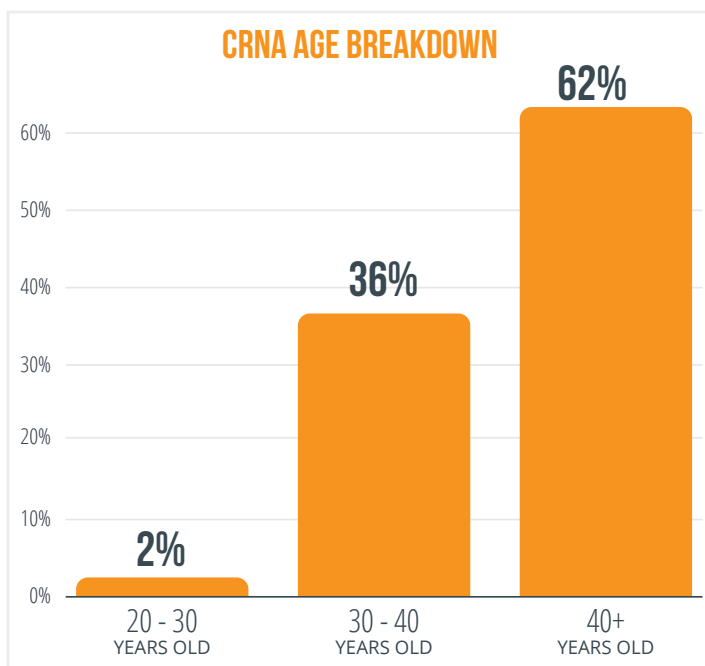
CRNAs represent more than 80% of anesthesia providers in rural counties and administer more than 50 million anesthetics to patients each year in the United States.

Starting in 2025, all new CRNAs will be required to hold a doctorate degree. This change could significantly exacerbate the current CRNA shortage by delaying the entry of new CRNAs into the workforce. Additionally, it might deter potential candidates from pursuing a career as a CRNA.



CRNA SCHOOL IS HIGHLY COMPETITIVE, WITH
AN AVERAGE ACCEPTANCE RATE OF 24%.

To meet patient demand, it is estimated that 30,200 new APRNs in master's and doctoral programs will be needed each year until 2031 to meet the rising demands for care.



ANESTHESIOLOGIST JOB OUTLOOK

STATES WITH THE HIGHEST ANESTHESIOLOGIST EMPLOYMENT



CALIFORNIA

5,380 employed



MICHIGAN

2,050 employed



MASSACHUSETTS

1,880 employed



NEW YORK

1,500 employed



OHIO

1,460 employed

+2.6%

OVERALL EMPLOYMENT IS PROJECTED TO INCREASE 2.6% FROM 2022 AND 2032.

ABOUT 1,000 JOB OPENINGS ARE PROJECTED ON AVERAGE EACH YEAR OVER THE NEXT DECADE.

CRNA JOB OUTLOOK

STATES WITH THE HIGHEST CRNA EMPLOYMENT



TEXAS

5,390 employed



FLORIDA

3,740 employed



OHIO

3,150 employed



TENNESSEE

2,950 employed



PENNSYLVANIA

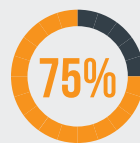
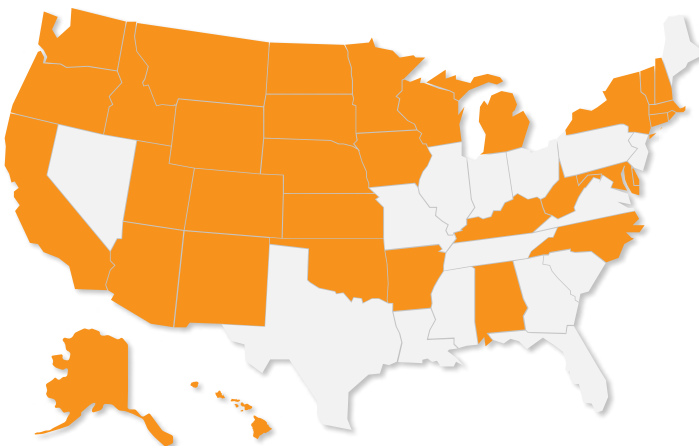
2,900 employed

9%

OVERALL EMPLOYMENT IS PROJECTED TO INCREASE 9% FROM 2022 THROUGH 2032, FASTER THAN AVERAGE FOR ALL OCCUPATIONS.

ROUGHLY 4,500 JOB OPENINGS ARE PROJECTED ON AVERAGE EACH YEAR OVER THE NEXT DECADE.

States where CRNAs can practice independently



75% OF CRNAS REPORTED PRACTICING INDEPENDENTLY WITH NO COLLABORATING PHYSICIAN IN 2023.

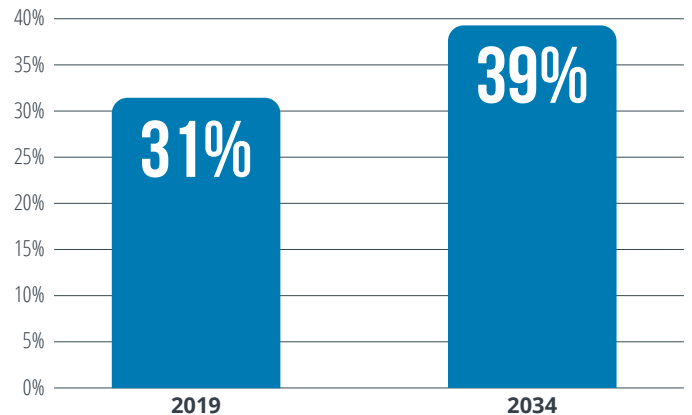
As anesthesia shortages worsen and costs increase, it is projected additional states will revise their policies, enabling CRNAs to practice independently. Implementing an anesthesia care team model can offer potential cost savings without sacrificing patient care quality, making them attractive considerations for resource-constrained facilities.

IMPACT ON REVENUE

The OR is one of the more challenging hospital sectors to keep adequately staffed and optimally utilized. Healthcare leaders continue to face challenges in prioritizing the recruitment and retention of surgeons, anesthesia providers, and OR staff. These roles are critical to maintaining revenue and providing continuity of care for the communities a hospital or health system supports.



THE DEMAND FOR SURGICAL SERVICES BY THOSE 65 AND OLDER 2019 - 2034

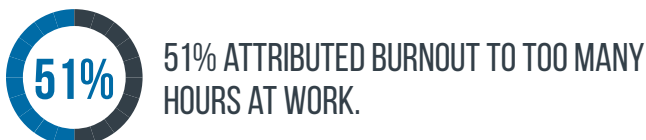
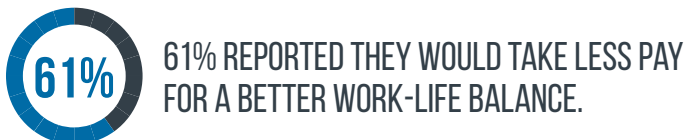


THERE IS A **3%** INCREASE IN THE DEMAND FOR SURGICAL SERVICES ANTICIPATED OVER THE NEXT DECADE.

OVERCOMING THE ANESTHESIA PROVIDER SHORTAGE

Many healthcare organizations have turned to locum tenens to fill critical roles and supplement existing staff. Others have implemented AI-based technology to improve OR utilization, reduce costs, and expand efficiencies. However, prioritizing your provider's work/life balance is one of the most simple and effective ways to maintain a dependable, collaborative, and motivated team.

ANESTHESIOLOGISTS:



CRNA:



Simply shifting the focus to create a supportive and flexible work environment is an effective strategy for retaining existing anesthesia staff.





THE MEDICUS TRANSITION PROGRAM

As healthcare facilities confront growing anesthesia provider shortages, heightened retirement, and burnout rates, locum tenens emerge as a critical solution for maintaining seamless anesthesia care.

MEDICUS ANESTHESIA LOCUMS: YOUR BRIDGE TO WORKFORCE STABILIZATION

The Medicus Transition Program is a strategically designed project-based staffing solution that helps hospitals, groups, and health systems to achieving physician and advanced practitioner workforce stabilization. Whether a facility is contending with unexpected provider turnover, declining OR utilization, or is looking to bring a service line to fully employed, Medicus locum tenens step in to bridge the gap, providing stability and reliability.

- ✓ ENSURE UNINTERRUPTED ACCESS TO SURGICAL CARE.
- ✓ EFFECTIVELY MANAGE SURGES IN PATIENT VOLUMES.
- ✓ MITIGATE BURNOUT AMONG PERMANENT PROVIDERS.
- ✓ IMPROVE CULTURE WITHIN YOUR ORGANIZATION.
- ✓ REGAIN UNCLAIMED SURGICAL REVENUE.

CASE STUDY: REVIVING SURGICAL SERVICES AT A PROMINENT LAS VEGAS HOSPITAL

A prominent Las Vegas hospital faced anesthesia staffing shortages when their outsourced group couldn't adequately staff the program and gave notice. The hospital enlisted the Medicus Transition Program, which provided a team of high-quality locum tenens anesthesiologists within 45 days to rebuild the program and ensure access to quality surgical care.

Read the [case study here](#).

To learn more about the Medicus Transition Program, [click here](#).

medicus CASE STUDY
Healthcare Solutions

Las Vegas, Nevada | Outsourced to Employed | Anesthesiology

THE MEDICUS TRANSITION PROGRAM
Your bridge to physician and advanced practitioner workforce stabilization.

One company, accountable for all your interim staffing solutions. Medicus Healthcare Solutions' comprehensive projects simplify interim provider staffing for hospitals, physician groups, and other medical facilities. If you are facing unexpected provider turnover, increases in patient volumes, moving from an outsourced to an employed provider program, opening or expanding a facility - Medicus can provide stability and reliability.

CLIENT SCENARIO
A Las Vegas hospital, serving as the sole level-one trauma center in the region faced significant anesthesia staffing shortages due to their reliance on an outsourced anesthesia group that faced difficulties in adequately staffing their program.

48% ORS OPERATING AT 48% | GROUP REQUESTING HIGHER RATES | 60 DAYS GROUP SERVED 60-DAY NOTICE.

KEY CHALLENGES

- The low OR utilization had a negative impact on surgical service revenue, patient volumes, and surgeon retention.
- The hospital was unable to meet the group's request for increased rates. As a result, hospital leadership decided to sunset their relationship with the group and seek an alternative provider.

THE GOAL
To increase surgical service revenue, stabilize the hospital's anesthesia service line to fully employed, and improve provider retention.

IN CONCLUSION

Hospitals, healthcare systems, physician groups, and patients are feeling the effects of the anesthesiologist and CRNA staffing shortage now more than ever. The growing disparity between the number of anesthesia providers and job openings in the healthcare industry presents a clear need for action. It is crucial for healthcare organizations to prioritize addressing the anesthesia provider shortage to sustain quality patient care, inbound revenue, and improve OR utilization.

