

AANA

CRNAs at a Glance

Who are CRNAs?

Certified Registered Nurse Anesthetists (CRNAs) are advanced practice registered nurses. Providing anesthesia care to patients in the United States for more than 150 years, CRNAs are proud to be among the nation's most trusted professions. In 1986, CRNAs became the first nursing specialty accorded direct reimbursement rights by Medicare.

- **Nurse anesthetists fill critical leadership roles.** They provide direct care for patients in every setting where anesthesia is delivered—from traditional hospital surgical suites and obstetrical delivery rooms to critical access hospitals; from ambulatory surgical centers to the offices of dentists, podiatrists, ophthalmologists, pain management specialists and more.
- **CRNAs are involved in every aspect of anesthesia service**—from conducting pre-anesthesia assessments to administering the anesthetic, from monitoring and interpreting a patient's vital signs to managing the patient throughout the surgery.
- **CRNAs are qualified to make independent judgments** regarding all aspects of anesthesia care based on their education, licensure and certification. CRNAs are the only anesthesia professionals with critical care experience prior to beginning formal anesthesia education.
- **Studies confirm that anesthesia care provided by a CRNA practicing independently from physicians is safe**, as noted in Health Affairs' study, "No Harm Found When Nurse Anesthetists Work Without Supervision by Physicians."

What value do CRNAs bring to today's U.S. healthcare system?

Published research overwhelmingly confirms that CRNAs are cost-beneficial to patients and healthcare facilities. As healthcare costs continue to escalate and access to care remains out of touch for many, CRNAs are an answer to our nation's healthcare crisis.

- **Leading health policy journals and an independent review by Cochrane**, a world-renowned collaboration to support evidence-based decision making in healthcare, have demonstrated CRNAs safety record and found no evidence that physicians provide better anesthesia care.
- **Nurse anesthesia care is 25% more cost effective** than the next least costly anesthesia delivery model. (Hogan, 2016–Nursing Economic\$)
- **Permanently removing practice barriers, such as physician supervision of CRNAs**, will increase competition and network adequacy and make much-needed reforms to the healthcare system.

CRNAs deliver essential healthcare in thousands of communities, especially in rural and medically underserved areas of the country. They continue to be the primary anesthesia providers in the U.S. military.

- **CRNAs represent more than 80%** of the anesthesia providers in rural counties. There are also more CRNAs per population in less restrictive and opt-out states.
- **Half of U.S. rural hospitals use a CRNA-only model for obstetric care.** Surgical volume is directly associated with the financial viability of rural hospitals. Rural hospitals are essential to the rural economies—many are critical access hospitals, which often rely on independently practicing CRNAs for anesthesia care.
- **County-level analyses of the availability of CRNAs and anesthesiologists** demonstrate greater availability of CRNAs in counties with more vulnerable populations including uninsured, Medicaid eligible and unemployed.
- **CRNAs safely deliver pain management care** in areas where there are no physician providers available, saving patients long drives of 75 miles or more.

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How will removing barriers to CRNAs practice enable our healthcare delivery system to thrive?

Removing barriers, such as physician supervision of CRNAs, will enable hospitals, ambulatory surgical centers and other facilities to maximize their workforces and increase access to care for patients across the country.

- **More than half of all U.S. states have no physician supervision requirements for CRNAs.** And, since 2001, 19 of those states and Guam have also opted out of the federal Medicare physician supervision rule for nurse anesthetists.
- **Hospital administrators are often confused about the complexities of anesthesia supervision** and reimbursement policy and take great care to establish facility regulations that ensure compliance with these laws.
- **The current shortage of anesthesia providers may be partially alleviated** with less restrictive supervision policies that make more efficient use of the available anesthesia workforce.
- **There is no evidence that opting out of the Medicare supervision requirement** resulted in increased inpatient deaths or complications. And, studies show that the odds of a complication did not differ based on degree of state scope of practice restrictions or by delivery model.

How can CRNAs address our nation's opioid crisis?

CRNAs provide multimodal post-surgery pain management services that curb the need for opioids.

- **CRNAs provide acute, chronic and interventional pain management services.** To help treat chronic and acute pain, CRNAs utilize a patient-centered, multidisciplinary, multimodal treatment approach to pain management.
- **Acute and chronic pain is best treated and managed by an interdisciplinary team** that actively engages with the patient to diagnose and manage their pain for improved well-being, functionality, and quality of life. As members of the interdisciplinary team, CRNAs are well positioned to provide holistic, patient-centered, multimodal pain treatment and management across the continuum of pain and in all clinical settings.