Talking Points: Value of CRNAs

NYSANA supports the Governor Cuomo's call for adopting Full Scope of Practice and Privileges for New York State's 1,600 CRNAS which will improve patient access to quality care and bring significant cost savings to the overall health delivery system.

- **Patient Safety:** The Institute of Medicine, American Association of Nurse Anesthetists (AANA), and American Society of Anesthesiologists concur that anesthesia is approximately 50 times safer today than it was during the 1980s. As the hands-on providers of more than 32 million anesthetics given to patients each year in the United States (AANA 2010 Practice Profile Survey data), Certified Registered Nurse Anesthetists (CRNAs) play a critical role in ensuring this high standard of patient care.
    - According to the results of a landmark national study conducted by RTI International and published in the August 2010 issue of *Health Affairs*, there are no differences in patient outcomes when anesthesia services are provided by CRNAs, physician anesthesiologists, or CRNAs supervised by physicians. The study, titled "No Harm Found When Nurse Anesthetists Work Without Supervision by Physicians," examined nearly 500,000 individual cases and confirms what previous studies have shown: CRNAs provide safe, high-quality care. The study also shows the quality of care administered is equal regardless of supervision.
    - CRNAs' enviable safety record was once again affirmed most recently in a 2016 study published in *Medical Care* by the Lewin Group entitled, "Scope of Practice Laws and Anesthesia Complications: No Measurable Impact of Certified Registered Nurse Anesthetist Expanded Scope of Practice on Anesthesia-related Complications". Looking at an impressive sample of nearly 6 million anesthesia-related claims, the researchers found no statistically significant difference in risk of anesthesia-related complications based on the level of restrictions on CRNAs scope of practice or delivery model. As the authors noted, unnecessary restrictions on CRNAs can reduce patient access to high-quality anesthesia services, particularly in underserved areas and raise the cost of providing quality care.
    - CRNAs are the primary anesthesia providers in U.S. military actions around the globe. They provide quality anesthesia care to wounded soldiers on battlefields, and are the predominate provider of safe and cost-effective anesthesia care to our veterans here at home.

- **Cost-Effective**: A CRNA acting as the sole anesthesia provider is the most cost-effective model of anesthesia delivery, according to a groundbreaking study conducted by Virginia-based The Lewin Group and published in the May/June 2010 issue of the *Journal of Nursing Economic$*. The study, titled "Cost Effectiveness Analysis of Anesthesia Providers," considered the different anesthesia delivery models in use in the United States today, including CRNAs acting solo, physician anesthesiologists acting solo, and various models in

which a single anesthesiologist directs or supervises one to six CRNAs. The results show that CRNAs acting as the sole anesthesia provider cost 25 percent less than the second lowest cost model. On the other end of the cost scale, the model in which one anesthesiologist supervises one CRNA is the least cost-efficient model. The results of the Lewin study are particularly compelling for people living in rural and other areas of the United States where anesthesiologists often choose not to practice for economic reasons.

  - A New York State specific cost-effectiveness analysis base on the above-reference national study found that by fully utilizing CRNAs to provide anesthesia services, New York hospitals could save millions of dollars for patients and open up resources to reinvest in other operations (up to $2Million per 12-room operating facility)

- **Patient Access**: CRNAs are the primary providers of anesthesia care in rural America, enabling healthcare facilities in these medically underserved areas to offer obstetrical, surgical, and trauma stabilization services. In some states, CRNAs are the sole providers in nearly 100 percent of rural hospitals.
  - Important findings from the Institute of Medicine (IOM) released in October 2010 assert that expanding the role of nurses in the U.S. healthcare system will help meet the growing demand for medical services. The IOM report urges policymakers to remove policy barriers that hinder nurses—particularly advanced practice registered nurses such as CRNAs—from practicing to the full extent of their education and training. The report, titled "The Future of Nursing: Leading Change, Advancing Health," offers further evidence that advanced practice registered nurses should be a major part of the solution to the nation's healthcare issues, especially ensuring access to care in medically underserved areas. The IOM report was the work of the IOM's committee on the Robert Wood Johnson Foundation (RWJF) Initiative on the Future of Nursing, which consists of doctors, nurses, academicians, and other healthcare representatives.
  - A study in October 2015 *Nursing Economic$* entitled "Geographic Imbalance of Anesthesia Providers and its Impact on the Uninsured and Vulnerable Populations," found that compared to anesthesiologists, CRNA are more likely to practice in counties with lower median incomes, higher unemployment and uninsured and higher Medicaid enrollment.

- **Background and Education:** Nurse anesthetists have been providing anesthesia care to patients in the United States for nearly 150 years. CRNAs provide anesthesia in collaboration with surgeons, anesthesiologists, dentists, podiatrists, and other qualified healthcare professionals. They practice in every setting in which anesthesia is delivered: traditional hospital surgical suites and obstetrical delivery rooms; critical access hospitals; ambulatory surgical centers; the offices of dentists, podiatrists, ophthalmologists, plastic

surgeons, and pain management specialists; and U.S. military, Public Health Services, and Department of Veterans Affairs healthcare facilities.

Education and experience required to become a CRNA include:

- A Bachelor of Science in Nursing (BSN) or other appropriate baccalaureate degree.
- A current license as a registered nurse and at least one year of experience as a registered nurse in an acute care setting.
- Graduation with a minimum of a master's degree (doctorate degree in 2025) from an accredited nurse anesthesia educational program. These programs range from 24-36 months, depending upon university requirements. All programs include clinical training in university-based or large community hospitals.
- Pass the national certification examination following graduation.
- In order to be recertified, CRNAs must obtain a minimum of 60 hours of approved continuing education and 40 hours professional development activities every four years, document substantial anesthesia practice, maintain current state licensure, and certify that they have not developed any conditions that could adversely affect their ability to practice anesthesia. CRNAs must also complete and pass a recertification exam, assuring they are up to date on the most recent practice trends and evidence-based research.