



## CRNAs Provide Access to Safe and Affordable Healthcare

While healthcare costs continue growing unsustainably, healthcare policymakers continue to seek ways to make healthcare work better, cost less, more accessible to patients, and higher quality. Landmark research published in the last three years underscores the value of Certified Registered Nurse Anesthetists (CRNAs) in advancing toward these crucial objectives.

- **Though many studies have demonstrated the high quality of nurse anesthesia care, the results of a new study published in *Health Affairs*<sup>1</sup> led researchers to recommend that costly and duplicative supervision requirements for CRNAs be eliminated.** Examining Medicare records from 1999-2005, the study compared anesthesia outcomes in 14 states that opted-out of the Medicare physician supervision requirement for CRNAs with those that did not opt out. (To date, 16 states have opted-out.) The researchers found that anesthesia has continued to grow more safe in opt-out and non-opt-out states alike. Reviewing the study, the *New York Times* stated, “In the long run, there could also be savings to the health care system if nurses delivered more of the care.”<sup>2</sup>
- **Among all anesthesia delivery models – anesthesia delivered by CRNAs, or by physicians, or by both together -- nurse anesthesia care is extremely safe and 25 percent more cost-effective than the next least costly model, according to a Lewin Group study published in *Nursing Economic*.<sup>3</sup>** Because CRNAs safely provide the full range of anesthesia services, requirements for additional supervision drive additional healthcare costs that can be saved or allocated elsewhere in the health system, while maintaining a high standard of quality and patient safety.
- **To ensure patient access to high quality care, a new Institute of Medicine report recommended that, “Advanced practice registered nurses should be able to practice to the full extent of their education and training.”<sup>4</sup>** By eliminating regulatory and other policy barriers to the use of advanced practice registered nurses (APRNs), including CRNAs, the healthcare system makes the most efficient use of the available workforce of healthcare professionals. This ensures patient access to high quality care, and promotes local control of healthcare delivery.
- **Lapses in anesthesiologist supervision of CRNAs are common even when an anesthesiologist is medically directing as few as two CRNAs, according to an important new study published in the journal *Anesthesiology*.<sup>5</sup>** Reviewing over 15,000 anesthesia records in one leading U.S. hospital, it raises critical issues about Medicare claims compliance in a common and costly model of anesthesia delivery at a time when quality and cost-effectiveness are white-hot healthcare issues at every level.

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<sup>1</sup> Dulisse B, Cromwell J. No Harm Found When Nurse Anesthetists Work Without Supervision By Physicians. *Health Aff.* 2010;29(8):1469-1475.

<sup>2</sup> Who should provide anesthesia care? (Editorial) *New York Times*, Sept. 6, 2010.

<sup>3</sup> Hogan PF, Seifert RF, Moore CS, Simonson BE. Cost Effectiveness Analysis of Anesthesia Providers. *Nurs Econ.* 2010;28(3):150-169.

<sup>4</sup> Institute of Medicine (IOM). *The future of nursing: leading change, advancing health*. Washington, DC: The National Academies Press, p. 3-13 (pdf p. 108) 2011.

<sup>5</sup> Epstein R, Dexter F. Influence of Supervision Ratios by Anesthesiologists on First-case Starts and Critical Portions of Anesthetics. *Anesth.* 2012;116(3): 683-691.