

Evidence & Economics: CRNA Value in Healthcare

The American Association of Nurse Anesthetists (AANA) represents more than 53,000 Certified Registered Nurse Anesthetists (CRNAs) and student registered nurse anesthetists. Nationwide, CRNAs deliver approximately 45 million anesthetics each year. Healthcare costs continue to grow at an unsustainable rate. Landmark research published in the last few years underscores the value of CRNAs in helping to accomplish these crucial objectives.

- **The most cost-effective model of anesthesia delivery is CRNAs working solo. According to a Lewin Group study published in *Nursing Economic\$*,¹ this model is 25 percent more cost-effective than the next least costly model.** 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. Additionally, in some states CRNAs are the sole anesthesia providers in nearly 100 percent of rural hospitals. Compared with anesthesiologists, CRNAs are more likely to work in areas with lower median incomes and larger populations of citizens who are unemployed, uninsured, and/or Medicaid beneficiaries.²
- **Studies³ recommend eliminating costly and duplicative physician supervision requirements for CRNAs.** Examining Medicare records from 1999-2005, a 2010 *Health Affairs* 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. The researchers found that anesthesia has continued to grow safer 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 healthcare system if nurses delivered more of the care.”⁴
- **Research and analyses indicate that CRNAs are less costly to train than anesthesiologists.** According to a Lewin Group study, “[a]nesthesia graduate education costs for CRNAs are less than one-fourth the anesthesia graduate costs of anesthesiologists. Total costs, to include both undergraduate and graduate costs for CRNAs are about 15% of the costs of anesthesiologists.”⁵
- **To ensure patient access to high quality care, the National Academy of Medicine recommends that “Advanced practice registered nurses should be able to practice to the full extent of their education and training.”⁶** By eliminating regulatory and other policy barriers to the use of advanced practice registered nurses, 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.

ACTION FOR CONGRESS: Support legislation that allows CRNAs to practice to the full extent of their education and training. Oppose any efforts to impose supervision requirements on CRNAs.

¹ Hogan PF, Seifert RF, Moore CS, Simonson BE. Cost Effectiveness Analysis of Anesthesia Providers. *Nurs Econ*. 2010;28(3):150-169.

² Liao CJ, Quraishi JA, Jordan, LM. Geographical Imbalance of Anesthesia Providers and its Impact on the Uninsured and Vulnerable Populations. *Nurs Econ*. 2015;33(5):263-270.

³ Dulisse B, Cromwell J. No Harm Found When Nurse Anesthetists Work Without Supervision By Physicians. *Health Aff*. 2010;29(8):1469-1475.

⁴ Who should provide anesthesia care? (Editorial) *The New York Times*, Sept. 6, 2010.

⁵ Hogan op cit.

⁶ National Academy of Medicine (NAM). *The future of nursing: leading change, advancing health*. Washington, DC: The National Academies Press, p. 3-13 (pdf p. 108) 2011.