Don Wright, MD, MPH
Deputy Assistant Secretary for Health
Office of Disease Prevention and Health Promotion
Attn: Division of Healthcare Quality
Department of Health and Human Services
1101 Wootton Parkway
Suite LL100
Rockville, MD 20852


Dear Dr. Wright:

The American Association of Nurse Anesthetists (AANA) welcomes the opportunity to comment on the proposed notice Request for Comments on the Proposed Measures and 2020 Targets for the National Action Plan for Adverse Drug Event Prevention: Inpatient and Outpatient Measures for Reduction of Adverse Drug Events from Anticoagulants, Diabetes Agents, and Opioid Analgesics.

The issues addressed in our comment are outlined as follows:

- AANA Supports the National Action Plan’s Evidence-Based Prevention Tools to Promote Safe Opioid Prescribing and Reduce Opioid ADEs and Recommends Including CRNAs in Further Development of these Strategies
- CRNAs Use a Multi-Modal Pain Management Approach Which May Reduce Patient Need for and Reliance on Opioids
- CRNAs Play an Important Role in Prevention of ADEs Through Preanesthesia Assessment and Evaluation that Includes Medication History
Background of the AANA and CRNAs

The AANA is the professional association for Certified Registered Nurse Anesthetists (CRNAs) and student nurse anesthetists, and AANA membership includes more than 50,000 CRNAs and student nurse anesthetists, representing over 90 percent of the nurse anesthetists in the United States. CRNAs are advanced practice registered nurses (APRNs) who personally administer more than 43 million anesthetics to patients each year in the United States. Nurse anesthetists have provided anesthesia in the United States for 150 years, and high-quality, cost-effective CRNA services continue to be in high demand. CRNAs are Medicare Part B providers and since 1989, have billed Medicare directly for 100 percent of the physician fee schedule amount for services.

CRNA provide every aspect of the delivery of anesthesia services including a pre-anesthesia patient assessment, obtaining informed consent for anesthesia administration, developing a plan for anesthesia administration, administering the anesthetic, monitoring and interpreting the patient's vital signs, and managing the patient throughout the surgery. CRNAs also provide acute, chronic, and interventional pain management services. CRNAs provide anesthesia for a wide variety of surgical cases and in some states are the sole anesthesia providers in nearly 100 percent of rural hospitals, affording these medical facilities obstetrical, surgical, trauma stabilization, and pain management capabilities. Nurse anesthesia predominates in Veterans Hospitals and in the U.S. Armed Services. CRNAs work in every setting in which anesthesia is delivered including hospital surgical suites and obstetrical delivery rooms, ambulatory surgical centers (ASCs), pain management facilities, and the offices of dentists, podiatrists, and all types of specialty surgeons.

Numerous peer reviewed studies have shown that CRNAs are safe, high quality and cost effective anesthesia professionals who should practice to the full extent of their education and abilities. According to a May/June 2010 study published in the journal of Nursing Economic$, CRNAs acting as the sole anesthesia provider are the most cost-effective model for anesthesia delivery, and there is no measurable difference in the quality of care between CRNAs and other
anesthesia providers or by anesthesia delivery model.1 Furthermore, an August 2010 study published in *Health Affairs* shows no differences in patient outcomes when anesthesia services are provided by CRNAs, physicians, or CRNAs supervised by physicians.2 Researchers studying anesthesia safety found no differences in care between nurse anesthetists and physician anesthesiologists based on an exhaustive analysis of research literature published in the United States and around the world, according to a scientific literature review prepared by the Cochrane Collaboration, the internationally recognized authority on evidence-based practice in healthcare.3 Most recently, a study published in *Medical Care* June 2016 found no measurable impact in anesthesia complications from nurse anesthetist scope of practice or practice restrictions.4

CRNAs play an essential role in assuring that rural America has access to critical anesthesia services, often serving as the sole anesthesia provider in rural hospitals, affording these facilities the capability to provide many necessary procedures. The importance of CRNA services in rural areas was highlighted in a recent study which examined the relationship between socioeconomic factors related to geography and insurance type and the distribution of anesthesia provider type.5 The study correlated CRNAs with lower-income populations and correlated anesthesiologist services with higher-income populations. Of particular importance to the implementation of public benefit programs in the U.S., the study also showed that compared with anesthesiologists,

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1 Paul F. Hogan et. al, “Cost Effectiveness Analysis of Anesthesia Providers.” *Nursing Economics*. 2010; 28:159-169. [http://www.aana.com/resources2/research/Documents/nec_mj_10_hogan.pdf](http://www.aana.com/resources2/research/Documents/nec_mj_10_hogan.pdf)


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.\(^6\)

**AANA Supports the National Action Plan’s Evidence-Based Prevention Tools to Promote Safe Opioid Prescribing and Reduce Opioid ADEs and Recommends Including CRNAs in Further Development of these Strategies**

The AANA supports the overall framework of the National Action Plan for Adverse Drug Event Prevention (ADE Action Plan), which identifies strategies intended to reduce adverse drug events and align efforts of federal agencies to reduce patient harms from specific ADEs. Specifically, the AANA commends the ADE Action Plan recommendation that federal agencies explore ways to improve engagement with evidence-based strategies for safe opioid prescribing by working to educate providers on safe and appropriate opioid prescribing. We encourage federal agencies and healthcare organizations to collaborate to create an evidence-based mechanism to aid in safe opioid prescribing and believe that CRNAs should be included in further developing these strategies.

CRNAs have a long standing history of providing safe, high quality and compassionate care to patients that may be experiencing pain (e.g., chronic pain conditions, acute surgical interventions, or obstetrically-induced). CRNAs possess an in-depth knowledge of the pathophysiology and behavioral aspects related to pain, as well as the management and therapeutic treatment modalities to alleviate a patient’s pain. CRNAs rely on research and evidence-based guidelines to inform their clinical practice. The AANA encourages evidence-based provider education and development of resources regarding medications, such as opioids, and agrees that healthcare providers must possess the requisite knowledge concerning medication risks in order to minimize adverse drug events and patient harm.

With the aging population, the incidence of chronic pain can be expected to increase, requiring a wide variety of providers with expertise in pain management, to provide access to care that may

\(^6\) Liao, op cit.
include the prescribing of opioids. As federal agencies work to develop strategies aimed at reducing the risk of abuse, misuse or diversion of certain opioid drugs and the corresponding risks to life or patient safety, the AANA urges the agency to consult with all healthcare providers involved in the treatment of acute or chronic pain, including CRNAs. Consultation with this expert group will offer valuable insight to develop a robust and safe system of care. The implementation of these strategies should result in safer and higher quality health care services, reduced health care costs, informed and engaged consumers, and improved health outcomes, all initiatives supported by the AANA.

**CRNAs Use a Multi-Modal Pain Management Approach Which May Reduce Patient Need for and Reliance on Opioids**

The AANA agrees with the ADE Action Plan that patient-centered care is central to identify patients at risk for opioid use disorder and overdose to balance the goals of pain management with the risk of opioid diversion, abuse and overdose. Pain is a personal experience that, if left undertreated or mismanaged, can radically change an individual’s quality of life and impact important relationships. We believe that one way to prevent opioid ADE is to utilize a patient-centered, multidisciplinary, multimodal treatment approach to provide the maximum benefit to the patient. Acute and chronic pain is best treated and managed by an interdisciplinary team that actively engages 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 (e.g., hospitals, ambulatory surgical centers, offices, and pain management clinics). Furthermore, the holistic approach CRNA pain management practitioners employ when treating their chronic pain patients may reduce the reliance on opioids as a primary pain management modality, thus aiding in the reduction of potential adverse drug events related to opioids.

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For surgical pain, a preemptive, multimodal approach to acute pain management integrating regional anesthesia techniques to reduce the use of opioids has been shown to be advantageous in a wide array of surgical specialties. The use of an enhanced recovery after surgery (ERAS) protocol to reduce the patients’ stress response to surgery, minimize use of opioids, shorten overall hospital length of stay and accelerate the return to normal daily function. The patient’s pain management plan of care begins pre-procedure and continues through post discharge using opioid sparing techniques such as regional anesthesia, peripheral nerve blocks, non-pharmacologic approaches, and non-opioid based pharmacologic measures. Careful assessment, evaluation, and treatment of acute pain, with appropriate prescribing of an opioid, may prevent access to unused opioid and the probability of the development of opioid dependency and abuse.

CRNAs are pain practitioners who treat patients with a wide range of chronic pain conditions and in various practice settings. CRNA chronic pain management practitioners limit use of opioids to address chronic pain through the use of a multimodal approach that includes pharmacologic and non-pharmacologic pain mitigation strategies. In developing the plan of care for the patient, CRNAs obtain patient history, evaluate the patient, order and review necessary diagnostic testing, and assess the patient’s psychological and emotional state. Non-pharmacologic pain mitigation techniques are often employed in treatment of chronic pain. These treatment modalities may decrease pain and, when appropriate, should be considered as part of the plan of care. These techniques may include patient education regarding their pain and behavioral changes that may decrease their pain. These may include weight loss, smoking cessation, daily exercise, and stretching, physical therapy to improve function, or chiropractic therapy. These therapies may not be sufficient when used alone, but they have significant benefit when they are used in a complementary manner with other therapies.


9 AANA op. cit.
CRNAs Play an Important Role in Prevention of ADEs Through Preanesthesia Assessment and Evaluation that includes Medication History

As federal agencies evaluate effective strategies for preventing and reducing adverse drug events, the process of obtaining an accurate medication history from the patient should be considered. Standard I of the Standards for Nurse Anesthesia Practice states that CRNAs “perform and document a thorough preanesthesia assessment and evaluation.” The preanesthesia assessment and evaluation is fundamental in the development of the patient specific plan for surgical or procedure anesthesia care. Core to this discussion with the patient is an accurate medication history. Healthcare professionals must make clear to their patients that disclosure of over-the-counter medications, prescription medications, complementary and alternative medications, recreational drug use, and drug and alcohol abuse is important in the prevention of adverse drug events. CRNAs identify and integrate a patient’s medication history into the development of the optimal plan for anesthesia and perioperative care. The surgical or procedure team relies on the CRNA to understand the relationship between the patient’s medications, health history, and the anesthesia and surgical/procedure plans of care.

Medication reconciliation is also an important component of safe delivery of care. Clear and accurate review of medication history upon admission, changes in medications during transfers of care and at discharge, can help mitigate the potential of ADEs. Additionally, clinicians need to be aware of the patient’s and caregiver’s health literacy and provide education in a clear, understandable manner on the proper use, adherence, and disposal of their medications. The AANA supports forming partnerships with federal agencies, nursing, pharmacy, and medical communities to identify, report and track adverse drug events.

We thank you for the opportunity to comment on this proposed notice. Should you have any questions regarding these matters, please feel free to contact the AANA Senior Director of Federal Government Affairs, Ralph Kohl, at 202.484.8400, rkohl@aanadc.com.

Sincerely,

Cheryl L. Nimmo, DNP, MSHSA, CRNA
AANA President

cc: Wanda O. Wilson, CRNA, MSN, PhD, AANA Executive Director
Ralph Kohl, AANA Senior Director of Federal Government Affairs
Randi Gold, MPP, AANA Associate Director Federal Regulatory and Payment Policy