May 24, 2018

Vanila M. Singh, M.D., MACM
Chief Medical Officer
Office of the Assistant Secretary for Health
U.S. Department of Health and Human Services
200 Independence Ave, SW
Washington DC 20201

Dear Dr. Singh:

The American Association of Nurse Anesthetists (AANA) welcomes the opportunity to submit written comments for the inaugural meeting of the Department of Health and Human Services’ (HHS) Pain Management Best Practices Inter-Agency Task Force. The AANA is the professional association whose membership includes more than 52,000 certified registered nurse anesthetists (CRNAs) and student registered nurse anesthetists (SRNAs). These anesthesia experts personally administer more than 43 million anesthetics to patients each year in the United States and CRNAs play a vital role in providing accessible, safe, cost-effective pain management services. The AANA supports CRNA pain management practice though federal and state advocacy, education and professional development opportunities, clinical practice guidance, and resources.

CRNAs have provided anesthesia in the United States for 150 years, and today, the demand for high-quality, cost-effective anesthesia services provided by CRNAs is greater than ever before. CRNAs are involved in every aspect 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 provided anesthesia services 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. 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 and affording these facilities the capability to provide many necessary services.

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 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 An August 2010 study published in Health Affairs showed 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

http://www.aana.com/resources2/research/Documents/nec_mj_10_hogan.pdf

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

Suffering from chronic and acute pain is a personal experience that, if left undertreated or mismanaged, can radically change an individual’s quality of life and impact important relationships. The AANA believes that moving from a unimodal, opioid management of chronic and acute pain, to a patient-centered, multidisciplinary, multimodal, opioid sparing treatment approach to analgesia as a primary pain management modality optimizes patient engagement in their care for relief of pain and decreased risk of chronic pain and substance use disorder. Acute and chronic pain is best treated and managed by an interdisciplinary, collaborative team that actively engages with the patient to diagnose and manage their pain over time for improved well-being, functionality, and quality of life. As leaders and members of the interdisciplinary team, CRNAs are uniquely positioned to provide holistic, patient-centered, multimodal pain treatment and management across the continuum of recovery and in all clinical settings (e.g., hospitals, ambulatory surgical centers, offices, and pain management clinics).⁵

As a main provider of pain management services, CRNAs are qualified pain practitioners who provide access to excellent care in many practice settings to treat patients suffering from a wide range of acute and chronic pain conditions. Many patients rely on CRNAs as their primary pain specialist. CRNA chronic pain management practitioners address chronic pain through the use of a multimodal approach that includes opioid sparing or no opioid pharmacologic and non-pharmacologic pain mitigation strategies. This is shown in a recent study which calls for an increased number of nursing pain specialists “to not only implement aggressive acute pain care to prevent chronic pain but also to effectively treat chronic pain with evidence-based integrative therapies that include multimodal analgesia, interventional techniques, and complementary and alternative approaches to pain management.”⁶

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 the treatment of chronic pain and considered as part of the care plan. These techniques may include patient education regarding behavioral changes that can decrease pain, such as weight loss, smoking cessation, daily exercise, stretching, and physical or chiropractic therapy. Such therapies may not be sufficient when used alone, but they have significant benefit when they are used in a complementary manner with other therapies.

As anesthesia professionals, our goal is to collaborate with the patient and the interdisciplinary team on a comprehensive plan for pain relief known as enhanced recovery after surgery (ERAS)⁷. Because CRNAs personally administer more than 43 million anesthetics to patients each year in the United States, their services are crucial to the successful development and implementation of techniques such as anesthesia ERAS programs. CRNAs and other anesthesia professionals play an integral role in these episodes of care as proper anesthesia services management can make a tremendous difference in terms of improving patient flow, patient safety, and cost savings.⁸ Conversely, research shows

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that suboptimal care in the preoperative, intraoperative, or postoperative phases of surgery may compromise care, resulting in poor patient outcomes and unnecessarily higher healthcare costs.

For surgical pain, using specific protocol-driven ERAS pathways improves patient outcomes by reducing the patient’s stress response to surgery, shortening the overall hospital length of stay, and accelerating the return to normal daily function. The patient’s pain management plan of care begins pre-procedure and continues through post-discharge using techniques such as regional anesthesia including placement of epidural catheters, targeted peripheral nerve blocks, non-pharmacologic approaches, and non-opioid based pharmacologic measures. The evidence is quite clear that careful assessment, evaluation, and treatment of acute pain, with appropriate prescribing of an opioid, may prevent access to unused opioids and development of opioid dependency and abuse, thus helping to curb the current opioid crisis. Though individual elements of an ERAS pathway are beneficial, implementation and compliance with patient appropriate elements of a comprehensive pathway across the entire perioperative continuum have been shown to improve outcomes.

By virtue of education and individual clinical experience and competency, a CRNA may also practice chronic pain management utilizing a variety of therapeutic, physiological, pharmacological, interventional, and psychological modalities in the management and treatment of pain. From entry into practice education and certification through ongoing education and skills acquisition throughout their career, CRNAs provide robust, patient centered acute and chronic pain management services. The National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA) offers a voluntary nonsurgical pain management (NSPM) subspecialty certification for CRNAs. The Council on Accreditation of Nurse Anesthesia Educational Programs (COA) requires acute and chronic pain management content in the curriculum of the 120-accredited nurse anesthesia educational programs, and for continued learning, the AANA offers CRNAs a continuum of educational resources for pain management practice. These resources include advanced acute and chronic pain management workshops for CRNAs to enhance their skills to improve quality of life. The AANA, State Nurse Anesthetist Associations, universities and other stakeholders play an active role in CRNA education and professional development in acute and chronic pain management. Professional development opportunities include educational webinars, online continuing education, conferences, and peer reviewed publications. Additionally, Texas Christian University, the University of South Florida, and Middle Tennessee School of Anesthesia offer COA accredited fellowships to CRNAs seeking to further specialize in this growing field.

The AANA appreciates this opportunity to comment. CRNAs are vital to resolving the challenges facing our nation’s healthcare system and we look forward to partnering with the agency to show the important role CRNAs can have in achieving the main goals of meaningful reform, reducing health care costs, and improving access to the highest quality healthcare. Should you have any questions, please feel free to contact the AANA Senior Director of Federal Government Affairs, Ralph Kohl, at 202-741-9080 or rkohl@aanadc.com.

Sincerely,


12 See: [http://www.nbcrna.com/NSPM/Pages/Non-Surgical-Pain-Management.aspx](http://www.nbcrna.com/NSPM/Pages/Non-Surgical-Pain-Management.aspx)
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