September 6, 2016

Kathryn Martin  
Acting Assistant Secretary for Planning and Evaluation  
U.S. Department of Health and Human Services  
Attn:  1557 RFI (RIN 0945-AA02)  
Hubert H. Humphrey Building  
Room 509F  
200 Independence Avenue  
Washington, DC  20201


Dear Ms. Martin:

The American Association of Nurse Anesthetists (AANA) welcomes the opportunity to comment on the request for information for Opioid Analgesic Prescriber Education and Training Opportunities to Prevent Opioid Overdoses and Opioid Use Disorder (81 Fed. Reg. 44640, July 8, 2016). The AANA makes the following comments and requests:

- Prescriber Education Should Emphasize a Multimodal Approach to Pain Management and Leverage Efforts by the AANA and APRNs
- Ensure That Educational Efforts Are Harmonized Across all Specialty and Care Settings to Minimize Variation in Care Across the Patient’s Healthcare Experience
- Ensure that Prescriber Education and Training Efforts Extend to All Members of the Multidisciplinary Team
- Do Not Include Quality Measures Under the Merit-Based Incentive Payment System that have not been Vetted by the AANA

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.
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 services include providing 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 and chronic 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. 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.3 Most

1 Paul F. Hogan et. al, “Cost Effectiveness Analysis of Anesthesia Providers.” Nursing Economic$. 2010;
28:159-169.
2 B. Dulisse and J. Cromwell, “No Harm Found When Nurse Anesthetists Work Without Physician
Supervision.” Health Affairs. 2010; 29: 1469-1475.
3 Lewis SR, NicholsonA, SmithAF,Alderson P. Physician anaesthetists versus non-physician providers of
anaesthesia for surgical patients. Cochrane Database of Systematic Reviews 2014, Issue 7. Art. No.: CD010357. DOI:
10.1002/14651858.CD010357.pub2.
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 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. 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, 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 Comment: Prescriber Education Should Emphasize a Multimodal Approach to Pain Management and Leverage Efforts by the AANA and APRNs**

The AANA shares the U.S. Department of Health and Human Services’ (HHS) concern related to the increase in opioid drug use, abuse and deaths and is committed to collaboratively working toward a common solution to help curb the opioid epidemic in the US and to support to include efforts regarding opioid analgesic prescriber education. The AANA welcomes the opportunity to highlight current CRNA and APRN efforts on prescriber education that the agency can leverage to support efforts to curb the prescribed opioid epidemic. As a main provider of pain management services and as APRNs, CRNAs are uniquely skilled to provide both acute and

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\(^6\) Liao, op cit.
chronic pain management in a patient centered, compassionate and holistic manner.\textsuperscript{7} CRNAs are well-positioned to provide prescriber education related to minimization or elimination of prescribed opioids through pharmacologic and non-pharmacologic multi-modal pain management strategies. The Council on Accreditation of Nurse Anesthesia Programs (COA) already requires acute and chronic pain management content in the curriculum of the 115 accredited nurse anesthesia programs, and the AANA provides advanced workshops to CRNAs specifically on pain management, including acute and chronic pain, to enhance their skills and increase their awareness of the complications associated with opioid use and misuse.

According to a recent AANA position statement, \textit{A Holistic Approach to Pain Management: Integrated, Multimodal, and Interdisciplinary Treatment}, “CRNAs integrate multimodal pain management as an element of enhanced recovery after surgery (ERAS) protocols to manage pain. Management begins pre-procedure and continues after discharge by using opioid sparing techniques such as regional anesthesia, peripheral nerve blocks, non-pharmacological approaches, and non-opioid based pharmacologic measures. Careful assessment and treatment of acute pain, which may include appropriate opioid prescribing, can decrease the risk of acute pain transitioning to chronic pain or the development of opioid dependency and abuse.”\textsuperscript{8}

Consistent with the recommendation to increase access to pain management services in the National Academies of Medicine report \textit{“Relieving Pain in America,”}\textsuperscript{9} the AANA has partnered with academia to develop an Advanced Chronic Pain Management Fellowship that is accredited by the COA to enter the field as advanced, subspecialty practitioners beyond that required for initial certification of nurse anesthetists.\textsuperscript{10} The National Board of Certification and

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Recertification for Nurse Anesthetists (NBCRNA) offers a voluntary nonsurgical pain management (NSPM) subspecialty certification for CRNAs.\textsuperscript{11}

In addition to the education efforts by the AANA, HHS should also leverage efforts developed by the greater APRN community. The AANA along with the American Association of Colleges of Nursing and other APRN organizations are developing a joint online educational series that will serve as a resource for practicing nurses, faculty, and students on opioid topics. As part of this initiative, these organizations will present four webinars this Fall to provide an overview of the current need to address opioid use disorder and overdose; integration of timely content into education program curricula; and the Centers for Disease Control and Prevention’s (CDC) new prescribing guideline. Continuing education credit will be offered to webinar participants. We welcome the opportunity to discuss further ways to leverage and use this promising approach in prescriber education.

\textbf{AANA Request: Ensure That Educational Efforts Are Harmonized Across all Specialty and Care Settings to Minimize Variation in Care Across the Patient’s Healthcare Experience}

As HHS develops and implements programs for prescriber education and training, the AANA recommends that such efforts be inclusive of all specialties across all types of healthcare settings to optimize safe and appropriate use of opioids for chronic pain. As there is no bright line between acute and chronic pain, opioid use disorder may originate or become evident in many care settings. We believe that being prescriber-inclusive will minimize variation in care across the patient’s healthcare experience.

The AANA stands ready to work with the agency to support its efforts. Please consider the valuable contribution that APRNs and specifically CRNAs will offer the interprofessional teams who create policy and resources necessary to make this guideline the standard for pain management. As APRNs, CRNAs are uniquely skilled to deliver pain treatment in a

\textsuperscript{11} See: http://www.nbcrna.com/NSPM/Pages/Non-Surgical-Pain-Management.aspx.
By virtue of education and individual clinical experience and competency, a CRNA may practice chronic pain management utilizing a variety of therapeutic, physiological, pharmacological, interventional, and psychological modalities in the management and treatment of pain. The AANA has many evidence based resources related to acute and chronic pain management considerations and guidelines which can guide patient care settings, such as *Chronic Pain Management Guidelines* and *Regional Anesthesia for Surgical Procedures and Acute Pain Management, Practice Considerations*. CRNA knowledge and practice experience will prove invaluable as the agency works to develop and implement prescriber education and training programs.

**AANA Request: Ensure that Prescriber Education and Training Efforts Extend to All Members of the Multidisciplinary Team**

The AANA recognizes that acute and chronic pain management involves a multidisciplinary approach, and we believe that HHS’s efforts should extend to all members of the multidisciplinary team and be aligned with national guidelines. Because patients see many qualified healthcare professionals, all healthcare education programs for professional disciplines of nursing, medicine, and other healthcare professions are needed to prepare pain management experts and leaders. Therefore, we ask that HHS ensure that efforts do not preclude clinicians, such as CRNAs, from educational opportunities. We also ask that prescribing education be comprehensive and provider neutral. As is recognized in the National Academies of Medicine’s report entitled *The Future of Nursing: Leading Change, Advancing Health*, APRNs, including CRNAs, should practice to the full extent of their education and training. However, leading physician subspecialty organizations in pain management research, practice guideline


14 National Academies of Medicine, op cit. p. 9.
development, and education have used economic, and advocacy means to exclude other members from contributing to the pain management team. Patient access to care, diagnosis, treatment, and quality of life may be impacted when CRNA scope of practice is limited by physician societies through constrained scope of practice statute and facility privileges, and Pain Society educational and training opportunities.

In many rural and frontier areas, CRNAs often are the only health care professionals trained in pain management in these communities. Without CRNAs to provide chronic pain management services, patients in vast rural and frontier areas would lose access to vital treatment, which could result in poor healthcare outcomes, lower quality of life, and unnecessary costs to patients and the healthcare system. According to a 2012 analysis by the Lewin Group of four case studies based on the real life situations of four individuals living in rural communities representing different geographic locations throughout the U.S., the direct medical costs of alternatives such as surgery or nursing home care range between 2.3 times to more than 150 times the cost of a CRNA providing these services in the community.15

Furthermore, a report issued in April 2015 by the Federal Trade Commission (FTC), “Competition and the Regulation of Advanced Practice Registered Nurses,” underscores the point that for CRNAs and other APRNs, “even well intentioned laws and regulations may impose unnecessary, unintended, or overbroad restrictions on competition, thereby depriving health care consumers of the benefits of vigorous competition.”16 Therefore, we recommend that the HHS ensure that educational and training opportunities are inclusive of all clinicians. We request that the agency engage with the FTC to prevent efforts to block access to prescriber education. In the interest of patients and the public, the education, regulation, and reimbursement of each member of the pain management team should allow the team to practice to the full extent of their education and training.

AANA Request: Do Not Include Quality Measures Under the Merit-Based Incentive Payment System that have not been Vetted by the AANA

As HHS considers including quality measures around safe opioid use under the Merit-based Incentive Payment System (MIPS), we urge HHS to adopt measures pertaining to anesthesia and pain management services that take into account all appropriate stakeholders, including CRNA input, regarding their professional role in the spectrum of anesthesia services and pain management. Furthermore, we also recommend that future proposed measure specifications be open to public comment for a minimum of 30 days prior to finalization in the MIPS program. The AANA supports the use of quality measures that are transparent, actionable, evidence-based, patient-centered and consensus-driven. For this reason, the AANA supports measures that are subject to a legitimate stakeholder consensus development process, such as one as demonstrated by the National Quality Forum (NQF) consensus process, which includes a wide variety of healthcare stakeholders and employs a rigorous process of accountability to assure validity and reliability. We oppose the agency propagating quality measures that have not met such a standard. The AANA maintains that a legitimate stakeholder consensus development process is one that follows NQF’s “Candidate Consensus Standard Review,”17 which allows for public and member comment period. Furthermore, any measure that has not undergone a consensus development process involving full disclosure of the measure, CRNA input, and vote, should put into question the integrity of that measure. Therefore, the AANA urges HHS not to allow the use of any anesthesia specific measure that could be applied to a CRNA where a CRNA was not involved in the development of the measure.

We thank you for the opportunity to comment on the request for information. Should you have any questions regarding these matters, please feel free to contact the AANA Senior Director of Federal Government Affairs, Frank Purcell, at 202.484.8400, fpurcell@aanadc.com.

Sincerely,

Juan F. Quintana, DNP, MHS, CRNA  
AANA President

cc:  Wanda O. Wilson, CRNA, PhD, AANA Executive Director  
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     Romy Gelb-Zimmer, MPP, AANA Associate Director Federal Regulatory and Payment Policy