What Does Supervision Repeal Mean for Hospitals and Healthcare Facilities?

Certified Registered Nurse Anesthetists (CRNAs) provide more than 32 million anesthetics to patients each year in the United States, according to the American Association of Nurse Anesthetists (AANA) 2009 Practice Profile Survey. Working in collaboration with surgeons, physician anesthesiologists, and other healthcare professionals, CRNAs practice in every setting in which anesthesia is delivered: traditional hospital surgical suites and obstetrical delivery rooms; critical access hospitals; ambulatory surgical centers; the offices of dentists, podiatrists, ophthalmologists, plastic surgeons, and pain management specialists; and U.S. military, Public Health Services, and Department of Veterans Affairs healthcare facilities. Studies have confirmed time and again the excellent safety record of these anesthesia specialists regardless of practice setting and arrangement.

Repealing the federal Medicare physician supervision requirement for CRNAs would allow hospitals, critical access hospitals, ambulatory surgery centers, and other healthcare facilities nationwide to make their own decisions about how best to staff their anesthesia departments based on state laws and patient needs. When a state "opts out" of the federal Medicare supervision requirement it means the state is no longer required by the Centers for Medicare & Medicaid Services (CMS) to have CRNAs super-vised by physicians when administering anesthesia. Opting out does not impact state licensure laws or the training or safety of health care providers. Removing this requirement would allow flexibility for states to meet the needs of their residents.

Quality

- As anesthesia professionals, CRNAs stay with their patients for the entire procedure, vigilantly monitoring their vital signs and expertly modifying the anesthetics to ensure maximum safety and comfort.
- According to a 1999 report from the Institute of Medicine, anesthesia care is nearly 50 times safer than it was in the early 1980s. Numerous outcomes studies have demonstrated that there is no difference in the quality of anesthesia care provided by CRNAs and anesthesiologists.[1]
- A study by RTI published in *Health Affairs* in August 2010 shows that patient outcomes in states that have opted out of the super-vision requirement are the same or better than outcomes in states that have not opted out.[2]
- A 2010 report from the Institute of Medicine recommended urges policymakers to remove policy barriers that prevent nurses—particularly advanced practice registered nurses such as Certified Registered Nurse Anesthetists (CRNAs)—from practicing to the full extent of their education and training.[3]

Cost Efficiency

- Managed care plans recognize CRNAs for providing high quality anesthesia care with reduced expense to patients and insurance companies, helping control escalating healthcare costs.
- A recent study by the Lewin Group published in the *Journal of Nursing Economic$* confirmed that a CRNA acting as the sole an-esthesia provider is the most cost effective model of anesthesia delivery and that among the anesthesia delivery models, CRNAs acting independently provide anesthesia services at 25% less than the second lowest cost model in which an anesthesiologist supervises six CRNAs.[4]
- While it is true that Medicare pays the same fee for an anesthesia service whether it is provided by a CRNA, an anesthesiolo-gist, or both working together, it is also true that the average compensation for anesthesiologists is about $400,000, compared with $161,700 for CRNAs. The higher costs of anesthesiologists are borne by someone—the hospital or healthcare facility, and ultimately the patient.
- Issues of Medicare payment affect the practice of anesthesia related services because the Medicare payment structure is based on diagnosis-related groups (DRGs). Hospitals bill Medicare based on DRGs and other related rules. Ensuring compliance with the supervision rule can add significant cost to hospitals if they are forced to hire additional physicians to oversee CRNAs.

1 Institute of Medicine. (1999). To err is human: Building a safer health system. Washington, DC: The National Academies Press.

2 Dulisse, Brian and Cromwell, Jerry (2010). No Harm Found When Nurse Anesthetists Work Without Supervision By Physicians. *Health Affairs* 29(8)

3 Robert Wood Johnson Foundation Initiative on the Future of Nursing, at the Institute of Medicine (2010). "The Future of Nursing: Leading Change, Advancing Health." Washington, DC: The National Academies Press.

4 Hogan, Paul; Furst Seifert, Rita; Moore, Carol S.; and Simonson, Brian E (2010). Cost Effectiveness Analysis of Anesthesia Providers. *Journal of Nursing Economic$* 28(3)

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