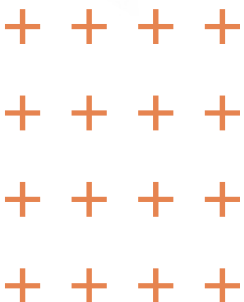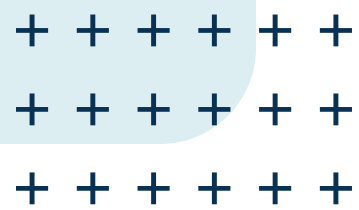# AANA Statement on
Efficiency-driven Anesthesia Modeling

OVERVIEW

"The Efficiency Driven Anesthesia Model identifies the optimal distribution of anesthesia providers while maintaining quality and increasing patient access. The model engages both CRNAs and physician anesthesiologists practicing to their full scope of practice, education, and licensure while supporting flexibility to match local demand and financial capacity. This limits duplication of services, improves effectiveness, increases access, and reduces costs."

EFFICIENCY-DRIVEN ANESTHESIA MODELING

Healthcare facilities and health systems are looking for strategies to decrease expenses while maintaining quality and improving access to care. Anesthesia services are often a primary concern for healthcare administrators due to rising costs and the limited availability of providers. Efficiency-driven Anesthesia Modeling is one method to help organize the variables that are unique to a facility's needs as it simultaneously assesses its requirements for "best practices."

Efficiency-driven Anesthesia Modeling provides a decision-making framework adopted from the science of public policy. Efficiency modeling identifies the most appropriate anesthesia care delivery system for the location while balancing the principles of efficiency, effectiveness, and equity.[1] Efficiency-driven Anesthesia Modeling emphasizes maximizing available resources by utilizing anesthesia provider staffing efficiencies as a central objective.

An anesthesia department's efficiency assessment should begin by identifying a delivery model that is the most appropriate for the facility. Anesthesia delivery models to consider are:

1

The Consultative/ Collaborative model with physicians and CRNAs to optimize the business value of anesthesia services,
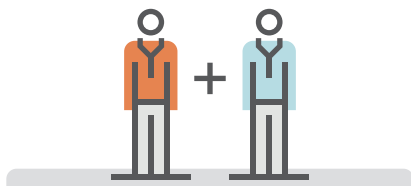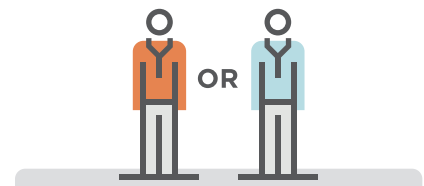
2

Medical Direction with up to 1:4 physician anesthesiologist/CRNA ratios and the Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA) requirements, and

3

Solo CRNA or **Solo Physician Anesthesiologist.**

As research demonstrates, CRNAs are integral to a high-value anesthesia care delivery approach where quality and safety are emphasized, and costs are reduced. The American Association of Nurse Anesthesiology (AANA) believes Efficiency-driven Anesthesia Modeling is ideally suited to address key concerns of healthcare systems and the public policy principles of effectiveness, efficiency, and equity.[1]

EFFECTIVENESS

A robust and comprehensive literature search on the safety and quality of CRNA-delivered care supports increasing CRNA involvement and reducing barriers and restrictions on the services CRNAs provide. Studies repeatedly establish that CRNAs deliver care that is as safe and equitable to that delivered by physician anesthesiologists or in more restrictive medical direction models.[2–4] No evidence exists to suggest that greater reliance on CRNAs would in any way compromise patient safety or reduce quality.

EFFICIENCY

Delivery models that utilize CRNA providers, including the model where CRNAs practice alone, are the most cost-effective option.[5] Efficiency-driven Anesthesia Modeling may reduce, or in some cases eliminate, the substantial financial burden placed on facilities and encourage reductions in unnecessary healthcare spending. Reductions in healthcare spending might include, for example, removing hefty financial stipends for contracted anesthesia services or eliminating duplication of anesthesia services by both a CRNA and a physician anesthesiologist. This modeling reflects appropriate anesthesia staffing to meet the patient and surgical needs of the facility. Eliminating unnecessary duplication of services or administrative signoffs by physician anesthesiologists that cause delays in delivering care may improve anesthesia service availability across the facility without increasing costs.

EQUITY

CRNAs provide the majority of anesthesia services in rural America[6] and have a greater presence in areas with vulnerable populations including Medicaid recipients, the uninsured, and the unemployed.[7] Increased use of CRNAs may create cost savings that can be redistributed to provide additional coverage for anesthesia services and other areas.[8,9] Facilities serving disadvantaged populations, struggling to attract high-cost physician anesthesiologists, or burdened by expensive financial subsidies could be well-served by utilizing Efficiency-driven Anesthesia Modeling.

ACTION NEEDED

CRNAs are ready to provide effective, more efficient, and equitable anesthesia care. Efficiency-driven Anesthesia Modeling offers a foundation for reevaluating current anesthesia models furnished at the local level. This framework is purposely responsive to a facility's needs and based on evidence established in safe practice, cost effectiveness, and improved accessibility. Stakeholders are strongly encouraged to take the additional steps toward making anesthesia care delivery more cost-effective and accessible.

Understand your state's practice laws for the anesthesia department and CRNAs. All 50 states have provisions to support CRNA practice without physician anesthesiologist's supervision.

Review your facility's medical or professional bylaws, rules and regulations, and anesthesia policies that may restrict efficiency. Work to eliminate restrictions that exceed federal and state law and that create practice barriers for CRNAs. There is no evidence that safety is improved with such limitations. Bylaws dictate the anesthesia practice model, and often restrictive bylaws result in increased anesthesia subsidies.

Understand community interest and stakeholders' concerns. Listen and ask questions to provide guidance to select the best Efficiency-driven Anesthesia Model that suits the locale's needs.

Know how to evaluate your anesthesia business and take back control. Do not be intimidated by anesthesia billing and regulations. If you do not understand the process, educate yourself by seeking resources and support systems.

For more information, please visit Efficiency-driven Anesthesia Modeling at **www.AnesthesiaFacts.com**

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