

Talking Points: Value of CRNAs

- The Institute of Medicine, American Association of Nurse Anesthetists (AANA), and American Society of Anesthesiologists concur that anesthesia is approximately 50 times safer today than it was during the 1980s. As the hands-on providers of more than 32 million anesthetics given to patients each year in the United States (AANA 2010 Practice Profile Survey data), Certified Registered Nurse Anesthetists (CRNAs) play a critical role in ensuring this high standard of patient care.
- CRNAs are the primary providers of anesthesia care in rural America, enabling healthcare facilities in these medically underserved areas to offer obstetrical, surgical, and trauma stabilization services. In some states, CRNAs are the sole providers in nearly 100 percent of rural hospitals.
- According to the results of a landmark national study conducted by RTI International and published in the August 2010 issue of *Health Affairs*, there are no differences in patient outcomes when anesthesia services are provided by CRNAs, physician anesthesiologists, or CRNAs supervised by physicians. The study, titled “No Harm Found When Nurse Anesthetists Work Without Supervision by Physicians,” examined nearly 500,000 individual cases and confirms what previous studies have shown: CRNAs provide safe, high-quality care. The study also shows the quality of care administered is equal regardless of supervision.
- A CRNA acting as the sole anesthesia provider is the most cost effective model of anesthesia delivery, according to a groundbreaking study conducted by Virginia-based The Lewin Group and published in the May/June 2010 issue of the *Journal of Nursing Economic*. The study, titled “Cost Effectiveness Analysis of Anesthesia Providers,” considered the different anesthesia delivery models in use in the United States today, including CRNAs acting solo, physician anesthesiologists acting solo, and various models in which a single anesthesiologist directs or supervises one to six CRNAs. The results show that CRNAs acting as the sole anesthesia provider cost 25 percent less than the second lowest cost model. On the other end of the cost scale, the model in which one anesthesiologist supervises one CRNA is the least cost efficient model. The results of the Lewin study are particularly compelling for people living in rural and other areas of the United States where anesthesiologists often choose not to practice for economic reasons.
- Important findings from the Institute of Medicine (IOM) released in October 2010 assert that expanding the role of nurses in the U.S. healthcare system will help meet the growing demand for medical services. The IOM report urges policymakers to remove policy barriers that hinder nurses—particularly advanced practice registered nurses such as CRNAs—from practicing to the full extent of their education and training. The report, titled “The Future of Nursing: Leading Change, Advancing Health,” offers further evidence that advanced practice registered nurses should be a major part of the solution

to the nation's healthcare issues, especially ensuring access to care in medically underserved areas. The IOM report was the work of the IOM's committee on the Robert Wood Johnson Foundation (RWJF) Initiative on the Future of Nursing, which consists of doctors, nurses, academicians, and other healthcare representatives.

- Nurse anesthetists have been providing anesthesia care to patients in the United States for nearly 150 years. CRNAs provide anesthesia in collaboration with surgeons, anesthesiologists, dentists, podiatrists, and other qualified healthcare professionals. They 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.
- Nurse anesthetists have been the main providers of anesthesia care to U.S. military personnel on the front lines since WWI, including current conflicts in the Middle East. Nurses first provided anesthesia to wounded soldiers during the Civil War.
- Nationally, the average 2009 malpractice premium for self-employed CRNAs was 33% lower than in 1988 (62% lower when adjusted for inflation).
- Education and experience required to become a CRNA include:
 - A Bachelor of Science in Nursing (BSN) or other appropriate baccalaureate degree.
 - A current license as a registered nurse.
 - At least one year of experience as a registered nurse in an acute care setting.
 - Graduation with a minimum of a master's degree from an accredited nurse anesthesia educational program. As of August 2011 there were 112 nurse anesthesia programs in the United States utilizing approximately 2,450 approved clinical sites. These programs range from 24-36 months, depending upon university requirements. All programs include clinical training in university-based or large community hospitals.
 - Pass the national certification examination following graduation.

In order to be recertified, CRNAs must obtain a minimum of 40 hours of approved continuing education every two years, document substantial anesthesia practice, maintain current state licensure, and certify that they have not developed any conditions that could adversely affect their ability to practice anesthesia.