**Certified Registered Nurse Anesthetists** 

## Are the Most **VERSATILE** and COST-EFFECTIVE ANESTHESIA PROVIDERS



• CRNAs are qualified to work in any practice

setting/model

- CRNAs are not required to practice under a physician anesthesiologist; by law, CRNAs can work independently of OR together with physician anesthesiologists
- CRNAs have a proven safety record
- CRNAs in Anesthesia Care Team Model ensure **NO LOSS IN REVENUE.** NO RISK OF FRAUD, no delays in delivery of care even when there is a supervision lapse (up to 70%<sup>3</sup> of the time) as long as QZ billing is utilized
- In such cases, the facility simply bills exclusive of the anesthesiologist for the procedure (QZ vs. medical direction). The QZ modifier is exclusive to CRNAs

## **Cost Effectiveness of Anesthesia Models**

**Autonomous/CRNAs Collaborating with** Surgeons



Staffing Cost<sup>2</sup>

2.00N

**Physician Anesthesiologist Only** 



Staffing Cost<sup>2</sup>

**CRNAs Collaborating with Anesthesiologists** 



12

Staffing Cost<sup>2</sup>

**2.40**1

**Anesthesia Care** Team

(3:1 Ratio)



12

4

Staffing Cost<sup>2</sup>

- 1 Physician anesthesiologist
- 2 Staffing costs are based on salary only. The median CRNA salary (\$166,540) was taken from the 2018 AANA Compensation and Benefits Survey. Salary costs for physician anesthesiologists are based on the 75th pctl salary (\$420,284) according to HR Reported data as of March 29, 2018 from Salary.com
- 3 Epstein R, Dexter F. (2012). Influence of supervision ratios by anesthesiologist on first case starts and critical portions of anesthetics. Anesthesiology, 116(3):683-691.

