# CRNAS

**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%³ 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>

**2.00**M

Physician Anesthesiologist Only



Staffing Cost<sup>2</sup>

**5.04**M

CRNAs
Collaborating with
Anesthesiologists



ANES

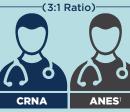
12

1

Staffing Cost<sup>2</sup>

**2.40**M

Anesthesia Care Team



12

4

Staffing Cost<sup>2</sup>

**3.68**M

- 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.





## **CRNAs: Ensuring Safe Anesthesia Care**

WHY SURGEONS AND OTHER HEALTHCARE PROVIDERS RELY ON CRNAS

Certified Registered Nurse Anesthetists (CRNAs) are advanced practice registered nurses who collaborate with surgeons, obstetricians, dentists and other healthcare providers to deliver safe, high-quality and cost-effective anesthesia care to patients in virtually every healthcare setting.

### **Access to Care**



CRNAs practice in **all 50 states** and in the military, safely providing more than 50 million anesthetics each year.

### **Patient Safety**



National studies confirm that CRNAs are integral to high-value anesthesia care delivery where quality and safety are emphasized.\*



Anesthesia care is **nearly 50x safer** than it was in the 1980s.\*\*

This is due to **advancements in monitoring** technology, anesthetic drugs, provider education, and standards of care.

## **Risk Management**





CRNAs are **educated**, **trained and experienced** in providing anesthesia care for complicated medical procedures and handling emergency situations.



As licensed professionals, CRNAs are responsible and accountable for decisions made and actions taken in their professional practice.



**Case law shows** that surgeons and other healthcare providers face no increase in liability when working with a CRNA versus a physician anesthesiologist.

For a surgeon (or other healthcare provider) to be liable for the acts of an anesthesia professional, the surgeon must control the actions of the CRNA or anesthesiologist and not merely supervise or direct them.



Courts apply the same standard to judge whether a surgeon is liable for the acts of a CRNA or an anesthesiologist.

On a nationwide basis, the average 2020 malpractice liability insurance premium for self-employed CRNAs was **36 percent less than it was in 1988**. When trended for inflation through 2020, **the reduction in premium is 71 percent**.



## **Cost Savings**

**Healthcare facilities that hire** anesthesiologists to supervise CRNAs in an effort to manage risk may more than triple the costs of anesthesia delivery without improving patient outcomes, lowering risk or reducing liability coverage costs.



\*RTI

\*\*Institute of Medicine





anesthesiafacts.com