

## SMART ANESTHESIA INSIGHTS

Anesthesia services enable safe surgery and a healthy and dynamic health care organization. In today's Michigan where costs also shape decision maker options, approaches to anesthesia services can strengthen care delivery. Inefficiency can make sustainability difficult.

Michigan Health and Hospital Association working with the Michigan Association of Nurse Anesthetists shaped policy that removed barriers to anesthesia care in 2021. By 2022, Michigan "opt out" under Medicare allows access to value-based, high-quality care, while optimizing health care teams. Michigan hospitals can choose the anesthesia delivery model that suits their community needs. Currently in Michigan, there are 28 in-patient facilities operating with the most cost-effective model of anesthesia delivery - an all CRNA model.

Quality assurance and optimal patient outcomes evidence has accumulated since the 1980's finding that anesthesia is more than 50 times safer today.<sup>1</sup> This safety record may be attributed to the advanced educational preparation of CRNAs and anesthesiologists and advancements in pharmacology and patient monitoring.

CRNAs are advanced practice registered nurses with a doctoral level education for entry into practice. There are 2,700 CRNAs in Michigan and 300 SRNAs training at one of five nurse anesthesia programs. Nationally, there are a total of 139 nurse anesthesia training programs and 62,000 CRNAs with 3,000 SRNAs per year graduating to take their board certification examination. Here in Michigan, 120 SRNAs graduate and most stay within the state to work taking jobs at clinical sites they previously had an educational rotation within. Averaging approximately 10,000 hours of clinical experience by graduation, CRNAs must pass a rigorous national certifying exam and meet stringent national recertification parameters. CRNAs are legally responsible for the care they provide and recognized in all 50 states, DC and Puerto Rico. Their advanced education prepares them to deliver the full range of anesthesia services.

Evidence shows CRNA anesthesia delivery models provide clear advantages. A study comparing cost efficiency of anesthesia delivery models found anesthesia using some or all CRNAs were most cost-effective.<sup>2</sup> Cintina and colleagues Medicare simulation methods evaluated common anesthesia delivery models in hospitals (average demand in 12 stations), ASCs (7 stations) and outpatient surgery. The medical direction model (Anesthesia Care Team) refer to the anesthesia care delivery in which an anesthesiologist performs 7 specific services for each case concurrently provided by a CRNA.

Still other facilities are making changes to hospital by-laws in order to effectively expand the anesthesia delivery model to protect themselves from compliance risk or fraud when not all 7 specific services are met.<sup>3</sup> CRNAs practicing autonomously is associated with higher job satisfaction for CRNAs which can help to reduce provider turnover for anesthesia practices.<sup>4</sup>

### "Anesthesiologist assistants" costs mean they are not an answer for Michigan health care

Some anesthesiologists promote another provider type, "anesthesiologist assistants." For several reasons, AAs are not an answer for Michigan facilities:

- AAs are not licensed or recognized in Michigan.
- AAs are not available in Michigan; fewer than 2,000 exist nationwide.
- Most commercial health plans do not cover and will not reimburse for AA services.
- Unless they are medically directed by an anesthesiologist who is physically present for seven specific services in each case involving AAs – a high-cost anesthesia delivery model – AA services are not covered by Medicare Part B.
- AAs do not expand access to care as they require the physical presence of a costly anesthesiologist.
- AAs promote more costly anesthesia delivery models, increasing patient out-of-pocket expenditures and diverting scarce resources from other health care needs.
- Unlike the services of CRNAs and anesthesiologists, no scientific studies of patient safety disclose the outcomes of AA services.

Services provided by CRNAs and anesthesiologists in Michigan within scope	CRNAs	Anesthesiologists
Perform and document preanesthetic assessment and evaluation of the patient	Yes	Yes
Develop and implement anesthetic plan	Yes	Yes
Initiate anesthetic techniques which may include general, regional, local and sedation	Yes	Yes
Select and administer anesthetic drugs	Yes	Yes
Facilitate emergence and recovery from anesthesia	Yes	Yes
Respond to emergency situations by providing airway management, administration of emergency fluids and drugs, and using basic or advanced cardiac life support techniques	Yes	Yes
For more information about practice and privileges	<a href="http://www.aana.com/clinicalprivileges.aspx">www.aana.com/clinicalprivileges.aspx</a>	

Several challenges are met with introducing AAs into a CRNA dominant practice. First of all, the facility has locked themselves into the highest cost anesthesia delivery model making it less nimble to market demands. AAs can't take call shifts burdening both CRNAs and anesthesiologists with call demands. AAs are not a force multiplier for Michigan and could actually increase the facilities risk for billing fraud with supervision lapses.<sup>5</sup> Negrusa and colleagues found tension and dissatisfaction in the workplace when CRNAs worked with AAs leading to higher turnover.<sup>4</sup>

According to a 2012 survey of anesthesia group subsidies, hospitals paid on average \$160,096 per anesthetizing location to anesthesiology groups an increase of 13 percent since the previous 2008 survey.<sup>4</sup> Subsidies are sensitive to the market; health care facilities should emphasize safe, high quality anesthesia care delivery using efficient delivery models that lower costs. The most up to date subsidy discussions include inflationary pressures, decreasing reimbursement rates, increasing salaries of both CRNAs and physician anesthesiologists leading to a thought that subsidies have increased to a ballpark of \$250,000 per anesthetizing location since the last 2012 survey.

## SUMMARY

Health care quality, cost and access are vitally important to the people of Michigan. Anesthesia services play an important part in ensuring patient safety and access to care. Evidence shows anesthesia provided by a CRNA or an anesthesiologist or both is very safe, medical staff bylaws should allow for more flexibility in the use of the most cost-effective option consistent with patient safety. Modernizing hospital bylaws will allow the expansion of anesthesia delivery.

Introducing "anesthesiologist assistants" (AAs) to Michigan would not expand access to care. What it would do is increase the risk of billing fraud AND lock in the highest cost anesthesia delivery models. Nor have there been any studies of the safety or patient outcomes of AAs. Hospitals should oppose legislation recognizing AAs in Michigan.

## FOOTNOTES

1. Kohn LT, Corrigan JM, Donaldson MS, eds. To err is human: building a safer health system. The National Academies, Washington, DC, 1999.
2. Cintina I, Hogan P, Schroeder C, Simonson B, Quraishi J. Cost effectiveness of anesthesia providers and implications for scope of practice in a Medicare population. *Nursing Economic\$* 2018;36(2):67-73.
3. Epstein RH, Dexter F. Influence of supervision ratios by anesthesiologists on first-case starts and critical portions of anesthetics. *Anesthesiology*. 2012 Mar;116(3):683-91. Doi:10.1097/ALN.0b013e318246ec24. PMID:22297567.
4. Negrusa S, Hogan P, Jordan L, Hoyem R, Cintina I, Zhou M, Pereira A, Quarashi J. Work patterns, socio-demographic characteristics and job satisfaction of the CRNA workforce- findings from the 2019 survey of CRNAs. *Nursing Outlook*. 2021 Feb;69(3):370-79.
5. Pearce S. Letter to the Federal Trade Commission from the American Association of Nurse Anesthetists. Washington, DC, Feb. 16, 2015. [https://www.ftc.gov/system/files/document/public\\_comments/2015/02/00006-93330.pdf](https://www.ftc.gov/system/files/document/public_comments/2015/02/00006-93330.pdf) The letter cites a Healthcare Performance Strategies Anesthesia Subsidy Survey 2012 at <http://drivinghp.com/consulting/2012-anesthesia-subsidy-survey-report-now-available> that is no longer available online.