

NANA Opposition to Anesthesiologist Assistant Proposal

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President of the Nebraska Association of
Nurse Anesthetists**

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Pillars of Opposition

- 1. Professions Defined**
- 2. Anesthesia Delivery Models & Billing Comparisons**
- 3. Educational Impacts**
- 4. Quality and Safety**
- 5. Anesthesia Workforce Supply & Demand**
- 6. Addressing 407 Criteria**

Professions Defined

- AA – Allied health professional required to work under the **physical direction** of an anesthesiologist.
- CRNA – Advanced practice registered nurse (APRN) that specializes in nurse anesthesia.
- PA – Licensed clinicians who practice medicine in every specialty and setting.

CRNAs ≠ AAs
PAs ≠ AAs

Professions Defined: AAs

- Allied health professionals required to work under the physical direction of an anesthesiologist.
- **12 states license AAs to practice in the manner proposed for Nebraska.**
 - Of those **12 states**, **4 have zero or very few practicing AAs**

Professions Defined: CRNAs

- **Advanced practice registered nurse (APRN) specializing in nurse anesthesia**
- **RNs are required to have at least one year of experience managing complex patients in an ICU prior to acceptance into an accredited anesthesia program.**
 - **The majority have 3-5 years of experience.**

Professions Defined: CRNAs (cont.)

- **CRNAs are educated and trained to:**
 - **Work without anesthesiologist supervision**
 - **Exercise Independent Judgment**
 - **Respond quickly to anesthetic emergencies**
- **CRNAs are educated and trained to exercise independent judgment and to respond quickly to anesthetic emergencies.**

Professions Defined: CRNAs (cont.)

**CRNA Opt-Out Letter:
Signed by Nebraska
Gov. Mike Johanns
February 22, 2002**

STATE OF NEBRASKA

OFFICE OF THE GOVERNOR
P.O. Box 94848
Lincoln, Nebraska 68509-4848
Phone: (402) 471-2244



Mike Johanns
Governor

February 22, 2002

Honorable Thomas A. Scully
Administrator
Centers for Medicare and Medicaid Services
314G Huber Humphrey Building
200 Independence Ave SW
Washington DC 20201

Dear Mr. Scully,

In accordance with the final rule published in the November 13, 2001 Federal Register, Volume 66, Number 219, I am writing to request an exemption for the State of Nebraska from physician supervision of Certified Registered Nurse Anesthetists (CRNAs) in the following regulations:

- Hospitals – 42 CFR 482.52 Condition of Participation: Anesthesia Services
- Critical Access Hospitals – 42 CFR 485.639 Condition of Participation: Surgical Services
- Ambulatory Surgical Centers – 42 CFR 416.42 Condition of Participation: Surgical Services

After consultation with the State's Boards of Medicine and Nursing on issues related to access to and the quality of anesthesia services, and consistent with State law, and in full awareness of the State's right to an exemption from the requirement I have determined that it is in the best interest of the State's citizens to exercise this exemption.

Sincerely,

A handwritten signature in black ink, appearing to read "Mike Johanns".

Mike Johanns, Governor

cc: Nanette Foster Reilly
Acting Associate Regional Administrator
For Division of Medicaid and State Operations

Professions Defined: PAs

“The only similarity between AAs and PAs is that we are both supervised by physicians and have the word ‘assistant’ in our titles.”

- American Academy of Physician Assistants

- PAs can work without direct physical supervision in Nebraska.**

Professions Defined: Summary

- PAs can work without direct physical supervision in Nebraska, increasing patient access to care.
- CRNAs work independently in Nebraska, increasing patient access to care.
- AAs must always work with a physician anesthesiologist. How would AAs increase access to care?

Anesthesia Delivery & Billing Models

- **Medical Direction Model**
- **All Physician Anesthesiology Model**
- **All CRNA Model**
- **Collaborative Model of CRNAs physician anesthesiologists**

Anesthesia Delivery Models: Medical Direction



Medical Direction

7 Steps of TEFRA Requirements

1. Perform a pre-anesthetic examination and evaluation
2. Prescribe the anesthetic plan
3. Personally participate in the most demanding procedures in the anesthetic plan
4. Ensure any procedures in the anesthetic plan the person does not perform are performed by a qualified individual
5. Monitor the course of anesthesia administration at frequent intervals
6. Remain physically present and available for immediate diagnosis and treatment of emergencies
7. Provide indicated post-anesthesia care

Medical Direction: TEFRA clarified

7 Steps of TEFRA Requirements

- CMS confirmed the 7 conditions must be performed by the physician or another physician in the group practice and may not be delegated to an AA.

“...the medical record must indicate that the services were furnished by physicians and identify the physicians who furnished them.”

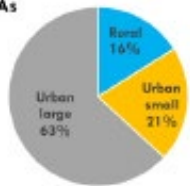
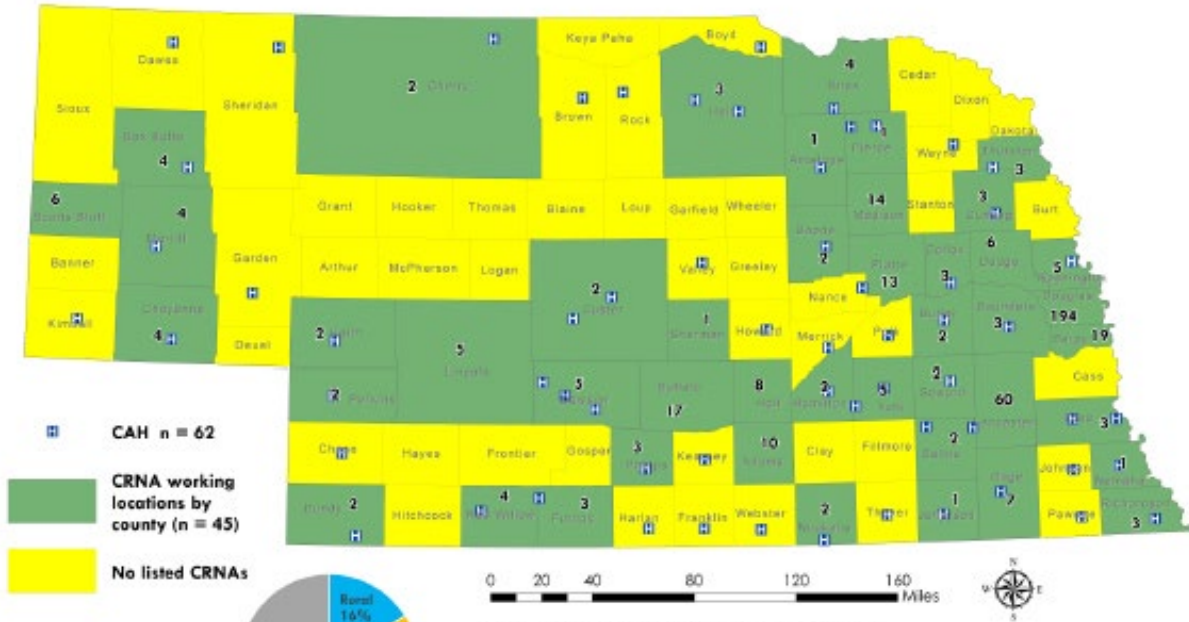
- Institute Of Medicine 100-04
Chapter 12, Subsection 50

Anesthesia Delivery Models: All Physician



Anesthesia Delivery Models: All CRNA

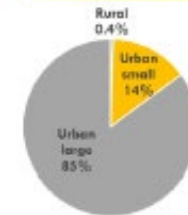
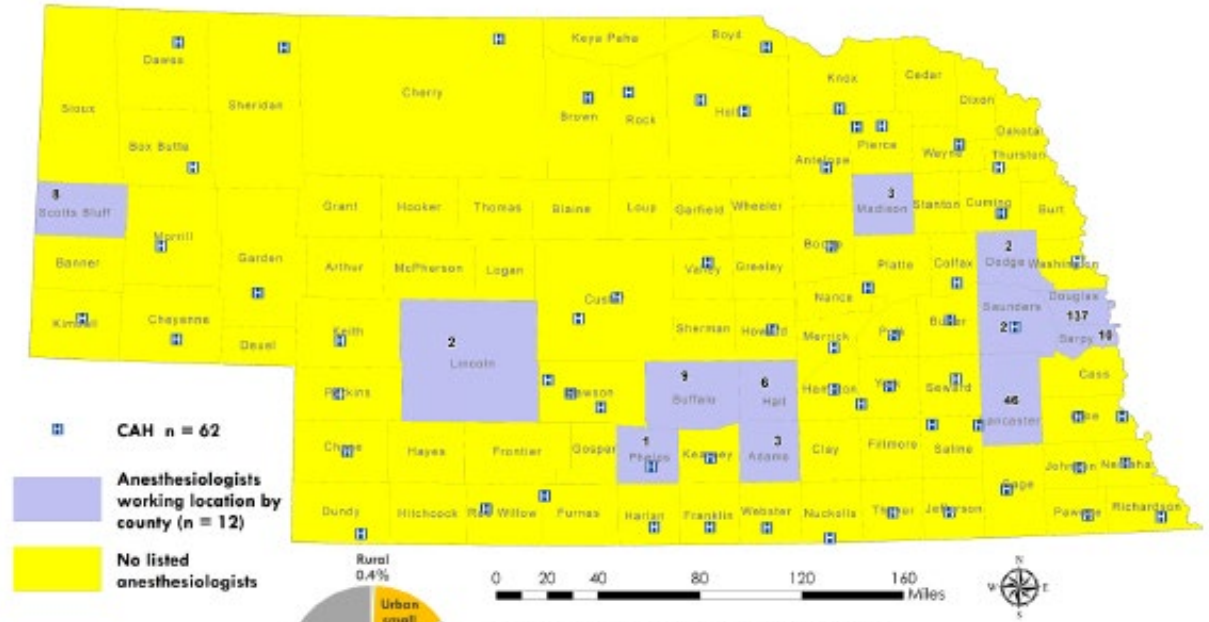
CRNAs work location



Source: Health Professions Tracking Service (UNMC, as of 8-4-2022)

Note: CRNAs may work in more than one county
Total unduplicated CRNAs: 397

Anesthesiologists work location



Source: Health Professions Tracking Service (UNMC, as of 8-4-2022)

Note: Anesthesiologists may work in more than one county
Total unduplicated anesthesiologists: 214

Anesthesia Delivery Models: Collaborative



Anesthesia Delivery Models: Medicare Billing Data












Nebraska Medicare Payments by modifier for selected years:

<u>Provider type</u>	<u>2010</u>	<u>2015</u>	<u>2019</u>	<u>2020</u>
MDA Independent	35.2%	29.5%	26.4%	24.9%
Medical Direction	6.48%	5.9%	4.7%	5.42%
CRNA Independent	50.8%	58.1%	63.4%	63.29%

Anesthesia Delivery Models

- Medical Direction (1:4) – 12 Operating Rooms require 15 Providers
- Medical Direction (1:2) – 12 Operating Rooms require 18 Providers
- Collaborative Model – 12 Operating Rooms require 12 Providers

Anesthesia Delivery Models













OR 1	OR 2	OR 3	OR 4	OR 5	OR 6	OR 7	OR 8	OR 9	OR 10	OR 11	OR 12
MD 1	MD1	MD1	MD1	MD2	MD2	MD2	MD2	MD3	MD3	MD3	MD3
											

Medical Direction 1:4

Requires 3 Anesthesiologists and 12 AAs

12 Operating Rooms require 15 Total Providers

Anesthesia Delivery Models













OR 1	OR 2	OR 3	OR 4	OR 5	OR 6	OR 7	OR 8	OR 9	OR 10	OR 11	OR 12
MD 1	MD1	MD2	MD2	MD3	MD3	MD4	MD4	MD5	MD5	MD6	MD6
											

Medical Direction 1:2

6 Anesthesiologists and 12 AAs

12 Operating Rooms require **18** Total Providers

Anesthesia Delivery Models

OR 1	OR 2	OR 3	OR 4	OR 5	OR 6	OR 7	OR 8	OR 9	OR 10	OR 11	OR 12
MD	MD	MD	CRNA	CRNA	CRNA	CRNA	CRNA	MD	MD	MD	CRNA
											

Collaborative Model

12 Operating Rooms require **12** providers

ANY Mix of CRNAs and physician anesthesiologists

Education

- **Background and Significance**
- **Clinical Site Availability and Relevance**
 - **Expansion of CRNA Programs in Response to Workforce Shortage**

Education: Background and Significance

- **Average experience of RNs entering nurse anesthesia educational programs is 2.9 years.**
- **The average for the Bryan cohort of 2025 was 3.4 years of ICU experience.**
- **Nationally, more than 2,400 CRNA students graduate each year and go on to pass the National Certification Examination to become CRNAs.**

Education: Clinical Site Availability and Relevance

Currently, the two Nebraska nurse anesthesia programs utilize 35 clinical sites in-state and two sites in Iowa:

Bellevue Medical Center	CHI Mercy Council Bluffs	Hastings, Mary Lanning	North Platte, Great Plains Regional Medical Center
Bryan East Campus	Children's Hospital & Medical Center	Holdrege, Phelps Memorial	Omaha VA
Bryan West Campus	Columbus Community Hospital	Kearney Regional Medical Center	O'Neill, Avera St. Anthony's
CHI Creighton University Medical Center	Crete Area Medical Center	Kearney, Ambulatory Surgery (Heartland) Center	Scottsbluff, Regional West Medical Center
CHI Bergan Mercy	Doctor's Outpatient Surgery Center	Lexington Regional Health Center	Seward, Memorial Hospital
CHI Grand Island St. Francis Medical Center	Falls City Community Medical Center	Nebraska Medical Center	Shenandoah Medical Center
CHI Immanuel	Fremont Area Medical Center	Norfolk Surgery Center	Storm Lake, Buena Vista Regional Medical Center
CHI Kearney Good Samaritan	Fountain Point Surgery Center, Norfolk	Norfolk, Faith Regional Health Services	West Point Franciscan Healthcare
CHI Lakeside	Grand Island Regional Medical Center	North Platte Surgery Center	York General Hospital
CHI Lincoln St. Elizabeth			

Education: Clinical Site Availability and Relevance (cont.)

- Matriculation data for Bryan College of Health Sciences and Clarkson College.

<u>Year of graduation</u>	<u># CRNA Graduates</u>	<u># Nebraska practice</u>
2013	24	15
2014	21	14
2015	29	19
2016	27	15
2017	28	18
2018	26	19
2019	29	19
2020	30	22
2021	31	18
2022	46	33
*Clarkson graduated both MSN and DNP in 2022		
2023	36*	30*
2024	39*	
2025	41*	
2026	43*	
2027	48*	

Education: Clinical Site Availability and Relevance (cont.)

- **Vacation**
- **Cohort Changeover**
- **Appropriate preceptor required**

- **Two additional ORs required to increase a cohort by one CRNA student.**

- **Specialty Case Availability**

Addressing Concerns

“Decreased educational opportunities for nurse anesthetist students”

- Bryan College and Clarkson College both offer CRNA training and graduate about 30 nurse anesthetists annually
- Sites include urban areas (Nebraska Medicine, Creighton, Kearney) as well as rural sites such as Norfolk and York
- CAA programs vary in size, but UMKC opened in 2008 with 4 students and has grown to 16 students
- Open anesthesia sites without trainees in one Nebraska hospital system:
 - Week of August 1st: 26 sites per day
 - Week of August 8th: 23 sites per day
 - Week of August 15th: 23 sites per day

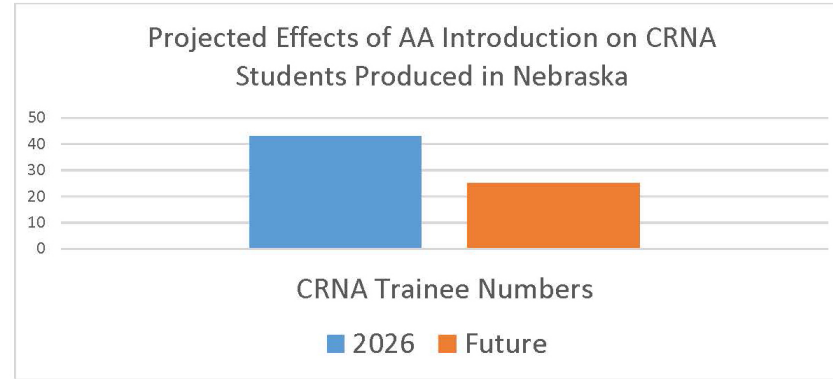
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(Proponent Presentation Slide)

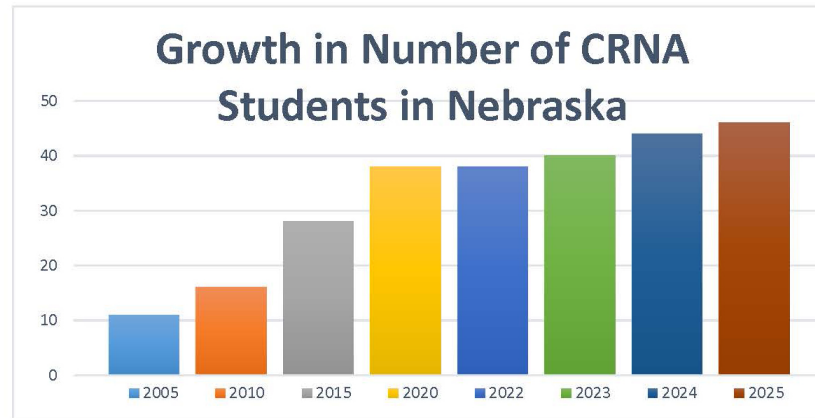
Education: Expansion of CRNA Programs in Response to Workforce Shortage

- **2017** – Recruit clinical sites and preceptors
- **2017** – Recruit faculty
- **2018** – Apply to the Council on Accreditation (COA)
- **2018** – Accept additional CRNA students
- **2019-2023** – Additional CRNA students begin program (↑ from previous 16)
 - **2021** – COA application for 25 CRNA students
 - **2024** – Another COA application for ↑ to 28
 - Clarkson has ↑ from 15 to 18. May ↑ to 22 (If clinical sites can be obtained and evidence provided to COA)

Education: Effect of AA Introduction on CRNA Students Produced in Nebraska



Required surgical specialty cases for CRNA students are limited to larger urban institutions. Clinical experiences CANNOT be obtained in an OR staffed by an Anesthesiologist Assistant (AA). A small number of AAs placed in urban hospitals will have a relatively large **NEGATIVE** impact on the number of CRNAs produced by Nebraska CRNA educational programs. The estimated impact is a reduction in cohort sizes from 43/year to 25/year.



The two Nebraska CRNA programs have increased their numbers collectively since 2005 from 11 to a projected 46 for 2025. This increase has been in response to demand for competent, safe, and independent anesthesia providers by the stakeholders of Nebraska.

Quality and Safety

- **AAs must always work under the medical direction and supervision of a physician anesthesiologist.**
- **Anesthesiologists cannot guarantee immediate availability.**
- **Anesthesiology is not simply task management.**
 - **AAs have a limited history as a provider**
 - **Questionable Tracking Practices**

Quality and Safety (cont.)

“CAAs do not work autonomously.”

- Applicant Proposal page 15, #9

- **Physician Anesthesiologists, according to this proposal, are basing safety on their ability to be physically present and medically directing their Assistants.**

Quality and Safety (cont.)

- In **1:2 Ratios**, lapses in supervision occur in **2%** of cases.
- In **1:3 Ratios**, lapses in supervision increase to **61.9%**.
- In **1:4 Ratios**, lapses in supervision occur in **100%** of cases.

- Epstein & Dexter (2012)

Quality and Safety (cont.)

“AA education programs take much less time to complete than anesthesiologist training. This allows more people to work in this profession and *protects patient safety by ensuring they work under the direction and supervision of a physician anesthesiologist.*”

- Applicant proposal, page 20

Task Management

“The AAs I have worked with (in Georgia) were not confident during emergencies. They were more worried about getting the anesthesiologists in the room and the operating room staff had to give them instructions and help them stabilize the patient.

This puts great stress on the other staff and is a safety concern.”

- Tonya Likely, RN

Limited History

Problems with the 2018 Stanford or Sun Study

- **AA Cases represented only 5% of the study**
 - **CRNA sample size of 421,230 cases**
 - **AAs sample size of 21,868 cases**
- **The study population was highly restricted limiting the study's generalizability.**

Questionable Tracking Practices

“CAAs do not work autonomously.”

- Applicant Proposal, page 15, #9

- AAs do not have a dedicated licensure category.**
- Tracking AA adverse events and payments are unclear and challenging.**

Anesthesia Workforce Shortage

- **Supply & Demand**
- **Anesthesia Vacancies Reported by Gasworks & Manpower Study**
- **Mitigating the anesthesia staffing shortage**

Supply and Demand

- **Reported Openings versus Actual Openings**
 - **Institutions often post duplicate advertisings on Gasworks for Full-Time positions and for Locum/Temporary positions**
 - **CRNA Full-Time Positions in Nebraska is currently about 42 CRNA FTEs.**

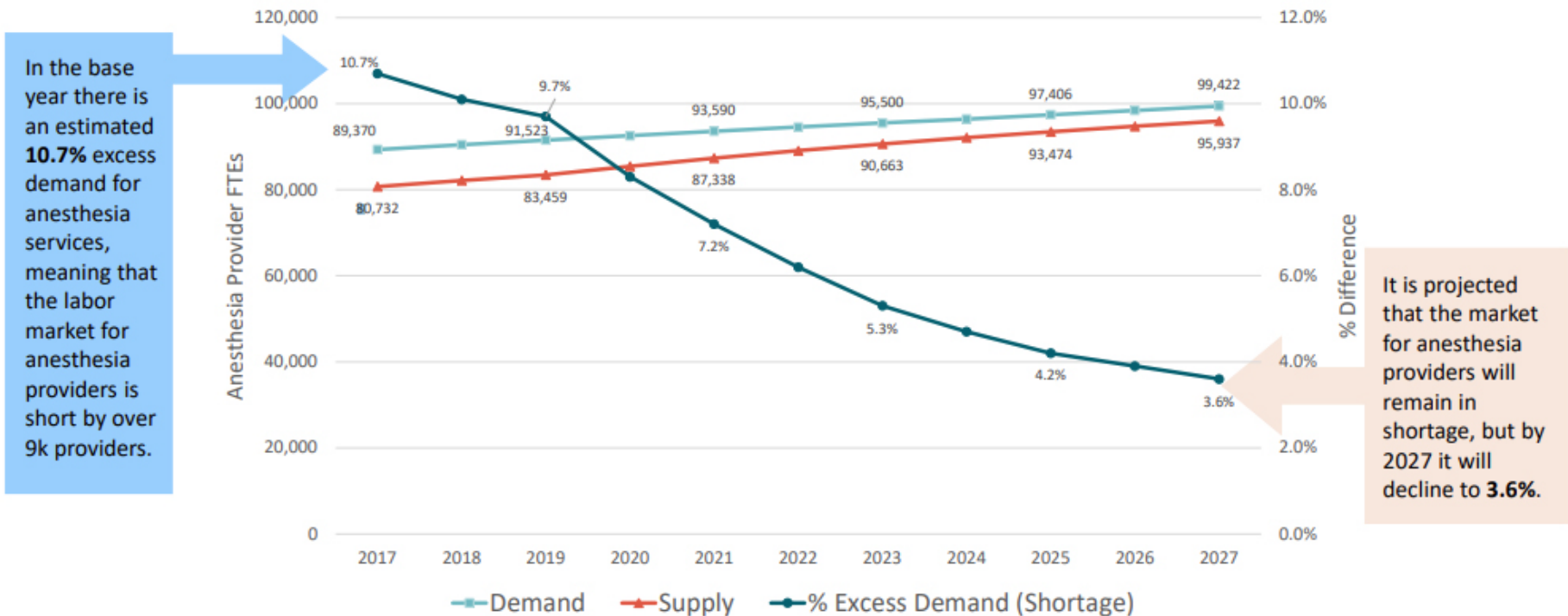
Supply and Demand (cont.)

- Nebraska CRNA Manpower Studies

<u>Manpower Study Year</u>	<u>CRNA FTE Vacancy Rate</u>
1991	7%
1995	3%
2000	8%
2005	7%
2010	3.6%
2015	3.6%
2020	8%

Supply and Demand (cont.)

National Trend in Anesthesia Supply and Demand Baseline Projection, 2017-2027



Under the baseline scenario, the excess demand seen the current period is likely to be reduced over the next few years, as the supply of providers is expected to grow faster than the demand for procedures (i.e., 1.8% vs 1.1% per year).

- Lorraine Jordan, PhD, CRNA, CAE, FAAN, September 2022

Supply and Demand (cont.)

Many of the hospitals listed by the proponents as having CRNA vacancies do not practice medical direction and would not be able to utilize an AA in their current model:

- Omaha - Only one institution utilizing medical direction model
- Norfolk - All providers practice independently
- Scottsbluff - Medical direction with one opening
- North Platte - All providers practice independently at Great Plains Health. The hospital is fully staffed with one opening at the surgery center
 - Sidney - CRNA independent position, no physician anesthesiologist
 - Valentine - CRNA independent position, no physician anesthesiologist
 - Holdrege - CRNA independent position, no physician anesthesiologist

Supply and Demand (cont.)

- 12 states license AAs in a 1:4 ratio
- Four states (TX, KS, MI, PA) listed by the AAAA have delegatory authority, but AAs are not licensed.
- Three states (SC, KY, NM) and two territories (D.C., Guam) listed are limited to 1:2 or 1:3 ratios.
 - Of the 12 states, several have 0 or less than 20 AAs, including AL, VT, WI, UT
 - Only 8 states have 20 or more AAs practicing in the manner proposed for NE.

Supply & Demand (cont.)

- **Long-Term Effects of AA Introduction in Nebraska**
 - Medical direction of AAs is dependent on adequate staffing of two professions as AAs can't practice if physician anesthesiologists are unavailable.
 - An AA in a department will require a physician anesthesiologist in the OR every day the AA practices.
 - Currently, 27 physician anesthesiologist positions are posted on GasWorks, per Dr. Kassel's report.
 - The number of current physician anesthesiologist residency spots have been reduced to 8 at the university, so fewer doctors are specializing in anesthesia.

Criteria

Criteria 1: Absence of a separate regulated profession creates a situation of harm or danger to the health, safety, or welfare of the public.

The absence of Anesthesiologist Assistants does not create a situation of harm or danger to the health, safety or welfare of the public.

Criteria

Criteria 2: Creation of a separate regulated profession would not create a significant new danger to the health, safety, or welfare of the public.

Creation of a separate regulated profession of AAs may create a significant new danger to public health, safety, or welfare of the public.

Criteria

Criteria 3: Creation of a separate regulated profession would benefit the health, safety, or welfare of the public.

Creation of the AA profession would have a harmful affect on the health, safety, and welfare of the public.

Criteria

Criteria 4: The public cannot be protected by a more effective alternative.

The public is currently protected by the most effective method of anesthesia delivery across Nebraska – CRNAs.

Conclusion

