Promotion of Independent CRNA Practice in Rural Areas

Kenneth Hinkle

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Abstract

Promotion of Independent CRNA Practice in Rural Areas

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Introduction: Certificated Registered Nurse Anesthetists (CRNAs) provide a majority of anesthesia care in rural areas across the United States (Seibert, Alexander, & Lupine, 2004). No federal mandate exists which states CRNAs must be supervised, yet some facilities require CRNAs to be supervised by physician anesthesia providers. CRNAs are equally safe in providing anesthesia care as physicians and provide the same level of safe anesthesia care as physician anesthesia providers. This capstone project provided a CRNA facts pamphlet to educate policymakers and hospital administrators to promote support of independent CRNA practice. This CRNA facts pamphlet will enhance promotion of CRNA independent practice.

Background: Many policymakers and hospital administrators are unaware that regulations permit the safe, cost-effective, and safe care of patients. Anesthesia care is often provided by nonphysician anesthetists. It is critical that policymakers understand the legislative, financial, safety, and other benefits of CRNAs. The legislative, financial, safety, and other benefits of CRNAs are critical to the future of anesthesia care.

Methods: To help policymakers understand the critical importance of independent CRNA practice, a CRNA facts pamphlet was developed. The pamphlet will be distributed to policymakers, hospital administrators, and other CRNAs.

Results: Following a 16% response rate from the Kentucky Association of Nurse Anesthetists (KyANA) board, and discussion with practicing CRNAs, minor revisions were made to the pamphlet. The final version of the CRNA facts pamphlet was distributed electronically to all KyANA members. Primary feedback includes support and plans to incorporate use of the pamphlet.

Implications: Recommendations include regular updates and distribution on a national level.

CRNA Facts

- Overall anesthesia costs are reduced by having a CRNA only anesthesia practice.
- Patient safety remains the number one priority and is increased by a vigilant CRNA.
- No federal mandate exists which states CRNAs must be supervised, yet some facilities require CRNAs to be supervised by anesthesiologists.
- Surgeons do not have any increased liability when working with independent practicing CRNAs.
- A CRNA only anesthesia practice aligns itself with the healthcare changes outlined in the Affordable Care Act (ACA) and will bring about improved access to healthcare for rural facilities.
- CRNAs are reimbursed by all major insurance companies for their anesthesia care at the same rate as anesthesiologists.
- CRNAs provide the same level of safe anesthesia care as physician anesthesia providers.

CRNAs have been practicing for over 150 years!

CRNAs are just as safe as physician anesthesiologists!

CRNAs cost about half that of anesthesiologists!

CRNAs are NOT federally mandated to be supervised!

Comparison

<table>
<thead>
<tr>
<th>Nurse Anesthetist</th>
<th>Anesthesiologist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practicing Professionals in the U.S.</td>
<td>36,000</td>
</tr>
<tr>
<td>Average Annual Income</td>
<td>$170,000</td>
</tr>
<tr>
<td>Minimum Education</td>
<td>BA, 1 year acute-care nursing, 2-3 years anesthesia training</td>
</tr>
<tr>
<td>Average Cost of Education</td>
<td>$161,809</td>
</tr>
</tbody>
</table>

Source: Nursing Economics

CRNAs are NOT federally mandated to be supervised!