

CRNAs vs. AAs

CRNAs

Independent, safe, cost-effective—ensure access to care

AAs

Dependent, costly—do not improve access to care



CRNAs...and anesthesiologists **can work independent of one another OR together** by law to ensure patients access to surgical, obstetrical, emergency and pain management services in rural and urban locations across the state.



AAs...**cannot work independently**; they can **only work under the direct supervision¹ of an anesthesiologist**, dramatically limiting **where** and **when** they can provide patient care.



CRNAs...are educated and trained to **work independently** (without an anesthesiologist).



AAs...are educated and trained to **assist** anesthesiologists.



CRNAs...**may** work in an anesthesia care team (with an anesthesiologist), but **are not required** to do so.



AAs...**must** work in an anesthesia care team with an anesthesiologist.



CRNAs...working in a care team will **continue to provide patient care** if there is a **lapse in supervision²**.



AAs...**legally cannot provide patient care** if there is a **lapse in supervision**.



CRNAs...provide high quality care regardless of whether anesthesiologist supervision requirements are met.¹ In such cases, the facility simply bills **exclusive of the anesthesiologist** for the procedure (**QZ vs. medical direction**).



AAs...**cannot provide care without direct supervision**, leading to possible **case delays** or even **unauthorized independent practice, regulatory violations, and accreditation jeopardy for facilities**.

Other CRNA Advantages



Since 2000, multiple research studies confirm that CRNAs are **safe, high-quality** anesthesia providers—**as safe as physician anesthesiologists**.



The **most cost-effective anesthesia delivery model** is a CRNA working independently; the most expensive is one anesthesiologist supervising another provider.

CRNAs: Ensuring patients access to safe, cost-effective anesthesia care

¹ As used in this document, "supervision" also refers to "medical direction" under TEFRA (Tax Equity and Fiscal Responsibility Act of 1982).

² "Lapse in supervision" is the inability of a supervising anesthesiologist in an anesthesia care team to be physically present at "bedside" during required (most important) aspects of a case as specified under TEFRA.



NVANA.org



AANA.com