



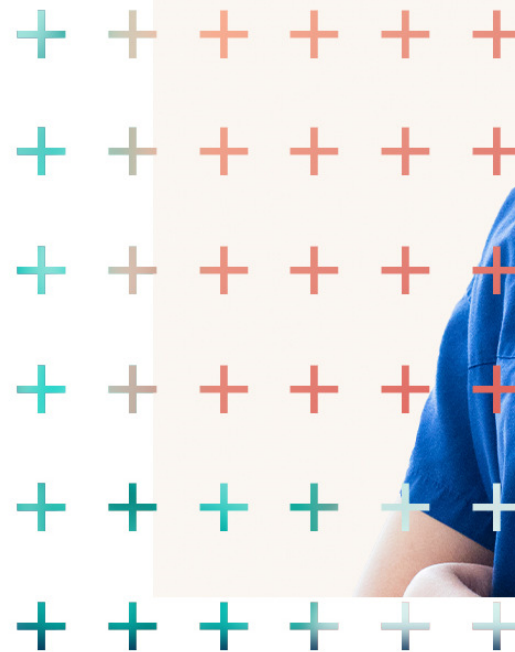
American Association of
NURSE ANESTHESIOLOGY

Hot Topics in Anesthesia

Lorraine Jordan, PhD, CRNA, CAE, FAAN

September 2022

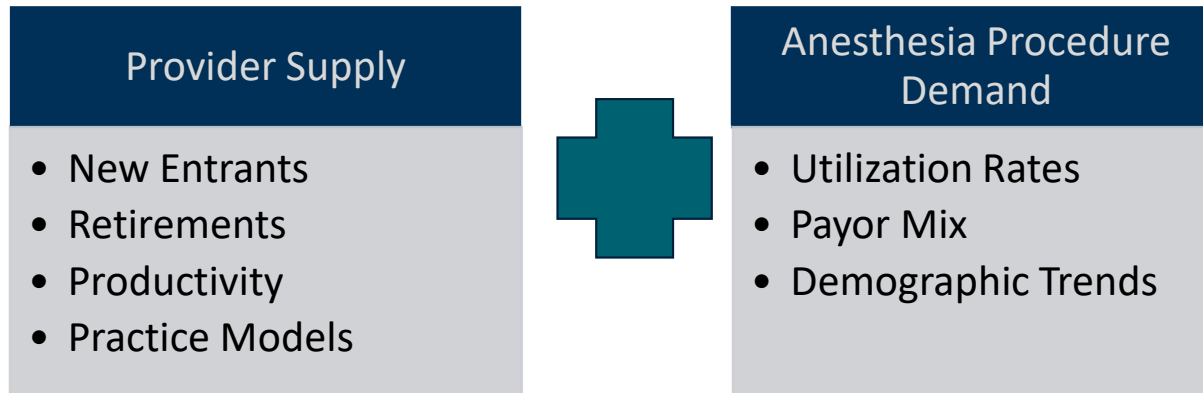
Anesthesia Workforce Trends: National Projections of Supply and Demand



Objective

Assess the current state of the market for anesthesia services

1. Develop projections of workforce trends in the anesthesia labor market



2. Evaluate additional forecasting scenarios based on assumptions about these factors

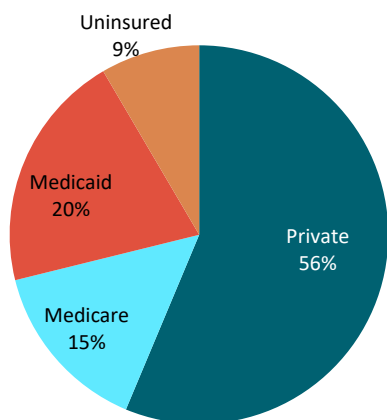
Negrusa, S., Hogan, P., Cintina, I., Quraishi, J., Hoyem, R., Jordan, L., and Zhou, M. (2021). Anesthesia services: A workforce model and projections of demand and supply. Nursing Economic\$. In Press.

National Anesthesia Demand

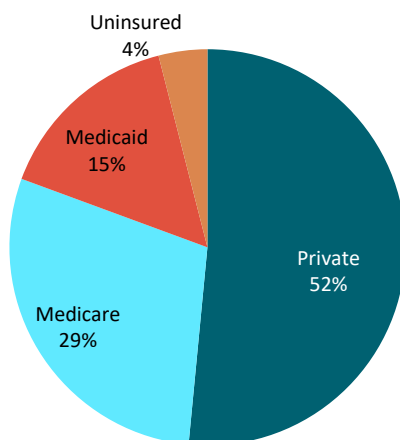
Estimates by Payer Source and Setting

Beneficiaries and procedures by Payer

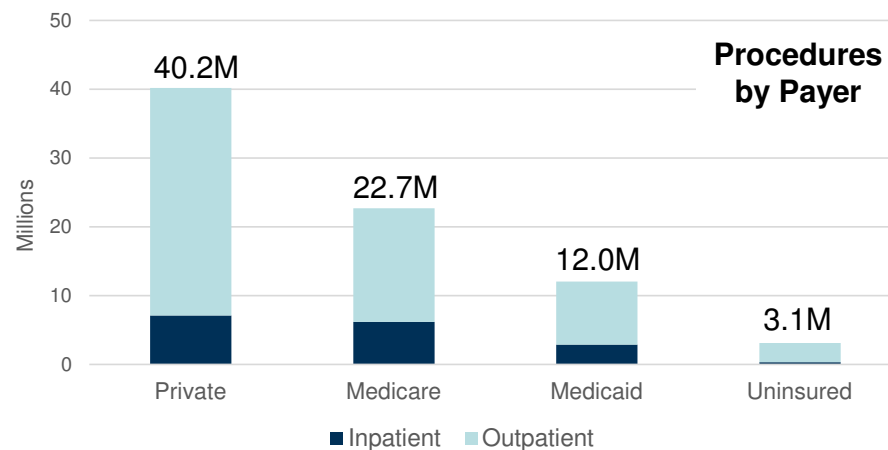
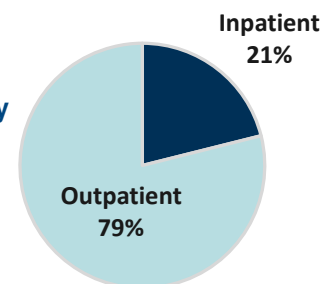
325 Million Beneficiaries



78 Million Procedures



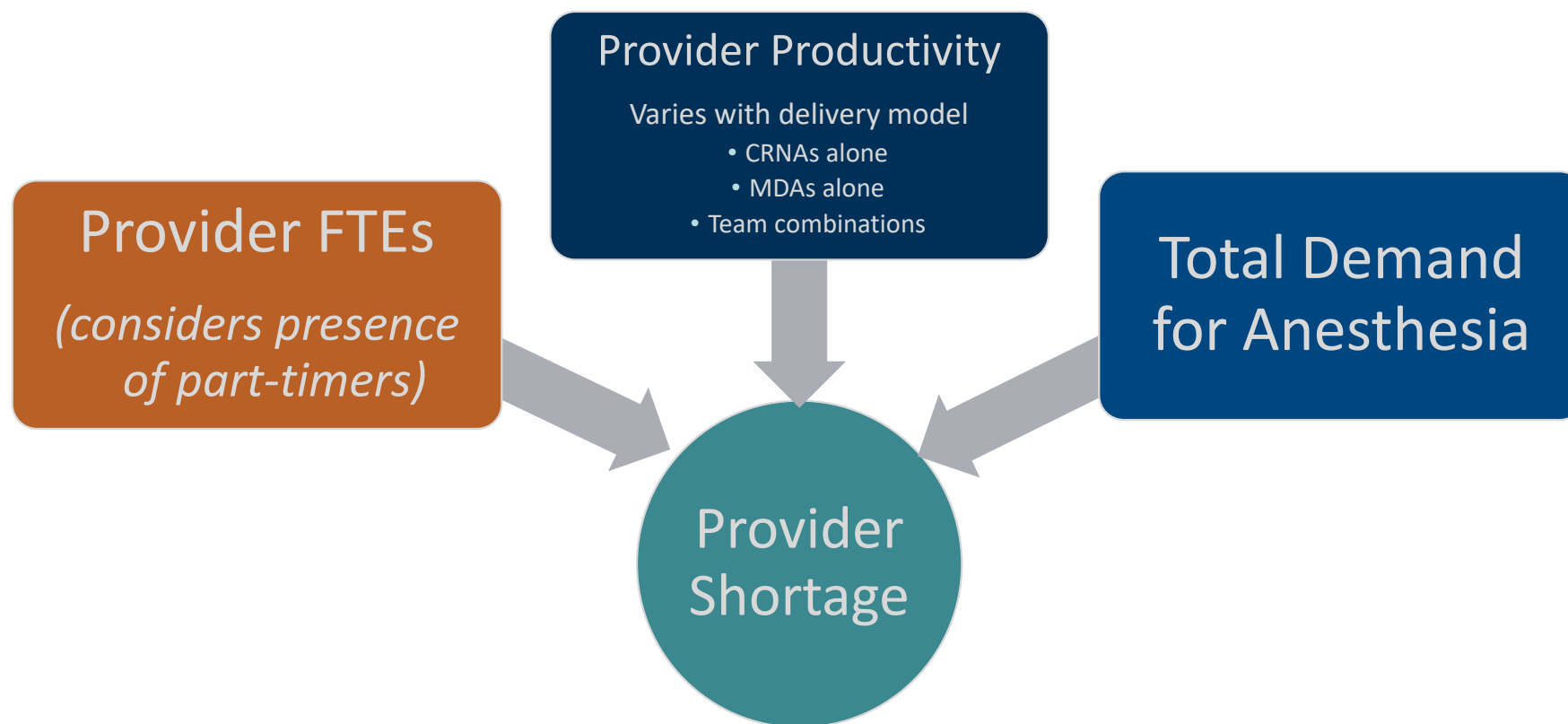
Procedures by Setting



Modeling utilization rates by payor, setting, and demographic characteristics produced national estimates of total anesthesia procedures (Demand)

Estimating Excess Demand for Anesthesia

Calculating the Shortage of Providers



Estimates of provider FTEs, provider productivity based on practice model, and total demand for anesthesia procedures.

Assumptions

Provider interchangeability

- CRNA and physician anesthesia providers are assumed interchangeable and therefore the estimated shortage applies to both provider types
- Variability in hours worked and retirement/attrition is accounted for

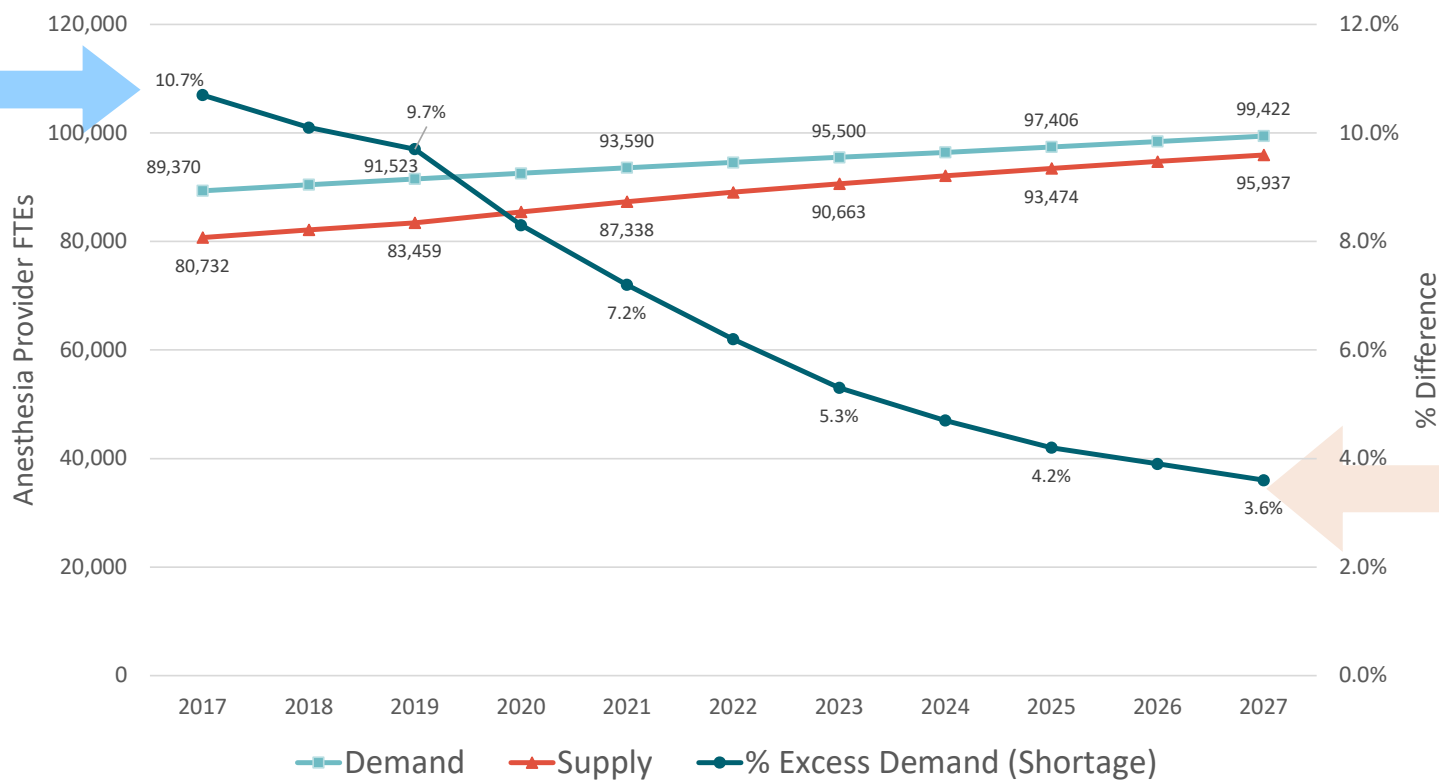
Disequilibrium in the base year

- Did not assume that the current anesthesia provider labor market is in equilibrium
- Significant evidence of current provider shortage
- Determined current level of shortage based on market level differences in utilization and provider availability

National Trend in Anesthesia Supply and Demand

Baseline Projection, 2017-2027

In the base year there is an estimated **10.7%** excess demand for anesthesia services, meaning that the labor market for anesthesia providers is short by over 9k providers.



It is projected that the market for anesthesia providers will remain in shortage, but by 2027 it will decline to **3.6%**.

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).

Key Takeaways

Implications for the Future Anesthesia Workforce

1

The baseline projection suggests the current state of shortage in the anesthesia provider market will lessen over time as the rate of increase in new entrants to the profession outpaces estimates for growth in the utilization of anesthesia procedures.

- *Can this increase continue?*

2

The estimated shortage is a national estimate meaning local or regional markets could vary substantially in either direction based on current provider distribution and availability of new entrants.

3

Projections under various scenarios suggest that the shortage is highly sensitive to practice model efficiency – i.e., greater use of CRNA only models will reduce shortage.

4

Hours worked, retirement, and attrition rates are important. Longer hours would be necessary for current provider workforce if not enough FTEs to fulfill demand.

- *Is this sustainable?*

CY 2022 Quality Payment Program Updates



MIPS – 2022 Performance Year

| MIPS Performance Category | Weight |
|----------------------------|--------|
| Quality | 30% |
| Cost | 30% |
| Improvement Activities | 15% |
| Promoting Interoperability | 25% |

The Performance Threshold to avoid a negative payment adjustment in 2024 is **75 points**

- The additional performance threshold for an exceptional performance adjustment is 89 points
- The complex patient bonus remains at a maximum of 10 points, which is added to the MIPS Final Score
- CRNAs can request reweighting of performance categories due to the COVID19 public health emergency through 2022

2022 MIPS Anesthesia Quality Measure Set

| Quality # | Measure Type | Measure Description |
|-----------|----------------------|--|
| 076 | Process | Prevention of Central Venous Catheter (CVC)-Related Bloodstream Infections |
| 404 | Intermediate Outcome | Anesthesia Smoking Abstinence |
| 424 | Outcome | Perioperative Temperature Management |
| 430 | Process | Prevention of Post-operative Nausea and Vomiting (PONV) – Combination Therapy |
| 463 | Process | Prevention of Post-operative Nausea and Vomiting (PONV) – Combination Therapy (Pediatrics) |
| 477 | Process | Multimodal Pain Management |

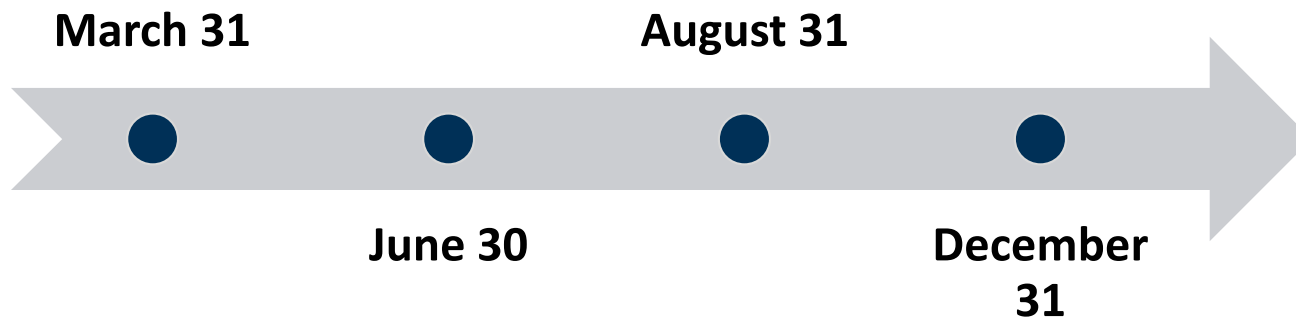
MVP Participation

| Subgroup Example | Measures and Activities in the MVP |
|--|--|
| Subgroup #1 (Anesthesiologists): <i>Patient Safety and Support of Positive Experiences with Anesthesia</i> | <p>Quality Performance Category Q477: Multimodal Pain Management (MIPS CQMs Specifications) AQI48: Patient-Reported Experience with Anesthesia (QCDR) AQI69: Intraoperative Antibiotic Redosing (QCDR) AQI70: Prevention of Arterial Line-related Bloodstream Infections (QCDR)</p> <p>Improvement Activities Performance Category IA_BE_22: Improved practices that engage patients pre-visit (Medium) IA_BMH_2: Tobacco use (Medium)</p> <p>Cost Performance Category Medicare Spending Per Beneficiary (MSPB) Clinician</p> |
| Subgroup #2 (Certified Registered Nurse Anesthetists): <i>Patient Safety and Support of Positive Experiences with Anesthesia</i> | <p>Quality Performance Category Q404: Anesthesiology Smoking Abstinence (MIPS CQMs Specifications) Q424: Perioperative Temperature Management (MIPS CQMs Specifications) Q430: Prevention of Post-Operative Nausea and Vomiting (PONV) – Combination Therapy (MIPS CQMs Specifications) Q463: Prevention of Post-Operative Vomiting (POV) – Combination Therapy (Pediatrics) (MIPS CQMs Specifications)</p> <p>Improvement Activities Performance Category IA_BE_22: Improved practices that engage patients pre-visit (Medium) IA_BMH_2: Tobacco use (Medium)</p> <p>Cost Performance Category Medicare Spending Per Beneficiary (MSPB) Clinician</p> |

Anesthesia providers can participate as subgroups consisting of MD anesthesiologists and CRNAs, or separate subgroups with physician anesthesiologists in one group and CRNAs in another.

2022 APM Performance Pathways (APPs)

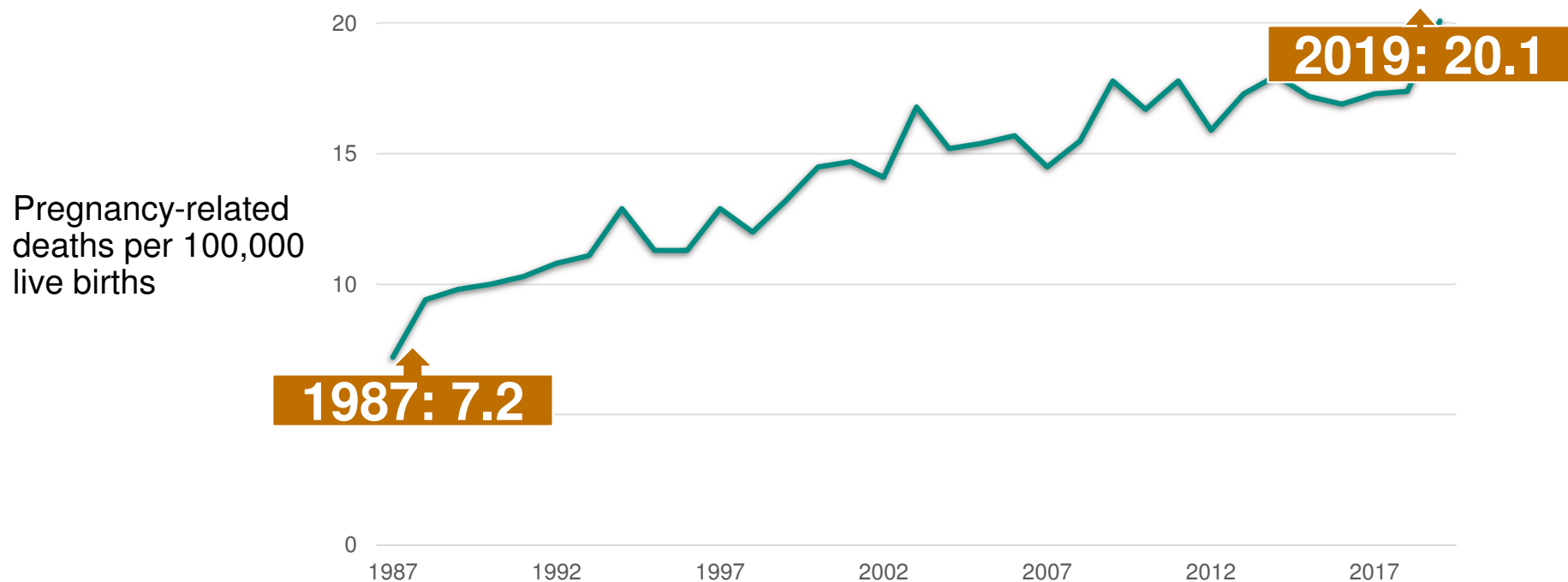
- In 2022 eligible clinicians reporting through an APP will be scored on a fixed set of quality measures
- Participation in APPs is optional for MIPS eligible clinicians identified on the Participation List or Affiliated Practitioner List of any APM entity participating in any MIPS APM on any of the following snapshot dates during the 2022 performance year:



Maternal Healthcare Issues and CRNAs



Over the past 30 years in the U.S.,
Pregnancy-related deaths have increased nearly *3 times*



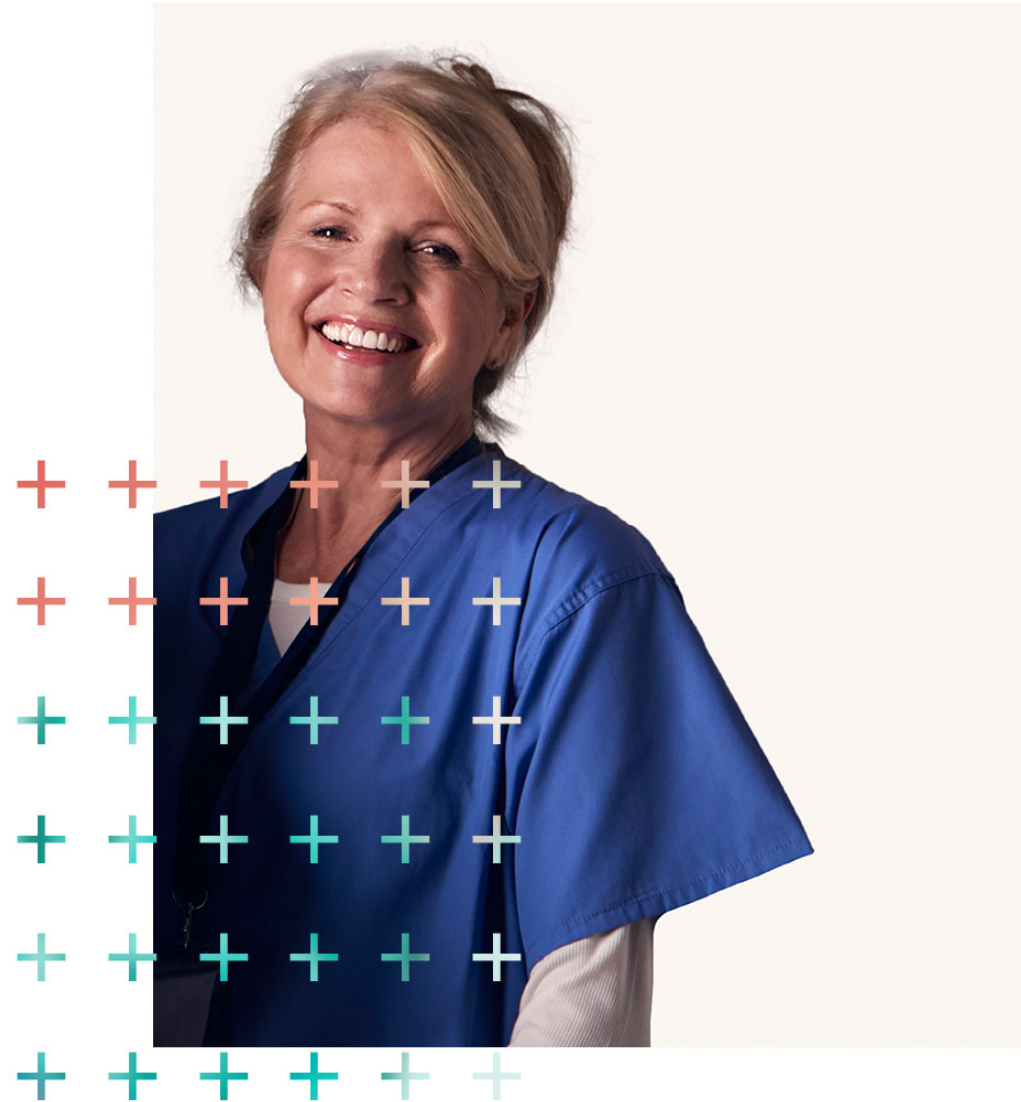
Pregnancy-related death: Death during pregnancy or within one year of the end of pregnancy from a pregnancy complication, a chain of events initiated by pregnancy, or the aggravation of an unrelated condition by the physiologic effects of pregnancy. This CDC measure is used in the U.S. only.

Source: <https://www.cdc.gov/reproductivehealth/maternal-mortality/pregnancy-mortality-surveillance-system.htm>
Accessed January 11, 2022.

<https://www.cdc.gov/nchs/data/hestat/maternal-mortality-2021/maternal-mortality-2021.htm#Table>. Accessed January 12, 2022.

AANA

Supporting Your Clinical Practice and Well-being



Clinical Practice Support

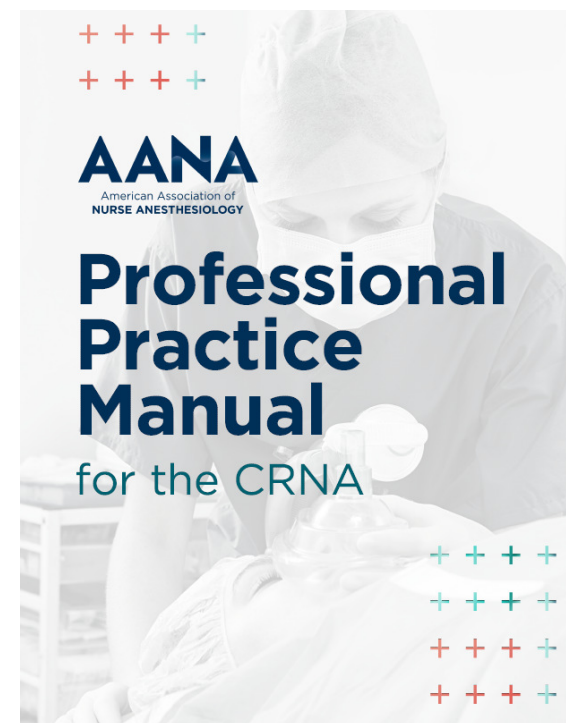
- Research and development of clinical resources
 - Standards of Nurse Anesthesia Practice
 - Scope of Nurse Anesthesia Practice
 - Code of Ethics for the Certified Registered Nurse Anesthetist
 - Guidelines, Practice Considerations, Position Statements
 - Clinical Rounds Webinars
- Facility Accreditation
 - The Joint Commission
 - American Association for Accreditation of Ambulatory Surgery Facilities (AAASF)
 - Accreditation Association for Ambulatory Health Care (AAAHC)
 - DNV-GL Healthcare
 - Healthcare Facilities Accreditation Program (HFAP)
- Member inquiry support – practice@aana.com



New and Updated Clinical Practice Resources

Based on CRNA clinical needs and emerging trends, the AANA develops and updates existing resource documents.

- Dental Anesthesia Resources: www.aana.com/Dental
 - Dental Office Sedation and Anesthesia Care
 - Shared Airway During Dental Procedures
 - CRNAs Providing Solutions to Dental Anesthesia Care
 - Introduction to Dental Anesthesia Business
 - Dental Advisory Panel Clinical Rounds
 - State resources for working with dentists and dental office requirements
- Considerations for Adding New Activities to Individual CRNA Scope of Practice
- Chronic Pain Management Guidelines



Diversity, Equity, & Inclusion

- Implementing a DEI strategy
- Increase awareness of value of DEI
- Increased DEI training for volunteer leadership
- Ongoing annual DEI campaigns
- Nurse anesthesiology viewed as attainable career for all qualified nurses
- Integration of DEI and health disparities within clinical resources

www.aana.com/diversity
diversity@aana.com



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The CRNA's Role in Addressing Racial and Ethnic Disparities in Anesthesia Care *Position Statement, Policy and Practice Considerations*

Purpose

The American Association of Nurse Anesthesiology (AANA) believes that it is imperative for Certified Registered Nurse Anesthetists (CRNAs) to provide compassionate, holistic, patient-centered anesthesia, pain management, and related care regardless of the patient's race or ethnicity.

AANA

EducatorEdge

Curated content from the CRNA Knowledge Network



Showcased at ADCE 2022, the Educator Edge is a one-stop resource for CRNA academics who want high-quality continuing education and training on demand.

Well-being Resources and Peer Assistance Support

Dealing with Stress



Seek stress relief to practice mental and physical wellness now to mitigate illness later.

[View Resources](#) >

Peer Support



Learn some simple ways you can support your colleagues through conversations.

[View Resources](#) >

Ask for Help



The When, Where, and How for Mental Health Needs

[View Resources](#) >

www.aana.com/covidwellness
www.aanawellness.com
wellness@aana.com

AANA

AANA Helpline - (800) 654-5167

- 24/7 live, confidential and individualized support for yourself or a CRNA/SRNA colleague regarding drug or alcohol concerns
- Through collaboration with Parkdale Center For Professionals, the Helpline offers immediate contact with a treatment center specialist



- To order wallet card, email wellness@aana.com

AANA

Professional Development and Networking



Spinal/Epidural with Obstetric Essentials Workshop

Hybrid of online self-study with a 1.5 day in-person, hands-on workshop

First learn online at your pace with topics such as:

Physiologic Changes of Pregnancy, Considerations for the Maternal Patient with COVID-19, Obstetric Emergencies

Then join a team of CRNA faculty and for in-person, hands-on guidance:

- Utilize ultrasound devices and image recognition to demonstrate anatomical landmarks associated with spinal and epidural anesthesia
- Demonstrate the superficial anatomical landmarks, set up of equipment, proper needle insertion and drug administration for spinal anesthesia, epidural anesthesia, and CSE/DPE

Earn 20 total Class A CE credits

Online-education@aana.com



On-the-Go Learning

Member-focused learning that is Affordable, Accessible, and Customizable

A diverse product line of mobile device-based micro learning activities designed to improve patient care and strategically inform CRNAs

Members are guaranteed 15 Class A CE credits over one year with offerings released monthly

- Bite-sized *Patient Safety Minute* animated modules
- Exclusive AANA Journal Course audio content
- Poster presentations and Podcast-style spotlights



ckn.aana.com/otg

AANA

[« All Events](#)

Leadership Summit- 2022

November 17 - November 20

CRNAs are at the forefront of change in healthcare, and the AANA Leadership Summit offers all CRNAs the opportunity to develop their inner leader.

Sign up for 2022 Emerging Leaders Summit updates.

ASSEMBLY OF DIDACTIC AND CLINICAL EDUCATORS

SAVE THE DATE

February 23-26, 2023 | Austin, Texas

The Assembly of Didactic and Clinical Educators (ADCE) is the premier educator-to-educator event for nurse anesthetists.





MID-YEAR ASSEMBLY

April 29 - May 3, 2023 + #AANAMYA

Save the Date | April 29 - May 3, 2023

We can't wait to see you live, in person at the 2023 Mid-Year Assembly in Washington, D.C.

Get updates on the 2023 Mid-Year Assembly.

Sign Up



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Federal Government Affairs Priorities



Medicare Supervision Requirements

Congressional Support

- Secure congressional support for temporary waiver from physician supervision for CRNAs to be made permanent
 - Securing meetings

White House/Federal Agencies

- Develop support inside White House
 - Securing meetings
- Garner support from agency heads and staff at HHS, CMS, and OMB
- Securing meetings

External Groups

- Working with outside groups, like think tanks and coalition groups, to garner support for permanent removal
 - Support includes letters and meeting requests

Provider Non-Discrimination

Congressional Support

- AANA was crucial in getting the Provider Nondiscrimination language in the *No Surprises Act* at the end of 2020.
- Secured letters of intent from key committees of jurisdiction

White House/Federal Agencies

- Develop support inside White House
 - Securing meetings
- Garner support from agency heads and staff at HHS, CMS, DOL, and Treasury for provider nondiscrimination regulation that benefits CRNAs

External Groups

- Working with outside groups, like think tanks and coalition groups, to garner support for provider nondiscrimination regulation that benefits CRNAs
 - Support includes letters and meeting requests

Surprise Billing Requirements

Independent Dispute Resolution (IDR)

- Between out-of-network providers and insurers and health plans in determining out-of-network rate
- Does not apply in states with All-Payer Model agreements
- Happens after unsuccessful 30-day open negotiation
- Both parties submit their offers, credible information; can't be usual and customary amount
- IDR entity selects offer closest to QPA unless other credible information
- Non-prevailing party pays IDR entity fees; amount not defined in rule

Good Faith Estimates

- Between provider and uninsured or self-pay
- When scheduling a service, providers are required to inquire about health insurance status or whether patient is going to self-pay
- Provider must give patient a good faith estimate of service costs.

Patient Provider Dispute Resolution

- Between provider and uninsured or self-pay
- If patient is billed more than \$400 over the good faith estimate and within 120 days of receiving the bill, patient can seek determination from a select dispute resolution (SDR) entity
- SDR makes payment determination
- Participating individuals charged an administrative fee of \$25

VHA Full Practice Authority



- In 2016, the VA implemented full practice authority for all APRNs, except CRNAs
- The AANA has continued to work with leaders in Congress and the White House to make the case for implemented full practice authority for CRNAs
- During the public health emergency (PHE) the VA sent a memo urging facilities to utilize CRNAs to the top of their scope
- The VA is currently working on developing National Standards of Practice, and the AANA is urging inclusion of CRNA full practice authority

Reimbursement Advocacy



FGA staff analyzes yearly federal regulations to expand and protect reimbursement

Have fostered relationships with Medicare Administrative Contractors

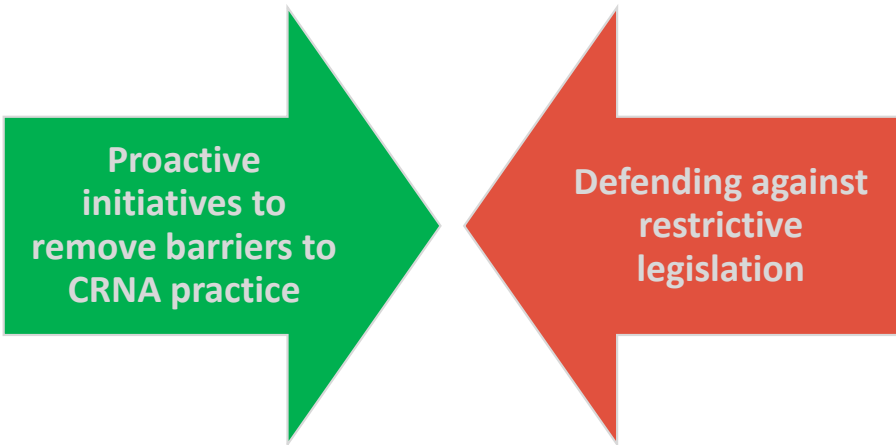
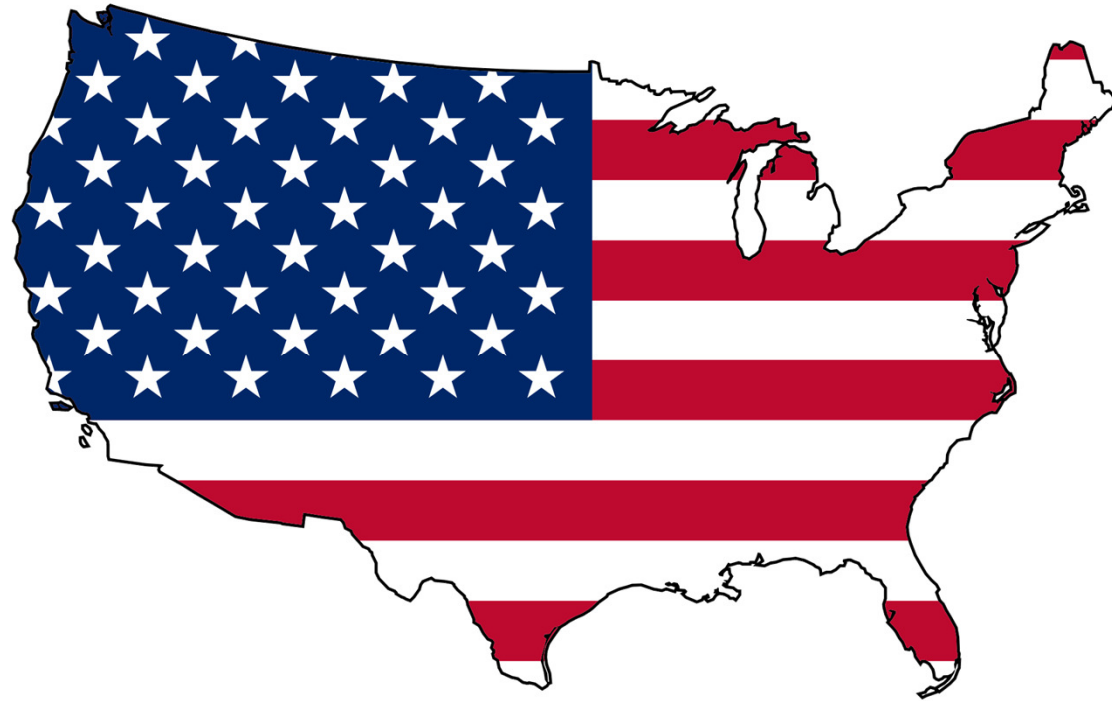
Intervened on multiple occasions to address private health plan anesthesia reimbursement.

Met with numerous state Medicaid plans about discriminatory reimbursement policies against CRNAs

State Government Affairs Priorities



State Government Affairs Priorities



2022: States with Proactive Legislation

**2022: States Opposing Legislation from
Organized Medicine**

AANA



**AANA
FOUNDATION**

AANA Foundation Priorities



Foundation Strategic Planning Underway

- Future Program Focus Areas:
- Development of CRNA Researchers
- Development of CRNA Health Policy Experts
- Development of CRNA Leaders
- Primary Funding Source for Health Policy Research
- Resource for CRNA Published Research



Public Perception of Anesthesia Study

**Electronic survey of 1,800 adults conducted by SurveyUSA
Results to be released soon.**

Survey topics included:

Personal concerns about anesthesia

Parent concerns about anesthesia

How to reduce patient anxiety prior to anesthesia

FY2022 Foundation Program Deadline Dates

September 15

**“State of the Science” General Poster Session
(Assembly of Didactic and Clinical Educators)**

November 1 & 15

11/1 - Research Grants (General)

11/15 - MYA ‘State of the Science’ Poster Session

December 1

Student Scholarship Donors

January 1

John F. Garde Researcher of the Year Award

Rita L. LeBlanc Philanthropist of the Year Award

Advocate of the Year Award

Janice Drake CRNA Humanitarian Award

March 1

Dean Hayden Student Research Scholarship

Student Scholarships

April 1

Doctoral & Post-Doctoral Fellowship

Palmer Carrier, CRNA Scholarship

May 1

**“State of the Science” Oral and General Poster
Session (Annual Congress)**

Research Grants (General)

June 15

Friends for Life

Open Submission

**Program Administrator’s Outstanding Student Research
Project Award & Student Scholarly Project Award
Dean Hayden Student Research & Evidence Based Practice
Grant**

Office Based Research Grant

Veterans Research Grant

Art Zwerling Grant





CRNA focused. CRNA inspired.