CRNA’s: Past, Present, and Future
Leigh-Ann Langford Hawks
Lead CRNA UCSF Medical Center

Outline of my talk
- Historical background
- Key Court Cases Establishing Legality of the Profession
- Influence of Medicare billing on CRNA practice
- Present CRNA Practice
- The Future of the CRNA practice

Ether Day through the end of the 19th Century

Few new inhaled anesthetics immediately followed the original discoveries
Agatha Hodgins and Dr. George W. Crile

Organizing the Profession and Educational Requirements

Attempts to Outlaw Nurse Anesthetists

Key Court Cases Establishing The Legality of Nurse Anesthesia
Medicare’s Influence on CRNA Practice

Medicare

- Medicare Part A (Hospital Insurance)
  - Covers Hospital Costs
- Medicare Part B (Medical Insurance)
  - Pay for providers

Confusing Medicare Terms

- Medical Direction
- Non-medically directed
- Medical Supervision
- Supervision

Confusing Medicare Terms

- Medicare Part B
  - Medical Direction
  - Non-medically directed
  - Medical Supervision
- Medicare Part A
  - Supervision
**Medicare Part B: Medical Direction**

- Directing physician must be an Anesthesiologist
- Maximum of 4 concurrent cases
- Anesthesiologist gets reimbursed 50% for each case
- CRNA gets reimbursed 50% for each case

**Seven Criteria for Medical Direction**

1. **Performs** a pre-anesthesia exam/ evaluation
2. **Prescribes** the anesthesia plan
3. **Personally participates** in the most demanding aspects of the anesthesia plan, if applicable
   - Induction
   - Emergence

**Seven Criteria for Medical Direction (cont.)**

4. **Ensures** that procedures not personally performed are done by a qualified individual
5. **Monitors** the course of anesthesia administration at frequent intervals
6. **Remains physically present and available** for immediate diagnosis and treatment of emergencies
7. **Provides** indicated post-anesthesia care

**• The anesthesiologist may do the following while medically directing CRNAs:**
- **Address** an emergency of short duration in the immediate area.
- **Administer** a regional anesthetic for labor pain.
- **Maintain** periodic rather than continuous monitoring of an obstetrical patient.
- **Receive** patients entering the operating suite for the next surgery.
- **Check** on or **discharge** patients from the post anesthesia care unit.
- **Coordinate** scheduling matters.
Medicare Part B: Medical Supervision

- Supervising Physician must be an anesthesiologist.
- Five or more concurrent anesthesia procedures.
- Occurs either due to staffing model being used or when the seven criteria are not met—for example:
  - left the immediate area of the operating suite for more than a short duration;
  - devoted extensive time to an emergency case;
  - Or was otherwise not available to respond to the immediate needs of the surgical patients.

Attending Anesthesiologist Role in Medical Supervision

- **Reviews** and verifies the pre-anesthesia evaluation performed by the CRNA.
- **Reviews** the anesthesia plan, including medication.
- **Reviews** and **comments** during pre-anesthesia care.
- **Reviews** and **comments** during post-anesthesia care.

Medicare Part B: Non-Medically Directed

- **Reimbursement**
  - CRNAs receive 100% of allowable reimbursement
- CRNA provides the entire anesthesia service, or when an anesthesiologist is involved in a case but not to a degree sufficient to warrant a claim for medical direction or medical supervision.

Medicare Part A

- Has a requirement for **PHYSICIAN** supervision of nurse anesthetist.
- This is where Opt-out comes into play.
- Opt-out is only an option in states with no laws requiring **PHYSICIAN** supervision of CRNAs.
- Forty states do not have a supervision requirement concerning nurse anesthetists in nursing or medical laws or regulations.
- Even taking into account state hospital licensing regulations, there are still 33 states that do not require physician supervision of CRNAs.
Medicare Part A Opt-Out of Physician Supervision of CRNA’s

Present CRNA Practice

Primary Employment Arrangement 2013

- 41% Employed by a hospital
- 33% Employed by an anesthesia group
- 3% Military/Government/VA
- 6% Employed in “other” setting
- 12% Independent Contractor
- 4% Owner/partner of an anesthesia group

Malpractice Insurance For CRNAs

- Employees of Hospitals and Anesthesia groups are provided Malpractice through their employer
- Independently Practicing CRNAs buy their own Insurance
- CRNAs are covered by the Medical Injury Compensation Reform Act
“Even if you are on the right track, you’ll get run over if you just sit there.”
— Will Rogers

“It’s tough to make predictions, especially about the future.”
Yogi Berra

Thank you for your time.