

AANA Statement on the Most Cost-Effective and Safe Anesthesia Practice Models

Position Statement

In the United States, anesthesia services are commonly provided through one of three anesthesia provider models: by a Certified Registered Nurse Anesthetist (CRNA), by an anesthesiologist, or by both providers working together. Patient need, patient safety, access to care, and cost-efficiency to the healthcare system are all factors to consider in choosing an anesthesia provider model. The purpose of this statement is to highlight the most cost-effective anesthesia practice models and to recommend that these models are used in practice.

Research demonstrates all three models are equally safe.¹ Access to care is advanced by the availability of CRNAs. CRNAs are more evenly distributed across the population than are other providers, and predominate in rural America and in communities with higher populations of Medicare beneficiaries.^{2,3}

The “CRNA” model and the “consultative” models demonstrate comparably high degrees of patient safety, quality and cost effectiveness.⁴ Nurse anesthetists also practice in anesthesiologist medical direction anesthesia practice models. While we acknowledge that many CRNAs work in anesthesiologist medical direction anesthesia practice models, these models are not cost effective. Further, there is no evidence that anesthesiologist medical direction is any safer than the CRNA model or the consultative model.⁴

- **The CRNA model** is defined as an anesthesia practice model staffed and directed by CRNAs. The model has been shown to tolerate fluctuations in procedural volumes better than any of the other models in the market.⁵ As interests compete for limited resources in healthcare, groups and facilities seeking to minimize cost of anesthesia services can achieve excellent cost savings as compared to other anesthesia practice models by implementation of an all CRNA model. The model avoids duplication of services, promotes efficient utilization of anesthesia providers and reduces cost.
- **The consultative model** is defined as an anesthesia practice model staffed primarily by CRNAs, with anesthesiologists serving as consultants. Like the CRNA model, the consultative model has been shown to tolerate financial fluctuations in procedural volumes as long as the number of anesthesiologists utilized maximizes efficiency. This model limits duplication of services, improves efficiency and reduces cost compared with “anesthesiologist medical direction” also known as the “anesthesia care team” practice models.⁶
- **The anesthesiologist medical direction model** is a payment model that drives anesthesia practice, in which an anesthesiologist claims 50 percent of an anesthesia fee for up to four concurrent anesthesia cases performed by CRNAs who each claim the remaining 50 percent. The model provides a powerful economic incentive for anesthesiologists to “medically direct” rather than provide anesthesia care. Medicare medical direction payment rules⁷ require an anesthesiologist to perform seven specific tasks for each medical direction claim; the literature⁸ and AANA member survey data find such tasks are often performed by the CRNA and not the anesthesiologist.

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