Empowering CRNAs: Achieving Opt-Out from Physician Supervision

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Introduction

Hospital systems in non-opt-out states are compelled financially to restrict the practice of CRNAs through adherence to CMS requirements, which raises costs and limits access to anesthetic care. Currently, 25 states and Guam have chosen to opt out of the antiquated CMS requirement for medical supervision of nurse anesthesiologists. This article reflects on the means and methods utilized most recently to opt out successfully. Using successfully proven methods could help achieve a nationwide opt-out for CRNA practice.

Purpose

By carefully and critically reviewing the existing literature and analyzing the means and methods by which the five most recent states have successfully opted out of the current CMS supervision requirement, we aim to provide a pathway that other states may follow to do the same.

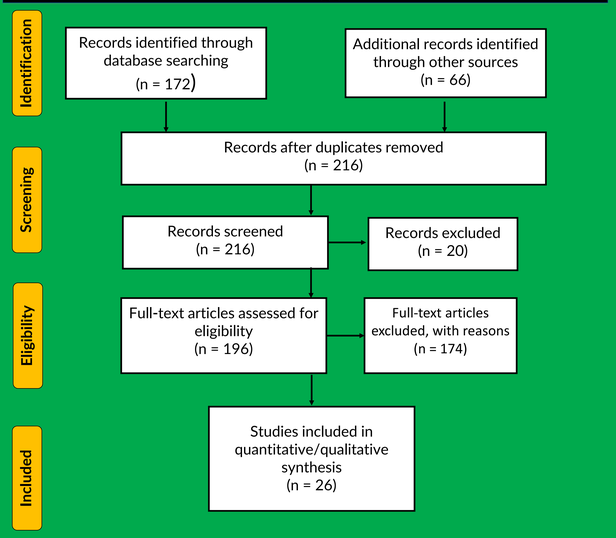
Methodology

An extensive review of CINAHL, PubMed, Cochrane databases, and grey literature was performed to evaluate the available data regarding the removal of the CMS physician supervision requirement of CRNAs.

Keywords: CRNA, Nurse anesthetist, nurse anesthesiologist, opt-out, independent practice.

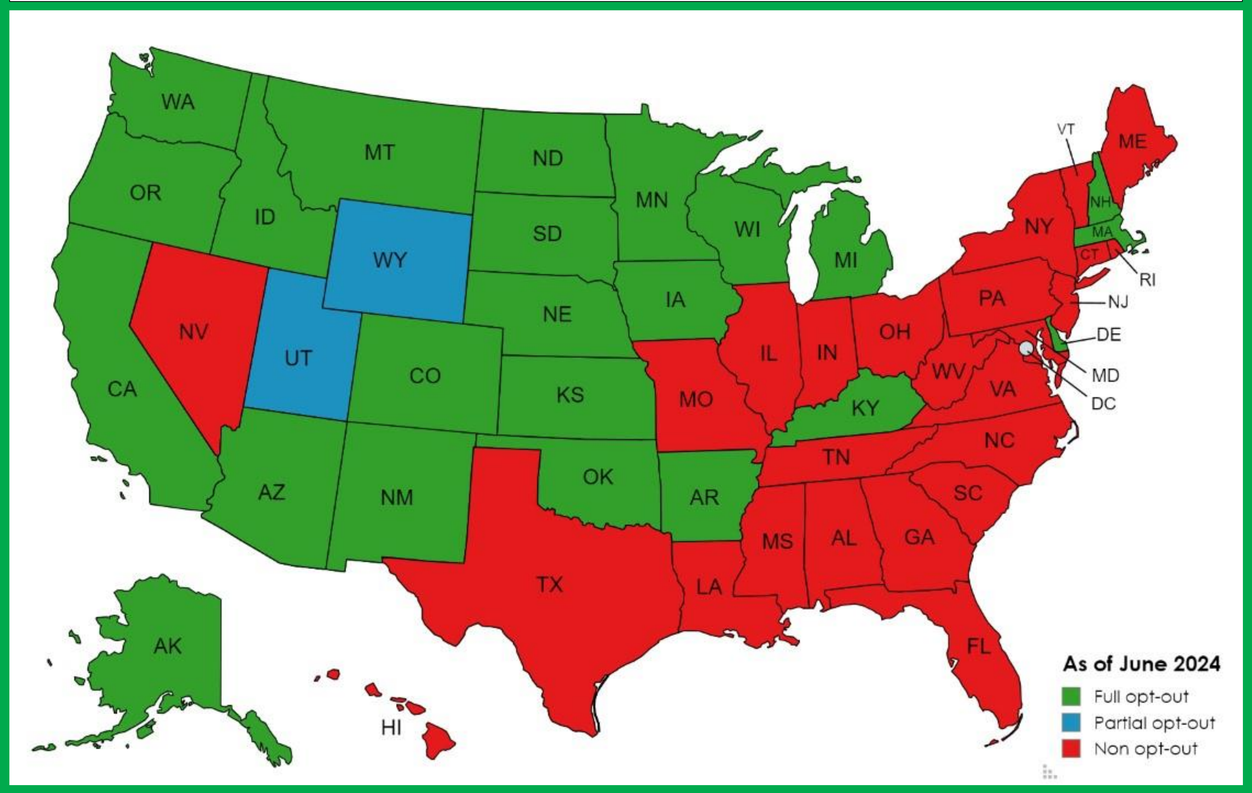
Interviews were conducted with the stakeholders who participated in the five most recent opt-outs of their respective states. The data gathered from these interviews was organized into a well-structured article supported by current literature.

Search Strategy PRISMA



PICO Question

In states that require CRNA supervision, can opt-out be achieved through a coordinated effort involving various professional organizations, entities, and individuals with shared interests? If so, are there similarities in the methods and strategies that have been utilized in these states to successfully opt out?



References available upon request

Results

Several recurring themes/elements contributed to the elimination of supervision requirements.

- Coordinated group efforts to promote CRNA advocacy among state government officials
- PAC funding and lobbying
- Forging relationships with healthcare organizations and entities interested in enhancing access to care
- Outdated supervision rules restrict innovation and reimbursement and should be eliminated. Autonomous CRNA practice prioritizes patient needs and decreases costs.

Recommendations for Advocacy

- CRNAs must examine the political environment in their state to organize an individualized approach
- AANA involvement and collaboration with other state leaders is critical
- Forming alliances/coalitions with hospital associations and other entities can prove very helpful
- Endorsement letters from surgeons and other physicians
- Establishing relationships with political leaders and understanding their areas of interest is crucial
- Consult lobbyists and political committee experts for guidance

Conclusion

- Healthcare facilities in non-opt-out states are not eligible for reimbursement for services provided by a CRNA who practices independently. This results in the increased utilization of supervised care models.
- This supervision restricts CRNAs' scope of practice and redirects physician anesthesiologists away from direct patient care, thereby decreasing access to anesthesia services.
- Removing barriers to CRNA practice would transform anesthesia delivery, increasing the number of available clinicians.
- CRNAs' safety record and the lack of evidence supporting supervised models suggest that policy reforms for nationwide opt-out would improve healthcare access and efficiency.
- Eliminating unnecessary practice regulations would enhance facility reimbursement, challenge outdated supervision models, and improve the cost-effectiveness of anesthesia services.