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HIGHLIGHTS

- **Between 40% and 50% of the anesthesia services associated with inpatient and ambulatory surgeries and deliveries are provided by CRNAs. Between 50% and 60% of the anesthesia services are provided by anesthesiologists.**
- **Nearly one-third of respondents report that the availability of anesthesiologists is a moderate to severe problem. Other moderate to severe problems include: availability of CRNAs (26%), cost of supervising CRNAs (26%), and the unwillingness to supervise CRNAs by operating physicians (21%).**
- **More than half of respondents reported that CRNAs' inability to conduct physical assessments, write patient treatment orders, and bill Medicaid and other insurances as moderate or serious barriers to using CRNAs as anesthesia providers.**

BACKGROUND

Anesthesiology is the practice of medicine and nursing dedicated to the relief of pain and total care of the surgical patient before, during, and after surgery. The provision of anesthesia services is, thus, an important component of surgeries. Between 2009 and 2011, on average there were more than 600,000 inpatient surgeries performed in New York hospitals. In New York, anesthesiologists and certified registered nurse anesthetists (CRNAs) under the supervision of an anesthesiologist or operating physician can provide anesthesia services. CRNAs are limited in their ability to provide these services as they are not recognized as licensed independent anesthesia providers with a scope of practice defined by New York State Education Department.

This brief reports on the results of a survey of hospital administrators. The focus of the survey was on the provision of anesthesia services in upstate New York, especially hospitals that serve rural communities. The Health Care Association of New York State (HANYS) provided guidance in the development of the survey instrument and encouraged hospital administrators to complete the survey.

HANYS identified a list of 46 upstate hospitals to participate in the survey. More than 60% (28 administrators) responded to the survey.

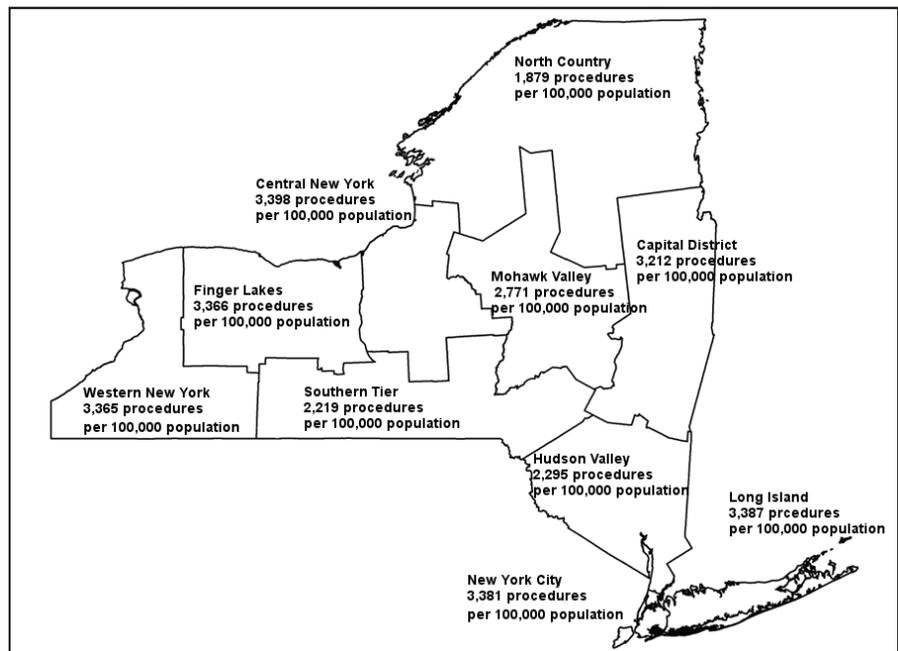
KEY OBSERVATIONS

Responding hospitals reported that between 40% and 50% of the anesthesia services associated with inpatient and ambulatory surgeries and deliveries are provided by CRNAs.

The vast majority of responding hospitals reported that their facilities provide inpatient and ambulatory surgeries and deliveries. Responding hospitals reported that on average, anesthesiologists provided half of the anesthesia services for inpatient and ambulatory surgeries, as well as 60% of the

anesthesia services for deliveries. CRNAs provided the remainder of the anesthesia services (50% for those associated with inpatient and ambulatory surgeries and 40% for those associated with deliveries). At hospitals where CRNAs provided anesthesia services, 85% of respondents reported that CRNAs are supervised by anesthesiologists and 35% reported CRNAs are supervised by operating physicians. In terms of CRNAs' employment relationships with hospitals, 70% of respondents reported that the

Inpatient Surgical Procedures per 100,000 Population by Region, 2009-2011



Source: SPARCS Hospital Inpatient Discharge Deidentified Data, 2009-2011

CRNAs working at their hospitals were employees of the hospital and 30% reported that the CRNAs working at their hospitals were employees of an anesthesia group contracted with the hospital.

Nearly one-third of respondents report that the availability of anesthesiologists is a moderate to severe problem. Other moderate to severe problems include: availability of CRNAs (26%), cost of supervising CRNAs (26%), and the unwillingness to supervise CRNAs by operating physicians (21%).

Respondents were asked to evaluate a set of problems sometimes associated with the provision of anesthesia services in New York. About a third of respondents reported that the availability of anesthesiologists to provide services was a moderate or severe problem. More than one-quarter of respondents reported that the availability of CRNAs to provide services was a moderate or severe problem. The cost of anesthesiologists to supervise CRNAs was reported as a moderate or severe problem by more than one-quarter of respondents. Finally, more than one-fifth of respondents reported that the unwillingness of operating physicians to supervise CRNAs was a moderate or severe problem.

More than half of respondents reported that CRNAs' inability to conduct physical assessments, to write patient treatment orders, and to bill Medicaid and other insurances as moderate or serious barriers to using CRNAs as anesthesia providers.

Respondent Evaluation of Barriers to Using CRNAs as Anesthesia Providers in Hospitals

	Not a barrier	Minor barrier	Moderate barrier	Serious barrier
CRNAs' inability to prescribe medications	44.0%	16.0%	24.0%	16.0%
CRNAs' inability to conduct physical assessments	26.9%	11.5%	50.0%	11.5%
CRNAs' inability to write patient treatment orders	30.8%	11.5%	34.6%	23.1%
CRNAs' inability to bill Medicaid	30.8%	19.2%	26.9%	23.1%
CRNAs' inability to bill other insurances	30.8%	11.5%	38.5%	19.2%
CRNAs' difficulty obtaining medical malpractice insurance	76.0%	8.0%	16.0%	0.0%
CRNAs' limited ability to provide anesthesia to obstetrical patients who are Medicaid-eligible	40.0%	24.0%	24.0%	12.0%

Respondent Evaluation of Problems with the Provision of Anesthesia Services

	Not a problem	Minor problem	Moderate problem	Serious problem
Not enough anesthesiologists available to provide services	48.0%	20.0%	24.0%	8.0%
Not enough CRNAs available to provide services	60.9%	13.0%	21.7%	4.3%
Not enough anesthesiologists available to supervise CRNAs	70.8%	16.7%	12.5%	0.0%
Cost of CRNA supervision by anesthesiologists	62.5%	12.5%	12.5%	12.5%
Unwillingness of operating physicians to supervise CRNAs	54.2%	25.0%	8.3%	12.5%

When asked about the most substantial barriers to using CRNAs as anesthesia providers, hospital respondents identified the inability to conduct physical assessments (62% moderate or serious barrier), bill insurances other than Medicaid (58% moderate or serious barrier), write patient treatment orders (58% moderate or serious barrier), and bill Medicaid (50% moderate or serious barrier). Difficulty obtaining medical malpractice insurance was considered a barrier by approximately one-quarter (24%) of respondents and more than half (56%) responded that inability to prescribe medications was also a barrier.

The responses from the survey of hospitals on practice barriers for CRNAs were relatively consistent with those from the survey of CRNAs conducted in the spring/summer 2013.¹ Both agreed that the inability to write patient treatment orders and the inability to bill Medicaid, in particular, for services provided by CRNAs were practice barriers. On the other hand, there were some differences in perspectives on practice barriers. For hospital respondents, the inability to prescribe medications was not identified as a barrier as frequently as among CRNAs. Furthermore, the inability to conduct physical assessments was less frequently identified as a barrier by CRNAs than by hospital respondents.

¹ Forte GJ, Chung RK, and Moore J. *Results of a Survey of Certified Registered Nurse Anesthetists in New York*. Rensselaer, NY: Center for Health Workforce Studies, March 2014.

Center for Health Workforce Studies

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