

ANESTHESIA WORKFORCE

THE CASE FOR AAs

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Outline

1. Demand for anesthesia services
2. Supply of anesthesia workforce
3. Nurse anesthetist relationships
4. Anesthesiologists assistants

Disclosures

Vice President for Professional Affairs

American Society of Anesthesiologists

Presentation represents personal opinions

Demand for Anesthesia Services and Clinicians is Increasing

Increasing and aging US population

Obesity epidemic

Out-of-OR services increasing, esp.
radiologic/cosmetic surgery, endoscopy

Preference for sub-specialty practice

Efficiency is decreasing

Safety and generational shifts towards
shorter work times

Vigilance, skill needed 24x7

300 Million and Counting

AARP Bulletin, Oct 2006

US population crosses 300million

Percentage of the population age 65
and older:

9 in 1967

12 in 2005

20 in 2030

Cosmetic Surgery booming

>10million cosmetic procedures in 2005, 38 percent increase from 2000

Top for women: breast augmentation (291k)

Top for men: nose reshaping (100k)

“I see my plastic surgeon every six months, like my dentist”, 36 y.o. woman

“I just wanted to look as young as I feel”, 59 y.o. woman

USA Today, Dec 11, 2006

Anesthesia Workforce

Market demand for 100,000 (+/-) anesthesia providers

Market supply

ASA: 43,000; 130 residencies – 1500 grads/yr

AANA: 35,000; 109 programs – 2100 grads/yr

AAAA: 700; 5 schools – 100 grads/yr

Sedation nurses, Intensivists, Endoscopists,
Dentists

Under supply -> Increasing costs, substitutes

Anesthesiologist Workforce: Drivers of Change

Physician shortage (85-200k in 2020)

Generational differences: Greatest, Boomers, Gen X, and Gen Y in workplace (work duty to work/life balance to virtual)

More women physicians

New practice styles: Locum-tenens growing (13 percent increase in 2007)

ACGME + TJC safety standards limiting work hours

Globalization

Anesthesia Workforce: Consequences of demand exceeding supply

Tight supply has increased nurses salaries,
avoid rural work

Nurses graduating/in-training increasing rapidly

Competition from sedation nurses, emergency
physicians, intensivists, gastroenterologists

Anesthesiologists more itinerant, control time:
locum tenens practice, multi-state groups,
part-time

Patients and anesthesiologists crossing borders

*Recent anecdotal information that demand/
supply gap tightening*

Major workforce issue: Difficult relations with nurse anesthetists

Hot-button nurse anesthetist statements:

Practice in “collaboration” and “conjunction”
– not medical direction

Deny anesthesia is safer if anesthesiologists are involved

Campaign for independent practice

Claim credit for most anesthetics

Use title of “doctor” in clinical settings

Training programs - call students “residents”

Opposed teaching rule

AANA Website

CRNAs provide services in conjunction with other healthcare professionals such as surgeons, dentists, podiatrists, and anesthesiologists.

CRNAs... are the hands-on providers of approximately 65% of all anesthesia given

Studies cannot distinguish between the quality of care provided by nurse anesthetists and the quality of care provided by anesthesiologists ... Anesthesiologists are human and make errors.

AANA is the oldest national organization of anesthesia providers... Founded in 1931.



About AANA

Becoming a CRNA

Credentialing

Professional Development

Advocacy

Resources

News



Certified Registered Nurse Anesthetists (CRNAs) are advanced practice nurses who specialize in anesthesia care.

[Learn More](#)

For Patients



News At AANA

Student Photographs
[Columbia University: Clinical Orientation and Simulation Day](#)

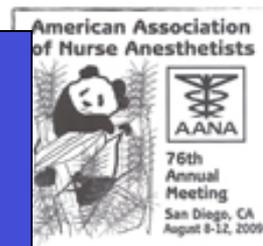
September 25, 2008

For Students
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Annual Meeting

Mark Your Calendar!
[76th Annual Meeting](#)

August 8-12, 2009
San Diego



Frontline Stories

Current Events
[Hurricane Ike Resources](#)
September 2008

News
[22 National Nursing Organizations Join Together to Commission a Study of the Impact of Advanced Practice Registered Nurses on Healthcare Quality, Safety and Effectiveness](#)
September 25, 2008

Online AANA Membership Renewal Available Now!

“Numerous outcomes studies have demonstrated that there is no difference in the quality of care provided by CRNAs and their physician counterparts”

[Anesthesia Career](#)



Nurse Anesthesia

[Practice Doctorate](#)

Doctor of Nurse Anesthesia Practice

[Description](#)

[Objectives](#)

[Curriculum](#)

[FAQs](#)

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Curriculum

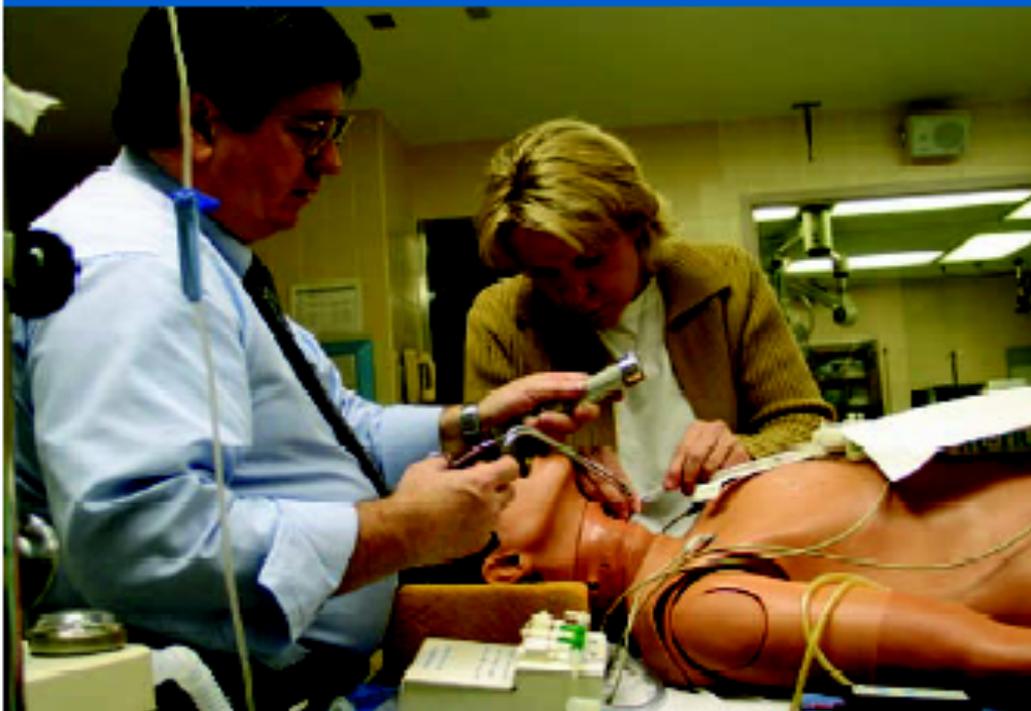
Full-Time Plan of Study

Total DNAP = 33 Credits

Fall		Spring		Summer
	12		11	
NRSA 701 Human Factors and Patient Safety for Nurse Anesthetists	3	NRSA 702 Nurse Anesthesia Patient Safety Seminar	3	NRSA 712 Leadership in Nurse Anesthesia Education
NRSA 789 Nurse Anesthesia Professional Practice	3	NRSA 711 Policy and Practice for Nurse Anesthetists		NRSA 789 Nurse Anesthesia Professional Practice
		NRSA 799 Nurse Anesthesia Capstone Project	3	NRSA 799 Nurse Anesthesia Capstone Project



NURSE ANESTHESIA



Nurse anesthesia residents are evaluated in both a formative and a summative manner as they progress through their didactic and clinical work in meeting the following program objectives:

- **Lifelong Learning**

The profession of nurse anesthesia is constantly changing. As a graduate student, knowledge of the art and science of anesthesia and its application through critical thinking will be continuously stressed and progressively sought after.

Updated Oct. 27, 2008

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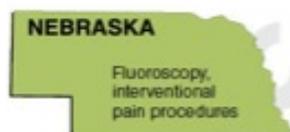
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State Initiatives Aim To Expand Role of Nurse Anesthetists

Elizabeth Douglas

**MASSACHUSETTS**Autonomous practice
in the operating room;
pain management;
prescriptive authority;
safe anesthesia
legislation

Extending the scope of practice for certified registered nurse anesthetists (CRNAs) is on the agenda in several states this year. Efforts to redefine or expand the role of CRNAs are coming mostly through state legislatures, with at least one state board of nursing involved.

The two types of initiatives currently being discussed involve authorizing CRNAs to perform pain interventions and giving them prescriptive authority that includes controlled substances.

There are also legislative initiatives in Iowa, Nebraska and New York that would allow unsupervised CRNAs to perform pain management procedures.

Anesthesiologists have cited concerns about possible worst-case scenarios as a result of nurse anesthetists intervening in pain control unsupervised by a physician. Need does not confer ability, nor does legislation, they say.

Q: What is quality healthcare?

A: Nurse Anesthetists at the head of the table



With the Institute of Medicine reporting that anesthesia is 50 times safer today than in the early 1980s, America's 36,000 Certified Registered Nurse Anesthetists (CRNAs) administer 27 million anesthetics annually, with and without the assistance of anesthesiologists, in every healthcare setting. We are the sole anesthesia providers in two-thirds of all rural hospitals, and predominate in U.S. Armed Forces and Veterans hospitals. We are recognized Medicare Part B providers. And we are coming to Washington to ask Congress to:

- Reverse Medicare cuts
- Restore nurse education funding
- Eliminate Medicare anesthesia payment teaching rules equitably for both CRNAs and anesthesiologists



CRNAs on the Hill
April 24-25



American Association of Nurse Anesthetists
Office of Federal Government Affairs
412 First St., SE, #12, Washington, DC 20003
(202) 484-8400 • www.aana.com

Advancing Patient Safety & Excellence in Anesthesia

“CMS has already twice rejected a proposal to change the anesthesia teaching rules....Such a proposal provides major new incentives to teach anesthesiology residents....Creates negative impacts against educating safe anesthesia providers such as CRNAs.”
AANA letter to CMS 8/05

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Nurse Anesthetist

ALWAYS By Your Side



The Case for AAs

Entry of new anesthesiologists into practice is steady, while demand for anesthesia services is increasing.

Anesthesiologists must rely on other providers

Difficult relationships with nurse anesthetists

Long history of good relationships with anesthesiologists assistants

AAs practice in 18 states

ASA will facilitate AA licensure in a state when it would improve delivery of anesthesia care



American Academy of Anesthesiologist Assistants

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AAAA JOBLINE

[Here to view and job opportunities](#)

DUES PAYMENT

[Click here for 2008 dues renewal](#)

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CONTACT US

American Academy of Anesthesiologist Assistants
99 Dickens Road
Falls Church, VA 22230-2005
(804) 565-6353

The American Academy of Anesthesiologist Assistants welcomes you!

The AAAA is a non-profit association of graduates from CAHEA-AMA/CAAHEP accredited training programs specializing in the science and clinical practice of anesthesiology.

The purpose of the Academy is to...

- Establish and maintain the standards of the profession by fostering and encouraging continuing education and research to all graduate Anesthesiologist Assistants and enrolled students of accredited anesthesia programs.
- Represent the interests of the profession.
- Initiate and cultivate a high standard of professional conduct.
- Instill confidence in the public.
- Encouraging the development of the profession and maintaining its dignity and the right to practice.

“Anesthesiologist Assistants are highly educated allied health professionals who work under the direction of licensed anesthesiologists to develop and implement anesthesia care plans. Anesthesiologist Assistants work exclusively within the Anesthesia Care Team environment as described by the American Society of Anesthesiologists”

AAAA 35th Annual Conference

April 18-22, 2009

The Hilton Clearwater Beach Resort
Clearwater, Florida

Registration and program details available soon!



AAAA President, Deb Lawson, at Texas Society of Anesthesiologists Annual Meeting, 9/08