Strategies to Strengthen the Anesthesia Workforce in Virginia

Lead Analyst: Emily Atkinson

Study purpose

JCHC members directed staff to conduct a targeted, narrowly scoped study on the anesthesia workforce in Virginia, with a focus on:

- Understanding and describing the anesthesia provider workforce to include the role of anesthesiologists, CRNAs, and CAAs, and
- Assessing the impact of and noting considerations for state strategies to expand the anesthesia provider workforce, including changes to CRNA supervision requirements.

NOTE: CRNA = Certified Registered Nurse Anesthetist; CAA= Certified Anesthesiologist Assistant

Agenda

Understanding the Anesthesia Workforce

Supervision Requirements for CRNAs

Licensure of CAAs

Improving the Anesthesia Workforce Pipeline

Multiple health care professionals are involved in anesthesia delivery

Licensed to Practice in Virginia

- **Physician Anesthesiologist**
- **Certified Registered Nurse Anesthetist (CRNA)**

Not Permitted to Practice in Virginia

- **Certified Anesthesiologist Assistant (CAA)**

Anesthesia providers have varying levels of education and training

Education Comparison	Anesthesiologist	CRNA	CAA
Degree Level	MD or DO	Doctor of Nursing	Master's Program
Months of Anesthesia Program	48	36	24-28
Patient Cases	Unclear	650-700	600
Clinical Hours	~16,640 (4 years at 80 hours per week)	2000	2000
Minimum Total Number of Years of Education	12	7	6

MD = Doctor of Medicine; DO = Doctor of Osteopathic Medicine

Responsibilities and tasks of anesthesia providers vary

- Responsibilities for anesthesia providers can be divided into:
  - Preoperative
  - Intraoperative
  - Postoperative
- Anesthesiologists and CRNAs are trained to perform similar preoperative, intraoperative, and postoperative tasks, while CAAs are more limited

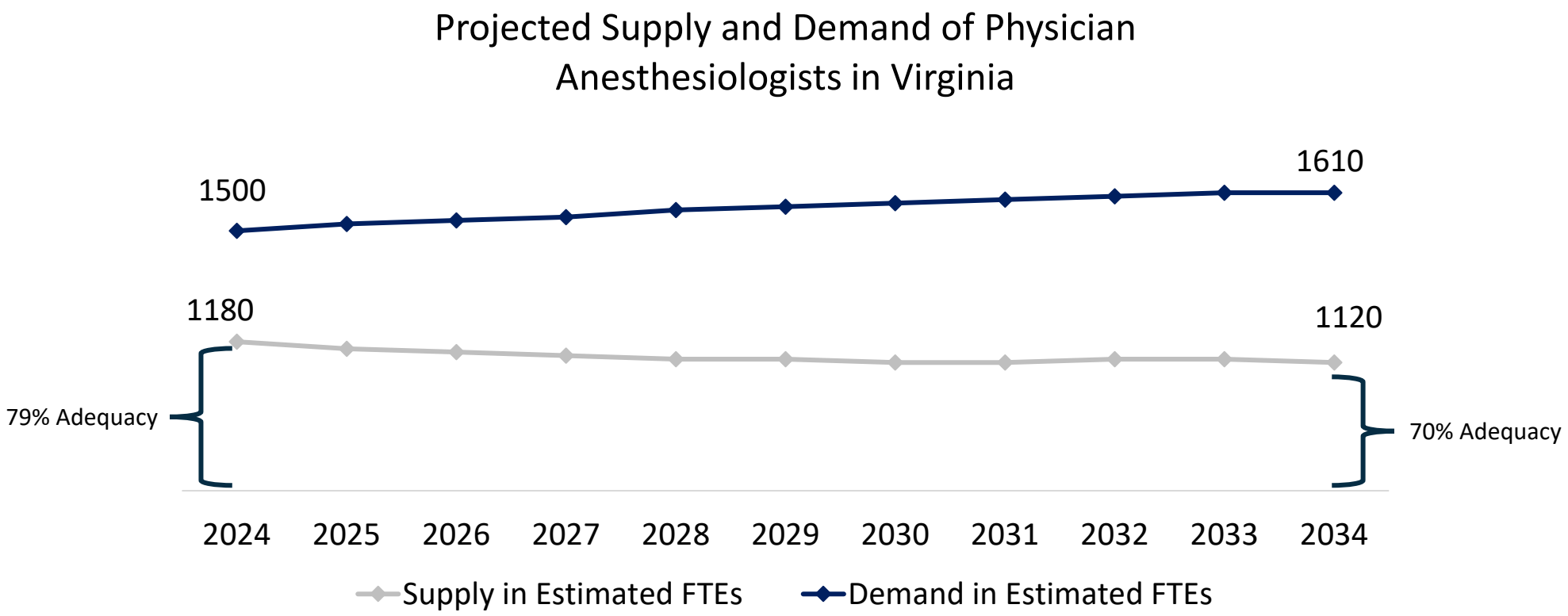
Anesthesia providers deliver services via two models of care

- Anesthesia departments may choose to implement the:
  - Anesthesia Care Team (ACT) Model
  - Efficiency Driven Anesthesia Model
- Multiple factors influence anesthesia delivery models including:
  - Facility type
  - Geographic location
  - Patient acuity
  - The complexity of the surgical procedure
- Geographic location is correlated with model type

Many factors influence demand for and supply of anesthesia services

Factors impacting the **demand for** anesthesia services	Factors impacting the **supply** of anesthesia providers
• Growing elderly population • Increasing number of elective and outpatient procedures • Proliferation of non-operating room anesthesia (NORA) sites	• Capacity of education and training programs • Number of new providers entering the workforce • Number of existing providers exiting the workforce due to retirement, burnout, or other reasons

The supply of anesthesiologists in Virginia is not keeping up with demand



SOURCE: National Center for Health Workforce Analysis

The number of CRNAs licensed and practicing in Virginia has increased

- The total number of CRNAs licensed in Virginia increased by 33 percent in the past five years
- 80 percent of CRNAs licensed in Virginia also practice in Virginia
- The National Center for Health Workforce Analysis predicts a 25 percent increase in supply of CRNAs in Virginia, but only an 8 percent increase in demand

Agenda

Understanding the Anesthesia Workforce

Supervision Requirements for CRNAs

Licensure of CAAs

Improving the Anesthesia Workforce Pipeline

CRNA supervision and scope of practice are separate, distinct concepts

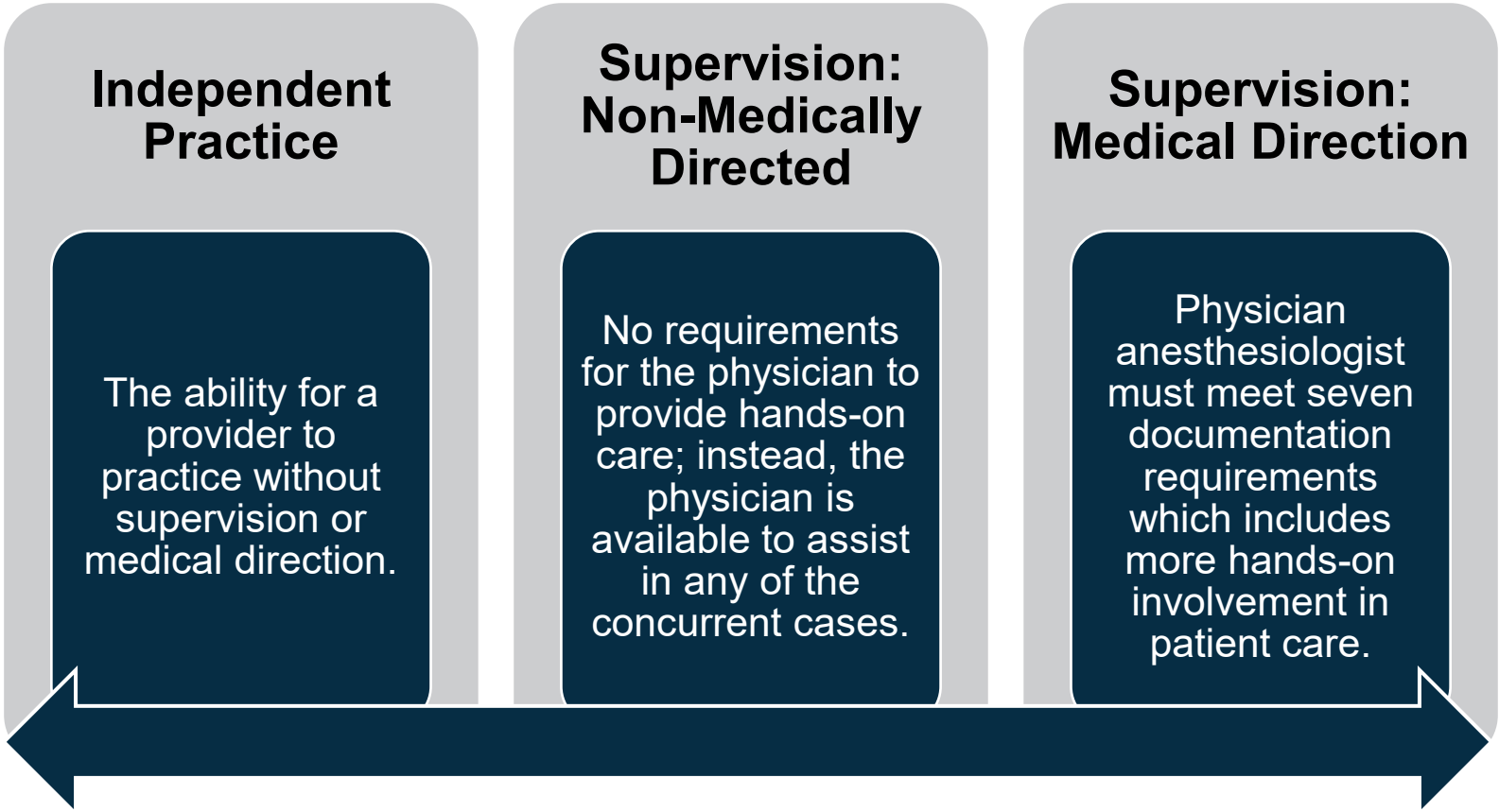
Scope of Practice

The **procedures** a CRNA **may perform** consistent with their license

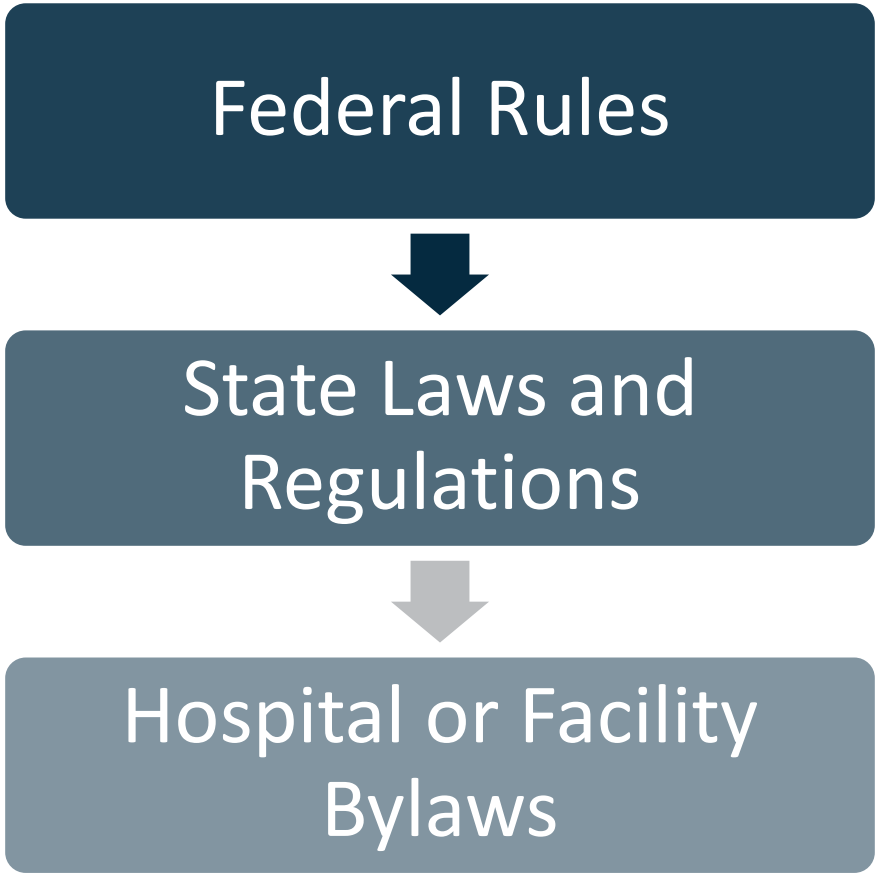
Supervision

The **type of oversight** with which a CRNA may practice

The type and degree of supervision required for CRNA practice varies



Multiple authorities are responsible for determining CRNA supervision



CMS allows states to opt out of the federal CRNA supervision rule

Prior to 2001

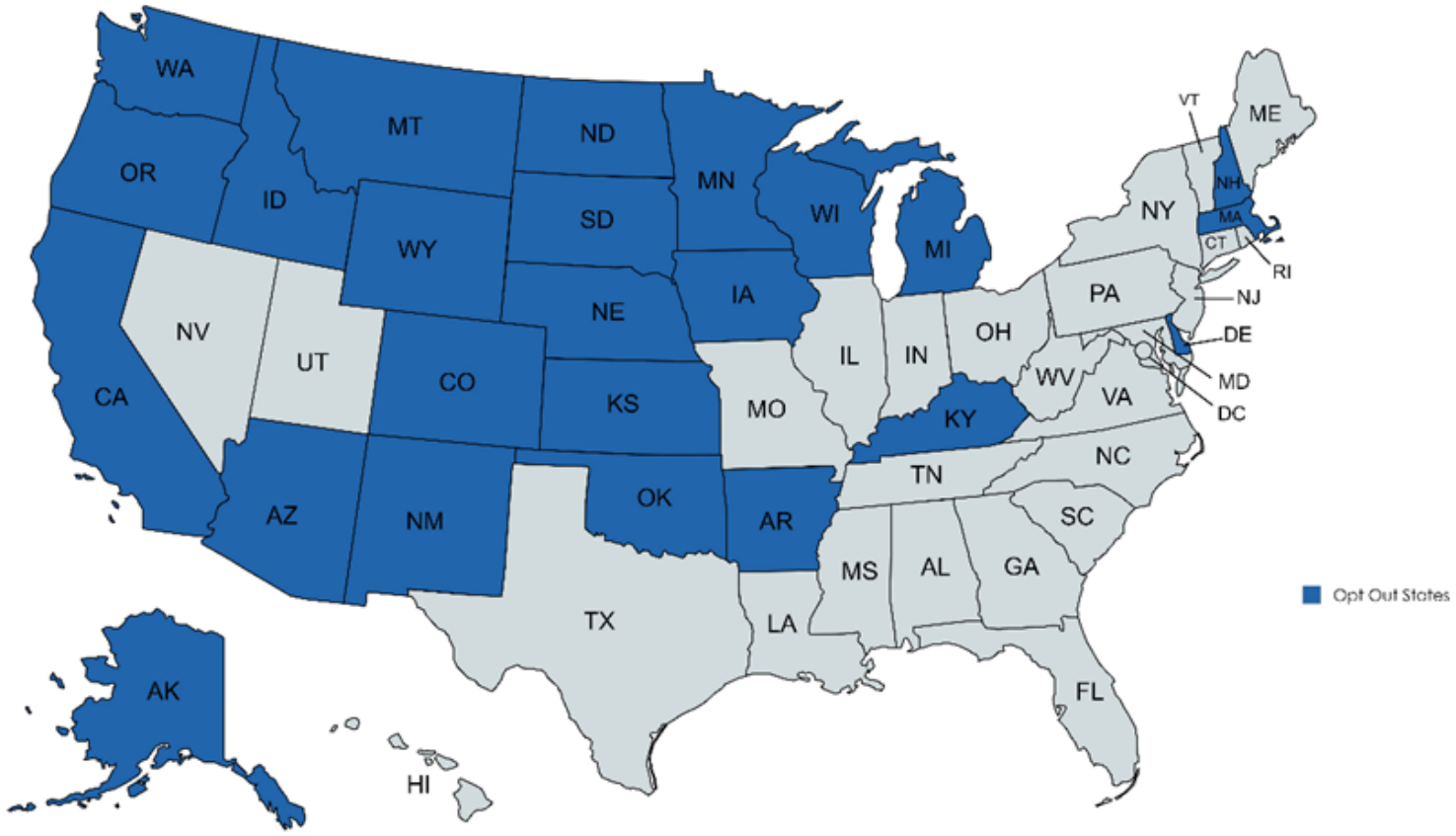
CMS required that CRNAs practice only under the supervision of an operating practitioner or of an anesthesiologist who is immediately available

Beginning in 2001

CMS allows states to opt out if the state's Governor sends a letter to CMS

CMS = Centers for Medicare and Medicaid Services

States may choose to opt-out of the federal rule requiring CRNA supervision



Opting out of the federal rule does not guarantee CRNA independent practice

- Federal CRNA supervision rule is relevant for reimbursement of CRNA services in:
  - Hospitals
  - Critical access hospitals
  - Ambulatory surgical centers
- States can opt out of the federal rule and still:
  - Have state statute or regulations which require CRNAs to practice under supervision or medical direction
  - Require supervision in particular care settings

States use varying language to describe CRNA supervision

Term Appearing in Statute or Regulation	Number of States
In collaboration with	18
Under supervision	11
In consultation with	9
Under the direction of	7
Independent	5
Responsible to	2
Refer to	2
Interdependent	2
Without supervision	2
With the consent of	1
Accountable to	1
Delegate to	1
In coordination with	1
Upon request of	1
Total	**63**

Virginia law establishes supervision requirements for CRNAs

- *Code of Virginia* § 54.1-2957 requires CRNAs to practice under the supervision of a licensed doctor of medicine, osteopathy, podiatry, or dentistry
- *18VAC90-30-121* further states:

  "the practice of a certified registered nurse anesthetist shall be based on specialty education preparation as an advanced practice registered nurse in accordance with standards of the applicable certifying organization and with the functions and standards defined by the American Association of Nurse Anesthetists (Standards for Nurse Anesthesia Practice, Revised 2013)."

- Standards for Nurse Anesthesia Practice were most recently updated in 2019

JCHC Policy Option 1

The JCHC could introduce a Section 1 bill directing the Board of Nursing to update regulations governing practice of advance practice registered nurses licensed as certified registered nurse anesthetists (CRNAs) to remove references to any specific edition of the American Association of Nurse Anesthetists' Standards for Nurse Anesthesia Practice.

Hospital bylaws define roles for anesthesia providers

- Hospitals and health systems implement their own bylaws governing CRNA practice
- Hospital bylaws may impose more strict supervision requirements or restrict the type of procedures and tasks a CRNA is allowed to perform more narrowly than state law
- Changing state law may not impact supervision requirements or team structures in hospitals and health systems

More restrictive supervision requirements would be detrimental to workforce shortages

Stakeholders interviewed by JCHC staff agreed that:

- Current Virginia statute is flexible enough to allow anesthesia providers to practice as they preferred
- Implementing more restrictive supervision requirements for CRNAs would greatly impact how anesthesia care is delivered in Virginia, particularly for remote or rural facilities

JCHC Policy Option 2

The JCHC should not recommend policy that would make supervision of certified registered nurse anesthetists more restrictive than current state statute or federal rule require.

There is no consensus on the impact of reducing CRNA supervision

- Anesthesiologists generally oppose reducing supervision requirements due to concerns about patient safety
- CRNAs support reducing supervision requirements to more accurately reflect current practice
- Hospitals and health systems are neutral in their opinions regarding the impact of changing CRNA supervision requirements
  - Willing to reconsider bylaws where appropriate
  - Would likely not change practice for higher acuity cases

There is little evidence that CRNAs decrease patient safety, outcomes, or quality of care

- Literature suggests there is no difference in patient safety or patient outcomes with CRNAs compared to anesthesiologists
- Stakeholders agreed that both anesthesiologists and CRNAs provide safe, effective, and high-quality anesthesia services to patients
- Several Virginia-based health systems expressed that they did not see a difference in care quality between anesthesia providers

Evidence is mixed on whether CRNAs increase access to care for patients

- Literature is mixed on the impact of CRNA supervision on access to anesthesia care
- CRNAs have been shown to assist with workforce shortages and access to anesthesia services more generally
  - It is unclear if changes in supervision requirements are the reason patients' access to anesthesia services increases

Other states allow CRNAs to transition from supervised practice to independent practice based on specific criteria

State	Requirement
Michigan	3 Years of Experience **AND** 4,000 Clinical Hours
Vermont	12 Months of Experience **OR** 1,600 Clinical Hours
Connecticut	3 Years of Experience

JCHC Policy Option 3

JCHC could introduce a Section 1 bill directing the Department of Health Professions, in consultation with the Boards of Medicine and Nursing, to develop a plan to transition CRNAs with sufficient training and experience to independent practice.

Development of the plan should include:

- Stakeholder engagement
- Considerations for opting out of the federal rule
- Methods to monitor the effects of implementation

Agenda

Understanding the Anesthesia Workforce

Supervision Requirements for CRNAs

Licensure of CAAs

Improving the Anesthesia Workforce Pipeline

CAAs practice in 21 states and Washington, D.C. but supply is limited

- Virginia does not allow CAAs to practice, and there are no CAA training programs in the state
- Across the United States there are:
  - 20 CAA training programs
  - Approximately 4,000 CAAs

CAAs have limited scope, but could still assist the anesthesia workforce

- Unlike CRNAs, CAA's must always practice under the direction of an anesthesiologist
- Stakeholders felt that even with their limited scope, CAAs could assist with workforce shortages by:
  - reducing strain on the current anesthesia workforce
  - providing hospitals additional staffing flexibility

Workforce projections have changed significantly since DHP licensure study

- In 2017, DHP conducted a study on the feasibility of licensing CAAs at the request of the Virginia General Assembly
  - Lacking evidence of a workforce shortage, DHP did not recommend licensing CAAs
- Workforce projections used in DHP's analysis have changed significantly since that time due to:
  - the COVID-19 pandemic
  - the slow recovery of the health care workforce

DHP = Virginia Department of Health Professions

JCHC Policy Option 4

JCHC could submit a Section 1 bill requiring the Department of Health Professions to re-analyze the state of the anesthesia workforce in Virginia with the most current data available to determine whether there is sufficient proof of an anesthesia workforce shortage that would justify licensure of certified anesthesiologist assistants.

Agenda

Understanding the Anesthesia Workforce

Supervision Requirements for CRNAs

Licensure of CAAs

Improving the Anesthesia Workforce Pipeline

Stakeholders support increasing the pipeline of anesthesiologists and CRNAs

- Virginia's anesthesiology residency programs and CRNA training programs are operating at full capacity and lack additional resources to accommodate all qualified candidates
- Currently, there are three anesthesiology residency programs and three accredited CRNA training programs in Virginia

JCHC Policy Option 5

JCHC could submit a budget amendment providing funding to Virginia Health Workforce Development Authority (VHWDA) to study the capacity and needs of current anesthesiology residency programs and CRNA training programs in Virginia and make recommendations for further expansion.

Opportunity for public comment

Submit written public comments by close of business on Friday, December 6th

Email: jchcpubliccomments@jchc.virginia.gov

Mail: 411 E. Franklin Street, Suite 505
Richmond, VA 23219

NOTE: All public comments are subject to FOIA and must be released upon request.

Joint Commission on Health Care

Address:
411 E. Franklin Street, Suite 505
Richmond, VA 23219

Phone: 804-786-5445

Website: http://jchc.virginia.gov