Certified Registered Nurse Anesthetists

Are the Most **VERSA**1 and COST-EFFECT ANESTHESIA PROVIDERS

Cost Effectiveness of Anesthesia Models

Autonomous/CRNAs Collaborating with Surgeons



12

Staffing Cost²

Physician Anesthesiologist Only



Staffing Cost²

CRNAs Collaborating with Anesthesiologists



CRNA

ANES¹

Staffing Cost²

Anesthesia Care Team

(3:1 Ratio) **CRNA** ANES

12

Staffing Cost²



- CRNAs are qualified to work in any practice setting/model
- · CRNAs are not required to practice under a physician anesthesiologist; by law, CRNAs can work independently of OR together with physician anesthesiologists
- CRNAs have a proven safety record
- CRNAs in Anesthesia Care Team Model ensure NO **LOSS IN REVENUE, NO** RISK OF FRAUD, no delays in delivery of care even when there is a supervision lapse (up to 70%³ of the time) as long as QZ billing is utilized
- In such cases, the facility simply bills exclusive of the anesthesiologist for the procedure (QZ vs. medical direction). The QZ modifier is exclusive to CRNAs

³ Epstein R, Dexter F. (2012). Influence of supervision ratios by anesthesiologist on first case starts and critical portions of anesthetics. Anesthesiology, 116(3):683-691



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¹ Physician anesthesiologist

² Staffing costs are based on salary only. The median CRNA salary (\$166,540) was taken from the 2018 AANA Compensation and Benefits Survey. Salary costs for physician anesthesiologists are based on the 75th pctl salary (\$420,284) according to HR Reported data as of March 29, 2018