



Purpose and Scope

Researchers at RTI International analyzed 481,440 hospitalizations covered by Medicare, comparing patient outcomes across three scenarios: certified RN anesthetists working alone in the operating room, anesthesiologists working alone, or the nurse anesthetist and anesthesiologist working together.

The study was published in the August issue of *Health Affairs*.

Key Finding

Allowing nurse anesthetists to provide anesthesia services without supervision from a doctor does not put patients at increased risk.

Recommendation

The authors recommend that CMS change the policy so that governors no longer have to petition for their states to opt out of the Medicare requirement that nurse anesthetists be supervised by an anesthesiologist or surgeon.

Report Sponsor

The study was funded by the American Association of Nurse Anesthetists.

About RTI International

RTI International is an independent nonprofit research organization based in Research Triangle Park, North Carolina, that provides research and technical solutions to governments and businesses worldwide in the areas of health and pharmaceuticals, education and training, surveys and statistics, advanced technology, international development, economic and social policy, energy and the environment, and laboratory and chemistry services. For more information, visit www.rti.org.

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Research & Policy Brief



Nurse Anesthetists Working Without Doctor Supervision Provide Safe Care

What the Study Found

Results of a new study indicate that allowing nurse anesthetists to provide anesthesia services without supervision from a doctor does not put patients at increased risk.

In the study, RTI International researchers question the federal Medicare requirement that nurse anesthetists be supervised by an anesthesiologist or surgeon to receive Medicare reimbursement.

Presently, states can opt out of the supervising doctor requirement, but only if the governor petitions the Centers for Medicare and Medicaid Services (CMS).

To assess the possible impacts in states that opt out, study authors analyzed 481,440 hospitalizations covered by Medicare, comparing patient outcomes across three scenarios: certified registered nurse anesthetists (CRNAs) working alone in the operating room without anesthesiologist supervision, anesthesiologists working alone, or the nurse anesthetist and anesthesiologist working together on a case.

The findings indicate no significant difference in patient outcomes across the three groups. Authors addressed complexity differences by controlling for gender, age, race, base units, and high-mortality cases. They also weighted anesthesiologist cases to conform to the typical CRNA case mix.

Study authors contend that CRNAs receive high-level training and can provide the same required level of service as anesthesiologists at potentially lower cost.

The authors recommend that CMS change the policy so that governors no longer have to petition for their states to opt out of this Medicare requirement. This would encourage hospitals and surgeons in all states to use cost-effective nurse anesthetists.

Among the study's other findings is the increasing frequency of nurse anesthetists providing anesthesia to Medicare patients without anesthesiologist supervision from 1999 to 2005, which occurs on average in 21 percent of surgeries in opt-out states and 10 percent of the time in non-opt-out states.

The researchers also found that anesthesiologists, on average, work on more complex cases compared to nurse anesthetists, cases which bring greater risk of anesthesia complications.