

# CRNAs: The Solution

*\* How to remove  
barriers and promote the  
answer New Mexico  
already has*

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# Certified Registered Nurse Anesthetists (CRNAs)

## Today we will share:

- Who are CRNAs and what do we do?
- Our proud history of providing exemplary anesthesia care in urban and rural New Mexico

## Removing Barriers for CRNAs

- The urgent need to codify language in the nurse practice act to reflect current practice

# New Mexico CRNAs

- Have provided anesthesia in New Mexico for over 7 decades
- For over two decades, have worked in all corners of the state without supervision from a physician anesthesiologist and have equal safety outcomes as all other anesthesia models.
- Work independently in the military
- Members of facilities' Medical Staff Committees
- Participate in Facilities' "Peer Reviews"
- Provide over 70% of the anesthetics in NM

Sean Strait, MSN, CRNA, LtCol, USAF, Ret  
Hobbs, New Mexico



# Timeline of CRNAs in New Mexico

## Past:

- 1960's-1990s “Captain of the Ship”
- 2001 NM statute amended removing “Shall function under the direction of..”
- 2002 “Opt-out” signed by Governor Gary Johnson: Centers for Medicare and Medicaid (CMS) allowed NM to opt out of federal supervision requirement and allowed CRNAs to bill without supervision
- Two critical steps allowing CRNAs to help fill the gap in rural health care in New Mexico

## Present:

- Current Nurse Practice Act (NPA) language vague to allow CRNAs to “fill the gap”
- Work *interdependently* in teams and “collaborate”
- Collaboration defined as each member brings their expertise....
- ***“What if the CRNA is the only health care provider involved in the procedure?”***
- CRNAs are the primary provider of anesthesia in rural New Mexico



# What does it take to “grow” a CRNA?

## Education and Training

- Bachelor’s degree in Nursing and critical care experience (5-6 years)
- Masters/Doctorate in the field of nurse anesthesiology (2.5 – 3 years)
- Some CRNAs seek “Pain Management” fellowships in acute and chronic pain (2 years)
- Must pass rigorous board exams to be licensed
- Maintain anesthesia specific knowledge through continuing education requirements, and reassessment of knowledge every 8 years with national standardized test

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Las Cruces, New Mexico





**Who are the members  
of the New Mexico  
anesthesia health care  
team?**

**New Mexico has three  
licensed providers providing  
anesthesia care for our  
patients**

- **2 primary providers**
- **1 assistant**

# Who are the members of the anesthesia care team in New Mexico?

## PHYSICIAN ANESTHESIOLOGIST

- Independent provider of anesthesia
- Medical Doctor or Doctor of Osteopathy
- Supervises the delivery of anesthesia in a care team, primary provider of anesthesia

## CERTIFIED REGISTERED NURSE ANESTHETIST (CRNA)

- Independent provider of anesthesia
- Doctoral or Master's degree in Nurse Anesthesiology
- Sole provider of anesthesia, member of anesthesia care team

## CERTIFIED ANESTHESIOLOGT ASSISTANTS (CAA)

- Dependent provider of anesthesia
- Master degree of Science in Anesthesia
- Required to be 'supervised at all times' during the delivery of anesthesia; cannot work independently

# Certified Registered *Nurse* Anesthetists (CRNAs)

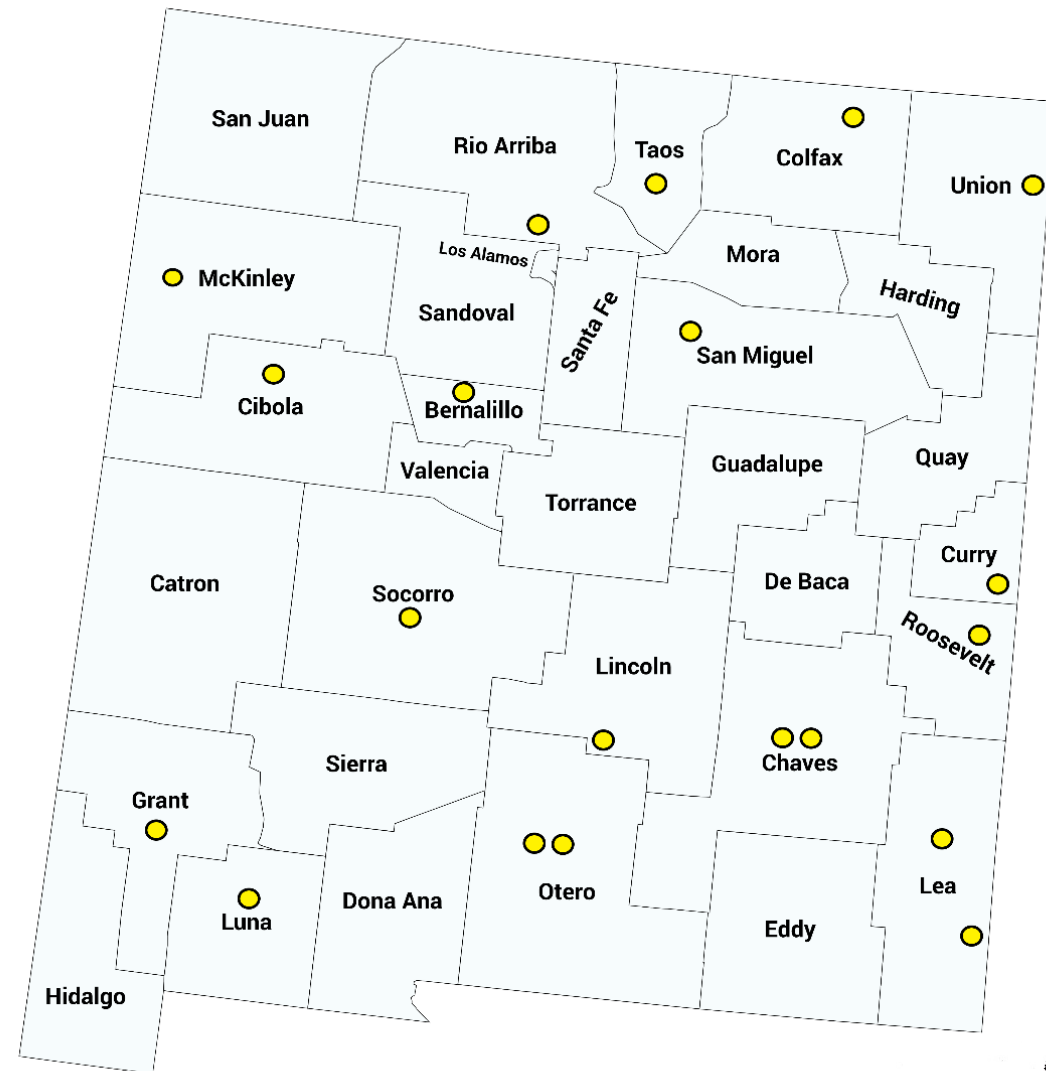


- Graduate with Master's or Doctorate Degree (DNAP/DNP.) By 2025, all CRNAs will graduate with doctoral degrees
- Highly skilled advanced practice registered nurse (APRN) who administers anesthesia through the *Practice of Nursing*
- Referred to as certified registered **nurse** anesthetist, CRNA, **nurse** anesthetist, **nurse** anesthesiologist. "**Nurse**" is always in the name.
- Trained to work independently upon graduation and able to bill without supervision by a physician anesthesiologist
- **Approximately 623 CRNAs licensed in New Mexico**
- Practice all throughout New Mexico; there are 20 "all-CRNA" groups – see map



# New Mexico Facilities With CRNA-ONLY Groups

City	County	Facility
Albuquerque	Bernalillo	Southwest GI Center
Alamogordo	Otero	Gerald Champion Hospital
Alamogordo	Otero	Filmore Eye Center
Clayton	Union	Union County General Hospital
Clovis	Curry	Plains Regional Medical Center
Deming	Luna	Mimbres Memorial Hospital
Espanola	Rio Arriba	Presbyterian Espanola Hospital
Gallup	McKinley	Rehoboth McKinley Christian Health Care Services
Grants	Cibola	Cibola General Hospital
Hobbs	Lea	Covenant Health Hobbs Hospital
Las Vegas	San Miguel	Alta Vista Regional Hospital
Lovington	Lea	Nor-Lea Hospital District
Portales	Roosevelt	Roosevelt General Hospital
Raton	Colfax	Miners Colfax Medical Center
Roswell	Chaves	Eastern New Mexico Medical Center
Roswell	Chaves	Lovelace Regional Hospital
Ruidoso	Lincoln	Lincoln County Medical Center
Silver City	Grant	Gila Regional Medical Center
Socorro	Socorro	Socorro General Hospital
Taos	Taos	Holy Cross Medical Center



CRNAs are the primary anesthesia provider in rural New Mexico

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# Insurance and Medicare

## •AANA Insurance Statement July 2022

*“The 2022 malpractice liability insurance premium for a self-employed New Mexico CRNA, when trended for inflation, is 49% less than it was in 1988.”*

Overall, our insurance premiums continue to decrease because of successful outcomes as reflected in the comparison of malpractice claims between CRNAs and other anesthesia providers.

## •Medicare Reimbursement

Physician anesthesiologists and Nurse anesthesiologists both are reimbursed at 100%





# Studies Reveal Equal Safety Outcomes

- CRNAs have practiced safe, high-quality care in New Mexico for over 20 years without physician anesthesiologist supervision in rural areas
- There is no difference in patient outcomes when anesthesia services are provided by CRNAs, physicians, or CRNAs supervised by physicians. (Dulisse, 2010 – Health Affairs)
- Nurse anesthesia care is 25 percent more cost effective than the next least costly anesthesia delivery model. (Hogan, 2016–Nursing Economic\$)
- Researchers studying anesthesia safety found no differences in care between CRNAs and physician anesthesiologists. (Lewis, 2014–Cochrane Database of Systematic Reviews)

## Bonnie Hawley CRNA

Lea County (1960's to 1990s)



# The Barrier to CRNAs Working Independently: Vague Nurse Practice Act Language

- Current Nurse Practice Act language does not require physician anesthesiologist supervision of CRNAs
- Existing language is muddy and confusing and has not been updated since 2001
- New Mexico has not followed the recommendations of the National Council of State Boards of Nursing:

*“ Sometimes, modifications of practice acts are just the formalization of changes already occurring in education or practice within a profession, due to results of research, advances in technology, and changes in societal healthcare demands, among other things.”*

- *The council recommends updating the NPA every 5 years to make sure practice and statute are congruent as new technologies and procedures rapidly develop.*

Lenore Dudgeon CRNA (1957-2004)

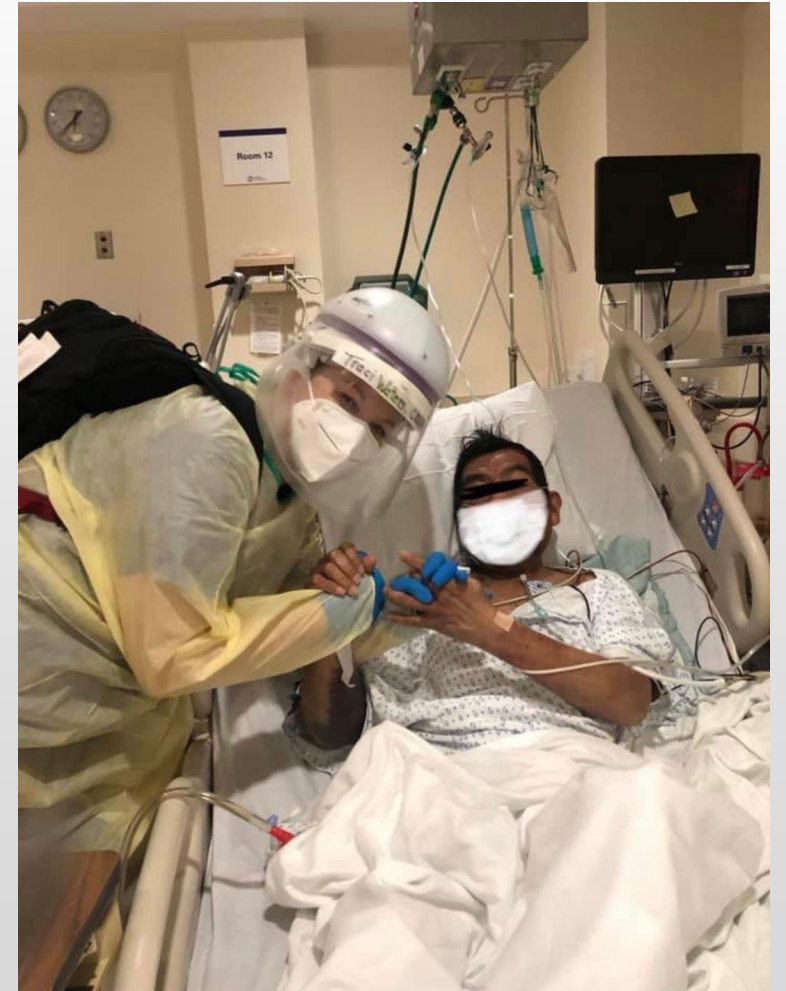
Deming, Espanola, Santa Fe





# New Mexico CRNAs and the COVID-19 Pandemic

- As advanced practice registered nurses, CRNAs were instrumental during the COVID-19 crisis
- CRNAs' advanced training in airway management, experience in critical care, education, safety record, and flexibility allowed for immediate help hospitals desperately required
- CRNAs were able to provide direct care outside of the operating room in the ICU setting, helping to manage and care for patients requiring critical care



# New Mexico CRNAs and the COVID-19 Pandemic



**CRNAs in critical access hospitals (CAHs) managed critical patients awaiting transfer to higher facilities**

**“Dr. Shannon Allen Day” on July 25, 2021  
Presented by Governor Michelle Lujan Grisham and U.S.  
Surgeon General, Vivek Murthy**

# How to recruit and retain CRNAs in New Mexico

## New Mexico State University Nurse Anesthesiology Program

- Workforce solution with a 'local' focus on rural health care and health disparities
- Provide opportunities for NM nurses to advance their careers without leaving the state
- **Provide opportunity for AAs to expand into rural NM with an "AA to CRNA bridge program"**
- Provide a continuous supply of CRNA graduates to fill the positions in NM, especially in rural and medically underserved areas
- Keep tuition and future tax revenue in New Mexico
- **One CRNA can supervise two SRNAs**



# New Language in Nurse Practice Act for CRNAs: Necessary and Overdue!

- Updated language will reflect current anesthesia practice of CRNAs throughout the state
- Proposed language allows CRNAs to practice independently or in collaboration with other health care providers according to the needs of each facility
- Include independent practice language for **ALL** advanced practice registered nurses (APRNs) in New Mexico
- CRNAs are currently the only APRNs to NOT have clear, concise language stating “independent” practice in the NM Nurse Practice Act
- Exclusion of one group of APRNs only serves to potentially limit health care access
- Proposed language DOES NOT change CRNAs scope of practice



# Summary: CRNAs - The Solution!

- Proposed language will simply update and codify language in Nurse Practice Act that is overdue and outdated
- Nurse Practice Act needs to reflect current independent CRNA practice that exists throughout New Mexico
- CRNAs are the most prevalent provider of anesthesia in New Mexico. Clear and concise language in NPA will ensure CRNAs continue to work to their full scope of training and education
- Please, support legislation that will recruit and retain CRNAs in New Mexico!

