A Stroll Down Memory Lane:
50 Years of Success for the
Nurse Anesthesia Profession

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LANA/MSANA
Joint Summer Meeting
July 19, 2014
Issues Impacting on CRNAs in Past 50 Years

• Nurse Anesthesia Education
• Scope of Practice Issues
• Economics of Anesthesia Practice
• Politics of Anesthesia Services
Overview of Nursing in 1960s

• Clinical nursing education most often obtained in diploma/hospital based programs

• Baccalaureate nursing degrees in existence since 1944 begin to become more popular as career choice for nursing managers and educators

• No nursing Associate degree option
Overview of Nursing in 1960s

• Nursing leadership continues to consider nurse anesthesia specialty a hospital function and not nursing specialty
• ANA continues to be unwelcome to AANA
• Nurse anesthetists meet & collaborate within the American Hospital Association umbrella
History Caveats

- DEA approves birth control pills in 1960
- Cuban Missile Crisis occurs in 1962
- Martin Luther King delivers his “I have a Dream” speech in 1963
- John Kennedy is assassinated in 1963
- President Johnson signs Civil Rights Act in 1964
History Caveats

• The Beatles hit the U.S. in 1964
• Medicare Bill becomes law in 1965
• Reverend Martin Luther King assassinated April 1968
• Bobby Kennedy assassinated June 1968
• Woodstock Music Festival in New York 1969
History Caveats

• Vietnam War rages with 2 CRNAs, Lieutenant Jerome Olmsted & Lieutenant Kenneth Shoemaker, killed in combat in 1965

• First successful heart transplant performed in South Africa in 1967

• Astronauts Armstrong & Aldrin become 1st men on Moon 1969
Nurse Anesthesia Education: 1960 - 1970
Nurse Anesthesia Education
1960-1970

• Nurse Anesthesia Education obtained in 12 -18 month certificate programs
• Inhalation techniques only technique available to majority of nurse anesthetists unless training in military
• Restrictions in education and practice set by facilities & physicians
Nurse Anesthesia Education
1960s

- Some “OJB” training continues for nurse anesthetists
- AANA continues works to standardize education & credentials of nurse anesthetists
- Most nurse anesthetists work for facilities with MDAs in supervisory roles
Nurse Anesthesia Education
1960s

• 1961 first all male class completes year long program at Walter Reed in Washington DC

• Nurse anesthesia programs in military most comprehensive in these years
Charity Hospital New Orleans 1960s
A Student Nurse Anesthetist in “Research” (1962)
Nurse Anesthesia Education: 1970s

- Programs continue @ 18 month certificate for entry into practice
- 1st Bachelor degree in anesthesia granted in South Dakota 1971
- Pre-requisites for entry into programs: experience in OR, ER, or emerging ICUs
Charity Student Nurse Anesthetists in the 1970s
Nurse Anesthesia Education: 1970s

• ASA formally challenges AANA’s right to accredit nurse anesthesia programs in 1975
• Council System established by nurse anesthesia profession 1976
• AANA holds its first stand-alone Annual Meeting 1976
Nurse Anesthesia Education: 1970s

- AANA members approve mandatory continuing education for CRNAS in 1977 effective for 1978
- 1st Master’s in science degree granted to nurse anesthetist graduates in Kaiser Permanente Program in Long Beach Calif. in 1978
Nurse Anesthesia Education: 1970s

• Term “Certified Registered Nurse Anesthetist (CRNA)” begins with credentialing within Council system
• Programs begin movement to requirement of BS pre-requisite: most often not BSN
• Movement begins in profession to move all programs to Masters level
Nurse Anesthesia Education: 1970s

- Huge federal funding for MD education continues
- Influx of foreign medical graduates into anesthesiology residencies
- Increased emphasis on physician education by both government and teaching facilities impact negatively on nurse anesthesia education
Nurse Anesthesia Education
1980s

- Programs move to Master level entry into practice
- Many programs close: Unable to affiliate with universities, unwilling to move to Masters, or unable to get support of MD Directors
- Major decline in programs throughout country by 1989
Nurse Anesthesia Profession: 1980s

- AANA commissions major study nurse anesthesia education for the future 1989
- Male CRNAs educated by military throughout Vietnam conflict begin to enter workforce
- Male CRNA numbers increase dramatically in profession
Nurse Anesthesia Education: 1980s

- Programs begin expansion of education to 24-36 months
- Programs push to educate ALL students in regional techniques
- Estrangement of MDA & CRNA community on regional technique issues impair further expansion of many educational programs
Nurse Anesthesia Education: 1980s

• Long Range Planning Committee of AANA recommends in 1985 that master’s degree become entry into practice for nurse anesthetist by 1998

• Reaction of CRNA practitioners similar to reactions to NBCRNA Continued Professional Certification (CPC) recommendations of 2011
Nurse Anesthesia Education: 1990s

- Focus of educators turn to planning for future needs of profession
- All programs achieve Masters level by 1998
- Requirement of doctorate candidacy/doctorate for Program Directors planned for future of profession
Nurse Anesthesia Education: 1990s

- Increase in numbers of programs throughout country to accommodate applicants & future need of profession
- Economic decline of late ’80s sends older applicants into programs
- Struggles continue for program Directors to control education of students
Nurse Anesthesia Education: 2000

- All nurse anesthesia programs consider future to include doctorate preparation for graduates by 2025
- Strong effort by programs & AANA to encourage educators to pursue doctoral degrees to accommodate future needs of profession to educate students
Nurse Anesthesia Education: 2000s

- Profession reaches projected numbers of graduates to be needed into 21st century
- Increasing numbers of doctoral candidates in CRNA community
- Councils on Certification/Recertification set date for doctoral preparation for entry level into practice for graduates to 2025
Nurse Anesthesia Practice
1960-2012
Nurse Anesthesia Practice 1960-1970

• Membership in AANA climbs above 10,000 in 1960
• Alaska joins all other state and the District of Columbia nurse anesthetist organizations in affiliating with AANA in 1960 with Puerto Rico becoming part of the AANA family in 1962
Nurse Anesthesia Practice 1960-1970

• Autonomy of practice often dependent on location of practice for nurse anesthetists
• No MDA anesthesia in most of deep south
• MDA dominance in Northeast, California, Florida
• Much tension between MDAs using nurse anesthetists & MDAs doing own cases
Nurse Anesthesia Practice: 1960s

• Primary practice settings in deep south dominated by nurse anesthetist/MD groups: ratios @ 10-15:1

• Charity Hospital program longest continuously running nurse anesthesia educational program in U.S.

• Shortage of physicians make nurse anesthetists vital to hospitals
Nurse Anesthesia Practice 1960s

• Clinical practice primarily general anesthesia techniques
• OB practices mostly general anesthesia technique by nurse anesthetists
• No MDA coverage overnight in most facilities
• OB regional anesthesia often done by obstetricians
Nurse Anesthesia Practice 1960s

• Explosive anesthetics continue to be administered in many practices
• Halothane only non-flammable anesthetic available other than Nitrous Oxide
• Non-explosive technique (pentothal, N2O/O2) often used with cautery
Nurse Anesthesia Practice
1960s

• CRNAs primary anesthesia providers in Vietnam conflict in ‘60s & ’70s
• 2 CRNAs die in cargo plane crash in Vietnam in 1967
• Men nurse anesthetists comprise 6% of nurse anesthetist numbers in 60s and 13% of nurse anesthetists in 70s
Percentage of Male Members

- 1931: 0%
- 1940: 0%
- 1950: 1%
- 1960: 6%
- 1970: 13%
- 1980: 27%
- 1990: 41%
- 2000: 46%
- 2005: 44%
Gender

- **Male**
- **Female**

<table>
<thead>
<tr>
<th>Category</th>
<th>Male</th>
<th>Female</th>
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<tr>
<td>All Employed (n=7,381)</td>
<td>43%</td>
<td>57%</td>
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<td>Full-Time Employees (n=6,302)</td>
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<td>53%</td>
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<tr>
<td>Part-Time Employees (n=1,059)</td>
<td>23%</td>
<td>77%</td>
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GENDER TRENDS 2002 VS. 2012

- Male: 2002 - 44%, 2012 - 43%
- Female: 2002 - 56%, 2012 - 57%
Nurse Anesthesia Practice
1960s

• Nurse anesthetist practice sometime restricted from NS/CV/OB
• In-House coverage by nurse anesthetists with MD backup @ home prevalent scenario
• Relationships with MDAs in deep south excellent during these years
Nurse Anesthesia Practice 1980s

- Emerging regional anesthesia practice rights for CRNAs
- Increasing control issues of practice due to ACT implementation throughout the country
- CRNA-only practices emerging as viable alternative for nurse anesthetists
Nurse Anesthesia Practice 1990s

• Nurse anesthesia practice moves firmly into regional anesthesia, OB, contractual arrangements, increasing autonomy in all phases of practice

• Increasing confidence in profession leads CRNAs into more & more conflict with MDAs nationwide
Nurse Anesthesia Practice 1990s

• 1995: International Federation of Nurse Anesthetists sets up permanent office within AANA Executive Building

• CRNAs become very active in volunteer services both internationally and within the country
Nurse Anesthesia Practice 2000s

• CRNA empowerment in workplace continues
• Full scope of practice becoming more & more prevalent
• Aging CRNA population choosing part-time positions leading to retirement of 35% (46% educators) in foreseeable future (2014-2018)
When do you expect to retire from anesthesia practice?

- By the end of 2013: 1%
- 2014 to 2016: 8%
- 2017 to 2019: 11%
- After 2019: 63%
- Unknown: 17%

(n=6,302)
TOTAL MEMBERSHIP 2004-2013
CERTIFIED, RECERTIFIED AND STUDENT MEMBERS

<table>
<thead>
<tr>
<th>Year</th>
<th>Active Certified</th>
<th>Active Recertified</th>
<th>Students</th>
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<tr>
<td>2003</td>
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<td></td>
<td></td>
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<tr>
<td>2008</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td></td>
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### CRNA Incomes 1960-2012

#### Average Salary Per Year

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<th>Decade</th>
<th>Low</th>
<th>High</th>
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<tr>
<td>1960s</td>
<td>6.0</td>
<td>7.2</td>
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<tr>
<td>1970s</td>
<td>8.0</td>
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<td>90.0</td>
</tr>
<tr>
<td>2000s</td>
<td>90.0</td>
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**Note:** Figures represent Thousand Dollars
2012 Total Compensation for Full-time Employee CRNAs

(n=3,852)

- 25th percentile: $142,000
- Mean: $167,896
- Median: $165,000
- 75th percentile: $190,000
- 90th percentile: $220,000
2012 Full-Time Self-Employment Income
$ in thousands
(n=783)

- 25th percentile: $180
- Mean: $218
- Median: $215
- 75th percentile: $250
- 90th percentile: $300
Nurse Anesthesia Politics
1960-2012
GALLUP POLL FOR HONESTY/Ethics in
Professions December 2013

• Nurses again top list of professionals in
  Americans’ public opinion for honesty/ethics
  (82%)

• Except for 2001 (9/11 attack) when firefighters
  topped list, nurses most trusted professionals
  since 1999

• 1999 first year nurses included in survey
Gallup poll for Honesty/Ethics in Professions December 2013

• Nurses again top list of professionals in Americans’ public opinion for honesty/ethics (82%)
• Except for 2001 (9/11 attack) when firefighters topped list, nurses most trusted professionals since 1999
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Public Perceptions of Professionals

• Military Officers rated #2 with 73% vote in Gallup Poll in 2011
• Physicians rated #11 with 66% vote
• Congress rated near bottom @ 9% vote
• Car Salesmen & Lobbyists lowest rate @ 4%
Nurse Anesthesia Politics 1960-2010

• Issues ALWAYS economic & scope of practice
• Issues driven by:
  ❖ Medicare payment system struggles
  ❖ turf battles with MDAs
  ❖ efforts of state regulatory bodies to regulate nursing practice
Nurse Anesthesia Politics 1960-2010

• AANA continuously representative of best interests of CRNAs
• AANA *does not* actively represent CRNA interests at state level
• State component associations voice of CRNAs in state
• AANA voice of CRNAs in Medicare issues
Nurse Anesthesia Politics
1960s

- Issues in early 1960 less pressing since economics of practice not pressing
- Shortage of MDAs in 1960s
- Medicare law effective in 1965
- No recognition of CRNAs in Medicare in 1965
Nurse Anesthesia Politics 1960s

- ASA votes to permit members to participate in education of nurse anesthetists in 1964 after 17 years of the “Anti-Adriani Bylaw”
- 1st Liaison Committee of AANA & ASA formed in 1966
Dr. John Adriani & AANA Executive Director Florence McQuillen (1966)
Nurse Anesthesia Politics 1970s

• AANA-ASA Joint Statement on Anesthesia Practice in 1972
• Statement used in ASA Anesthesia Manpower Study (1970-1972) to justify MDAs efforts to control nurse anesthesia education as well as practice
Nurse Anesthesia Politics 1970s

• Aggressive effort of ASA leadership at federal level to control nurse anesthesia education thwarted by AANA leadership headed by Ira Gunn & supported by ANA Executive Director Dr. Pearl Dunkley

• FINALLY nursing takes stand against physicians in support of nurse anesthetists as nursing specialists
Nurse Anesthesia Politics
1970s

• Expansion of MDA residency programs of ‘70s bring problems for CRNAs

• ASA rejects 1972 Joint Statement on Anesthesia Practice of AANA/ASA with 1976 ASA Statement on the Anesthesia Care Team

• Focus of AANA on nurse anesthesia education & survival of profession
Nurse Anesthesia Politics
1970s

• Enormous growth in politics of AANA in 70s with emphasis on pro-active posture to secure nurse anesthetists' place in system permanently
• Legislative Aide position created within AANA in 1978
• 1st AANA Government Relations Assembly held in Washington DC in 1979
Nurse Anesthesia Politics
1970s

• AANA adopts Position Statements on issues of decade in 1978: Reimbursement & Regional Anesthesia
• 1st male President of AANA in 1972: John Garde
• 1st purchase of AANA office building 1987
Nurse Anesthesia Politics

1970s

• Direct reimbursement in Medicare bill introduced in 1983
• “Pass through” legislation obtained for CRNAs in Medicare in 1984
• Direct reimbursement privilege for CRNAs in Part B of Medicare in 1986 with implementation in 1989
Nurse Anesthesia Politics

1980s

Issues of Decade for AANA:

• Medicare changes
• ASA ACT Statement
• Regional anesthesia privileges
• Survival of educational programs
Nurse Anesthesia Politics
1980s

- Standards of Care, Positions Statements & Professional Practice Manual developed in ‘80s & ‘90s
- Author Marianne Bankart commissioned by AANA to write history of nurse anesthetists publishes “Watchful Care” in 1989
Nurse Anesthesia Politics
1990s

Goals of Profession in the 90s:
• Build profession for future needs of U.S.
• Control of practice rights for CRNAs
• Protection of rights of CRNAs to reimbursement for services
• Protection of ability of CRNAs to access patients
Nurse Anesthesia Politics 1990s

• Landmark Wrongful Termination, Antitrust violations, & Medicare fraud suit filed by group of individual CRNAs & Minnesota Association of Nurse Anesthetists (MANA) against hospitals and anesthesiologists in Twin Cities and St. Cloud in 1994

• Case won by MANA in 2004
Nurse Anesthesia Politics 1990s

• CRNAs FINALLY recognized by ANA as specialty nurses in 1993: 61 years after Agatha Hodgins attempted to seat National Association of Nurse Anesthetists (NANA) in ANA

• 1992 AANA buys larger building & relocates Executive Offices to Park Ridge Illinois
Nurse Anesthesia Goals in the Millenium

• Assure survival in payment system
• Preserve ALL practice rights
• Assure availability of CRNAs for all areas of need
• Raise educational standards to doctoral level in future
Nurse Anesthesia Goals in the Millenium

• Work with the international community of nurse anesthetists to be role models for other countries to educate nurse anesthetists throughout the world

• Develop strong volunteer opportunities for CRNAs wishing to serve throughout the world in teaching & practice
Nurse Anesthesia Goals in the Millenium

- Access, practice rights, & payment for services for CRNAs
- Wellness in each CRNA’s life
- Mentoring of students by CRNAs
- Improving opportunities of CRNAs to grow as professionals
- Assuring credentials for CRNAs remains “cutting edge”
Secrets to Professional Survival & Success for CRNAs

- Excellence in Practice
- Continuing Excellent Relationships with Surgeons & Other Providers that CRNAs work with &/or serve
- Absolutely NO politics in workplace
- Accountability & Reliability in Workplace
- Professional Activism
Discussion