

1. What would be your tactic on a nationwide stance regarding the use of AAs?

First, let me say that our overreaching message is that CRNAs are best suited to meet today's healthcare challenge of delivering safe, quality care to more people without burdening the healthcare system. As fee-for-service payment programs transition to bundled and alternative payment programs (example is CCJP or comprehensive care joint program), I believe our best tactic in limiting the use of AAs is to influence payment policy that removes payment for medical direction, mandating one payment for one anesthetic. Since AAs can ONLY practice in an anesthesia care team setting, promoting this sort of payment policy incentivizes efficiency, reduces costs and encourages the proper utilization of all anesthesia providers.

The question remains, what additional steps can AANA take regarding AAs. The subject of creating a position statement on AA practice that could potentially benefit CRNAs in practice and state associations was discussed in a forum I participated in last week at the AANA Fall Leadership Academy. The biggest challenges associated with creating such a document include the potential of anti-trust action for restriction of trade, jeopardizing the employment of CRNAs in states where CRNAs are actively engaged in AA education (Georgia and Ohio), and retaliation by anesthesiologists in their involvement with SRNA education.

Nine states faced AA legislation this past year. Six states successfully defeated this action and three were temporarily postponed, until next session. At this juncture, I believe our best strategy is to develop a position statement regarding AA practice that places the CRNA in the role of educator defined by our education standards, suited to train and educate INDEPENDENT NURSE anesthesia providers. I believe this would benefit states battling legislative and regulatory actions favoring AAs. Continuing to assist state associations with shared strategies from other states, having a position statement and influencing payment policy are proactive solutions to the AA issue. At the end of the day, it will be the economics in this dynamically changing healthcare delivery system that will ultimate lead to their demise.

2. How will you assure members that the AANA and NBCRNA relationship regarding the new CPC program will stay positive?

The relationship between the AANA and NBCRNA, like personal relationships, should be built on trust. It requires transparency, communication and honesty. Unfortunately, the trust between AANA members and NBCRNA was damaged following the rollout of the CPC and ensuing actions or lack thereof that followed.

A paradigm shift in the relationship between AANA and NBCRNA began this past year. The level and degree of transparent communication has increased; almost weekly phone calls between presidents, board and staff liaisons that participate in board and committee meetings between both organizations, the addition of two elected CRNA board members to the NBCRNA board and improved communication to the membership. There is a willingness on NBCRNA's part to rebuild the trust of the membership, that it is crucial to the success of AANA's business relationship with their organization.

The process to rebuild trust is slow, but we are gaining ground. As we continue to communicate and educate members about the CPC program and as it continues to evolve, I believe the final product will be one that prioritizes patient care and safety, promotes lifelong learning and quality improvement and respects the unique situations of individual CRNAs.

3. What is your stance with regard to the flawed implementation of resolution 2014-2?

As a member of the FY15 BOD, I do not believe the implementation of the resolution was flawed. Allow me to explain.

The resolution called for a postponement of the CPC program until evidence could be presented by the CEC to necessitate change in recertification, to review the evidence regarding the need for change and develop a recertification program which would not create undue burden and be consistent with other healthcare professionals, and to re-establish a working relationship with the NBCRNA within a 90 day time frame.

Actions pertaining to Resolution 2014-2 were taken following review of data, reports from consultants and robust discussion. After reviewing the conclusions from consultants on certification and recertification, nurse practice act statutes and rules, and considering the financial implications in developing an alternative recertification entity, it was determined to be in the best interest of AANA members to structure a memorandum of understanding and recognition agreement with NBCRNA that builds on the improving relationship between organizations and creates an environment where NBCRNA is amenable to making changes in the CPC.

What other actions have occurred to meet the resolution?

I have always envisioned the CPC as a blueprint from which there is opportunity for improvement. With an agreed upon delay to the start of CPC program, I have pursued evaluation and recommendation for change to modules and testing. Instrumental in forming the AANA CPC Task Force, I failed to garner support for the formation of a stakeholder engagement commission, a recommendation in the task force's final report. With opportunity to effect change that meets the goals of lifelong learning, I am encouraged by the on-going work of the CEC committee this year, evaluating and recommending changes to modules and testing, using methodology similar to what the commission would have used.

Conceptually, I believe we have and continue to follow the terms of the resolution. By postponing its implementation, we are able to review evidence-based data, benchmark the CPC against other APRN and medical profession, and have opportunity to implement change to the program. With a re-established a working business relationship with NBCRNA that includes representation on their board and more effective, open communication, we are working in tandem to build trust amongst the membership and develop and implement a lifelong learning program that will meet the needs of ALL CRNAs.