



If you're a healthcare leader working with anesthesia services, and your anesthesia group/department is not utilizing every professional - both CRNAs and MDs - in a way that maximizes value - YOU'RE LOSING OUT!

[Joseph A. Rodriguez, DNAP, CRNA • 1st Managing Partner at Arizona Anesthesia Solutions](#)

Yesterday, a news outlet interviewed me on the crisis that is anesthesia manpower. My answers were simple on how to address it. Making the changes though, is hard work:

BE PRO EVERYONE. If you're a healthcare leader working with anesthesia services, and your anesthesia group/department is not utilizing every professional - both Certified Registered Nurse Anesthetists (CRNAs) and Physician Anesthesiologists - in a way that maximizes value - you're losing out. In an environment where hospital margins are single digit (or - negative) - this isn't just a financial issue, it's a moral issue because it impacts real people in local communities across the country.

USE THE LITMUS TEST. I've seen facilities that are similar in size and scope that used dramatically different anesthesia models and Delineation of Privileges for CRNAs, demonstrating that not all designed with patients at the center. So, here's a litmus test: If your anesthesia model includes strict arbitrary restrictions for CRNAs, then it's hindering access and increasing costs. Typically, these models are influenced by outside trade organizations. These decisions should be re-evaluated through a stakeholder process, which includes all professions, to ensure the full scope of available services is being utilized.

PLANT SEEDS. We all know that America's need for healthcare will rise, while our manpower (in anesthesia and generally) will likely be insufficient. In addition to other educational pipelines, healthcare systems should be expanding relationships with CRNA educational programs ****today**** because they represent a highly significant long-term cost savings for the system. These programs can struggle to find clinical sites - which means significant potential opportunities for hospitals and educational programs. Additionally, CMS allows CRNA nurse residents to be supervised by CRNAs at a 1:2 ratio, potentially expanding services in a cost-effective fashion.

That's it. **Focus on the full value of all anesthesia professionals** - which represents a significant opportunity for many healthcare institutions. Design the model with a stakeholder process with patient safety and access as the goal. Finally, double down on a pipeline to begin to solve tomorrow's problems.

These are steps that represent potentially significant benefit for hospitals in terms of patient access to care and cost savings, and they're how we move past the current state of damaging volatility, and get to a steady state that is a win-win for everyone involved - most importantly, our patients.

Note: the organization was referred to me d/t my leadership at [Arizona Anesthesia Solutions](#) which emphasizes full-value models, and as well as my current position on the board of directors at [American Association of Nurse Anesthesiology \(AANA\)](#). My statements and views are my own.