



2016 HSR Agenda

Development Methodology



Advancing the Science of Anesthesia through Education and Research. As the philanthropic arm of the AANA, the Foundation raises funds and invests in projects that directly support the AANA Foundation and AANA priorities

Research Questions Identified by HSR-AHC

The appointed Health Services Research-Ad Hoc Committee (HSR-AHC ; n=8) representing the 4 affiliates (AANAF, AANA, COA, and NBCRNA) independently developed and submitted 24 research questions, which were then anonymously ranked by the HSR-AHC members via surveymonkey using a Likert scale :

RANK	QUESTIONS 1-12	DOMAIN	SCORE
1	Has patient access to care (surgical, obstetrical, endoscopy, dental services and pain management) improved in states that have opted out of physician supervision?	Policy	12.26
2	Does legislative adoption of the Advanced Practice Registered Nurse (APRN) consensus model result in an increased scope of practice for APRNs?	Policy	12.01
3	What are hospital administrators (CEOs, CFOs, CMOs, CNOs) perceptions of CRNA anesthesia services in their institutional settings? (variations by type of hospital, location by state, location by rural versus city)	Policy/ Practice	11.88
4	How do legislators and other key decision makers perceive the influence of CRNAs (or APRNs)? What can be done in the policy arena to be more effectual/influential?	Policy	11.64
5	What are the outcomes of patients cared for in exclusively CRNA-staffed Veterans Affairs (VA) health care facilities compared with VA facilities using other anesthesia staffing models?	Practice	11.63
6	What is the most efficient and cost-effective model of various patient, provider, and payer mixes?	Policy	11.51
7	What are the workforce needs for anesthesia providers in the U.S. healthcare system in the next 10 years?	Policy	11.39
8	Does the recent non-surgical pain management specialty in nursing anesthesia increase access to underserved populations?	Education/ Practice	11.39
9	What are the value-added services hospital administrators and stakeholders value most from an anesthesia practice group?	Practice	11.26
10	How will the VA adoption of full scope of practice potentially affect access and economic burden in the VA health care system for primary care services (including anesthesia)?	Policy/ Practice	11.26
11	Do outcomes in the military model of independent CRNA practice support the expanded use of this model in the non-military anesthesia care setting?	Practice	10.89
12	What impact would the triple aim framework (access, quality, and affordability) have on CRNA-provided chronic pain management services in rural hospitals?	Policy	10.76

Research Questions Identified by HSR-AHC

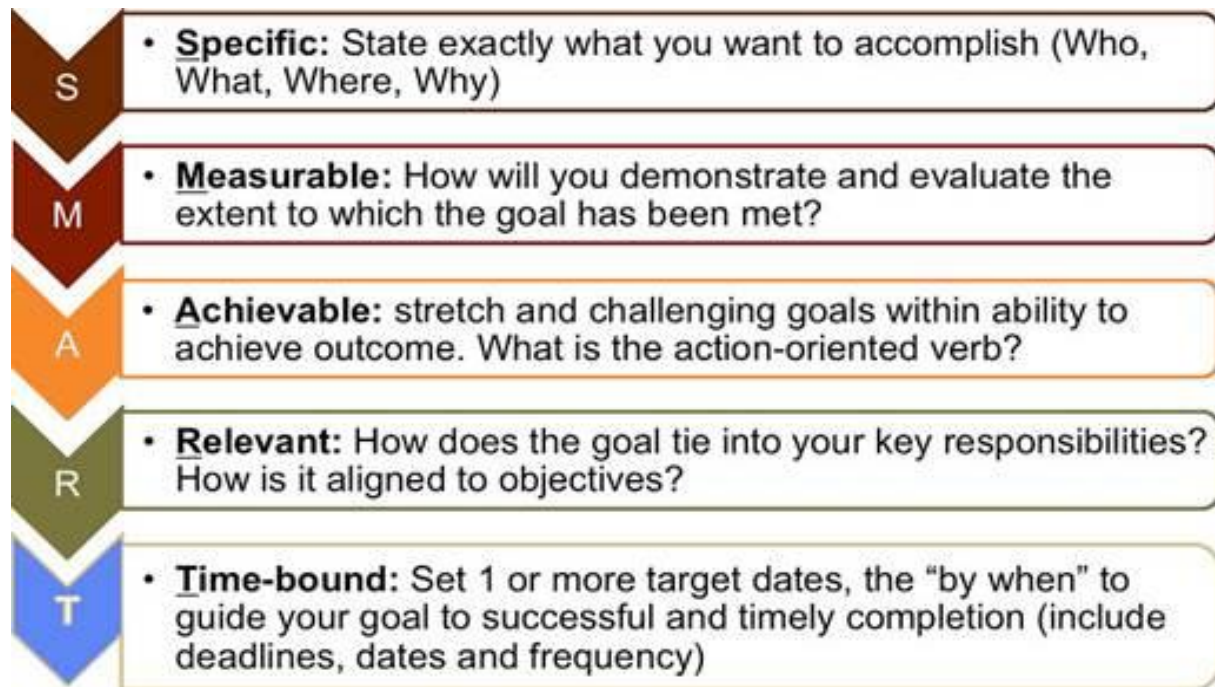
The appointed Health Services Research-Ad Hoc Committee (HSR-AHC ; n=8) representing the 4 affiliates (AANAF, AANA, COA, and NBCRNA) independently developed and submitted 24 research questions, which were then anonymously ranked by the HSR-AHC members via surveymonkey using a Likert scale :

RANK	QUESTIONS 13-24	DOMAIN	SCORE
13	Can the application of Geographic Information Systems (GIS) demonstrate both an economic as well as access expansion and savings by allowing all anesthesia providers to practice at full scope of practice?	Policy/ Practice	10.63
14	Outcomes in a Medical Direction Model versus a Medical Supervision Model of Anesthesia Delivery: a quality and cost analysis.	Policy/ Practice	10.13
15	What dimensions of anesthesia practice are going to be critical in determining a CRNA's readiness for rural anesthesia practice? What are the dimensions of rural anesthesia practice?	Practice	10.13
16	What antecedent knowledge and skills do students of nurse anesthesia require to practice independently in a small rural hospital setting?	Education	10.01
17	Does implementation of a Pre-anesthesia Evaluation Clinic reduce costs and improve patient satisfaction?	Practice	9.88
18	What are the outcomes of trauma patients cared for in exclusively CRNA-staffed American College of Surgeons Level I trauma centers compared with Level I trauma centers using other anesthesia staffing models?	Practice	9.76
19	What are the most common procedures being performed throughout the United States in various types of facilities, by various types of providers?	Education/ Practice	9.76
20	What are the effects of a structured and ongoing CRNA preceptor faculty development program on SRNA attrition in graduate nurse anesthesia programs?	Education	9.63
21	What is the projected vacancy rate of CRNAs in hospitals and surgery centers?	Policy	9.38
22	What is the personal and societal rate of return to educating various health care providers (can include multiple types of ARNPs, PAs, AAs, MDs, etc)?	Education/ Policy	9.26
23	What are the effects of emotional intelligence testing and education on minority SRNA attrition in graduate nurse anesthesia programs prior to matriculation and during the didactic and clinical phase of the program?	Education	9.25
24	What are the morbidity and mortality rates for the 50 or 100 most common surgical procedures performed in the United States?	Practice	8.76

HSR-AHC Consensus Meeting 1



- Each HSR-AHC member was tasked with select 1 of the top 8 ranked questions and defend it using a prepared rationale/justification template based on the S.M.A.R.T. criteria



- The rationales were then distributed to the entire committee for review prior to the consensus meeting, which took place via GoToMeeting and teleconference on Thursday, January 7, 2016 (7:00 pm -9:00 pm CST).

Modified Delphi Survey Using 5-Point Likert Scale



- 2 rounds of web-based and anonymous surveys were conducted to rank research questions submitted by the HSR-AHC
 - Round 1: members ranked 24 total questions
 - Round 2: members ranked the top 4 consensus-based research questions
- Prioritization of questions was based on strength of impact on nurse anesthesia profession; participants were asked to rank each question by assigning each one a score between 1 and 5:

	1-disagree	2-somewhat disagree	3-neutral	4-somewhat agree	5-agree
The research question addresses gaps and/or limitations in nurse anesthesia that may change behavior, enhance practice, or inform policy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The research question lends itself to a feasible research design and analysis with scientific credibility.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The overall impact of the research question will exert a sustained, powerful influence on the nurse anesthesia profession.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

HSR-AHC Consensus Meeting 1 Proceedings



- During the meeting, 6 out the 8 top-ranked research questions were defended
- After much discussion, it was decided that the only 4 of the defended questions from the 2016 HSR Agenda would be considered for funding in CY 2016 :

RANK	SCORE	DOMAIN	RESEARCH QUESTION
1	12.26	Policy	Has patient access to care (surgical, obstetrical, endoscopy, dental services and pain management) improved in states that have opted out of physician supervision?
2	12.01	Policy	Does legislative adoption of the APRN consensus model result in an increased scope of practice for APRNs?
3	11.88	Policy/ Practice	<p><u>Root Question:</u> What are hospital administrators (CEOs, CFOs, CMOs, CNOs) perceptions of CRNA anesthesia services in their institutional settings? (variations by type of hospital, location by state, location by rural versus city)</p> <p><u>Revised Question:</u> How do healthcare administrators (practice and payer) value the cost of the care provided by CRNAs in their facility?</p>
4	11.64	Policy	How do legislators and other key decision makers perceive the influence of CRNAs (or APRNs)? What can be done in the policy arena to be more effectual/influential?

HSR-AHC Round 2 Survey Results & Consensus Meeting 2 Proceedings



- It was agreed that a second anonymous survey would be conducted to prioritize the top 3 research questions followed by a second consensus meeting to finalize the proposed 2016 HSR Agenda (January 27, 2016).
- In this second survey, the members were asked to rank the questions by priority (1st, 2nd, 3rd):

RANK	SCORE	DOMAIN	RESEARCH QUESTION
1	3.38	Policy/ Practice	<p><u>Root Question:</u> What are hospital administrators (CEOs, CFOs, CMOs, CNOs) perceptions of CRNA anesthesia services in their institutional settings? (variations by type of hospital, location by state, location by rural versus city)</p> <p><u>Revised Question:</u> How do healthcare administrators (practice and payer) value the cost of the care provided by CRNAs in their facility?</p>
2	2.63	Policy	Has patient access to care (surgical, obstetrical, endoscopy, dental services and pain management) improved in states that have opted out of physician supervision?
3	2.25	Policy	Does legislative adoption of the APRN consensus model result in an increased scope of practice for APRNs?

- It was then conceded that the top-ranked question would be blended for purposes of a Request for Proposal (RFP), which would be distributed to vendors in mid-February; all received proposals will be reviewed by the HSR Grant Review Committee in April 2016