



American Association of  
**NURSE ANESTHESIOLOGY**

August 17, 2023

Chiquita Brooks-LaSure, MPP  
Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Attention: CMS-5540-NC  
7500 Security Blvd.  
Baltimore, MD 21244

**RE: CMS-5540-NC –Request for Information: Episode-Based Payment Model (88 Fed.Reg. 45872, July 18, 2023)**

Dear Administrator Brooks-LaSure:

The American Association of Nurse Anesthesiology (AANA) welcomes the opportunity to comment on this Request for Information: Episode-Based Payment Model (88 Fed.Reg. 45872, July 18, 2023). The AANA makes the following comments and requests:

- For Anesthesia, Episode Group Measures for an Episode-Payment Model Should Accurately Account for the True Cost of Providing Anesthesia

The AANA is the professional association for Certified Registered Nurse Anesthetists (CRNAs) and student registered nurse anesthetists (SRNAs). AANA membership includes more than 59,000 CRNAs and SRNAs, representing about 90 percent of the nurse anesthetists in the United States. CRNAs are advanced practice registered nurses (APRNs) who personally administer more than 50 million anesthetics to patients each year in the United States. For further information, see: <https://www.aana.com/about-us>.

**AANA Comment: For Anesthesia, Episode Group Measures for an Episode-Payment Model Should Accurately Account for the True Cost of Providing Anesthesia**

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As the Centers for Medicare & Medicaid Services (CMS) seeks to design, implement, and evaluate future episode-based payment models, AANA believes that the episode group measures used for these models should accurately account for the true cost of providing anesthesia care services and should accurately attribute anesthesia care services to the proper clinician. Typically, complications around anesthesia happen within 24 to 48 hours after surgery; therefore, the attribution of complications should be limited to the perioperative setting. We believe it is critical that CRNAs should not be responsible for overall surgical complications that are unrelated to anesthesia.

One area of service that may be reasonably influenced by the clinician providing the anesthesia services rather than the surgeon is the use of techniques such as anesthesia enhanced recovery after surgery (ERAS®) programs. ERAS® is a patient-centered, evidence-based, pain management strategy employed by CRNAs to reduce the need for opioids, improve patient outcomes and reduce costs.<sup>1</sup> Using specific protocol-driven enhanced recovery after surgery pathways improves patient outcomes by reducing the patient's stress response to surgery, shortening the overall hospital length of stay, and accelerating the return to normal daily function. For example, the enhanced recovery pathway for total hip arthroplasty engages the entire perioperative team with the patient to limit care variation that improves outcomes and patient satisfaction. A total hip arthroplasty that includes minimally invasive surgical techniques and multimodal pain management with motor sparing regional anesthesia allows the patient to eat, drink and walk/exercise soon after recovery from anesthesia. The patient's pain management plan of care begins pre-procedure and continues through post-discharge using techniques such as regional anesthesia including placement of epidural catheters, targeted peripheral nerve blocks, non-pharmacologic approaches, and non-opioid based pharmacologic measures.

As ERAS® pathways have been implemented, patient engagement in their own plan of care has improved return to preprocedure health on the day of surgery. CRNAs play an integral role in these episodes of care, in both inpatient and outpatient settings, as proper anesthesia services management can make a tremendous difference in terms of improving patient flow, patient safety, and ultimately in cost savings.<sup>2</sup> Conversely, research shows that suboptimal care in the preoperative, intraoperative, or postoperative phases of surgery may compromise care, resulting in poor patient outcomes and unnecessarily higher healthcare costs.<sup>3</sup> Facility and population specific ERAS® protocols engages the patient and the multidisciplinary team in the plan of care and continued assessment of patient status to optimize care, decrease complications, decrease time to discharge, improve outcomes and lower cost of care by limiting variation in care. CRNAs provide many ERAS® elements of care to optimize the patient to return to normal

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<sup>1</sup> AANA Enhanced Recovery After Surgery, <https://www.aana.com/practice/clinical-practice-resources/enhanced-recovery-after-surgery>.

<sup>2</sup> See for example Rice AN, Muckler VC, Miller WR, Vacchiano CA. Fast-tracking ambulatory surgery patients following anesthesia. *J Perianesth Nurs.* Apr 2015;30(2):124-133. Also see Kimbrough CW et al. Improved Operating Room Efficiency via Constraint Management: Experience of a Tertiary-Care Academic Medical Center. *Journal of the American College of Surgeons* 2015; 221: 154-162.

<sup>3</sup> Miller TE, Roche AM, Mythen M. Fluid Management and Goal-Directed Therapy as an Adjunct to Enhanced Recovery After Surgery (ERAS). *Canadian Journal of Anesthesia* 2015; 62 (2)" 158-168.

activity and diet, including minimally invasive surgical techniques, giving the patient a carbohydrate beverage at least two hours before surgery, maintaining patient warmth during the procedure and also providing multimodal pain management services to minimize or eliminate use of opioids.

Thank you for the opportunity to comment on this Request for Information. Should you have any questions regarding these matters, please contact AANA Senior Associate Director, Federal Regulatory and Payment Policy, Romy Gelb-Zimmer at 202-484-8400, [rgelb-zimmer@aana.com](mailto:rgelb-zimmer@aana.com).

Sincerely,

A handwritten signature in black ink that reads "Angela Mund". The signature is written in a cursive, flowing style.

Angela R. Mund, DNP, CRNA  
AANA President

cc: William Bruce, MBA, CAE, AANA Chief Executive Officer  
Ingrid Lusic, AANA Chief Advocacy Officer  
Romy Gelb-Zimmer, MPP, AANA Senior Associate Director Federal Regulatory and Payment Policy