

CRNAs as NSPM Specialists: Starting a Pain Program

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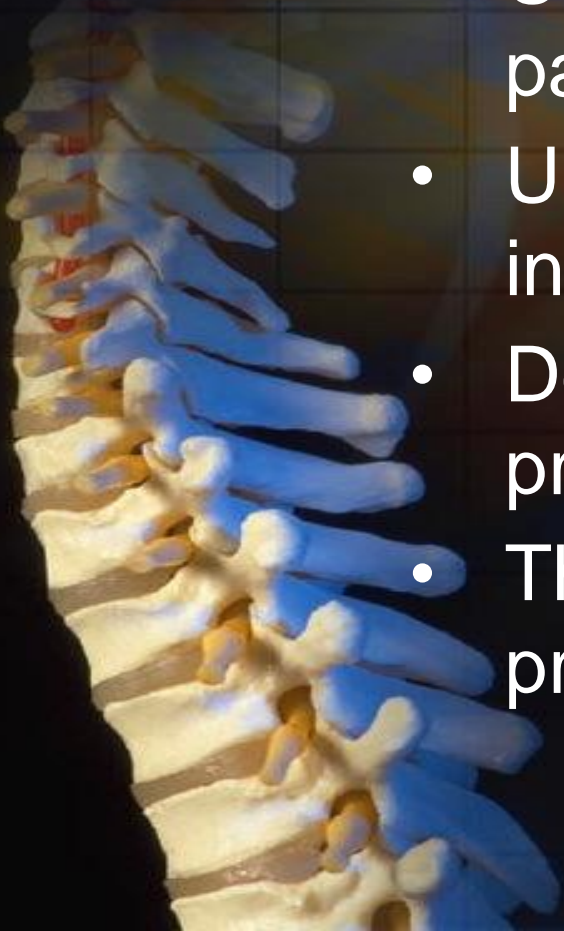
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University



Objectives:

- Define Chronic Pain
- Discuss options for interventional pain training
- Understand various certifications available in pain management
- Understand the basic economic impact of rural interventional pain program
- Describe three environments for CRNA pain practice
- Things to consider when starting a pain program



Chronic Pain

- Pain lasting 12 weeks and longer
- According to the IOM
 - More than 100 million Americans suffer from chronic pain
 - Annual cost of around \$600 billion dollars a year in medical treatments and lost productivity
 - 80% of Americans LBP (Carey and Freburger, 2009)
 - Chronic pain often leads to disability, job loss and decreased job production



The following have contributed to changing standards

- Ethical/Moral implications of not relieving pain
- Widely acknowledged consequences of untreated pain
- Legal obligation
- States enactment of patient's rights
- Pain considered by some as the 5th vital sign?
 - See any problems with that?



Continued

- JCAHO Requirements
 - Patients have a right to pain relief
 - Pain is to be assessed in all patients
 - There is to be regular assessment of pain and follow-up according to criteria developed by the organization



CRNA Scope of Practice

- CRNAs practice in accordance with their professional scope of practice, federal and state law, and facility policy to provide chronic pain management services.
- As advanced practice registered nurses, CRNAs are uniquely skilled to deliver pain treatment in a compassionate and holistic manner. By virtue of education and individual clinical experience and competency, a CRNA may practice chronic pain management utilizing a variety of therapeutic, physiological, pharmacological, interventional, and psychological modalities in the management and treatment of pain. (AANA)



CRNAs and NSPM

- Is it within the scope of CRNA practice?
- Is it within the scope of practice for my state?
Can you use fluoroscopy?
- Do the hospital bylaws allow it?
- Do I have the knowledge and diagnostic foundation?
- Do I have the required clinical skills?



Practice Licensure for APNs/APRNs to:

- Diagnose illness
- Manage wellness
- Order & use the results of advanced diagnostic tests
- Use medical, therapeutic, and interventional measures to treat illness and improve health
- Write prescriptions



Importance of Providing NSPM

- Service chronic pain management needs of the community
- Improve chronic pain patient quality of life and improve function
- Rural CRNAs decrease costs for patients
- Value added service especially for CRNA only groups
- Protect turf and your contract



Where Can I Get the Training?

AANA Jack Neary Pain Course 1 and 2

- Ce2U Advanced Pain Course
- Hamline University Pain Management Certificate
- Online didactic (19 credits) with 240 mandatory clinical hours.
- **Sleepers Anesthesia Service, P.C.**
 - Pain Management Externship
 - Dr. Keith Barnhill, Ph.d, CRNA
 - Self paced course designed to be completed within 2 years



Training Cont:

- University of South Florida College of Nursing
 - Post-Masters Pain Management Certificate
 - Reported tuition cost \$9,600
 - Four courses over a year
 - Limited to 30 students



Training

- TCU
 - Certificate Program. Three semesters duration
 - Jack Neary I and II before applying
 - Tuition is just under 42K!
 - Does not include books, travel, etc



Certifications in Pain Management

- NBCRNA-Non Surgical Pain Management
- Offered only to CRNAs
- 2 years anesthesia clinical experience
- NSPM-C credential first recognition in 2015
- Exam; As of September 2017 (14) Certified. 4 in the intermountain west.



Cert. in Pain Management Continued:

- Academy of Integrative Pain Management (AIPM) June 2016
 - Formerly known as American Academy of Pain Management (AAPM)
 - Offer a Certificate APMP (MDs, DOs, NP, CRNA, PA)
 - Practice 5 years; 30% involvement in pain
 - \$1,500 for course curriculum
 - 50 pain management CEUs prior 2 years
 - Take 200? Exam 70% pass
 - Renew every 3 years



Practice Environments

- Private practice clinic
 - Cost of office space/staff/C-arm/supplies
 - Need for a special procedures room
- Hospital based practice
 - May be willing to provide staff/office space limited or no overhead
 - Procedure rooms available
- Ambulatory Surgery Center
 - Potential for profit sharing/stock equity
 - May have expenses of a private clinic
 - For evaluation and management



Things to Consider

- How will I get paid?
- Fee-for- service/set rate per procedure/ guaranteed RVU/?
- Various reimbursement depending on contract
 - RBRVS vs RVUs
 - Educate/Be informed!
- Calculating Procedure Fees
- Payor Mix
- Billing dilemmas
- Value Creation



Billing?

- Who will do your billing?
 - Expect to pay 5%-10% of collections
 - What is their reputation?
 - Only go for the low hanging fruit?
 - Do they remedy payment denials?
 - What added services do they offer?
 - Practice management?
 - Is there a conflict of interest—Own collection company?



Value Creation is Vital

- Changing Anesthesia Market
 - Mega Group Acquisitions
 - These groups often subsidized
 - 80% of anesthesia groups who do OB are subsidized (MGMA)
 - Group or facility takeovers
 - Contracts given to new providers



Continued:

- Expense for Hospital
- What benefits does your group provide?
- Fee-for-Service Group or Employed?



CRNAs as Revenue Generators



Rural CRNA Value Creation

- The big market for CRNAs and pain
- Hospital revenue generated
 - Pain procedures
 - Facility fees \$1,200 - \$1,900 and up
 - Ordering of imaging
 - X-rays, MRI, CT
 - Labs
- CRNAs viewed as revenue generators
- Value added to referring physicians and pain management needs of the community
- Help protect and maintain practice



The Lewin Group Pain Study

- Prepared for AANA (2012)
 - Case study rural CRNA pain
 - Costs not providing rural service
- Conclusion:
 - Increased direct/indirect costs
 - Many are forced to travel
 - Aged often require an escort
 - Time off work
 - Untreated pain—Hospitalization



Want to Start a Pain Program?



Things to Consider

- Anyone currently providing the service?
 - What is your competition?
- Get the training
- Both Eval/Mgmt and/or just interventions
- What is the referral structure?
 - Would the local physicians/surgeons support you?



Continued:

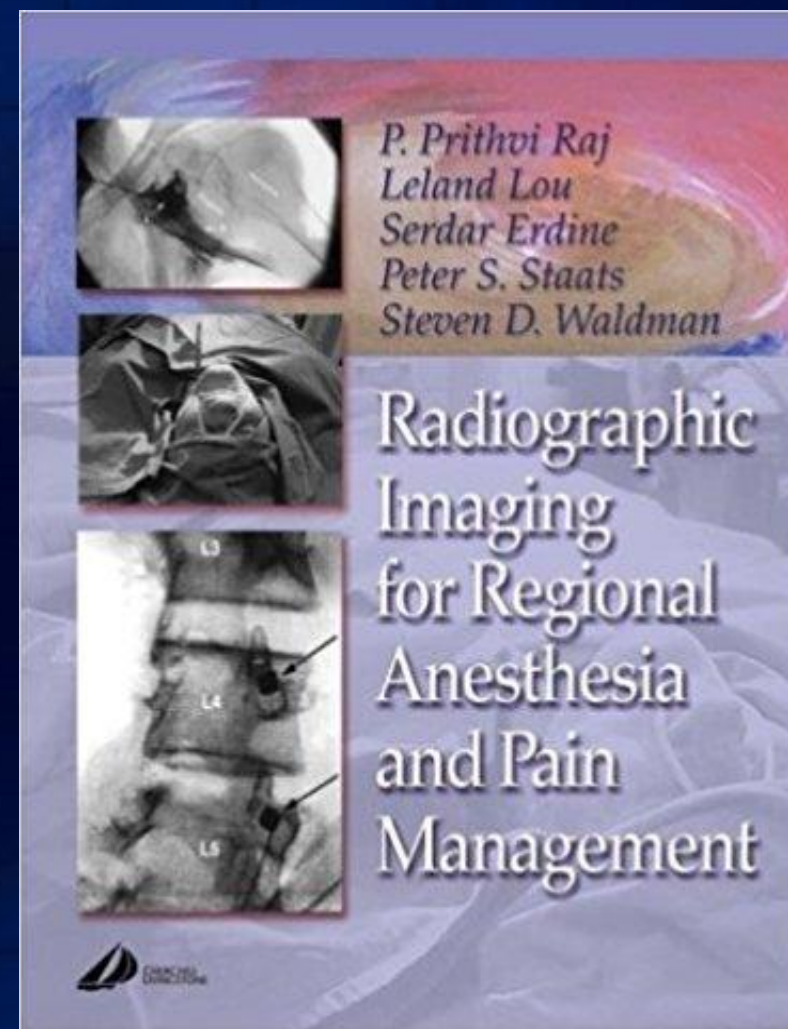
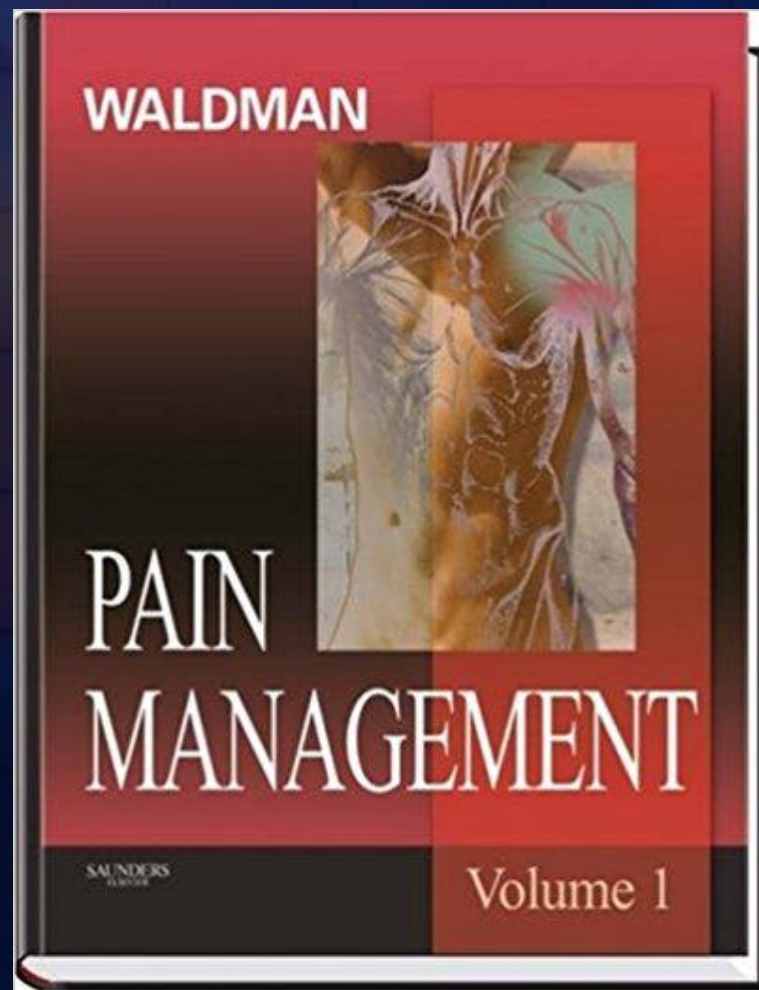
- What is the payor mix?
 - Fee for service insurance billing?
- Guaranteed set RVU per case
 - Negotiate fees separate if hospital employee
 - Have hospital do billing?
 - Advertise! Get material to referring MDs



Additional Considerations

- Rural hospital office space/Equipment/staff
- Billing?
- Procedure room—Block time
- E/M office visits
- Narcotic/Pain contract
 - No doctor shopping
 - Pill counts
 - initial and random drug screens
 - Pt responsibilities
- Network—Ask others how they are doing it!





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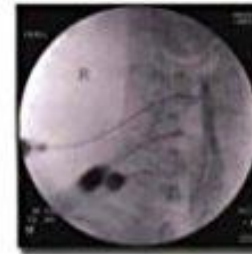


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