Dear Secretary Shinseki, Dr. Petzel and Dr. Jesse,

It has come to our attention that a new policy is being circulated that will result in certified registered nurse anesthetists (CRNAs) becoming licensed independent providers (LIPs) throughout the VA system. We write today to express our opposition to this policy and to express genuine distress that such a profound change to the way anesthesia services are rendered in the VA system would be considered without input from the VA anesthesia leadership.

As the Anesthesia Service Chiefs, we are charged with managing anesthesia resources and ensuring patient safety. Among our hospitals there is tremendous variability in the complexity of cases, age and health status of patients as well as types of services rendered. While the training for CRNAs and anesthesiologists certainly overlaps, nurses and physicians are not interchangeable and the differences become more evident with increased case complexity. Each of us bears the responsibility to recruit specific anesthesia providers based on the individual needs of our facilities and to deploy those providers based on their training and individual capabilities. We have embraced the care team model in which CRNAs work under the medical direction or supervision of anesthesiologists and have recruited accordingly. A sudden change to the status of nurses and the abandonment of the care team model would be extremely disruptive to our services, leaving many of us with inappropriate staffing ratios which would directly compromise patient safety and limit our ability to provide quality care to Veterans.

As you are probably aware, the American Society of Anesthesiologists (ASA) earnestly opposes this proposed policy. Most of us are active members of the ASA and it is extremely disconcerting for us personally that the VA national anesthesia leadership was not even consulted on this important issue. The national press regarding this has already been very negative for the VA. At a time when Americans are being asked to embrace further government involvement in health care, the revelation that such profound changes could be made by the VA administration without the input of clinical leaders would undoubtedly produce significant additional negative publicity.

It is our belief that this situation represents a "Stop the Line" moment. We strongly urge you to stop this policy from being activated and open a transparent dialogue with us in order to explore and discuss all potential consequences, intended and unintended. We are committed to work closely with all parties to discuss this important patient safety issue.

Respectfully,

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