The Association of VA Anesthesiologists

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The Honorable Robert A. McDonald,
Secretary of Veterans Affair for Health,
810 Vermont Avenue,
Washington, DC 20420

Dear Secretary McDonald,

As President of the Association of VA Anesthesiologists, and on behalf of our esteemed Officers, Board of Directors, and Members, I wish to express our concerns regarding the proposed VHA Nursing Services (NS) Handbook (VHA Handbook 1180.03) and the intent to grant Licensed Independent Practitioner (LIP) status to Advanced Practice Registered Nurses (APRN's). Specifically, we are concerned about the proposed LIP status of Certified Registered Nurse Anesthetists (CRNA's), and the potential disruption of the anesthesia care-team model of practice.

Anesthesia care within the VHA has long been delivered in a physician-led, care-team Model. VHA Anesthesia Service Handbook 1123 (AS Handbook) states that in facilities employing both Physician Anesthesiologists and Nurse Anesthetists, care needs to be approached in a team fashion. The Physician-led anesthesia care-team approach is endorsed by the American Society of Anesthesiologists (ASA); the VHA recognizes ASA's guidelines and standards as "agreed-upon and universally applied principles and practices." Disruption of this model of practice could have dire implications for anesthesia practice in general, and for patient safety in particular.

Anesthesia practice in large 1A facilities is significantly more complex than in smaller remote hospitals. Even in "Opt-Out-States", in which Nurse Anesthetists may practice independently, it is uncommon to have a Nurse Anesthetists practice without Physician Anesthesiologist supervision.

An independent study published in the journal *Anesthesiology* (1) has shown that the Physician-led anesthesia care team model produces positive patient outcomes. The authors of the study documented a higher mortality and failure-to-rescue rate for patients who underwent an operation without medical direction by a Physician Anesthesiologist. The findings of this study are particularly concerning due to the fact that our veteran population has more comorbidities than the general patient population. Due to the complex nature of anesthesia, Nurse Anesthetists encounter more split-second life or death scenarios than other APRN specialties. *It is for this reason that we strongly believe that the practice of nurse anesthetists should be addressed separately from other APRN practices.*

Yet, the proposed NS Handbook seeks to mandate that CRNAs must be granted credentials for anesthesia practice, similar to those of a Physician Anesthesiologists. It

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appears that under the proposed changes, CRNA credentials must also include nationally-defined core credentials, without input from VACO Anesthesia Service, or from local Anesthesia Service Chiefs, into elements of such core credentials. The anesthesia care-team approach described in AS Handbook 1123, stipulates that anesthesia care must take into consideration the education, training, and licensure of all practitioners(2). With regard to education and training, Physician Anesthesiologists have between 12,000 and 16,000 hours of clinical anesthesia training compared to Nurse Anesthetists, who spend significantly less time in clinical training. On average, a Physician Anesthesiologist has ten times the length of clinical training than a Nurse Anesthetists.

Anesthesiology is the Practice of Medicine and must be maintained as such. Deviation from this practice would result in substandard delivery of care to our veterans as compared to community standard. In addition, the proposed practice change will have serious negative implications on your physician anesthesiologist and surgeon recruitment initiative across the VHA.

The Physician Anesthesiologists at the VA respectfully request that you to reconsider the initiative to grant Licensed Independent Practitioner (LIP) status to Nurse Anesthetists in the VHA. This initiative would only serve to adversely affect the quality of care to our veterans and would have no impact whatsoever on the patient access issue.

We would also like to request an in-person meeting to discuss this further.

Respectfully submitted on behalf of the Physician Anesthesiologists in the VHA,

Ann Walia, M.D.
President, AVAA

CC:
Sloan D. Gibson, Deputy Secretary of Veterans Affairs for Health.
Jose D. Riojas, Chief of Staff, Department of Veterans Affairs.
Carolyn M. Clancy, M.D., Interim Under Secretary for Health Department of Veterans Affairs.
Laura H. Eskenazi, Executive in Charge and Vice Chairman Board of Veterans' Appeals.
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Tammy Kennedy, Acting General Counsel.
Christopher E. O'Connor, Acting Assistant Secretary for Congressional and Legislative Affairs.
Maura Sullivan, Assistant Secretary for Public and Intergovernmental Affairs.
Helen Tierney, Assistant Secretary for Management.

[1] Silber JH, Kennedy SK, Even-Shoshan O et al. Anesthesiologist direction and patient outcomes. Anesthesiology. 2000;93: 152-63

[2] Department of Veterans Affairs. VHA Anesthesia Service Handbook 1123. March 7, 2007