

May 11, 2020

The Honorable Robert Wilkie
Secretary
Department of Veterans Affairs
801 Vermont Avenue
Washington, D.C., 20402

Dear Secretary Wilkie:

We are writing to express our **united opposition** regarding a memorandum sent by Dr. Richard Stone to Veterans Health Administration (VHA) senior leadership regarding “CRNA Practice During the COVID-19 National Emergency”, in accordance with Directive 1899. Specifically, this memo strongly encourages “*VA medical facilities...to use the authorities created by VHA Directive 1899...to amend medical facility by-laws to allow CRNAs to have full practice authority to the extent that is within the full scope of their license*”. We strongly oppose this grave departure from the team-based model of care, clearly stated in Directive 1123.

Veterans with COVID-19 are among the most complex patients health care providers will encounter in their professional capacity. Eliminating the clinical oversight and involvement by physicians, even temporarily during this critical time, jeopardizes the quality of Veteran health care and unnecessarily puts our Veterans at increased risk. Therefore, **we invoke the “Stop the Line” initiative.**

The “Stop the Line for Patient Safety” initiative was introduced in the VHA in 2013 to enhance current safety guidelines and practices, empowering staff to speak up and communicate their concerns to other members of the team regardless of their position. **As Anesthesia Service Chiefs and Staff Anesthesiologists, patient safety is our highest priority, and we believe this change unnecessarily threatens the safe, high-quality care delivered to our Veterans.** Therefore, we are invoking this measure and asking that you rescind this memorandum immediately.

No systemic barriers to anesthesia care or availability exist within the VHA during this pandemic that would warrant this change at this critical time. While some VA hospital ICUs and EDs might be facing a staffing strain from COVID 19 patients, surgical services do not suffer this burden. Due to the previous government mandate to stop elective procedures, patients throughout the country have had their elective procedures postponed. No such access issue in the operating room or procedural areas exists for our Veterans. The surplus of anesthesia staff comfortably permits the anesthesia team to assist in other areas of the hospital like the ICU and the ED without affecting access to surgical services.

We are gravely concerned by this most recent memo, which unnecessarily places the health and lives of our Veterans at risk. This memo also disregards the two public rule-making processes of 2017 that reaffirmed the importance of safe, physician-led anesthesia care for our nation’s Veterans and was overwhelmingly supported by over 200,000 comments submitted to the VHA. To implement this change now contradicts APRN Final Ruling, RIN 2900-AP44 and the current National Anesthesia Service VHA Directive 1132, which was developed with input from physicians, nurses, lawmakers, Veterans and the public opinion over a period of nearly five years.

A few weeks ago, VA Administration encouraged Anesthesia Departments to deploy staff to other parts of the hospital, as well as to other hospitals in need of assistance. Both MDs and CRNAs volunteered and some were sent to other areas of need within their own hospitals. Very few, if any, were deployed to outside hospitals. In fact, some VA anesthesiologists who were approved to be deployed and eager to help were informed that there was no longer a staffing need. **Many VA anesthesiology**

departments sent as many as half of their CRNAs and MDs to ICUs without impacting Veterans access to surgical care.

The demands of the current crisis do not warrant changes to the anesthesia care team model. The policy in the National Anesthesia Service Directive 1123, which was finalized October 2019, provides sufficient flexibility to meet the demands of patient care during the pandemic. COVID-19 infected patients present a particular challenge where coordinated care teams are vital to the safety of the patient and health care providers. As experts in airway management, most facilities are deploying “Anesthesia Airway Teams” around the hospital to assist with emergency airway intubations, placement of invasive lines, and management of mechanical ventilation throughout the hospital when needed, but not full time. CRNAs and Anesthesiologists are working together as a team. These additional responsibilities are not affecting operating room caseloads. No anesthesia staff is being deployed or utilized in a way that has left departments short-staffed.

The intent behind encouraging the elimination of physician supervision for CRNAs is disconcerting and unwarranted in this critical juncture of the pandemic. The claim that Anesthesiologists are contracting COVID-19 at an alarming rate, causing staffing shortages is simply false. There have been a handful of anesthesiologists on the frontline who have contracted the disease. Fortunately, many of those anesthesiologists have already completely recovered and returned to work. VA’s own internal data demonstrates that there is no shortage of anesthesia providers (neither physician anesthesiologists nor nurse anesthetists), and it also strongly indicates that there is insufficient evidence to support nurse anesthetists practicing without physician involvement.

With this memo, Dr. Stone and the Office of Nursing Service intentionally bypassed National Anesthesia Services to encourage hospitals to change their bylaws to eliminate physician supervision of CRNAs. Formally changing hospital bylaws is a large and complex task, which requires coordination and collaboration from multiple stakeholders. The complexity of this task is not warranted when the focus should remain on taking care of our veterans impacted by COVID-19, which is not in the operative or procedural setting.

This memo has created much disruption to the care team model and caused unnecessary divisiveness and confusion at the absolute worst time. Rather than promote more division within health care teams, we need administration to encourage a united front against this enemy. **WE STRONGLY ENCOURAGE** the VA leadership to **immediately redact** their memo and allow the APRN Final Ruling and Directive 1123 to stand, allowing Anesthesiologists and CRNAs to continue to work as a team, focusing on the real fight in front of them. Do not allow politics or false information to distract and interfere in the delivery of high-quality health care that our Veterans deserve.

Thank you for your consideration and your dedication to Veterans. We look forward to having a transparent and open dialogue with you.

Respectfully,

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Charlie Norwood VA Medical Center

Dr. Ramprasad Sripada
Staff Anesthesiologist
Minneapolis VA Health Care System

Dr. Robert Stewart
Staff Anesthesiologist
James H. Quillen VA Healthcare System

Dr. Esther Sung
Staff Anesthesiologist
VA Portland Health Care System

Dr. Matthew Swisher
Staff Anesthesiologist
VA San Diego Healthcare System

Dr. Paul Tan
Staff Anesthesiologist
James A. Haley Veterans' Hospital

Dr. Jigar Tatara
Staff Anesthesiologist
Atlanta VA Medical Center

Dr. Jennifer Thomas-Goering
Staff Anesthesiologist
VA Ann Arbor Healthcare System

Dr. Rebecca Tisdale
Staff Anesthesiologist
Southeast Louisiana Veterans Health Care
Systems

Dr. Lisa To
Staff Anesthesiologist
VA North Texas Health Care System

Dr. Brooke Trainer
Staff Anesthesiologist
Central Virginia VA Health Care System

Dr. Robert Trainer
Staff Anesthesiologist
Hunter Holmes McGuire VA Medical Center

Dr. Mark Trentalange
Staff Anesthesiologist
James J. Peters VA Medical Center

Dr. Mercy Udoji
Staff Anesthesiologist
Atlanta VA Medical Center

Dr. Susan Valley
Staff Anesthesiologist
VA Northern California Health Care System

Dr. Jennifer Vance
Staff Anesthesiologist
Atlanta VA Medical Center

Dr. Matthew Vanderhoek
Staff Anesthesiologist
VA Sierra Nevada Health Care System

Dr. Kalpana Varma
Staff Anesthesiologist
Louis Stokes Cleveland VA Medical Center

Dr. Jenny Velasco
Staff Anesthesiologist
Las Vegas VA Medical Center

Dr. Arnaldo Vera
Staff Anesthesiologist
Miami VA Healthcare System

Dr. Helen Vo
Staff Anesthesiologist
Orlando VA Medical Center

Dr. Tomas Walsh
Staff Anesthesiologist
VA Boston Healthcare System

Dr. Tessa Walters
Staff Anesthesiologist
VA Palo Alto Health Care System

Dr. Amr Waly
Staff Anesthesiologist
Minneapolis VA Health Care System

Dr. Lansheng Wang
Staff Anesthesiologist
West Haven VA Medical Center

Dr. Elizabeth Webber
Staff Anesthesiologist
Minneapolis VA Health Care System

Dr. Joseph Wels
Staff Anesthesiologist
Minneapolis VA Health Care System

Dr. Shawn West
Staff Anesthesiologist
Memphis VA Medical Center

Dr. Mary Whitley
Staff Anesthesiologist
Birmingham VA Medical Center

Dr. Anne Wilhite
Staff Anesthesiologist
Hunter Holmes McGuire VA Medical Center

Dr. Brian Williams
Staff Anesthesiologist
Pittsburgh VA Medical Center

Dr. John Williams
Staff Anesthesiologist
Pittsburgh VA Medical Center

Dr. Thomas Wong
Staff Anesthesiologist
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Dr. April Wood
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William S. Middleton Memorial Veterans Hospital

Dr. James Wright
Staff Anesthesiologist
John Cochran Veterans Hospital

Dr. Patrick Wu
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