

The Importance of the Physician-Led Anesthesia Care Team

McNeil Cronin, M.D.

President

North Carolina Society of Anesthesiologists

Introduction



- The Physician-led Anesthesia Care Team is best way to promote patient safety and high-quality care.
- Physician anesthesiologists are uniquely educated and trained for critical moments in health care, when seconds count and decisions over diagnoses and treatment can be the difference between life and death.
- Eliminating the physician supervision requirement for nurse anesthetists would have no impact on access to care.
- With patient safety in mind, and aware there is no recognizable benefit of removing the physician supervision requirement, maintaining that requirement is the best policy option for North Carolina, consistent with decades of state law.

Anesthesia Care Team



- The Anesthesia Care Team involves the delegation and monitoring of appropriate tasks by the physician to non-physician anesthesiologists, including nurse anesthesiologists and anesthesiologist assistants.
- Based on their medical education and training, physician anesthesiologists are uniquely qualified to lead the Anesthesia Care Team in this way.
- Nurse anesthesiologists and anesthesiologist assistants are valued, important members of the Anesthesia Care Team.
- When physician anesthesiologists and anesthesiologists work together as a team, patients receive safe, high-quality anesthesia care.

Physician Anesthesiologist



- Physician anesthesiologists are guardians of public safety, uniquely educated and trained for the critical moments in health care—in the operating room, in the delivery room, in the intensive care unit, and in a crisis.

We are physicians first. Giving the anesthetic is just one component of our job.

- As medical doctors, physician anesthesiologists specialize in anesthesia care, pain management, and critical care medicine, bringing the knowledge required to treat the entire body.
- This education and training provides physician anesthesiologists the unparalleled ability to lead Care Teams and navigate life-and-death moments in patient care.

Surgery and Anesthesia are Dangerous

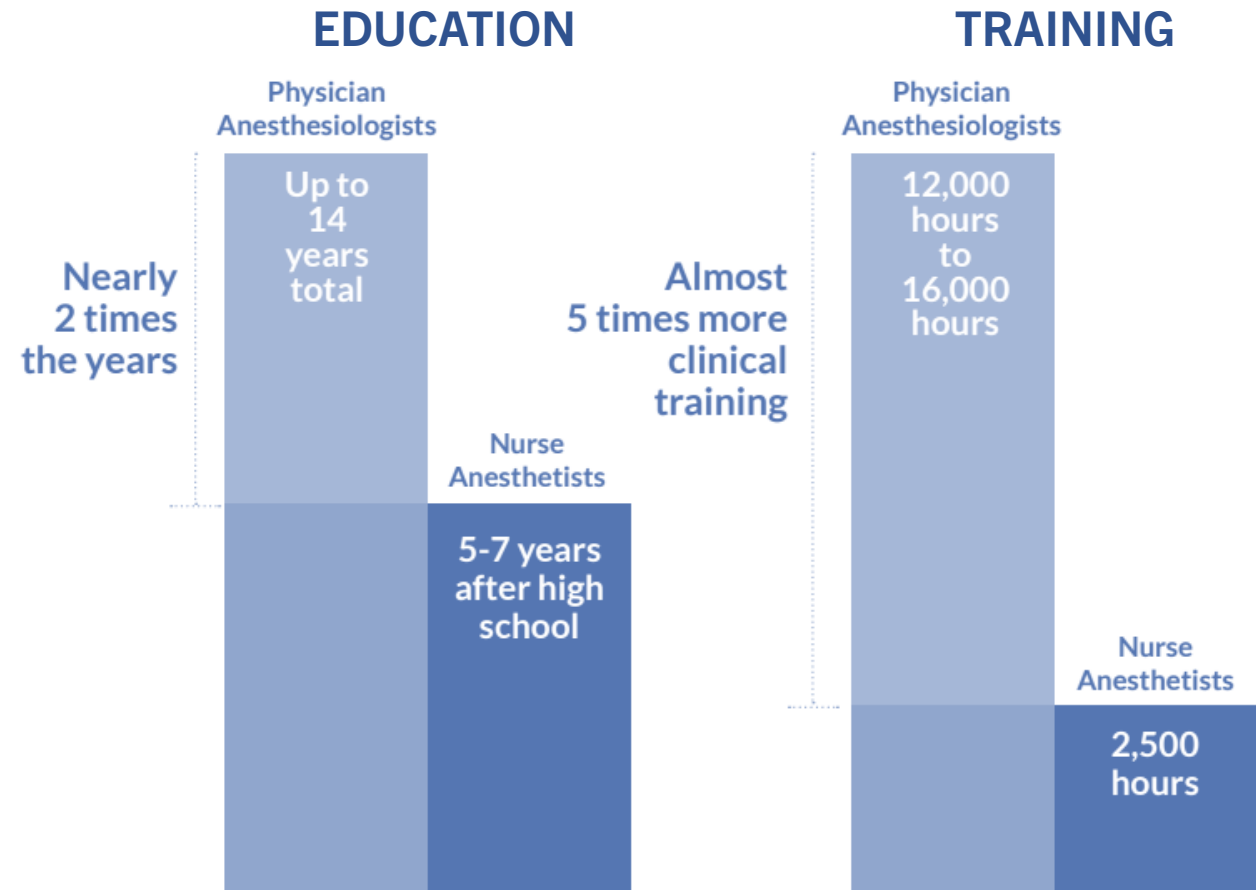


- **Anesthesia is different.** It involves intentionally putting patients into medically induced comas, taking complete control over cardiovascular and pulmonary systems, intentionally paralyzing patients to help facilitate procedures, placing breathing tubes in patients' tracheas, and placing patients on ventilators.
- With any provision of anesthesia, the patient is in an extremely vulnerable state, and emergencies can and do happen—everywhere, in every type of facility, and even with the best available safety precautions in place.
- Diagnoses and treatment regimens often must be decided accurately and in seconds.
- Removing the extensively trained and extensively knowledgeable physician anesthesiologist from an operation would only increase the risk of an emergency or an unfortunate event.

Education and Training Matter



- Physician anesthesiologist education and training is different than nurse anesthetists.
- This prepares the physician anesthesiologist to make critical decisions during surgery—for any patient, in any situation.
- In a field like anesthesia that is so acute and so fragile, requiring accurate diagnoses and treatment regimens, increased education and training leads to increased diagnostic accuracy and high-quality care.



North Carolina Law



- Given the inherent dangers in anesthesia, North Carolina law requires a physician, either a physician anesthesiologist or the physician performing the procedure, to supervise a nurse anesthetist providing care.
- Under the Anesthesia Care Team model used in most hospitals and ambulatory surgical centers, the overall responsibility for the patient's care and safety rests with the physician anesthesiologist.
- In 2005, the North Carolina Court of Appeals declared that physician supervision of nurse anesthetists is "a fundamental patient safety standard required by North Carolina law."

Physician-Led Care Protects Patient Safety



- Physician anesthesiologists' experience in preventing patient complications and responding to emergencies in surgery protects patient safety and can be the difference between life and death.
 - **The presence of a physician anesthesiologist prevented 6.9 deaths per 1,000 patients** in which an anesthesia-related or surgical complication occurred, according to an independent study published in the peer-reviewed journal *Anesthesiology*[®].¹
 - **The odds of admission to the hospital or death were 80% higher when a nurse anesthetist provided care rather than a physician anesthesiologist**, according to an independently funded analysis of a national survey of more than 2.4 million outpatient surgeries.²

No Impact on Access to Care



- Removing North Carolina's requirement for physician supervision of nurse anesthetists would have no impact on access to care.
- **Anesthesia is provided as part of a surgical procedure and a physician—either a physician anesthesiologist or the surgeon—is always directly involved in that episode of patient care.**

North Carolina Should Avoid a Two-Tier System of Care



- North Carolina should avoid jeopardizing patient safety by effectively creating a two-tier system of care: one tier that includes physician supervision and one that does not.
- Maintaining the state's longstanding physician supervision requirement ensures we may continue to bring that value to every North Carolinian, everywhere in the state.
- Old North State Medical Society yesterday called on the General Assembly to pass Medicaid expansion legislation without eliminating the requirement of physician supervision and compromising physician-led care.

Impact on Cost of Care



- **Eliminating the physician anesthesiologist can actually cost more**, as other physicians may be needed to consult or provide the services a physician anesthesiologist would: assessing pre-existing conditions or handling emergencies and other medical issues before, during, and after medical procedures.
 - **When nurses led anesthesia care, surgical care costs were 8.7% higher (about \$1,800 per surgery)**, according to an analysis of Nationwide Inpatient Sample data that compared surgical costs in three opt-out states to three states that require physician-led care.³
 - **Anesthesiologist-led care significantly reduced costs compared to the nurse model:** medically related surgical cancellations were reduced by 88%, medical consultation requests were reduced by 75%, and cost of laboratory tests were reduced by 59%, according to a review article.⁴

North Carolinians Support Physician-Led Care in Anesthesia



- According to a 2017 survey of 500 registered North Carolina voters⁵:
 - **90%** want a doctor to respond to a medical complication or anesthesia emergency during surgery.
 - **90%** believe it is important that a doctor supervise a nurse anesthetist who is administering anesthesia or responding to anesthesia emergencies during surgery.
 - Physician supervision has strong bipartisan support across the state in rural and urban areas and among Republicans, Democrats, and Unaffiliated voters.

The poll of 500 registered North Carolina voters was conducted by McLaughlin & Associates between April 22-24, 2017. All interviews were conducted by professional interviewers via telephone. The accuracy of the sample is within +/-4.4% at a 95% confidence interval.

Conclusion



- The physician-led Anesthesia Care Team model is a proven method of delivering safe, high-quality anesthesia care.
- Physician anesthesiologists are uniquely educated and trained to lead, diagnose, and treat patients in any situation. They are irreplaceable and can be the difference between life and death.
- Given the inherent dangers in anesthesia, North Carolina law has long required physician supervision of nurse anesthetists.
- Eliminating the physician supervision requirement would jeopardize patient safety and have no impact on access to care, while creating inconsistent standards of care in our state.
- Protecting the physician supervision requirement remains the best policy decision for North Carolina to ensure all of us—including you, your families, and your constituents—continue to receive safe, high-quality care when it is needed the most.

Thank you

Resources



- ¹Silber JH, Kennedy SK, Even-Shoshan O, et al. Anesthesiologist direction and patient outcomes. *Anesthesiology*. 2000;93(1):152-163. 10.1097/00000542-200007000-00026
- ²Memtsoudis SG, Ma Y, Swamidoss CP, Edwards AM, Mazumdar M, Liguori GA. Factors influencing unexpected disposition after orthopedic ambulatory surgery. *J Clin Anesth*. 2012;24(2):89-95. doi:10.1016/j.jclinane.2011.10.00200026
- ³Schneider JE, Ohsfeldt R, Li P, Miller TR, Scheibling C. Assessing the impact of state “opt-out” policy on access to and costs of surgeries and other procedures requiring anesthesia services. *Health Econ Rev*. 2017;7(1):10. doi:10.1186/s13561-017-0146-6
- ⁴Wicklund RA, Rosenbaum SH. Anesthesiology. *N Engl J Med*. 1997;337:1132-1141. doi: 10.1056/NEJM199710163371606
- ⁵The poll of 500 registered North Carolina voters was conducted by McLaughlin & Associates between April 22-24, 2017. All interviews were conducted by professional interviewers via telephone. The accuracy of the sample is within +/-4.4% at a 95% confidence interval.