the Anesthesia Record

AAAA® American Academy of Anesthesiologist Assistants

Fourth Quarter 2016

- CAAs helping Oregon veterans
- Global outreach Kenya
- Scrambling for Lifebox and AAFA
- Full days at OpWalk
- VA sustains ACT
- CAAs on national panels
- Breathe the winds of change

Winds of change bring new results

Tim Goodridge, CAA
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"The only way forward, if we are going the improve the quality of the environment, is to get everybody involved."
- Richard Rogers, Architect of the new 3 World Trade Center

The CAA profession is about to go through some major changes. Therefore, this is a seminal moment for the AAAA®. If you are reading this, then you have decided to be engaged in staying knowledgeable of the challenges the CAA profession faces. You are involved.

"The AAAA® is changing and adapting to confront present and future challenges... Be involved in the change."

Those who choose not be AAAA® members are simply going to miss out. They will be at a distinct disadvantage when these changes occur. The AAAA® wants every CAA to be a AAAA® member, to be involved, and not miss the things that are changing within our industry. What are the big issues affecting the AAAA®? Here are a few:

- Medicare payment models are incredibly important as they set the trend for the national health insurance industry. While some changes may be in store for the Affordable Care Act (i.e. Obamacare), every CAA provider should be aware our practice is already seeing changes influenced by recent MACRA legislation (MACRA has already been enacted into law and in all probability, will not be reversed). The AAAA®, with the ASA®, worked diligently to make sure that CAA providers are identified as "eligible providers" in this recent legislation. Quality reporting is the keystone of MACRA legislation, and future payment structures will depend on this. You may already see increased quality reporting in your practice. Our profession is positioned to be an ideal component in balancing an increase in patient access and increasing affordability while also providing the safest and most qualified care in anesthesia. AAAA® representatives are already involved at the national level in quality reporting committees and will continue to advocate for our profession as changes occur in the greater healthcare industry. What can you do? AAAA® needs increased membership revenue to ensure CAA representation continues.

- The AAAA® is engaging in a strategic organizational shift, which will include having a central resource at the executive level. To break it down: there is no need to re-invent the wheel when confronted with an issue over and over again. Previous shotgun strategies of dealing with legislation, practice, and policy issues are now to be converted into a collective database that can then be used as learning resources for all efforts nationwide. The hiring of the AAAA®'s Director of State Affairs (DSA) is just the first step in restructuring the AAAA® organization to meet this strategic plan. Future strategic efforts consider organizational restructuring in which state academy leaders will transition into direct AAAA® representation and leadership roles. This transition will enable timely cross-regional communication and information sharing, and therefore timely and appropriate action. What can you do? AAAA® needs increased member recruitment from state academies to ensure we can continue to provide this newest asset in practice and payment services.

- The ASA® continues to increase support of the AAAA® and the CAA profession. The ASA® engages the AAAA® in policy discussions and the AAAA® continues to provide a presence within the ASA organization. In 2016, the CAA category of ASA® membership was introduced. This category includes incredible ASA resources and is offered at a discount for AAAA® Members. What can you do? AAAA® needs all CAAs to challenge their employers to support AAAA® membership among CAAs and anesthesiologists.

- Finally, the AAAA® is reviewing a policy to address and confront efforts where CAA practice and employment is actively restricted or being eliminated. What can you do? Stay tuned and ready to support the AAAA® in this potentially game-changing strategy.

Continued on Page 5

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Gina Scarboro, CAA, 2017

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Calendar of Events

December 2016

2017 AAAA® Membership Renewal/Enrollment Cycle
November 1st, 2016 – Jan 31st, 2017

January 2017

1st Quarter Newsletter Submission Deadline
January 30th

ASA® Practice Management Conference
January 27-29, Gaylord Texan Resort, Grapevine, TX
www.asahq.org/practicemanagement

February 2017

GAAA Board Meeting/GSA Winter Forum
February 3-5, Le Meridien Hotel (Perimeter Mall), Atlanta
www.gsahq.org

New Horizons in Anesthesia Conference
Emory University's Department of Anesthesiology
February 19th – 24th | Vail, Colorado
www.emoryanesthesiaconference.com

CRASH 2017
University of Colorado School of Medicine
February 26 -March 3
Vail (CO) Marriott Mountain Resort
www.ucdenver.edu/crash

April 2017

AAAA® Annual Meeting
April 1-4, Hilton Downtown Hotel, Austin, TX
Register at www.anesthetist.org

All charity is local

CAAs across Denver, CO, drew together in the holiday season to deliver joy to families in need. Two families were "adopted" for the Holidays from the charitable organization Heart and Hand Center for Youth and their families. The community of CAA professionals lifted these families and, with the generosity of many, gave a very Merry Christmas to the children.

AAAA® adds director of state affairs

Gina Scarboro, CAA
President, AAAA®
Program Director, South University
Savannah, GA
ginascarboro@hotmail.com

AAAA Executive Director Jet Toney discusses scope of practice legislation with Georgia lawmakers and staff.

Since the inception of the AAAA® in 1975 there has been a constant need for advocacy to advance CAA practice in all 50 states and US territories. CAA volunteers, giving freely of their time to represent their profession and expand practice, have tirelessly led this effort for four decades. Since 2004, when the current expansion of AA education began, the profession has grown dramatically from approximately 50 graduates in 2005 to more than 200 in 2016. This growth and the continued need for anesthesia practitioners have fueled the fire of CAA practice expansion.

AAAA® members have placed "expansion of practice" high on the list of priorities for our professional organization for multiple years. In the 2015 annual membership survey, respondents stated that *professional security* and *state legislative efforts* are the two most important AAAA® member benefits. The AAAA® Board of Directors has also prioritized this goal for multiple years by allocating time and resources to these efforts.

In 2015, the AAAA® Executive Committee and Board of Directors created our newest three-year strategic plan that began this year. The purpose is to enable the AAAA® to face the challenges and opportunities of our profession with efficiency and impact. To that end, leadership made the hiring of a full-time Director of State Affairs (DSA) a priority. This position was designed to be a national presence in the coordination of CAA licensure, practice defense, and payment resolution efforts.

The board approved the strategic plan in late 2015, and a task force was created to construct a job description, oversee the interview process and ensure the necessary budget planning. Out of a thorough drafting and revision process approved by the AAAA® Board of Directors, the following key responsibilities of the Director of State Affairs were established:

- Continuously review, identify, monitor and analyze introduced state legislation and proposed regulations as well as assist in coordinating the AAAA®'s response.

- Advise affiliated and partner organizations on drafting, introduction and legislative advocacy to promote expansion of CAA licensure throughout the United States and territories.

- Assist in responding to member and state academy requests regarding state legislation, regulation, practice and related issues.

- Perform 50 state legislative/regulatory reviews of enacted laws, adopted regulations and related research, as needed.

- Advance AAAA®'s state legislative and regulatory agenda through written communications as well as advocacy materials such as issue summaries/briefs, advocacy toolkits, testimony, and comment letters.

- Prepare state issues briefings, articles, newsletter content, and action alerts.

- Advise executive committee, board and executive staff members on strategies to promote licensure expansion and respond effectively to state practice issues.

Continued on Page 5

Betts to serve state academies, licensure expansion

Jeremy Betts
Director of State Affairs

In a groundbreaking commitment to support licensure expansion, practice issue resolution and federal affairs, AAAA® has hired Mr. Jeremy Betts as the organization's first Director of State Affairs. The engagement represents the completion of an 18-month strategic initiative by the AAAA® Board to bring full-time advocacy to undergird state academy work throughout the country.

Betts brings a decade of hands-on, state-level public policy development and lobbying experience to AAAA®'s advocacy initiatives. A Magna Cum Laude graduate of Georgia State University's political science department, Betts was top policy staff for the Georgia House Health and Human Services and, later, policy counsel to the powerful Ways and Means Committee. He has consulted on numerous election campaigns and worked for one of the southeast's largest lobbying and government relations companies. Mr. Betts concludes his studies in law this year.

"Clearly, Jeremy Betts knows how legislators and legislatures work," AAAA® President Gina Scarboro, CAA, said. "His experience in developing public policy that has resulted in state legislation is a valuable, tangible asset to state AA academies and to our national efforts."

Among his first responsibilities, Betts will engineer AAAA®'s grassroots advocacy initiative to encourage AA comment in the current second round of public input on the VA APRN Rule. This initiative will concentrate on telling the VA that AAs desire careers in the Veteran's Administration health system if salary inequities are solved.

Secondly, the DSA will contact state AA academy leaders to create mutually beneficial working relationships. Throughout the year, the DSA will work with state AA academies and state anesthesiologist societies to support and encourage AA licensure expansion efforts.

"I encourage state AA academy leaders to immediately respond to Jeremy's initial outreach," AAAA® Executive Director Jet Toney said. "Rapid and frequent communication will serve to increase AAAA®'s response to state-level issues and opportunities. Victories in one state can be translated to successes in other states."

"We will focus on supporting those individuals and organizations who are preparing for or engaged in state licensure expansion efforts," Betts said. "My first ask is that AAAA members and our allies contact me early in the consideration of licensure expansion. My second is that when practice challenges emerge, members will advise headquarters immediately and provide as much information as is available describing the situation."

Betts' first day on the job was invested in coordinating CAA and SAA response to the Veterans Administration's call for public comment on anesthesia access within the VA health system. He began by sending an email to every AAAA member whose member profile has a valid and current email address. In that email, Betts provided talking points to help Fellow and Student members create and submit comments at SafeVACare.org.

Advocacy - From Page 4

• Advise the executive, legislative and practice committees based on thorough research of issues and opportunities to support the work of those committees.

Applicants to this position are required to have multiple years of experience in government affairs or public policy advocacy and work experience at the state or federal level. In addition, applicants must possess knowledge of state legislative and regulatory processes.

A national applicant search was conducted with more than 70 responses submitted to our management staff. I am pleased to announce that Mr. Jeremy Betts has been hired to serve as our first DSA. He began serving the organization on January 5, 2017. Mr. Betts served nine years as policy staff in the Georgia House of Representatives, is completing his study in law this year, and has worked as a lobbyist in a significant southeastern regional lobbying firm. Please read his introduction on page 17.

This is an exciting move forward towards the AAAA® meeting the needs of certified anesthesiologist assistants across the country! I look forward to seeing what the coming years develop for AAAA® members and feel privileged to be a part of such a groundbreaking move for this organization.

Winds of Change - From Page 2

The AAAA® is a member-driven and member-reliant organization. Membership allows the AAAA® to function, and the AAAA® can only function at the highest levels with active and involved members.

You, as a member, need to know of the issues and changes affecting the CAA profession. To be prepared, and to use the AAAA® as a resource when significant issues need to be addressed, you need to renew your membership and ask others to join or renew as well. The AAAA® can only continue to make changes and work for the profession if you, and your greater professional community, join and support the AAAA®.

"State academy leaders will transition into direct AAAA® representation and leadership roles."

The AAAA® is changing and adapting to confront present and future challenges. Being a AAAA® member is essential for any CAA that wants to adapt in this rapidly changing environment and remain relevant as a valued anesthesia provider. Renew your membership and don't miss out. Be involved in the change.

AAs enrich ASA® committee work

The expanding relationship between the American Society of Anesthesiologists® (ASA) and the AAAA® has allowed for AA participation on ASA® committees. The mutual focus on patient safety and quality outcomes encourages the two organizations to work efficiently towards policy that provides the best perioperative care in the Anesthesia Care Team setting. AAs enrich ASA® committee discussion by providing perspective of the supervised anesthetists who practice in a variety of settings.

The ASA® permits AA adjunct members on 15 ASA® committees. Those persons are selected by the ASA® president-elect, typically with AAAA® executive committee input and approved by the AAAA® board. In the past, these persons were usually AAAA® board members who would already be scheduled to attend the ASA® annual conference. The travel expenses for these representatives would be covered based on their strict attendance at the AAAA® fourth quarter board meeting held simultaneously with the ASA® annual meeting.

Currently, the AAAA® board is deliberating revised policy and procedures for travel reimbursement, including eliminating travel reimbursement for AAs attending ASA® committee meetings as appointed adjunct members. This revised policy would allow any AA Fellow member to be considered for ASA® committee appointment but with no expense to the AAAA®. To encourage participation by as many Fellow members as possible, the governance committee posts all upcoming ASA® committee openings with descriptions and term limits. If this new policy is approved at the first quarter board meeting in 2017, the ASA® committee positions would be included in those postings.

Much appreciation goes to all who volunteered their time and talent serving as liaisons of the AAAA® to their respective ASA® committees in 2016. Their service is a testament not only to their dedication to the CAA profession, but also to the AAAA®'s support of physician-led care and the Anesthesia Care Team model.

2017 AAAA Representatives to the ASA

ASA Committees	AAAA Representative
ASA AA Education and Practice	Melanie Guthrie
ASA Anesthesia Care Team	Joy Rusmisell
ASA Communications	Ty Townsend
ASA Economics	Jana McAllister
ASA Future Models of Anesthesia Practice	Mike Nichols
ASA Global Humanitarian Outreach	Sabena Kachwalla
ASA Governmental Affairs	Tim Goodridge
ASA Large Group Practice	Gregg Mastropolo
ASA Membership	Gina Scarboro
ASA Occupational Health	Danny Mesaros
ASA Patient Safety and Education	David Dunipace
ASA Practice Management	Carie Twichell
ASA Professional Diversity	Llalando Austin
ASA Quality Management & Departmental Administration	Rob Wagner
ASA Uniformed Services and VA	Gregg Mastropolo

"Much appreciation goes to all who volunteered their time and talent serving as liaisons... Their service is a testament... to the AAAA's support of physician-led care and the Anesthesia Care Team model."

Professional Diversity Committee

Llalando Austin, CAA
Llalando@nova.edu

The ASA® awarded AAAA® an adjunct committee position on professional diversity in 2016. As a relatively new profession, the average age of a CAA is younger than the average age of the adult worker in the U.S. Women and men are represented almost equally. Most minority groups appear to be significantly underrepresented when compared to the total U.S. population. AAAA® membership tracks closely with the overall demographic breakdown of CAAs. Like many graduate level professions, our demographic is not representative of the population, and AAAA® seeks to improve CAA diversity. This ASA® committee will bring ideas and opportunity to AAAA® for how to improve diversity in our profession and education of CAAs. Different backgrounds and perspectives bring vibrancy and creative solutions to the issues all CAAs face.

Occupational Health Committee

Danny Mesaros, CAA, MMSc
Adjunct Instructor
Master of Science in Anesthesia Program
Case Western Reserve University School of Medicine
AAAA Board, Director

The mission of the ASA®'s Committee on Occupational Health is to monitor, synthesize, evaluate and generate new knowledge in the field of occupational safety and health. This information and specific practice recommendations are publicized for the betterment of anesthesia providers and their patients. The committee responds to members' inquiries regarding workplace health concerns and makes recommendations for improving safety and health. The committee is organized into advisory groups, which focus on substance use disorder, infectious disease, physician health and well-being, and also physical hazards. As anesthesia providers, CAAs are exposed to the same occupational safety and health issues as physicians. Hence, it is our responsibility to contribute to the ASA® Committee on Occupational Health.

Future Models of Anesthesia Practice Committee

Michael S. Nichols, CAA
Chief Executive Officer
Avance Education Solutions
Atlanta, Georgia
pledgeaac@yahoo.com

I serve on the ASA®'s Committee on Future Models of Anesthesia Practice. The committee was constituted originally to strategically forecast what future practice paradigms of anesthesia may 'look like'. It was from the work on this committee that the concept and framework of the Preoperative Surgical Home (PSH) model of care was developed. The model guides a focus of anesthesia care from the traditional intraoperative patient care to a perioperative setting stemming from the decision for surgery to the postoperative phase and transition back to medical care.

The committee has led the collaboration of provider groups and healthcare administration in sharing wisdom and experience for the integration of practice models such as the PSH. Recently, as the PSH concept becomes reality, the charge of the committee has evolved to develop practical theory behind anesthesiology's presence and practice within the broader constructs of population health management.

Global Humanitarian Outreach Committee

Sabena Kachwalla, CAA
Clinical Director
Master of Science in Anesthesia Program
Case Western Reserve University School of Medicine
Washington, D.C.

The ASA® added an AA member to Global Humanitarian Outreach in 2015 as the AAAA and CAAs are beginning to be more involved in service and education throughout the world. AA educational programs now regularly provide volunteer outreach opportunities, and global outreach was a featured lecture at the 2016 AAAA®annual conference. The AAAA® has been a significant fundraiser for Lifebox and continues to work with the charity organization to deliver pulse oximeters to surgical suites around the world. By joining this ASA® committee, AAAA®seeks to strengthen outreach opportunities for our members and increase the profile of our profession among the global community and the anesthesiologists who provide service and education worldwide.

Watch CAA video @ http://www.anesthetist.org/about-the-profession

Grassroots help protect ACT in VA

"Though VA does have some localized issues, we do not have immediate and broad access challenges in the area of anesthesia care across the full VA health care system that require full practice authority for all Certified Registered Nurse Anesthetists (CRNAs). Therefore, VA will not finalize the provision including CRNAs in the final rule as one of the APRN roles that may be granted full practice authority at this time. VA will request comment on the question of whether there are current anesthesia care access issues for particular states or VA facilities and whether permitting CRNAs to practice to the full extent of their advanced authority would resolve these issues."

-VA Grants Full Practice Authority to Advance Practice Registered Nurses

https://www.va.gov/opa/pressrel/pressrelease.cfm?id=2847 | December 14, 2016, 12:09:00 PM

On December 13, 2016, the US Department of Veterans Affairs (VA) delivered a powerful statement on the importance of physician-lead anesthesia and perioperative care for treating the nation's veterans. While the VA adopted a new Advanced Practice Registered Nurses (APRN) rule allowing more independent nurse practice in primary care settings, it abandoned its earlier proposal to authorize independent practice of Certified Registered Nurse Anesthetists (CRNA).

The original proposal was an attempt to change the care model from a physician-led, team-based approach to a full practice authority or nurse-only models of care for all VA advanced practice registered nurses, including nurse anesthetists.

"The AAAA® promotes access to safe, quality patient care, and we know there is a significant difference between primary care and acute anesthesia care" AAAA® President Timothy Goodridge said. "While VA patients need more convenient access to primary care, patients in acute care settings deserve skilled providers who are working strategically in the Anesthesia Care Team model."

Goodridge

The VA's decision to sustain physician oversight of anesthetists is good news not only for patients in the massive health care system, but also for Certified Anesthesiologist Assistants (CAA). The ruling assures that CAAs have opportunities for employment in the VA in the future, though salary disparities do not encourage AA careers there.

In an organization-wide effort to preserve the Anesthesia Care Team (ACT) in the VA, AAAA® leaders and staff contacted members to encourage action. The result: CAAs and student AAs (SAA) from throughout the country submitted thousands of comments in opposition to the original VA proposed rule. More than 104,000 total comments were received by the VA in support of keeping the physician-lead model. Of these responses 11, 000 were from veterans, while 14,000 were from family members of veterans. The American Society of Anesthesiologists led the physicians' grassroots effort supporting the ACT model through its SaveVACare.org initiative.

The VA's own studies have validated that the ACT approach provides the highest quality care and that there is no shortage of anesthesia providers in the VA. In terms of safety, conclusive VA internal reviews (the VA QUERI initiative1) have questioned the safety of cases managed by NAs when working outside of the Anesthesia Care Team model.

The VA's internal Quality Enhancement Research Initiative (QUERI) study titled "Evidence Brief: The Quality of Care Provided by Advanced Practice Registered Nurses" which assisted VA leaders in arriving at the evidence-based decision. Upon reviewing other studies, which included self-funded nurse advocacy studies, QUERI determined it would not be safe to move to a nurse-only model. The study specifically questioned a CRNA's ability to safely manage complex procedures alone.

Currently, 46 states, including the District of Columbia, require physician participation in anesthesia care Policy leaders in these states have determined that removing physicians would endanger the lives of patients and lower the quality of care provided.

Mastropolo

"The AAAA® will provide comments to the VA on veteran access to care," Federal Affairs Chair Gregg Mastropolo said. "Comments will address such issues as ways to include CAAs in realistic employment opportunities within the VA. Comments will also emphasize how using CAAs in the ACT model can address increasing work force needs if and when increased access to anesthesia care providers is warranted within the VA."

"The AAAA® will continue to advocate for salary and practice parity across equal providers within the VA and to promote CAA opportunities to work in the VA without practice or payment restrictions."

Go to SafeVACare.org for more information.

HHS confirms CAAs MIPS qualified

James E. "Jet" Toney
Executive Director, AAAA®

The U.S. Department of Health and Human Services has confirmed that Certified Anesthesiologist Assistants are qualified non-physician anesthesia providers under the new Medicare Merit-Based Incentive Payment System (MIPS) and Alternate Payment Model Incentive.

HHS's published response to public comments: *We appreciate the suggestion from the commenters and note that section 1861(bb)(2) of the (Social Security) Act specifies that the term "certified registered nurse anesthetist" includes an anesthesiologist assistant. Thus, anesthesiologist assistants are considered eligible for MIPS beginning with the CY 2017 performance period.*

The affirmative statement is a response to the three-page comment letter submitted to HHS Secretary Sylvia Mathews Burrell by AAAA® President Tim Goodridge, CAA, on June 23, 2016. Representatives of the American Society of Anesthesiologists® also submitted comments requesting clarification and CAA inclusion.

In his comments, AAAA® President Goodridge wrote: *If Anesthesiologist Assistants are not specifically listed as eligible Professional/Clinician in the proposed MACRA rule, patient access to care by these highly qualified individuals could be restricted. Non-inclusion of AAs as eligible providers could also potentially create restraint of trade/commerce issues.*

Specific inclusion of federally recognized Anesthesiologist Assistants will significantly increase the amount of quality performance reporting available in the MIPS model and assure AA participation in APMs.

Background: The Social Security Act (hereby known as the Act) was amended by the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). The premise of the amendment was to rescind the Medicare sustainable growth rate, to change the authorization of the Children's Health Insurance Program, and to improve Medicare access by refining physician and other clinician payments along with other areas of improvement.

The final rule, to be implemented January 1, 2017, seeks to change the way Medicare incorporates quality measurements into payments for physicians and other clinicians. It also seeks to develop new policies which will provide incentives to participate in Alternate Payment Models (APMs). Policy makers identify these policies as the Quality Payment Program.

The MACRA provides the framework for participants to take part in the CMS Quality Payment Program in one of two ways:

- Advanced Alternative Payment Models (Advanced APMs).
- Merit-based Incentive Payment System (MIPS).

MIPS is a new program that will make payments based on performance on quality, cost, and other predetermined measures. The program will be comprised of three existing programs the Physician Quality Reporting System (PQRS), the Physician Value-based Payment Modifier (VM), and the Medicare Electronic Health Record (EHR) Incentive Program for eligible professionals (EPs). MIPS quality measures will focus on both evidence-based, specialty-specific standards as well as practice-based improvement initiatives which include cost, use of certified electronic health record (EHR) technology (CEHRT) and advanced quality objectives.

Four states boast 'perfect' participation

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Congratulations to Colorado, North Carolina, New Mexico, and Wisconsin for boasting 100% CAA participation in the AAAA®. Charts in this article celebrate the states/regions with the highest participation and show where opportunity is ripe for increasing CAA professional citizenship through membership in the only organization that is wholly devoted to promoting the profession -- AAAA®.

"AAAA® respects the freedom of every CAA to individually determine their appropriate level of professional citizenship."

The AAAA® has historically maintained modest membership relative to the universe of certified AAs. Through AAAA®'s effective advocacy program and a renewed sense of professional purpose, more AAs are choosing to benefit from affiliation with their professional association.

The NCCAA and the AAAA® compiled the mailing addresses from the member profiles to calculate how many CAAs and AAAA® members reside in each state. In this relatively simple analysis, AAAA® membership numbers have been categorized by state and compared (See Figures 1 and 2).

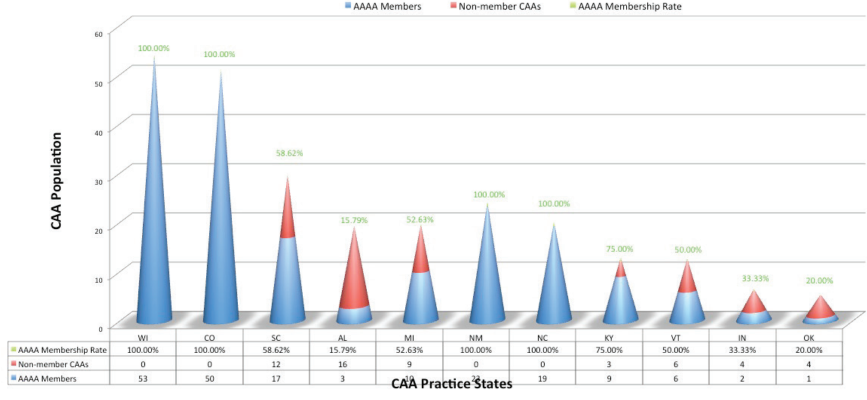
"Our profession has survived and grown standing on one leg."

Since a significant number of CAAs report home addresses in states where CAA licensure does not yet exist, an appropriate assumption has been made to regionalize and combine the populations for some states, such as Kansas and Missouri or Maryland, Virginia and Washington D.C. This adjustment more accurately represents the practice population and member numbers in states with many CAA state line commuters. The AAAA® acknowledges that a degree of error exists since the data has been collected from multiple sources. Also, some members have not updated home addresses in either NCCAA or AAAA® profiles. CAAs who move or change email addresses and SAAs going into private practice and abandoning their program emails should update personal profiles on both AAAA® and NCCAA websites.

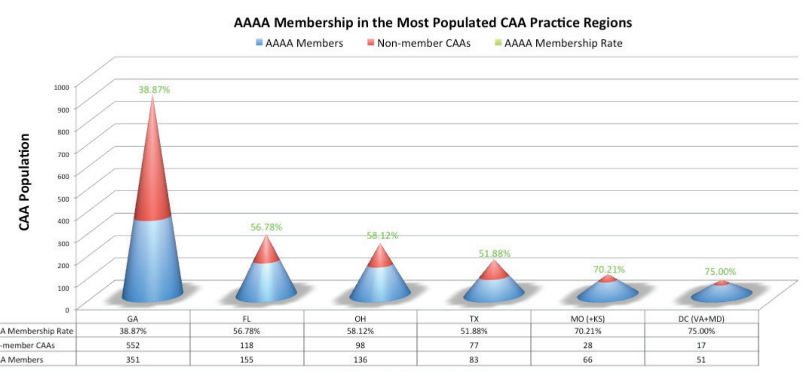
"Most CAAs value the common sense of supporting the AAAA -- effectively nurturing the career in which they have invested and from which their livelihoods flow."

Unlike the AANA, the AAAA® does not require association membership as a condition of certification. Rather, the AAAA® respects the freedom of every CAA to individually determine their appropriate level of professional citizenship and responsibility for advancing and defending their livelihoods. AAAA® leaders (as do AA employers) know that membership in and support of the organization(s) which exist to protect, serve and grow the profession is essential to professional responsibility. Fortunately, most CAAs value the common sense of supporting the AAAA® -- effectively nurturing the career in which they have invested and from which their livelihoods flow.

In a show of professional advocacy, I ask all AAAA® members to respectfully challenge their CAA colleagues and friends to support the AAAA® as Fellows. Look back on how the profession has grown and responded to daunting adversity with roughly 50% membership rates. Our profession has survived and grown standing on one leg. Imagine what the AAAA® could do and the profession would be with 100% CAA participation!



	WI	CO	SC	AL	MI	NM	NC	KY	VT	IN	OK
AAAA Membership Rate	100.00%	100.00%	58.62%	15.79%	52.63%	100.00%	100.00%	75.00%	50.00%	33.33%	20.00%
Non-member CAAs	0	0	12	16	9	0	0	3	6	4	4
AAAA Members	53	50	17	3	10	23	19	9	6	2	1



	GA	FL	OH	TX	MO (+KS)	DC (VA+MD)
AAAA Membership Rate	38.87%	56.78%	58.12%	51.88%	70.21%	75.00%
Non-member CAAs	552	118	98	77	28	17
AAAA Members	351	155	136	83	66	51

Members enjoy 'prime' benefits

Laura Knoblauch, CAA
Chair, Membership Committee
South Denver Anesthesiologists, PC
Englewood, Colorado
Laura.k.knoblauch@gmail.com

With the change in the calendar comes the opportunity renew membership in our professional organization. Dues revenue and volunteerism is the fuel that propels AAAA® through each year's opportunities for resolving practice issues, promoting licensure and advocating for greater AA contributions in the Anesthesia Care Team across the nation.

> "The 'amazon prime' benefit is enjoying AAAA®'s protection of our livelihood."

While there are many benefits to being in the AAAA®, the "amazon prime" benefit is enjoying AAAA®'s protection of our livelihood and its work to resolve practice issues across the country. For students, the most important work of the organization is promoting licensure expansion (think jobs) in more states.

Let's walk through the initial membership and renewal process:

Renewal Notice

The renewal cycle for 2017 AAAA® membership is November 1, 2016 to January 31, 2017. **Remember to renew your AAAA® membership by the start of every calendar year!**

Group Billing Savings

AAs receive a **10% membership dues discount** for group billing! To receive the discount, the employer must provide AAAA® with a list of all the members agreeing to be a part of group billing. Although designed to increase membership participation rates in larger anesthesia practices, group sizes of five or more CAAs which participate in group billing enjoy the discount. The AAAA® will generate a single invoice for everyone, which is paid in a lump sum less the 10% discount. If you have any questions, please do not hesitate to contact Stephanie Bowen at...
stephanie.bowen@politics.org or
Membership Chair Laura Knoblauch at...
laura.k.knoblauch@gmail.com.

Member Benefits

AAAA® members receive exclusive discounts. When applying for the CDQ examination, AAAA® members pay $742.50, instead of $1,000. Remember, you need to re-certify via NCCAA CDQ examinations every six years. See the table below regarding the 2017 exam dates and important information.

Members also receive an $85 discount when registering Continuing Medical Education (CME) credits through the NCCAA. **June 1st** is the deadline for your CME credit submissions and submission fee. CMEs must be submitted using the current registration form found on the NCCAA website. **Remember, CAAs are required to earn and submit 40 CME credits every two years.**

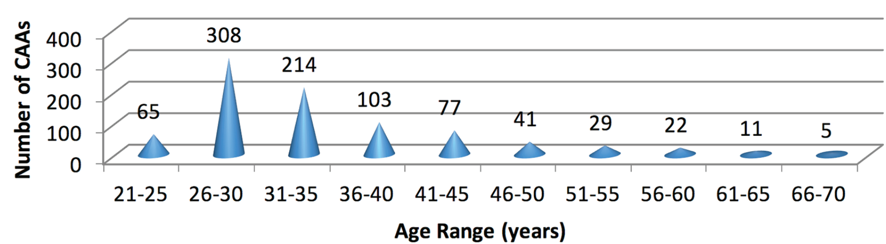
You also have access to discounted medical liability insurance, career center and job postings, participation in grassroots advocacy and legislative efforts nationwide, employment assistance related to legislative and practice issues, quarterly newsletters, past and current E-Records, credentialing assistance, a redesigned, mobile-friendly AAAA® website, as well as networking opportunities within the growing community of CAAs at the AAAA® conference and through the online membership directory. These benefits and more can be found on the AAAA® webpage at aaaa.memberclicks.net/member-benefits-services.

Figure 1

	February	June	October
Certifying exam or CDQ	BOTH	BOTH	ONLY CERTIFYING
Application Period	08/1/16 to 09/30/16	11/1/16 to 01/15/17	03/1/17 to 05/31/17
Application Deadline	09/30/16	01/15/17	05/31/17
Application Withdrawal Deadline	01/7/17	05/04/17	09/15/17
Exam Date	02/18/17	06/10/17	10/07/17

Figure 2

AAAA Membership Numbers of CAAs by Age Range



CAAs Continue Global Outreach in Kenya

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(Editor's note: Case Western Reserve University, D.C. sponsored the program described in this article. Dr. Quentin Fisher, who has led prior training missions, contributed to the preparation of content.)

The trip that almost wasn't turned out to be a great success. Our second CAA-led outreach to the Kenyan anesthesia students was to include two CAA's, Bob Culver and me; and Dr. Quentin Fisher from Case faculty. We had spent months planning classes to certify Kenyan anesthesia students in American Heart Association BLS and ACLS, and provide teaching activities in emergencies and trauma. Just ten days before departure, however, Dr. Fisher and I received simultaneous text messages from Bob that he was having emergency surgery.

"The training of competent COAs is crucial to ensure safe, quality anesthesia services in Kenya."

Naturally, our first concern was Bob's well-being and a successful surgery. But then the doubt set in about our trip as we realized Bob had been arranging the syllabus and was planning to lead us through the courses. He also had all the manikins! Bob's second text was "I'm good at plan B". So, Dr. Fisher and I decided to make a go of it; the planning took on a frantic quality of arranging the lectures and transport of equipment all while attending the ASA annual conference only a few days before launch. Thanks to Bob's commitment to seeing the goal through and Case Western Reserve-D.C.'s generosity, we were able to make a quality contribution to the training of essential anesthesia providers of Kenya.

Megan Varellas,CAA running ACLS code with KMTC students.

Kenya has a general population of 45 million, 43 percent of whom are under the age of 15. The burden of disease, disability and mortality that could be averted by safe surgery in Kenya and other low and middle-income countries is growing. Often, these countries lack the essential infrastructure to meet these issues appropriately. The Kenya Society of Anaesthesiologists reports there are 145 anesthesiologists in Kenya, few of whom work in public hospitals, and almost none in smaller towns or rural areas. Thus, the majority of anesthesia services are provided by Clinical Officer Anesthetists working independently and with limited resources. Hence, the training of competent COAs is crucial to ensure safe, quality anesthesia services in Kenya.

Second year students with their ACLS books provided by CWRU D.C.

The training of Clinical Officers in Anesthesia was formally started in 1965 at a newly organized Medical Training Centre, as a post-independence measure to overcome manpower shortages in the new country. Clinical Officer Anesthetist (COA) program consists of four years post-secondary school training – two years in general medicine, and two years in anesthesia training at the Kenya Medical Teaching College (KMTC). Each year, KMTC accepts approximately 25 clinical officers for advanced training in anesthesia. The curriculum is similar to the master's anesthesia curriculum, though areas that are not included in the COA's scope of practice are covered more briefly, and high quality simulation training is not available. Training consists of both classroom and OR teaching. Students rotate through the Kenyatta National Hospital, the main tertiary level teaching hospital in Kenya, and several other specialized hospitals in the area.

"CAAs have the opportunity to make a real impact on quality anesthesia practice ."

CAAs have the opportunity to make a real impact on quality anesthesia practice by participating in overseas anesthesia for these non-nursing anesthesia providers. In the two trips, so far, the students have been especially enthusiastic about their CAA instructors. They have had many questions about the training and scope of practice enjoyed by CAAs in the US.

Continued on Page 16

OpWalk offers holistic view

Rob Converse, SAA-2
University of Colorado

Operation Walk (OpWalk) is a nonprofit organization that provides free surgical care to patients in developing countries and the US. I had the amazing opportunity to join them on a recent trip to Panama. Our goal was to replace 55 total joints for 47 patients in 3 days, which we did with massive donations from individuals and companies such as DePuy Synthes, who supplied all the joint replacements.

"Late nights followed by early mornings, and full days in the hospital."

Many patients applied to secure one of the 47 coveted spots. Physicians in Panama submitted applications to OpWalk Denver for their patients, then the surgeons from the Colorado Joint Replacement screened applicants and reviewed x-rays. Hundreds of applications were submitted, and a small number of those were accepted. For this reason, those who were accepted were extremely grateful for the opportunity to walk pain free.

We arrived late to the hotel on a Thursday night approximately around 9:00 pm. After checking in, there was a team meeting where we learned our assignments. This would be a theme throughout the trip; late nights followed by early mornings, and full days in the hospital. Later in the week we had a morning orientation to the hospital, the OR, Pre-op, PACU, sterile processing, the equipment room, and the floor.

The "floor" consisted of eight rooms about 18 feet long and 18 feet across which held six patients each. Each room was open to a central hallway separated by a half wall. There were no curtains between patients. Two bathrooms in the center of the floor served the whole area. Although it was not the level of privacy we are used to, this layout allowed for more emotional and social support. Patients arrived to the floor the day before their surgery. Early arrival meant the patients would not be late but also guaranteed they would follow NPO and medication instructions. In addition, we were able to spend significantly more time with each patient before surgery. Panamanian medical residents started peripheral IVs. To help pass the time ancillary (non-medical) volunteers played games, socialized, and even painted fingers and toe nails of the patients. Infection prevention was especially important in this environment. The patients were given preoperative antibiotics, another dose intraoperatively, and a final dose the day after surgery. Mixing IV bags with antibiotics was an important part of a volunteer's day.

When summoned to the OR, the adventure of transporting the patient began. The first challenge was getting the patient into the elevator. Some beds did not fit even in the largest elevator. If the bed did fit, only one person could ride with the patient while another person ran down two flights of stairs in order to assist in getting the patient bed out of the elevator. Next, the patient had to be wheeled through the dialysis center and back up a ramp to a different part of the same floor they started on. The ramp was flat enough that one person could push a bed up it with good amount of effort but a running start was often required.

"Each anesthesiologist had a tackle box... We take many things for granted in the U.S."

Operating Rooms were very small and did not contain anesthesia carts. While this did free up some space, it obligated us to perform without some anesthesia equipment. Each anesthesiologist had a tackle box which contained drugs, airway equipment, extra IVs, fluids and miscellaneous items. Spinals were used on a vast majority of patients. The anesthetics of patients experiencing complicated, longer surgeries or failed spinals were converted to general anesthetics.

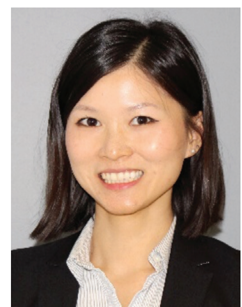
Keeping patients occupied before and after surgery was an important part of the process.

Once patients met discharge criteria from the PACU, they followed the same journey back to the floor. Post-op patients were ambulated as early as possible, sometimes POD 0, but for most POD 1. The patients were determined to ambulate within hours. They would walk to the bathroom with the help of physical therapists and volunteers, usually only receiving acetaminophen, or, at most, Tramadol and a local, for postoperative pain management.

We take many things for granted in the U.S. For instance, something as simple as a ride from the hospital is not always guaranteed. In Panama, many patients were discharged on just acetaminophen, only to walk to the bus stop for an hour bus ride home. Opioids were used sparingly in recovery and almost never once patients were back on the floor. To say they were stoic would be accurate, if not an understatement.

Continued on Page 16

UC Denver students 'scramble' for charity



Alice T. Lin, SAA
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The 2016 Charity Golf Tournament hosted by the University of Colorado Denver Anesthesiologist Assistant Program was held at Arrowhead Golf Club in Littleton, Colorado.

The University of Colorado Denver AA program hosted another successful Charity Golf Scramble on August 28 at the Arrowhead Golf Club in Littleton, Colorado. With the support of players and donations from generous sponsors such as Colorado Avalanche, Colorado Rapids, Dazbog coffee, and KingSoopers, the tournament raised a total of $3,046 for Lifebox Foundation and Allergy and Asthma Foundation of America (AAFA).

Lifebox Foundation raises funds to provide pulse oximeters and training to healthcare facilities in developing countries and facilitates research in areas of unsafe healthcare and patient safety. Allergy and Asthma Foundation of America is a non-profit organization dedicated to finding a cure for and controlling asthma and other allergic diseases. Its mission also includes spreading awareness and educating the public about this disease. The funds raised for AAFA went towards enhancing its "Childhood Asthma" section which provides kits for children and their caregivers with accurate and easy to read information about asthma diagnosis, management, and care.

Twelve teams of 4 participated in the tournament. Contestants and supporters included members of the University of Colorado Department of Anesthesiology, Department of Surgery, AA students, and their friends and families. Participants and volunteers enjoyed a brisk, sunny day on the course followed by a BBQ lunch, complete with over 30 raffle prizes and silent auction items. The winning team of Dr. John Armstrong, Dr. Adrian Hendrickse, Dr. Tyler Morrissey, and Dr. Justin Schulte took home a Round of Golf from Overland Park Golf Course as well as various restaurant gift cards. Winners of the Men's and Women's Longest Drive and Closest to the Pin contests were David Berry, Teresa Smith, Parker Smith, and Mahsa Hashemi, respectively. For their victories, they received gift cards, free haircuts, movie tickets, and more.

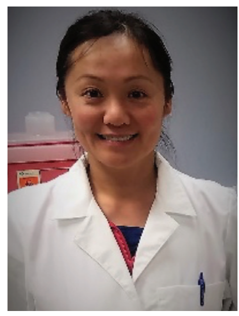
AAs serve McDonald House families

Students and faculty members at the University of Colorado prepared a meal for families and children staying at the Ronald McDonald House of Aurora.

To seek treatment for their seriously ill or injured children, many families travel far distances and spend weeks to months from home -- a long time to be away from home or to have a family divided. For children facing serious medical crises, nothing seems scarier than not having loved ones close by to offer love and support. Ronald McDonald House provides a "home-away-from-home" so families can stay close to their hospitalized child at little-to-no cost.

Every year, students from the University of Colorado AA program prepare a meal for families staying at the Ronald McDonald House in Aurora, CO. On November 16, with generous donations from our local sponsors such as KingSoopers, the CU AA students prepared a delicious dinner complete with a baked potato bar, mac n' cheese, pizza, chili, dessert, and beverages. Over 50 people were served at the Ronald McDonald House. Volunteers also enjoyed a great meal while providing support to the families and children of the House. It was indeed a fun and rewarding experience, and a reminder for all the reasons why we chose a career in healthcare. Thank you to everyone who volunteered!

CAA improving Oregon veterans' lives

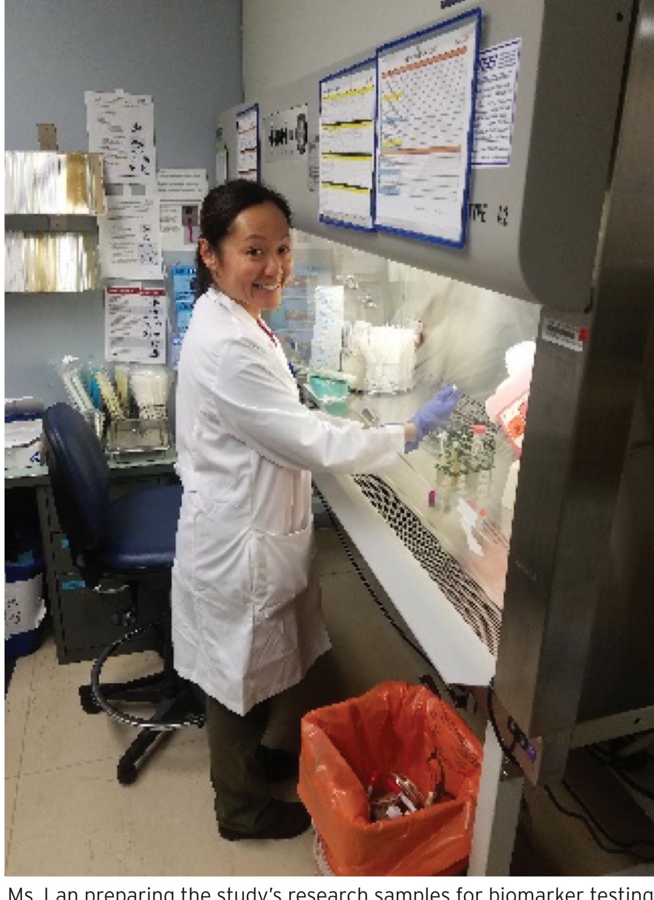


Shu Tsui Lan, CAA, PA-C
Research Study Coordinator
KAID Clinical Trial

Dr. C. William Carspecken, MD, MSc, MBA
Department of Anesthesiology & Pain Medicine,
University of Washington
VA Puget Sound Medical Center

Major depressive disorder is a common mental illness with significant morbidity, mortality and public health implications [1] that disproportionately affects the US veteran population. In a recent analysis of national data, the Department of Veterans Affairs has reported that 22 veterans lose their lives to suicide every day, many of whom have depression. Patients with severe major depressive disorder frequently fail pharmacologic outpatient treatment at rates of 40-50% [2] and often undergo an index course of electroconvulsive therapy (ECT) under general anesthesia over the course of several weeks.

Unfortunately, many patients experience inadequate response to ECT or relapse of depressive symptoms (up to 84% within 6 months [3]) and require prolonged maintenance courses of treatment. Thus, there is an urgent need to make ECT's effects last longer and for patients to improve more quickly. Ketamine as an IV infusion has been shown to effectively treat patients unresponsive to usual antidepressants, but its anti-depressant effects only last 1-2 weeks [4]. There has been increased interest in using ketamine as the primary anesthetic in ECT since it has both anesthetic and anti-depressive properties; however, few studies have systematically tested its safety profile in the ECT setting or the mechanisms by which ketamine creates its antidepressant effects [5].



Ms. Lan preparing the study's research samples for biomarker testing.

An innovative clinical trial (NCT 02752724) at the Seattle VA Puget Sound Health Care Center (VAPSHC) is trying to improve outcomes for veterans with depression by comparing ketamine with methohexital as anesthetic agents during ECT. The VAPSHCS, a 400–bed Veterans Affairs' Tertiary Medical Center, is one of the largest referral medical center of the Veterans Integrated Service Network serving 23% of the USA territory including Washington, Idaho, Oregon and Alaska. The Departments of Anesthesiology and Psychiatry have collaborated to launch the "Ketamine Anesthesia for Improvement of Depression in ECT" trial. The study's lead authors, Dr. Will Carspecken, MD, MSc, MBA and Dr. Irene Rozet, MD, have received a VA pilot grant to carry out this research and hope to better understand the neurobiology of depression. The study is the only ketamine depression study in the region thought there is great national interest in using this medication. Ms. Shu Tsui Lan, CAA, PA-C, is the only certified anesthesiologist assistant in the whole facility practicing in the Anesthesiology Department in both the preoperative anesthesia assessment clinic and the operative rooms. Outside of her full-time clinical responsibilities, Ms. Lan has been serving as the research trial's study coordinator and has been indispensable to the study's success. Ms. Lan enrolls the patients in the study, helps assess key clinical outcomes, monitors study procedures, collects patient samples for biomarker testing and has been instrumental in identifying areas of improvement in the study's data collection and patient engagement.

In its first 7 months, the study had enrolled 30 patients and has compiled data from over 150 ECT sessions. Though the study plans to enroll over 100 patients over the next year, preliminary data from the first group of patients has shown depression improves more rapidly in the ketamine group by the end of treatment and 72 hours after the final ECT session as measured by

Continued on Page 17

Global Outreach - From Page 12

There is a growing interest to work in educational collaborations that have an enduring impact in low/middle income settings. Dr. Fisher and I have both had our share of extreme anesthesia surgical trips, and experiencing new cultures is always exciting. But there's no doubt that the highlight of a trip like this one is the people you connect with. The students and faculty were incredibly appreciative and enthusiastic about the course. In an intense two-week course taught jointly with KMTC instructors Dr. Gicheru and David Kingori, 53 students were certified in BLS, 28 in ACLS, and the KMTC faculty are well on their way to certification as instructors. In addition, we provided case-based discussions and lectures on obstetrical emergencies, trauma, massive transfusion, foreign body aspiration, and PALS-related scenarios. Residents from the University of Nairobi also pitched in and gave several talks. It was a busy and productive two weeks!

One of the highpoints of the two-week trip was a joint videoconference between CWRU-D.C. and KMTC anesthesia students. Erin Van Winkle from Case presented a case of massive blood transfusion in a patient with a gunshot wound to the leg, emphasizing the remarkable but almost inconceivable volume of blood loss possible in a lower extremity wound. Abdiwahab Deer from KMTC presented a case of cardiopulmonary arrest in a prone patient, discussing the advantages and challenges of managing resuscitation in the prone position.

American AA students and Kenyan COA students will continue with regularly scheduled video teleconferences, and we all look forward to the continued interest of CAAs to visit KMTC. There is no question that this visit was one of the most stimulating, enjoyable, and productive outreaches we have been involved with. I'm not the first to observe that it's often the teacher that gets more from the teaching than the student. I hope to hear from more CAAs interested in volunteering their time, knowledge, and enthusiasm to support this truly worthwhile collaboration with KMTC.

"It's often the teacher that gets more from the teaching than the student."

OpWalk - From Page 13

One case completed, 46 more to go. This patient had her excessively arthritic knee replaced.

Going on this trip as a student was amazing and gratifying in ways I'm still realizing. The anesthesiologists, with US Anesthesia Partners (USAP) – Colorado, were more than welcoming and generous with their time and invited me to participate in their cases. Perhaps the best part for me was gaining a holistic view of orthopedic surgery, not just from an anesthesia standpoint, but also from cleaning-sterilizing equipment and the recovery of the patient after surgery. It allowed me to appreciate the bigger picture of what we are a part of as anesthetists and why we chose this career. The experience of providing anesthesia in a developing country was both eye opening and educational. However, the greatest reward was the patients themselves. Everyone in our profession should experience the satisfaction and gratitude you receive from people who would otherwise not be able to get the care they need.

"Perhaps the best part for me was gaining a holistic view of orthopedic surgery."

Veterans - From Page 15

two comprehensive validated questionnaires of depression severity. Moreover, blood samples collected from patients are clinical responsibilities, Ms. Lan has been serving as the research trial's study coordinator and has been indispensable to the study's success. Ms. Lan enrolls the patients in the study, helps assess key clinical outcomes, monitors study procedures, collects patient samples for biomarker testing and has been instrumental in identifying areas of improvement in the study's data collection and patient engagement.

In its first 7 months, the study had enrolled 30 patients and has compiled data from over 150 ECT sessions. Though the study plans to enroll over 100 patients over the next year, preliminary data from the first group of patients has shown depression improves more rapidly in the ketamine group by the end of treatment and 72 hours after the final ECT session as measured by two comprehensive validated questionnaires of depression severity. Moreover, blood samples collected from patients are beginning to show important biomarkers that correlate with depression improvement that may form the improvement that may form the basis of helping clinicians predict which patients will respond to ketamine. Ms. Lan's training as a certified anesthesiologist assistant has helped her develop clinical research skills and work with considerable independence. She demonstrates leadership and dedication when working with vulnerable patients in the study and ensures the study's protocol is followed in a complex perioperative environment. "Innovation in anesthesia care depends on individuals like Ms. Lan who are invested in improving the lives of our veterans through research," said Dr. Carspecken, lead author of the study. Publication of results from the study is expected soon with Ms. Lan as a co-author.

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Target Audience
Anesthesiologists, Anesthesiologist Assistants, Physician Assistants, Nurse Practitioners, Nurse Anesthetists

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ASA launches CAA member opportunity

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The American Society of Anesthesiologists (ASA®) in April of 2016 launched a new membership category exclusively for certified anesthesiologist assistants (CAAs) reflecting their valuable role in the anesthesia care team. Established through an ongoing collaboration between the ASA® and American Academy of Anesthesiologist Assistants (AAAA®), the new category provides CAAs with improved educational opportunities and enhanced advocacy assistance, including lobbying for states not currently licensing CAAs and solving payment issues for the anesthesia team model.

"CAAs play an important role in providing optimal patient care as part of the physician anesthesiologist-led anesthesia care team," said Daniel J. Cole, M.D., ASA® president. "As leaders in patient safety, ASA® is dedicated to serving the best interests of patients and strongly believes CAAs support this mission. We are pleased to implement the new membership category and further develop our relationship with the AAAA®."

The new category is limited to CAAs who are Fellows of the AAAA®, which indicates they are certified in anesthesia and represent the highest level of professionalism. CAAs will receive full ASA membership including discounted pricing on educational products and meetings as well as access to the ASA® publications such as the journal *Anesthesiology®* and *ASA Monitor®* newsletter. ASA®'s educational products and services provide AMA PRA Category 1 Credit(s)™, which satisfy CAA maintenance of certification and licensure. CAAs may also participate on ASA® committees and task forces.

"The CAA membership in the ASA® gives CAAs an incredible opportunity to explore the benefits of ASA®'s rich educational content," said AAAA® President Timothy Goodridge, CAA. "It also further strengthens the commitment of both the ASA® and AAAA® to the anesthesia care team model for the delivery of high quality perioperative medical care."

ASA® invites all AAAA® Fellows to join their over 400 colleagues to support the ongoing missions of both AAAA® and ASA®. Current ASA® Educational members will be transitioned to the new CAA category as they renew for 2017. Membership dues for 2017 are $210. Join us by accessing the application online at www.asahq.org/join.

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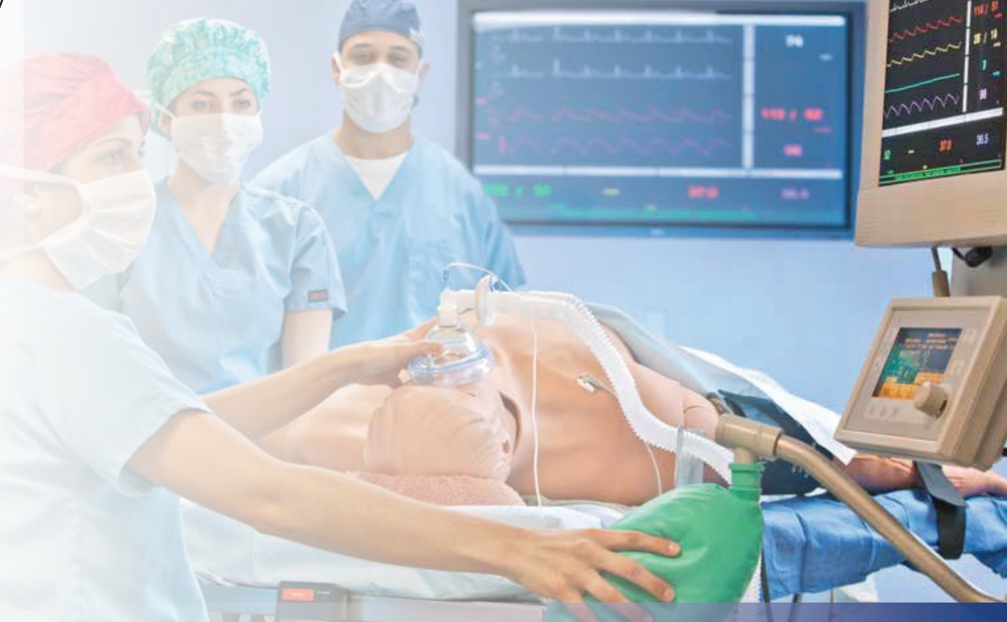
to all of our dedicated clinical sites and preceptors. Through your time, knowledge, and devotion to training our students, you are actively shaping the future of our profession. NSU is committed to the AA profession and we couldn't be as successful without you!



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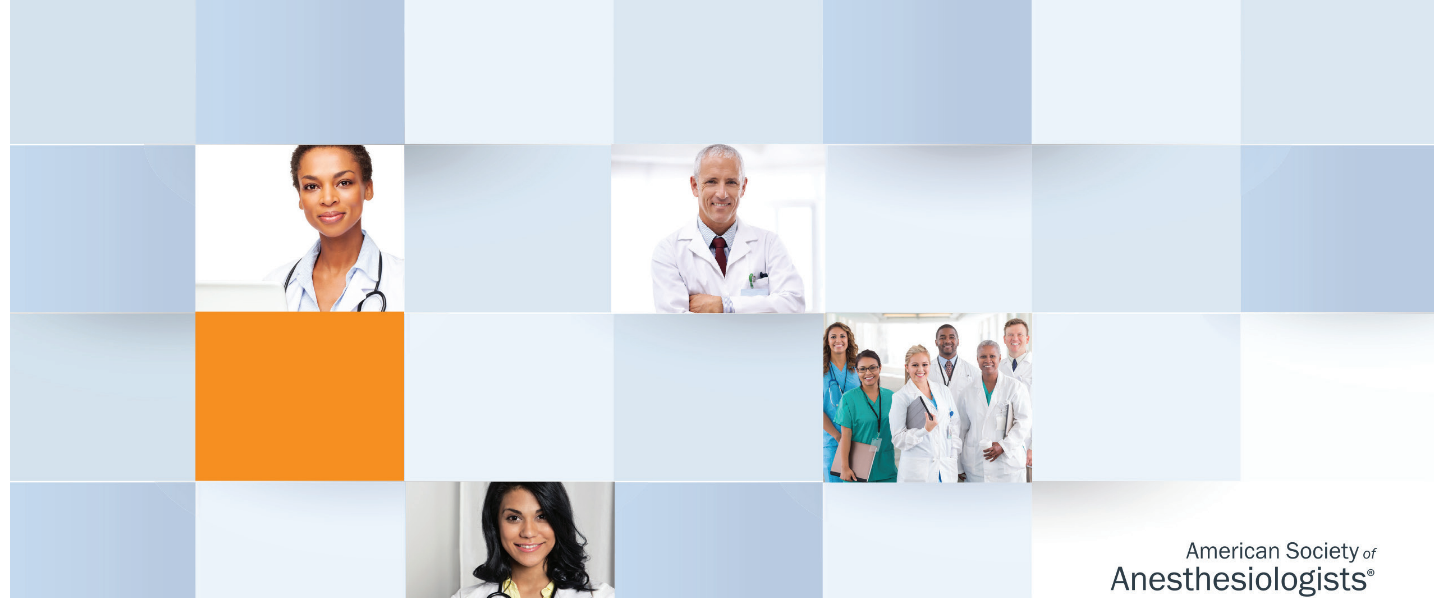

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"CAAs play an important role in providing optimal patient care as part of the physician anesthesiologist-led care team. As leaders in patient safety, ASA is dedicated to serving the best interests of patients and strongly believes CAAs support this mission. We are pleased to implement the new membership category and further develop our relationship with the AAAA."

- Daniel J. Cole, M.D., ASA president

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