The Anesthesia Record
Fourth Quarter, 2009
The Newsletter of The American Academy of Anesthesiologist Assistants

AAAA Leaders Show Higher Level of Involvement at 2009 ASA Meeting

Deb Lawson, outgoing ASA AA Education and Practice Committee Chair, Dr. Steve Goldfien; Ellen Allinger, and Pete Kaluszyk at the ASA meeting in New Orleans.

By Ellen Allinger, AA-C
Secretary

The ASA Annual Meeting has typically been used by AAAA leaders to hold their own leadership events and meet with ASA state component society leaders. This year, however, the AAAA leadership ramped up its participation within the ASA organization and made other inroads to further benefit the AA profession.

To best illustrate this increased activity, listed here is the agenda for the AAAA leadership during the ASA meeting October 16 - 21 in New Orleans:

Friday October 16th
- APSF Workshop, "How Low (CPP) Can You Go?"
- SEA Panel on AAs (Open only to SEA members)

Continued on page 8

In This Issue

Editor's Column 2
President's Message 3

Inside AAAA
New 2010 Officers 2
Annual Meeting scheduled for April 10-13 4
Emeritus member wins literature prize at ASA . 5
Hall represents AAs at OU professional fair .. 6

My Journey
From CASE to UMKC 7

Professional News
AAAA NAC Report 9

Member Forum
Do AAs still have delegatory status in NY? .. 11

Calendar of Events 12

Opportunities 13

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The Editor's Column

The Milk of Anesthesia Runs Dry

By Alyson Finamore, AA-C

Alyson Finamore, AA-C

This article may be dated by the time it's distributed to your inbox. Currently, the anesthesia community is coping with all kinds of drug shortages, most recently Propofol. One trip to the FDA's website and you can see for yourself which pharmaceuticals are in short supply all across the United States. The FDA, the propofol manufacturer, APP, and the ASA have released a statement on the importation of Propofol from the Europeon Union, known as Fresenius Propoven 1% injection. Please note the formulation and labeling differences between the two if you're lucky enough to get your hands on some.

This shortage forces us to try some different techniques, utilize old and or experiment with newer drugs which we are not as comfortable using. We all know there are numerous ways to deliver a safe and effective anesthetic. What a great time for students and the rest of us alike to learn some different methods! I almost want to relate it to times of war or in developing countries where you make due with what you have...well, maybe that's a stretch here, but you get the idea.

When I did some volunteer work in El Salvador in 2008, it was quite a learning experience for me. On one particular day, I left the hospital with another anesthesiologist to do dental cases at one of the orphanages. We basically had an oxygen tank and some ketamine. We had IV bags taped high on the wall for the children whom we decided to actually administer IV fluids. Otherwise, just a capped IV catheter with a flush syringe. We didn't have a better way at the time; but, luckily, we had an abundance of tape. I didn't realize little things like drug labels and gauze pads were a luxury until this trip. By the end of the day I felt pretty comfortable giving an IM injection of glycopyrrolate and ketamine mixed together and just watching the dentist do his work. The children spent a long time in the recovery room, but we were successful in our endeavors and I feel much better off for having had that experience.

Your opinions and unique experiences on this subject of drug shortages would make for a great debate on the member forum of the AAAA website. As always, members and even students are always welcome there to initiate discussions on a wide array of topics.

What would Michael Jackson have done? Too soon? I apologize.

A very happy holiday season to you and your families!

Introducing our new 2010 officers

AAAA Members,

It is my honor to announce to you the 2010 officers as elected by the AAAA Fellow membership:

Soren Campbell, President-Elect
Dan Hladky, Director
Ty Townsend, Director
Saral Patel, Secretary
Katie Monroe, Director

Please join me in welcoming them to the AAAA leadership.

Sincerely,
Deborah Lawson, AA-C
Immediate-Past President and Chair, Nominations Committee

President's Message

AAAA is participating in continuous activity at all levels

By Pete Kaluszyk AA-C

In nature, the month of October is regarded as a season of transition cycling into a season of little or no activity. Sometimes the political season usually doesn't follow nature's prescribed course and winter and summer are reversed. Legislative and organizational activity usually comes to a halt in the summer. This year the pattern has not followed the usual trend we have experienced over the years. The principal reason has been due to increased activity within the AAAA, increased inter-organizational activity with the ASA, and the national focus of health care overhaul and restructuring at the Federal level.

New Orleans presented an appropriate backdrop for what the AAAA is trying to accomplish this year. The city is rebuilding its infrastructure but has maintained its incredible diversity and continues to integrate influences that have made it what it was and is today. While New Orleans is rebuilding, the AAAA must continue to build its organizational infrastructure and to accumulate organizational knowledge and wisdom. These efforts must continue in order for the AAAA to meet the ever changing future healthcare landscape.

The signature dish of New Orleans is gumbo, a Cajun stew, for which there are hundreds of recipe variations and reflects the input of all of the cultures that have settled there. Our participation at the ASA's annual meeting gives us an intense exposure from which to learn from the organizational expertise of the ASA and other organizations. From this "stew' of experiences we will be able to adapt some of this wisdom to our needs.

This process has been ongoing for the last several years in building closer professional ties with the ASA. We approached the ASA about expanding our roles within the committee structure of the ASA. Dr. Alex Hannenberg asked the AAAA to submit nominations to have AAs included on five additional committees. The point of this expansion was to participate and be mentored directly or indirectly to the issues that are having an impact on the practice of anesthesiology. If they are affecting the practice of anesthesiology then they may have a beneficial, detrimental, or neutral effect on our profession. Our participation more importantly provided a setting for our younger leaders in the conductance of meetings and the interaction among committee members. This "school of experience' is vital if we are to develop more leaders for the future. By being mentored we can increase the timetable for our leadership development.

Inroads were made with other organizations that participate at the ASA annual meeting with AAs participating in their activities. We continued to participate in the Anesthesia Patient Safety Foundation's (APSF) meeting. Another ASA lecture/panel included a presentation by Dr. Sam Page of Missouri discussing the planning that goes into a successful legislative effort to license AAs. The lecture was informative and well received by those who attended. The Society for Education in Anesthesia (SEA) had a panel discussion about the AA profession and named the first liaison between that organization and the AAAA. Shane Angus, AA-C, was appointed and is to be congratulated on his efforts to open communications between our organizations. This will be an important relationship to build with the SEA. It will potentially provide another opportunity for possible workshops for instructors of AA students to enhance their teaching skills. Saral Patel, AA-C, gave an informative presentation about the AA profession to the American Society of Anesthesia Technologists and Technicians (ASATT). We now have an AA in Mike Nichols AA-C who was appointed to the ASA's Political Action Committee (ASAPAC). His participation in ASAPAC will be invaluable in learning the legislative landscape, especially concerning Federal matters. The development of an ASA Educational Membership for AAs has really begun to pay off in having so many AAs be eligible for committee work.

Pete Kaluszyk, AA-C, MEd
AAAA President

As I was walking through the halls of the convention center, I noticed something that has been happening over the last several years but this year, to me, became more evident. It was the growing familiarity between leaders of the ASA and AAAA as you walk through the halls. A respectful relationship has developed that allows our representatives to be able to wave at an ASA leader and be acknowledged or walk up to them for a quick discussion about an important topic. Attending the ASA's Committee on AA Education and Practice, and seeing anesthesiologists in the audience following the agenda with interest, was encouraging as this was not a reality ten years ago when we attended the ASA.

Probably the most encouraging sign I saw for our profession's future was the attendance of about 100 AA students at the conference. Some of the students helped staff the AA Educational Programs' booth over the three days it was open. I would like to thank the following students for their participation: University of Missouri-KC, Pamela Bina, AA-S, Jonathan Chambers, AA-S, Joshua Leet, AA-S; Nova Southeastern University, Natasha Ivey, AA-S; Emory University, Christy Gibson, AA-S, Angie Ogden, AA-S; and Case Western Reserve University, Erin Bodnar, AA-S, Nicholas Beastrom, AA-S. These students received a glimpse of the overall function of the ASA and witnessed AAAA's participation in various activities during the course of the conference.

The people of New Orleans when talking about their Cajun culinary tradition, point to what they term as the key ingredients to a successful gumbo. It is known to them as the "the holy trinity" and is found in most of their dishes. The "trinity" consists of bell pepper, celery, and onions. The AAAA has been working hard to establish a core tradition, a "trinity of organization character." I believe it consists of proactive visions or goals, perseverance, and multi-organizational interaction. The AAAA will continue to develop our own identity and integrate what we learn into our organization as time goes on.

This is the last newsletter for this year and the AAAA would like to wish all of our members and their families a happy holiday season and best wishes throughout the New Year.

Inside AAAA

Save the dates for Savannah!

AAAA Annual Meeting scheduled for April 10 - April 13, 2010

By Carie Twichell, AA-C
Co-chair, AAAA Annual Meeting Committee

The Hyatt Regency in historic Savannah, Georgia, will be home to the 2010 annual AAAA meeting April 10-13. This meeting has something for everyone: education, 24 CME credits, wellness, golf, philanthropy, a 5K run, fellowship, and more! The Annual Meeting Committee has been working to expand the offerings in response to membership feedback. Surveys from the 2009 meeting were greatly appreciated and reviewed carefully to develop new events for the upcoming 2010 meeting.

Improvements at the meeting include: additional CMEs, an expanded weekend curriculum, a four-day conference (versus the previous five-day schedule), more practice-relevant topics, and an ACLS class. Twelve CMEs can be obtained over the weekend while the entire meeting offers 24. The meeting includes an impressive line of speakers covering topics such as: airway management, the difficult airway, anesthesia machine technology, updates in cardiac, neuro and geriatric anesthesia, reviews in diabetes, peripheral nerve blocks and intraoperative fluid management. Keynote speaker Dr. Mark Warner, 2010 President-Elect of the American Society of Anesthesiologists (ASA), will present an ASA update on Saturday afternoon.

A new feature next year will be "The Town Hall Meeting" on Saturday afternoon. This will be an open session for members and non-members to ask questions, make comments and voice concerns regarding the AAAA and NCCAA. A call for questions and topics will be posted on the website to improve the efficiency of this event. This will better prepare AAAA leaders and NCCAA representatives for these issues.

Wellness is another hot topic incorporated into the 2010 conference. As a vital service to its members, the AAAA is joining forces with the ASA to expand the wellness concept. Sunday, April 11, will be designated "The Wellness Day". Sunday's schedule will support this theme. Healthier food choices will be provided during breakfast, and the Student Committee will host a 5K run. Sunday lectures will include financial wellness, substance abuse, creating a positive perioperative environment, and a positive/wellness lecture specific to healthcare workers. Pamphlets will be available providing substance abuse information and help line resources in all states where AAs currently work.

On Monday, April 12, the AAAA will host the 3rd Annual Charity Golf Scramble at The Crosswinds Golf Course. Brian Heighington (AAC- Savannah, GA) is coordinating this event and it will be better than ever. The event fees include eighteen holes of golf with cart, lunch and beverages at the turn. Proceeds will be split between the APSF (Anesthesia Patient Safety Foundation) and the Global Links for Anesthesiology Development Foundation (an initiative to expand, coordinate and improve global anesthesia care). Opportunities for golf and sponsorship will be coming soon. Keep your eyes open for announcements and early registration information.

The Annual Meeting Committee strives to improve each conference. These improvements are an example of how the AAAA identifies the needs of its members and works diligently to improve the benefits available. We hope to see you in Savannah!

Did You Know?

North Carolina's supervision ratio changes to 4:1 in January 2010! You can apply for a NC AA license without a supervising physician or pending job. There are already 8 AAs working in NC! It is hoped that with a 4:1 ratio, more NC anesthesia departments will hire AAs. NC is a bastion of nurse anesthesia with 5 NA programs across the state. Most anesthesia groups are reluctant to hire AAs, whether due to threats by NAs to leave their positions or lack of knowledge about AAs in general. One thing AAs can do to increase our job opportunities in NC is to increase the number of licensed AAs in NC. Many groups interested in hiring AAs say they'll only do so if they have a large pool available to replace their potential loss of NAs. AAAA would like to counter that statement with a list of AAs that are ready to work in NC! If you are serious about working in NC please add your name to our contact list and the city in which you would like to work. This information will be kept confidential and you will be kept informed of our progress!

You may send your contact info to maggieoneal@mindspring.com.

Inside AAAA

AAAA Emeritus Member is a Winner at the ASA

By Ellen Allinger, AA-C

When Nancy Cunningham was going over the 2009 ASA meeting schedule, she noticed that the art exhibit now accepts literary submissions. A short piece that Nancy wrote several years ago seemed an appropriate topic as it dealt with medicine, albeit veterinary medicine. To her delight, Nancy's submission, entitled "My Day as a Veterinarian", earned a third place ribbon. This is a proud accomplishment as it is believed that hers is the only submission ever made by an AA to the ASA's art exhibit.

Nancy's tale incorporates humor along with some sobering reminders of how Americans take the simplest items for granted such as rabies vaccinations for dogs. It is ironic that the setting of the story is Afghanistan, a country that makes headlines in the national news nearly every day. As awful as the pictures are on the news of those who are harmed and killed, Nancy writes a sobering reminder of the long-term horrors that the Afghans have endured. "I took the photo of Bahauddin which appears on the cover in 1966. I spent a couple of days with him in 1971 on a tourist trip, but when I returned in 1995, I learned that he had 'disappeared' in 1979, at the time of the Taraki communist government. Many educated people were lost then, and of course it's only become much worse. Many people have called the 1960's Afghanistan's Golden Age. Certainly it was better than the present time."

Congratulations, Nancy, on your literary achievement.

My Day as a Veterinarian

By Nancy Cunningham

Peace Corps Volunteers in Afghanistan loved having pet dogs. Whether because dogs were a reminder of home, or for their sentry function, PCVs loved big dogs, especially German Shepherds. Few people wanted locally bred Afghan hounds. Afghan hounds were, perhaps, too exotic, and the ones in Afghanistan didn't look much like those seen in American dog shows, although they were probably smarter.

Peace Corps headquarters in Kabul supplied rabies vaccine to volunteers for their pets, but sent no one to administer it. Our Peace Corps doctors were not interested, and so I was asked by volunteers in the nearby province of Laghman to come for the weekend and vaccinate their two dogs. I was working in the Jalalabad teaching hospital as an operating room technician, and since I was already functioning way beyond my training, it didn't seem too much of a challenge to add veterinary medicine to my list of skills.

I went to the hospital on my way to catch the bus to Laghman to get syringes and needles. As I was picking out syringes, the operating room head nurse, Bahaouddin, came into the supply room. "What do you need, Nancy?" he asked in Dari. I told him I was going to give medicine to the dogs of friends in Laghman. I didn't know the Dari word for "rabies", so I mimed and described the staggering gait, frothing saliva, and eventual death of dogs, and people, afflicted with the disease. "Oh, yes, we have a lot of that here" Bahaouddin said. He knew it well. I knew it was endemic, as Peace Corps had required us to receive pre-exposure vaccine during our training in Texas.

Bahaouddin helped me select syringes and needles, wrapped them for sterilization, and fired up the kerosene-powered autoclave. When the kits were ready, I got up to leave. Bahaouddin looked at me, and without irony or sarcasm, said, "America must be a wonderful place…to have medicine even for the animals."

Embarrassment overwhelmed me. I couldn't speak. Bahaouddin smiled in his sweet way, and I stood there, holding the little sterile packages for the dogs, my face hot, my eyes filling with tears. I got away as quickly as I could, Bahaouddin wishing me a safe journey.

I went to the bus stop in the center of Jalalabad. Jim and John lived next door to Aziz, the governor of Laghman. In fact, they were his tenants. They had told me to tell the driver I was visiting the governor himself, which would ensure my safe delivery to the right place.

Everyone, including Governor Aziz, was waiting for me, but it was late in the day, and I suggested we wait until morning to bring in the dogs and give them their shots. This would give the dogs a chance to get used to me. The next morning I prepared the syringes, drew up the vaccine, and went outside into the courtyard. Two dozen men were gathered round, crouching on top of the walls that enclosed the garden. Word had gone out in town that Americans were giving shots to dogs, in the governor's back yard, and a foreign woman was the "doctor".

I had never given a dog a shot in my life. Actually, I had never give a shot to anyone, but I had watched plenty of times and received more than twenty at Peace Corps training. I remembered my family's vet at home giving injections in the loose skin on the necks of our dogs and also in the hip muscle, so I injected the first dog, a German shepherd, in his neck. He squirmed and yelped, so with the other one, a large mutt, I used the hip muscle. He didn't make a sound. So I progressed in my knowledge of veterinary medicine. There would be more requests, I was sure.

Once the show was over, I relaxed and enjoyed visiting John and Jim and Governor Aziz. I returned to Jalalabad, taking the syringes and needles with me to be sterilized and used again. The next day at the hospital, Bahaouddin wanted to know all about my trip to Laghman, meeting the governor, and of course, the dog vaccinations. I described my large audience perched on the walls, and he laughed and laughed. Bahaouddin was proud of me, I think, for being unafraid to do what I had never done before. I never forgot his admiration for America and its riches, and how ashamed I was, when he was proud.

Inside AAAA

Kevin Hall represents the profession at OU professional school fair

By Kevin M. Hall, MHSc., AA-C, PA-C
Staff Anesthetist
Department of Anesthesiology & Critical Care Medicine
University of New Mexico Hospital & Clinics

One of the best and most valued returns on undergraduate follow-up is to meet students at university career center information sessions or seminars. That is exactly what I did on October 21 at the annual University of Oklahoma Graduate Day Information Session in Norman, Oklahoma.

The session lasted from 12:30-3:30pm, and I personally met with several students who were majoring in health science majors (chemistry, zoology, biochemistry) that wanted information about Anesthesiologist Assistants (AAs).

I informed students that AAs are mid-level practitioners that are members of the anesthesia care team and are supervised by anesthesiologists. Many wanted to know how AAs functioned in the operating room.

"Do you start IVs?

"Do you intubate patients?"

"Do you work in the OR alone or are anesthesiologists always with you?"

Fair questions considering AAs have only been practicing in Oklahoma since 2009. I clarified that AAs perform pre-operative evaluations, start peripheral IVs, insert radial artery catheters, insert central lines, analyze blood gases, stabilize patients intraoperatively, emerge patients from anesthesia, and transport them safely to the recovery room or ICU.

At the end of the information session, I had given 23 undergraduate students direction to the AAAA or Case Western University AA program website.

In closing, I would like to take a moment to thank Ashlie Cornelius, Brenda Peters and Sherrie Frick, of the University of Oklahoma Career Service Center, for making my trip a huge success.

Kevin Hall at the University of Oklahoma's Graduate and Professional School Fair in October.

YOUR PHOTOS WANTED!

AAAA is in need of photos of working AAs to be used on various materials like postcards, flyers, etc., that promote the Academy.

Want to help?

Please e-mail photos of working AAs you'd like to contribute to ray@societyhq.com. Be sure to give your contact info so we can properly credit you for use of your photograph.

Thanks for helping promote AAAA!

PHOTOGRAPHY TIPS FROM THE PROS:
For the best photo reproduction, use your digital camera's highest quality or "fine" setting.

My Journey

From CASE to UMKC

By Lance Carter, AA-C

One thing that I'm most grateful to my five-year old son for is that he convinced me to look into becoming an AA when he was only four weeks old!

That's right; I had planned on taking the MCAT and going to med school right up until I became a dad and realized that I didn't want to be in school for the first 8-10 years of his life.

Lance Carter (Left, with syringe) in the OR.

Because I grew up in Sugar City, Idaho, I had to find out about the AA program online. I got so excited that I sent in the first part of my application to CASE. I went to shadow some CRNAs at my local hospital so they could teach me about the AA program. Let's just say that after that experience, I was convinced that AA's were evil. I had no intentions of sending in the secondary application for the MSA program.

Fast forward a couple of weeks to a life changing conversation I had with my friend, Joe Rifici, who is the program director at CASE. He called me and asked why I hadn't sent in the rest of my application, and I told him I wasn't going to apply. Rather than give up on me, he started to find out what my concerns were. As the conversation progressed, that fire of excitement was re-kindled as I was able to learn the truth about AAs and how they practiced.

I applied to all the programs, but CASE felt like home! To make this article short, let me just say that I owe everything I am to all of the wonderful clinical instructors I had in Ohio. Thank you to everyone who exercised patience in teaching me the ropes!

After graduation, I wanted to move somewhere where I could help the AA profession. I made a pretty bold decision to be a new grad in a city where there was only one other AA.

Surprisingly, no one had taken the UMKC program directors positions when I arrived. I had no intentions of assuming the responsibility of assistant program director, but I willingly stepped in when they asked me to do it. Our program director, Melanie Guthrie, AA-C, has amazed me at how great a job she has done in running a quality MSA program.

In the past two years, I've worked part time at the UMKC School of Medicine and part time at Liberty Hospital, where we now are doing pretty much every type of procedure except transplants.

> *"I made a pretty bold decision to be a new grad in a city where there was only one other AA."*

Our philosophy with students starts from their very first OR day: Give them as much autonomy as is safely possible, and hold them accountable for the autonomy they are given. I couldn't be more excited about the results. I'm extremely proud of our students and the great feedback we're getting from all of their clinical rotation sites. I look forward to seeing our first class graduate in the spring of 2010!

TELL US ABOUT YOUR JOURNEY.

E-mail your story and a photo to Newsletter Co-Editor Tiffany Lewis-Roberts at tiffy131@hotmail.com

ASA Meeting, from page 1

Saturday, October 17
- ARC-AA Board meeting
- Lecture on "AAs and the Anesthesia Care Team" by Saral Patel to the American Society of Anesthesia Technicians and Technologists
- ASAPAC Executive Board
- APSF Committee on Education & Training
- ASA Opening Session: Celebration of Advocacy
- Anatomy of a Victory (panel discussion-open)
- Regional Caucus meetings
- AAAA Board Meeting

Sunday, October 18th
- House of Delegates Session #1— Introduction of AAAA President to HoD
- Exhibit Hall
- AAAA AA Education & Practice Committee meeting
  Reference Committee meetings (Administrative Affairs Reference Committee to hear CACT recommendation on "sedation nurse").
- Presidents' and President-elects' Gala

Monday, October 19
- ASA Committee on Anesthesia Care Team meeting
- ASA Physician Resources Committee meeting
- ASA AA Education & Practice Committee meeting
- ASA Quality Management & Dept. Admin Comm. meeting
- ASA Governmental Affairs Committee meeting

Tuesday, October 20
- Economics Committee meeting
- Assoc. of AA Program Directors meeting
- ASA Communications Committee meeting
- ASA Occupational Health Committee meeting
- Exhibit Hall
- Regional Caucus meetings

Wednesday, October 21
- House of Delegates Session #2

As you can see, AA leaders were busy giving presentations on the AA profession, learning more about the governance of the ASA, and participating in discussions with anesthesiologists concerning the AA profession.

The area that was probably expanded the greatest this year was AAAA leader appointments within the ASA organization. For several years, AAs have been members of two important ASA committees: the Committee on Anesthesia Care Team and the Anesthesiologist Assistant Education and Practice Committee. This year, AA leaders were appointed to several ASA committees, bringing the total to eight ASA committees that have AA members. Those committees, and their AAAA leadership members, are as follows:
- ASA Committee on Anesthesia Care Team – Megan Varellas
- ASA Physician Resources Committee – Pete Kaluszyk
- ASA AA Education & Practice Committee – Pete Kaluszyk
- ASA Quality Management & Departmental Administration Committee (Professional Standards) – Joe Rifici
- ASA Governmental Affairs Committee – Mike Nichols
- ASA Economics Committee – Soren Campbell
- ASA Communications Committee – Claire Chandler
- ASA Occupational Health Committee – Ty Townsend

CWRU AA program second year representatives Nick Beastrom and Erin Bodnar staff the AA Education Programs booth at the ASA's exhibit hall.

Left: AAAA Executive Director Heather Spiess with Director Mike Nichols.
Right: Director Saral Patel discusses an agenda item with President Pete Kaluszyk prior to the Board meeting at the ASA.

In addition, one of the most important placements of an AA this year is to the Executive Board of the ASA's Political Action Committee. Mike Nichols, an AAAA past president and vice-chairman of the AAAA's National Affairs Committee, was appointed as the first non-physician member to this exclusive Board. Mike will serve a three-year term in this capacity. This is a great honor and a landmark for the AA profession.

The AAAA leadership is not limited to just the ASA annual meeting for contact with ASA leaders and participation in the ASA organization. AAAA National Affairs Committee members participate in the annual ASA Legislative Conference and the presidents of the AAAA meet annually with the presidents of the ASA to discuss items of mutual concern. The inroads that are made now will serve to strengthen the relationship between anesthesiologists and anesthesiologist assistants for many, many years.

Professional News

National Affairs Committee Update

By Ellen Allinger, AA-C
National Affairs Committee Chairman

National Activity

National Health Care Reform

Health Care Reform continues to as the number one legislative item for both Congress and the American people. By the time this article is released, some of the information will no doubt be outdated. It is paramount, however, to understand what affects the profession of anesthesiology the most, regardless of personal views on health care reform.

In a unique move, the AAAA's Board voted on November 6 for the AAAA to officially support H.R. 3961, the Medicare Physician Payment Reform Act, as introduced.

The following are excerpts from a release on H.R. 3961 from the House Ways and Means Committee dated October 29, 2009:

House Leaders Unveil Reform To Medicare Payments For Physicians

Legislation would replace SGR with a fairer growth rate, include Statutory PAYGO.

Today, in conjunction with comprehensive health reform legislation, House leaders introduced a bill that would permanently reform the Medicare physician payment system. The Medicare Physician Payment Reform Act (H.R. 3961) will repeal a 21 percent fee reduction scheduled for January 2010 and replace the physician payment formula with a more stable system that ends the unrealistic cycle of threats of ever-larger fee cuts followed by short-term patches. When considered in the House, H.R. 3961 will also include Statutory PAYGO legislation.

Permanent reform of physician payments in Medicare will guarantee that Medicare beneficiaries continue to enjoy the excellent access to care that they do today. It will also follow the President's lead by ending a budget gimmick that artificially reduces the deficit by assuming physician payments will be cut by 40 percent over the next several years, even though Congress has consistently intervened to prevent those cuts from occurring. Indeed, the CMS actuaries caveat their projections for Medicare spending because they cannot actually estimate the effects that the cuts would have on the other parts of Medicare. Correcting the flawed formula is a critical step to ensure a more realistic and accurate budget outlook.

Under H.R. 3961, the SGR would be replaced with a new formula that:

- Removes items such as drugs and laboratory services not paid directly to practitioners from spending targets;
- Allows the volume of most services to grow at the rate of GDP plus 1 percentage point per year (compared to GDP without any adjustment today);
- Allows the volume of primary and preventive care services to grow at GDP plus 2% per year;
- Encourages coordinated, innovative care by allowing Accountable Care Organizations to be responsible for their own growth paths, irrespective of reductions or increases that apply elsewhere in the system.

Ellen Allinger and Ty Townsend outside the Utah state capitol in Salt Lake City after testifying at the B&L Committee hearing.

H.R. 3961 will be considered in the House under a procedure which will add the text of H.R. 2920, the Statutory PAYGO Act of 2009, as passed by the House on July 22nd before being sent to the Senate. The "pay as you go" principle of budget discipline requires Congress to pay for any new spending, outside of an economic crisis. The Statutory PAYGO Act would make that principle law.

Why is HR 3961 (the "Johnson Amendment") so important to anesthesiology? The ASA put out the following explanation:

What does the "Johnson Amendment" do?

"The Johnson Amendment" would simply delink payments for anesthesia services under the public plan in H.R. 3200 from Medicare payment levels. Payment levels would instead be set at the average payment levels of other qualified plans in the health insurance "Exchange."

Why is it necessary?

H.R. 3200 includes provisions creating a new "public health insurance option." Although the final construct of the public option has not yet been announced, press reports suggest that payments to physicians participating in the new plan will be linked to Medicare rates. Due to the different payment formula for anesthesia services, the deeply discounted rates at which Medicare pays for anesthesia services and the inability to "opt-out" of participation, this provision disproportionately impacts providers of anesthesia services.

Why should anesthesiology be treated differently from other physicians?

The formula used to calculate payments for anesthesia services is completely different from the formula used for other physician servic-

Continued on page 10

National Affairs Committee Update, from page 9

completely different (and significantly reduced) dollar conversion factor. Indeed, no other physician services are paid as low under Medicare, relative to commercial pay, as anesthesia services.

Medicare payments for anesthesia services are significantly discounted. According to the Government Accountability Office (GAO), the accounting arm of Congress, Medicare pays for anesthesia services at only 33% of commercial insurance rates (GAO-07-463) – a 67% discount. In contrast, the Medicare Payment Advisory Commission (MEDPAC, Report to Congress, March 2009, pg 96) reports that, on average, Medicare pays physicians at 80% of commercial payment rates – only a 20% discount. There is a huge disparity in the manner in which Medicare treats anesthesiology and other physicians.

Why is anesthesiology important to the health care system?

Anesthesiologists are considered the lifeline of modern medicine. As highly trained physicians, anesthesiologists are uniquely qualified to make medical judgments and oversee the broad practice of anesthesiology. Their medical expertise provides the leadership and skilled care patients need when they are most vulnerable.

In the past decade, the Institute of Medicine (IOM) has singled-out anesthesiologists alone as the leaders in quality and patient safety. And today, anesthesiology's efforts to advance quality and ensure patient safety continue unabated. For these efforts to success, they must be supported by an appropriate level of level of payment through programs such as Medicare and other plans.

Why can't anesthesiologists just opt-out of participation in the public plan?

Hospitals typically require anesthesiology groups with whom they contract to provide services for virtually all patients needing care – Medicare, Medicaid, and even no pay. Unlike other physicians, anesthesiologists typically cannot pick and choose which patients they will treat. Accordingly, the voluntary participation provisions currently included in the H.R. 3200, while preferred over mandatory participation, do not provide much relief for anesthesiologists.

What does the use of Medicare rates through a public plan mean to anesthesiology?

Expanding Medicare payment rates to a broader population would hardly impact many specialties that are paid at the same or near commercial insurance payment levels. However, expanding the 33% payment level – a 67% discount - to a larger population would be devastating to anesthesiologists in private practice and academic programs.

Wouldn't the public plan just affect a small number of individuals?

The public plan would only be available to individuals through the new "exchange," the government-run entity through which Americans could purchase health insurance. Under H.R. 3200, the Congressional Budget Office (CBO) calculates 11 to 12 million enrollees would select the public plan. However, CBO notes that the "estimate is subject to an unusually high degree of uncertainty" so the number of enrollees could be higher. Moreover, participation in the "exchange" and the public plan is limited in the early years to the uninsured and smaller employers. However, in year three (3) of the plan, the Commissioner of the "exchange" may open the "exchange" and accordingly the public plan to other employers thereby potentially significantly increasing enrollment in both the "exchange" and the public plan.

On November 19th, the House passed H.R. 3961 by a vote of 243 to 183. For the bill to continue through the legislative process, it must receive consideration by the Senate.

Just days later, on November 21st, the Senate voted 60 – 39 in a party-line vote to begin debate on national health system reform and formally consider H.R. 3590, the "Patient Protection and Affordable Care Act". Consideration of H.R. 3590 and any amendments, including H.R. 3961, will begin in the Senate following the Thanksgiving holiday.

Other National Bills

Neither the "Rural Pass-Through" (HR 2204) nor Healthcare Truth & Transparency issue have made any progress this session due to the overwhelming attention focused on the health care reform debate.

State Activity

There is both AA legislation and non-legislation news to report on the state fronts at this time.

AA Legislation Items:

Utah

As reported to AAAA members through e-mail notification, the House Business and Labor Committee held an interim hearing which allowed presentation of information on the AA profession and how the profession would benefit the people of Utah. To access a pod-cast of the testimony from that hearing, go to the "members only" section of the AAAA's website at www.anesthetist.org and click on the Legislative Updates option on the right side of the webpage.

The Utah Society of Anesthesiologists is working diligently to educate legislators on the AA profession, make presentations about AAs to other physician specialists, and address items of AA profession opposition.

The AAAA is specifically organizing those AAs and AA students who are from Utah or have family and friends in Utah, especially those with political connections, to assist first-hand with grass-roots lobbying for the upcoming AA licensing legislation. Those who fall into this category are encouraged to contact Jenni Humphries at jh01760@hotmail.com.

Maryland

In mid-November, the NAC learned that the December interim hearing scheduled for the Senate Education, Health, and Environmental Affairs (EHE) Committee to hear information on the AA profession was cancelled. In addition, there is no longer a plan to re-introduce an AA

Continued on page 11

Professional News

National Affairs Committee Update, from page 10

licensing bill in 2010 in Maryland. The reasons provided were "due to a lack of support and other issues". The NAC is trying to find out what exactly this means and if there is a future chance for AA legislation in Maryland.

Remember to check the Legislative Updates section under the Members Only page on the AAAA website for any new AA legislative action. In addition, e-mails of important action will be sent out as it happens to all AAAA members.

AA Non-Legislation Items:
South Carolina

Earlier this year, the South Carolina Board of Medical Examiners Office of General Counsel was asked to look into the participation of Anesthesiologist Assistants in clinical rotations. A memorandum from the OGC dated August 5, 2009, contains the following statement:

The Board has been asked to advise the AA Committee as to what extent, if any, such student clinical rotations are permissible in the absence of specific statutory language in the AA practice act addressing student practice or clinical rotations and the general prohibition against unlicensed practice. Activities associated with required graduation requirements such as mandatory clinical rotations must be distinguished from practice. So long as the rotations are conducted in accordance with the Commission on Accreditation of Allied Health Education Programs Standards and Guidelines (copy attached), they are permissible. See Commission on Accreditation of Allied Health Education Programs Standards and Guidelines Section V.C. Safeguards.

Since graduation from an accredited program is required for licensure and the accrediting body requires the rotation, the rotation is a de facto requirement for licensure. The Board's concern here is a limited one: ensuring that students are not practicing in S.C. without a license. So long as the clinical agreement between the school and the clinical site is in compliance with the Commission on Accreditation of Allied Health Education Programs Standards and Guidelines and the medical facilities' established guidelines regarding the training of medical students; the rotations may be conducted in South Carolina.

This clarification by the SCBoME once again allows AA student clinical rotations in South Carolina. Our thanks go to the SCBoME's AA Committee for raising this issue with the state medical board.

MEMBER FORUM: Questions & Answers

Do AAs still have delegatory status in NY?

To the knowledge of the AAAA leadership and National Affairs Committee, AAs do not, and never have, had the ability to work in New York State under physician delegatory authority statutes. However, this does not mean that AAs cannot work in New York State in this capacity. It simply means that this ability has not been thoroughly investigated and clearly defined.

What is meant by "physician delegatory authority"? Simply stated, this allows licensed physicians to delegate tasks to allied health care providers. This authority usually resides within the Medical Practice Act or other Health Care statutes. No license is usually issued. The scope of AA practice is defined by the state medical board or similar authoritative group. This differs from statutory authority where the state authorizes practitioners under statutes (laws) as defined by the state legislative process. AAs are issued a license or registry. Allied health practitioners, including AAs, usually answer to the state medical board or allied health board within the medical board.

Currently, AAs may practice under physician delegatory authority in the following states: Colorado, Michigan, New Hampshire, Texas, West Virginia, and Wisconsin.

Practicing under physician delegatory authority is not the most secure method by which AAs may practice. In fact, AAs have been forced to stop working in the past in states where they were working under physician delegatory authority. For example, in 2000, AAs practicing in both Ohio and South Carolina were forced to stop working. In Ohio, the State Attorney General declared AA practice illegal despite the fact that AAs had been practicing in Ohio since the early 1970s. In South Carolina, the state medical board issued a "Cease and Desist" decree to the practicing AA despite the fact that they had authorized AA practice under delegatory authority just the previous year. Fortunately, both states now have AA licensing/registry statutes to protect AAs. But, for some time, the AAs in these states were unemployed until state laws allowing AA licensing were passed.

These examples show how tenuous AA practice under delegatory authority can be and AAs practicing under these circumstances need to be aware of the full ramifications of practicing without the security of a state issued license.

Q&A

Submit your questions to:

tiffy131@hotmail.com
or afinamore@metrohealth.org

Calendar of Events

If you know of an educational event that would be of interest to AAAA members, please contact the newsletter editor for inclusion in this calendar.

2010

Jan. 18 – 22 – Ka'anapali Beach, Maui, HI
California Society of Anesthesiologists Winter Hawaiian Seminar. Register online at www.csahq.org.

Jan. 25 – 29 – St. Thomas, USVI
Caribbean Seminar in Anesthesiology. Sponsored by Frank Moya Continuing Education Programs. For this and other Frank Moya meetings, go to www.currentreviews.com.

Jan. 27 – 30 – St. Thomas, USVI
Anesthesia Camp. Sponsored jointly by Duke University School of Medicine and destinationCME. For complete meeting details, visit www.destinationCME.com.

Jan. 30 – Feb. 6 – Snowmass, CO
Aspen Anesthesia: New Developments and Controversies. Sponsored by Holiday Seminars. For more information go online to www.holidayseminars.com.

Feb. 28 – March 5 – Park City, UT
4th Annual Winter Anesthesia & Critical Care Review. Presented by the Duke University School of Medicine & The Department of Anesthesiology. Registration is available oneline at http://anesthesiology.duke.edu.

March 12 – 14 – Walt Disney World, Orlando, FL
36th Annual Virginia Apgar Seminar: Obstetric Anesthesia and Care of the Newborn. Designated for a maximum of 20 hours of AMA PRA Category 1 Credits. For more information, go to www.currentreviews.com.

March 14 – 17 – Marco Island, FL
Perioperative Management. Sponsored by the Johns Hopkins University School of Medicine and The Institute for Johns Hopkins Nursing and designated for a maximum of 22.50 AMA PRA Category 1 Credits. Register online at www.HopkinsCME.edu.

March 21 – 26 – Whistler, BC, Canada
SCA 15th Annual Update on Cardiopulmonary Bypass. More information avaulable at www.scahq.org

April 10 – 14 – Savannah, GA
AAAA 34th Annual Conference. Make plans now to attend! Information available at www.anesthetist.org.

April 18 – 19 – Louisville, KY
Commission on Accreditation of Allied Health Education Programs (CAAHEP) annual meeting. For more information, go to www.caahep.org.

April 26 – 28 – Washington, D.C.
ASA Legislative Conference. Information on conference and events can be found on the ASA website at www.asahq.org.

May 1 – Fort Worth, TX
Texas Society of Anesthesiologists (TSA) Interim Meeting. Check www.tsa.org for more information as it becomes available.

October 16 – 20 – San Diego, CA
ASA Annual Meeting. More information to come at www.asahq.org.

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Need CMEs fast?
Find free CMEs online at www.cliniciansCME.com or at www.CMEZone.com.

Opportunities

Missouri:

Western Anesthesiology Associates, St. John's Mercy Medical Center, St. Louis.
Contact: Sue Chrismer schrismer@waai.net or 636-386-9224 ext. 193

Ohio:

Community Hospital, Westlake
Contact: Ted Brewer: 440-376-8019 tedbrewer@hotmail.com

Texas:

Children's Medical Center, Dallas
Contact: Stephen Hoang, MD or Marty Schulz, MBA 214-456-6393 or stephen.hoang@childrens.com; martin.schulz@childrens.com