



Annual Conference Update

By Chris Caldwell AA-C
AAAA Annual Conference Co-Chair

The 2010 AAAA Annual Conference is right around the corner and the time you have to register at the lowest possible price is quickly running out. Our 34th Annual Conference will be held this upcoming April 10 – 13th at the beautiful Hyatt Regency Savannah in the heart of the historic River Front Plaza in Savannah, Georgia.

In America's first planned city, the 2010 AAAA Annual Conference will provide the attendees with up to 24 hours of CME credit over a wide range of excellent lectures including a couple of new options. ACLS certification will be available this year as well as a Town Hall Meeting where anyone can ask questions and discuss any aspect of the AA practice with the AAAA leadership.

Also, new this year is Wellness Day on Sunday, April 11th, with the majority of the lectures focusing on the overall wellness of the AA, healthier food choices, as well as an early morning 5K fun run organized by the student committee. We have had a lot of fun planning this day and we know that you will enjoy the exciting options for this first annual event.

For more complete coverage of the activities and lectures scheduled, I invite you look at the 2010 AAAA Annual Conference brochure located on the AAAA website (www.anesthetist.org).

The AAAA knows that everyone has tightened their financial belt over the past year, so in response to that we have adjusted the 2010 Annual Conference so that it is spread over four days instead of five like in years past. This means that those attending get everything that comes with the AAAA Annual Meeting with one less night in the hotel, one less day of a rental car, one less day on incidental expenses, and more CME credits and activities than what has ever been offered before.

We can't wait to see you in Savannah!



**REGISTER BY
MARCH 19
TO AVOID
LATE FEES!**

In This Issue

Editor's Column.....	2
President's Message.....	3

My Journey

Beyond Anesthesia: Haiti and the Human Experience	6
---	---

Inside AAAA

Legislative Fund Report	5
Florida Component Coming	5
Membership: Obama or McCain?	6

The Students' Page

An AA's Experience During the AASCP	
Clerkship at UNM	7
Student Committee Report	7

Professional News

AAAA NAC Report	8
-----------------------	---

**AMERICAN ACADEMY OF
ANESTHESIOLOGIST
ASSISTANTS**

OFFICERS

PRESIDENT

Pete Kaluszyk, AA-C
(Term expires April, 2010)
pkalus@aol.com

PRESIDENT-ELECT

Rob Wagner, AA-C, RRT
(Term expires April, 2010)
rwagner@nova.edu

SECRETARY

Ellen Allinger, AA-C
(Term expires April, 2010)
allinger@comporium.net

TREASURER

Barry Hunt, AA-C
(Term expires April, 2010)
bhunt1616@netzero.net

IMMEDIATE PAST PRESIDENT

Deborah Lawson, AA-C
(Term expires April, 2010)
dalaac@sbeglobal.net

DIRECTOR #1

Joe Rifici, AA-C
(Term expires April, 2010)
jnrifici@gmail.com

DIRECTOR #2

Saral Patel, AA-C
(Term expires April, 2010)
saralvpatel@yahoo.com

DIRECTOR #3

Bradley J. Maxwell, AA-C
(Term expires April, 2010)
b_j_maxwell@yahoo.com

DIRECTOR #4

Lance Franklin, AA-C
(Term expires April, 2011)
fran1000@bellsouth.net

DIRECTOR #5

Megan Varellas, AA-C
(Term expires April, 2011)
meganvarellas@hotmail.com

DIRECTOR #6

Mike Nichols, AA-C
(Term expires April, 2011)
pledgeacc@yahoo.com

DIRECTOR #7

Carie Twichell, AA-C
(Term expires April, 2012)
ctwichell@roadrunner.net

NEWSLETTER CO-EDITORS

Tiffany Lewis-Roberts, AA-C
tiffy131@hotmail.com

Alyson Finamore, AA-C
afinamore@metrohealth.org

The Anesthesia Record

Published four times a year by the American Academy of Anesthesiologist Assistants. Please direct all general inquiries to the AAAA's management at the mailing address below, fax number or e-mail address. Opinions expressed in this newsletter are those of the individual authors and do not necessarily represent AAAA policy.

AAAA Executive Offices

2209 Dickens Road
Richmond, VA 23230-2005
PH: 866-328-5858 FAX: 804-282-0090
www.anesthetist.org

The Editor's Column

Our stress response

By Tiffany Lewis-Roberts, AA-C, Co-editor

Oftentimes when you think of a stress response, you think of the various clinical studies that report on a patient's response under anesthesia to the stress of surgery. Or how an epidural can inhibit the stress response a patient would normally undergo during a procedure. However, we seldom step back and take a look at the negative effects that our own daily job stresses have on us as healthcare providers.

We all know that feeling when a bad day has caught up with you and you just feel run down and stressed out at the end of the day. But, how can we cope with these stressful situations as they occur so that they don't have a detrimental effect on our emotional and physical health? So what are some ways we can cut down on the amount of stress at work so that we can lead healthy lives? Here are my top five:

- 1) Just feel it and move on. What does this mean? Think of stress as an emotion. Just like any other emotion it's okay to feel that way, just feel it during that moment and move on. We're not going to be happy every second of every day, so let's not be stressed either.
- 2) Live your 'breaks' to the fullest. We all know how important those 10-15 minute breaks are during the day. When you're lucky enough to get one, don't waste it. Instead think of it as an opportunity to unwind and really relax with a clear mind.
- 3) Manage your time. If you feel like you're constantly running around, it's probably because you are. Waking up 10-15 minutes earlier can help you start your day off right. Make a nice breakfast, finish your cup of coffee, and arrive at work ready to start the hectic day ahead of the game.
- 4) Breathe right. When stress begins to rear its ugly head, we tense up our shoulders, clench our teeth, and breathe shallow and fast. So when you start to feel overwhelmed and stressed, remember to pay attention to your breathing. Deep breaths people.
- 5) Laugh a lot. In between the seriousness of surgery and what we do on a daily basis, don't forget to laugh. Joke around and laugh with your colleagues and your life will be less stressful.

Hope this helps either make you smile or gets you through the day. Remember, we are not perfect. We are human beings trying to make it through this world in our own peculiar way.

Have your own tips for dealing with workplace stresses? Email us a tiffy131@hotmail.com so we can publish more ideas.



Tiffany Lewis-Roberts, AA-C
Co-Editor



PHOTO TIP:

For the best photo reproduction, use your digital camera's highest quality or "fine" setting.

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!

President's Message

Hey Colleague, Can You Spare \$400

The headline is a paraphrasing of an iconic song from the 1930s during the height of the Great Depression. The actual title is "Buddy, Can You Spare a Dime" and the song was the "voice" for millions of people who were unemployed as a result of the catastrophic Wall Street failure. The song reminded those who were better off to not forget the plight of the unfortunate during those hard times. The message was that organized society shared responsibility for the general welfare. There were few existing social organizations and governmental agencies in place to resolve the rampant unemployment of the day and to deal with the daily human issues. The initial lack of organization at all levels of society hindered recovery for years, and only when the interests of these unemployed were heard through organizational efforts, did society respond. Eventually, individuals realized the obvious benefits of coming together to organize and respond to any challenges for the common good whether as a member of society or as part of a profession. This makes far more sense than a solitary effort on an individual's part to deal with a societal or a professional challenge. The \$400 in the title is the amount for membership to the AAAA, but more on that later.

All healthcare professions have developed professional organizations that represent the common interests of their individual practitioners as a whole at a national level. A national organization is the loudest collective voice of any profession and we need a collective voice because we AAs do not practice in a vacuum. We work and interact in a healthcare system that is comprised of a complex interactive array of healthcare providers, employers, governmental regulatory agencies, non-governmental regulatory agencies, health insurance providers, educational institutions, media providers, other medical professional organizations, and most of all, society in the form of patients and interested parties. All of these elements have their own voices that contribute to the cacophony surrounding healthcare issues. The lone voice of an individual is difficult, if not impossible to hear above the din of the various interests, and to take on all of these entities alone is a daunting and nearly impossible task. The more individuals that organize themselves in order to respond, the louder that voice becomes. Additionally, these organized individuals have a better chance of resolving individual and mutual concerns with a collective effort, especially if the problem affects those individuals over a wide geographical area.

The principle function of the national organization, I feel, is to legitimize the profession and then maintain that legitimacy in the face of any challenges that are thrown its way. Medically-based professions legitimize themselves principally through their educational, accreditation, and certification processes that are based on medical science. Science has to be and is the foundation of knowledge in all the AA training programs. Science and training are consistently reviewed by the accreditation process and validated by the certification process. As long as these core processes are valid, then challenges from any source can be



Pete Kaluszyk, AA-C, M.Ed
AAAA President

answered; profession opportunities can be expanded; relations with other healthcare organizations established; and organizational policy developed concerning patient care and our professional practice. The AAAA must be vigilant that these processes are maintained. The AAAA can do this by providing continuing educational opportunities, having input in the educational, accreditation and certification processes, facilitating communications and providing opportunities for these validating organizations to meet and discuss ideas and concerns common to all.

A profession's vigilance and interaction with all of these outside entities not only needs to be maintained at a national level, but vigilance is sometimes needed for a more regional response to a problem that is more localized. An example of a regional challenge happened when the AAAA was notified recently of a problem in Georgia, of all places, with insurance

reimbursement when AAs were involved in the anesthetic care of a patient. A business administrator for one of the anesthesia practices noticed that an insurance company was not reimbursing whenever an AA was involved in the procedure. There was no state organization for AAs so he contacted the AAAA. The AAAA didn't have the fiscal resources to employ a staff reimbursement specialist to help resolve such issues. However, through the AAAA's connections, the National Affairs Committee was able to help the business administrator connect with a reimbursement specialist. Several weeks later, the AAAA was notified of the resolution to the problem and the insurance company will now reimburse for services in Georgia whenever an AA is involved. The AAAA notified members of the Georgia Society of Anesthesiologists as to the problem in their state. A similar issue arose in South Carolina and was also favorably resolved.

There are other examples of challenges and threats to AAs that will continually arise in the ever-changing healthcare and regulatory landscape. There will be constant pressure to reform how health care is delivered and paid for in this country, and we have to be vigilant and be prepared to voice our concerns or our support. In order to gain professional legitimacy, the AAAA has to show continual progress in our development to our members, supporters, and the public. I think the AAAA has made great strides especially for an organization that is principally driven by AA volunteers working with our management company. We need to have AAs in all states organize and form state academies to watch over their own state-based issues. If a problem arises, the agencies involved will more likely respond to a state-based organization than an outsider national organization. If the state issues have a potential impact on the national landscape, then the AAAA will alert other state AA academies of the potential threat to them.

The AAAA is continually increasing its voice in the field of medical affairs; however, this voice must grow louder. The necessity for AA orga-

Continued on page 5

My Journey

Beyond Anesthesia: Haiti and the Human Experience

By **Melissa Huang, AA-C**

On Tuesday, January 12, a 7.0 earthquake rocked the city of Port au Prince, 11 days later I arrived in the border town of Jimani, located about 30 miles away from Port au Prince.

Situated on the border of Haiti and the Dominican Republic, it was an ideal place for earthquake victims seeking medical attention. There were already two large buildings in place that would function as the core of our impromptu medical facility. One building was designed as a hospital for future medical missions to take place and the other was an empty orphanage yet to be filled.

When I arrived, I had no idea what I was facing. I had heard horror stories about amputations being done without anesthesia and/or proper medical personnel or equipment. So when I landed in Santo Domingo with 100 pounds of medical supplies I was ready for anything.

Fortunately, much of the chaos of the first few days had subsided. As each day passed, things got exponentially better. Fresh volunteers with equipment and supplies were arriving daily. And these volunteers were some of the best people I have ever met. We all arrived knowing very little about the circumstances, but we all came with the same can do spirit. Just about everyone arrived with camping gear and their own rations.

Although there were five operating rooms running continuously, and things improved everyday, conditions were still rough. Electricity and water were intermittent. The majority of patients were on thin mattresses placed directly on the dirt. We were in the dry season, which meant the day time could get hot and dusty. Blackhawk helicopters created huge dust storms as they landed and took off again picking up critical patients to be transferred elsewhere.

I found my little niche in the minor procedure room. The majority of patients were recent amputees and also had external fixators for their remaining limbs. Keeping a wound clean out in the field was difficult, but also a high priority. We sedated the patients before vigorously cleaning out wounds, redressing, or even removing maggots and then repeated this tedious procedure daily. Unlike my usual limited patient contact in the States, I had the chance to see these people everyday, learn their names, spend time with them, and hear their unbelievable stories.

There were many tears shed on my part and from other volunteers. It was, ironically, the patients who were strong and steadfast. Once, I was standing in the middle of the 'emergency department', which was little more than a concrete enclave open to the elements. I must have looked disheveled, hot and tired trying to find my next patient in a sea of beds where nightly patients seem to play a cruel game of musical chairs.

A lady I had taken care of many times with a severe wound to her foot that we were desperately trying to save called out my name. She held my hand and asked me how I was doing. She knew her situation was grim and as we had explained to her that it was hard to fight off infection to such a huge open wound she was still optimistic and smiling. It was just too much for me to bear.



We woke up everyday working our tails off knowing that it was just a drop in the bucket in this ocean of a disaster and that these innocent people were suffering. I held her hand in middle of the emergency department surrounded by all the bandaged people and I cried and I cried about the injustice of it all.

There was a lot of guilt associated with leaving. We, the volunteers, were able to go home, return back to our normal lives when we knew little about what was to happen to our precious patients and new friends we had met. I bonded not only with the patients but many of the people I worked with while I was there. We have helped each other cope with what we witnessed and what we will carry in our memories for the rest of our lives.

What did I learn from all this? The strength of the human spirit. I witnessed the ability of people who endured unimaginable hardship to overcome. Indeed, in the darkest night, the stars shine brightest.

TELL US ABOUT YOUR JOURNEY.

E-mail your story and a photo to Newsletter Co-Editor
Tiffany Lewis-Roberts at tiffany131@hotmail.com

Inside AAAA

President's Message, from page 3

nizations at the national and state level is obvious and is based simply on common sense. In order for a profession to succeed, there has to be an "investment" in the profession and that investment is the AAAA in the form of membership. Part of the investment is a sort of assurance policy that the AAAA will respond to common concerns and that it will strive to expand educational and practice opportunities for its practitioners. As other organizations have experienced, our biggest hurdles sometimes arise within our ranks. Some of our AA colleagues elect not to be members for a variety of reasons. Since they are not members they have little or no voice and their reasons for not joining are not always clear. Possibly some are satisfied with their lot and are unthreatened, others don't perceive any tangible benefit to themselves, and others are simply apathetic and indifferent. There may be a disconnect in percep-

tion where the AAAA organization is viewed as a separate entity rather than a part of the professional "whole" comprised of each one of us.

The most fundamental investment that you can make for your profession's future is to become a member or renew your membership yearly. The money we gain for every new and renewing member allows the AAAA to increase resources for the benefit of all AAs. So, if you run into an AA who is not a member, you can paraphrase the sentiment of shared responsibility behind, "Hey colleague, can you spare \$400?" In its view as a representative organization, a profession and its practitioners cannot afford to think, "What's in it for me," but rather, "What's in it for us." Individual membership investment is part of the greater good for all AAs.

The Legislative Fund Report

By **Barry Hunt, AA-C**

Treasurer

Chairman, Finance Committee

Due to all the generous contributions from AAAA members, the Legislative Fund has accumulated a balance of \$46,772.03 as of December 31, 2009. For the year ending December 31, 2009, the Legislative Fund had contributions of \$25,546 and expenses of \$14,099.72. The Legislative Fund is the sole financial source for local, state and national legislative issues involving the AA profession. The political and judicial process

to pursue and achieve licensure in a new state is a continuous process.

The AAAA members have generously been giving to this fund, and we all must continue to do so to secure the future of our profession. The interest in AAs across the nation is increasing every month and the expense to the AAAA will continue to escalate. The Legislative Fund allows the AAAA to address and be proactive in our response to any problems in a timely and efficient manner. As AAAA members renew their membership for 2010, please remember to contribute to this fund for the continued expansion of the AA profession.

Florida Component Coming

Florida's AAs can look forward to new AA organization, the Florida Academy of Anesthesiologist Assistants (FAAA). The FAAA is currently under formation, with an expected announcement of formation at this year's AAAA conference in Savannah, Ga.

The mission of the FAAA is to advance the profession of AAs, enhance the education and standards of anesthesia practice, promote patient safety through the anesthesia care team, and provide a forum for AA advocacy in the State of Florida.

Florida has seen a tremendous growth in the number of AAs licensed, with more than 50 AAs currently licensed in the state. Currently AAs work in three major areas, South Florida, Tampa, and Gainesville. One of the major goals of the FAAA is to help unite the existing practicing AAs and help AAs break into new markets in Florida.

For more information contact Shane Angus, shaneangus1@mac.com; Bill Orr, willorr@nova.edu; Sabrina Gonzalez, sabyum@yahoo.com; or Michael Provost, mprovost@nova.edu.

AAs Day
JUNE 4, 2010

AMERICAN ACADEMY OF
AAAA
 ANESTHESIOLOGIST ASSISTANTS

Inside AAAA – Membership

Obama or McCain?

By Megan Varellas

You probably voted in the last presidential election. No matter which candidate you supported, you participated in steering the course of your future and expressing your hopes for the future. Everyone knows that a non-vote is a vote for the opposing party. Joining AAAA is a vote for the AA profession. AAs that choose not to join their professional organization are choosing to unintentionally support the professional organization of other mid-level anesthesia providers. Every year, we send a membership letter to current members about the merits of supporting AAAA. If you are reading this newsletter, then you probably understand the importance of supporting your professional organization already, but here are some sobering facts to motivate you to recruit your coworkers to join AAAA.

NAs have a powerful professional organization with over 90% membership, representing over 40,000 NAs, and recognize 108 CNRA programs. AAAA has less than 30% membership by 1300 practicing AAs, and recognizes 5 AA programs. The larger the membership, the louder our collective voice becomes. The AA profession can't grow or continue to defend AAs against those who actively oppose us without members. This year, AAAA is asking you, as a member, to recruit your coworkers for AAAA membership. All AAs should recognize the responsibilities of being a professional if they want parity with other mid-level anesthesia providers. If you know AAs who are not AAAA members, then you know AAs enjoying the benefits of AAAA that you, as a member, are providing to them. If you can only do one thing to give back to the profession which gives you a great lifestyle, let it be to recruit just one other coworker to join AAAA. I would like to believe that membership is low because many AAs don't grasp the importance of membership and haven't considered what they get from AAAA.

So, what IS in it for you?

1. **Job Security.** AAAA defends AAs against negative press releases, campaigns against our competence, and challenges to our scope of practice on a regular basis. Every year, AAAA fights challenges to reimbursement for AAs. If anesthesiologists can not get reimbursed for your services, then you will soon be out of a job. The MDs you work for are not writing CMS or Blue Cross to defend reimbursement for AAs. AAAA does that for you! Without members, AAAA lacks the funds to effectively represent AAs and promote the truth about AAs.
2. **Professional credibility.** How do you feel about anesthesiologists or anesthetists that do not show an interest in their profession other than collecting their paycheck? How often do you admire anesthesiologists or other anesthetists that are well versed in legislative issues, current anesthetic technique, or other pressing issues facing the industry?

3. **Promoting your profession.** AAAA actively promotes your profession to the public, health care administrators, legislators, ASA state component societies, governing bodies, and insurance companies. When your title is as easily recognized as that of CRNAs by nurses, doctors, administrators, friends, and the public, your job opportunities are likely to increase. We all want AAs to be able to work any place they choose, and supporting AAAA is the only way to promote that happening!
4. **Members only.** AAAA is the only resource that can answer any question you have about AA practice. AAAA is the sole organization and resource for you about your profession. You may choose which topics are of interest to you personally, but you can confidently know that AAAA is following everything else that affects your job!
5. **Preparedness.** We are trained professionals in being prepared. Don't wait until you need or want something from your professional organization to join.

When I hear AAs say "AAAA doesn't do anything" I have to believe they are content in being woefully misinformed. AAAA is run by AAs taking time away from jobs and family to work on behalf of your profession. AAAA business is being conducted almost every day among a large group of AAs who want to be involved in steering the future of their profession. When I hear AAs say "I can't afford it" I have to believe that they haven't considered what they won't be able to afford if their job security is threatened. When AAs say "I disagree with some of AAAA's positions on issues", I hope that member will get involved. Joining and volunteering for AAAA is the only way to fill a need you see not being met or redirect something you don't agree with, in fact, it's the most common reason AAs get involved in AAAA. When I hear "I forgot to renew this year", I actually hear "the dog ate my homework." We take care of patients everyday and have a tremendous amount of professional responsibility. Our patients and employers expect us to take our profession seriously and be engaged in issues relevant to our industry.

Renew your membership in AAAA and join the ranks of AA professionals that are casting a vote for the success of their profession and their personal futures! If you have already done so, then get serious about convincing one of your coworkers to join. It's time for all AAs to work together to support our profession and our future as AAs. VISIT www.anesthetist.org to join today!

Does your hospital or group have practicing AAs?

Please send AAAA your hospital name/ group name and contact person so we can get a working map of where in the country AAs practice! This data allows AAAA to make persuasive arguments for AA reimbursement, track expansion of AA practice, recruit for membership, and show ASA and hospital administrator organizations where we are!

Contact us at:
aaaa@societyhq.com
American Academy of Anesthesiologist Assistants
2209 Dickens Rd.
Richmond, VA 23230-2005
PHONE 804-565-6353 • TOLL FREE 1-888-443-6353

The Students' Page

An AA's experience during the AASCP clerkship at UNM

By Dan Muran, AA-S, South University

I'm currently a second year student from South University (in Savannah, GA) who is doing a rotation at the University of New Mexico. The Anesthesiology Assistant Student Clerkship Program (AASCP), structured by Kevin Hall, has been one of my best clinical rotations to date. It has proven to be a very challenging, but rewarding clinical rotation, where I have been exposed to specialty cases including Trauma, Burns, Neurosurgery, and Pediatrics. The patient population is complex, as my daily training includes numerous ASA IV patients and complicated ICU patients on various drips with multiple co-existing diseases and co-morbidities.

The hands-on experience at UNM is incomparable, as you are provided the opportunity to place multiple large-bore IVs and arterial lines on a daily basis. The AA staff encourages you to draft your own anesthetic plan, and they provide you with a degree of autonomy that strengthens

your abilities and improves your decision-making. The AASCP training program will indeed "train" you, and make you a better prepared anesthesiologist upon graduation.

The AASCP clerkship has also provided me with a unique experience of presenting the AA profession to a group of Respiratory Therapists. Being that my undergraduate background was in Respiratory Therapy, as I practiced as a Respiratory Therapist at the Ohio State Medical Center for two years, it was a great opportunity to spread the word of the AA profession. Many of the Respiratory Therapists, who worked at UNM, didn't know that the AA profession existed, let alone what our scope of practice involved. It was a great information session, as a few of the RTs requested additional information on our practice and displayed a genuine interest in what I had to say. The experience also proved to be an invaluable learning experience for myself, in which I was able to speak on behalf of the AA profession, as will be necessary to help promote our expansion into other states and hospitals.

Student Committee Report

By Natasha Ivey, AA-S, Nova Southeastern University

The time is approaching and the AAAA Annual Meeting will be here before you know it. The AAAA Annual Meeting is not only an educational experience but an opportunity to get to know peers and soon to be colleagues. This annual event will be full of enlightening seminars covering various topics within anesthesia. There will be physicians from across the country taking the time to speak and sup-

port the AA profession. Along with the seminars there is always time for fun activities that the annual meeting has to offer. From the river walk, to the 5K Fun Run sponsored by the Student Representative Committee, and the annual Charity Golf Tournament, I am sure that you will be able to find something to enjoy. So as you are preparing to come to the AAAA 34th Annual Meeting, begin thinking about the many things that you will be able to engage in. See you soon in Savannah, GA.

Play Golf for a Cause!

Students: Request sponsorship on your Annual Conference Registration Form!

Golfers of all abilities are invited to attend the 3rd Annual AAAA Student Charity Golf Scramble at Crosswinds Golf Club. Crosswinds is Savannah's most unique golfing venue, offering 27 holes of some of the area's best golf!

Register by March 19!

For complete information and registration materials, visit www.anesthetist.org and click on "Conferences".

This Event Benefits The Anesthesia Patient Safety Foundation

Professional News

First Quarter NAC Update

By **Ellen Allinger, AA-C**, National Affairs Committee Chairman
Mike Nichols, AA-C, National Affairs Committee Vice-Chairman
Claire Chandler, AA-C, International Affairs Subcommittee Leader

A great deal of action affecting the AA profession has taken place in a short period of time. This action varies greatly and includes changes in CMS interpretive guidelines, reimbursement for AA services in Georgia, expansion of supervision ratio in North Carolina, and state AA legislation.

National Activity

National Health Care Reform

Health Care Reform has ground to nearly a halt in the U.S. Senate following the January 19th election of Massachusetts Republican Senator Scott Brown. Brown replaces Senator Paul Kirk (D) in the U.S. Senate. Kirk had been named by Governor Deval Patrick (d) to fill the seat left vacant by the death of Senator Ted Kennedy (d) pending the results of the special election. The election of a Republican to the Senate changed the political make-up of that body as Democrats no longer have the “filibuster proof” 60 Senators necessary to pass health care or any other legislation. If they choose, Republicans in the Senate can now vote together and block consideration of any final reform package.

President Obama announced his intention to continue to move forward with health care reform in his first State of the Union address in January despite what many view as a Congressional setback with the election of Senator Brown. He urged Congress to “not walk away from reform,” but instead to, “find a way to come together and finish the job for the American people.”

Since that time, the Senate has passed H.J. Res. 45, a resolution to raise the federal debt limit. This resolution includes a “PAYGO” provision, meaning that any new spending or tax cuts must be offset by spending cuts or tax increases. For physicians, H.J. Res. 45 includes several exemptions from “PAYGO” rules, the primary one being a temporary fix to the Medicare Sustainable Growth Rate formula (SGR).

This boils down to anesthesiologists and all physicians facing a 21 percent Medicare payment cut beginning March 1, 2010, with additional cuts projected in future years unless there is Congressional action. This is a significant reduction in Medicare payment that will adversely affect all anesthesia departments and practices across the country.

Both the AAAA and the ASA continue to support H.R. 3961, the “Medicare Physician Payment Reform Act”, which passed the House on November 19th, 2009. This bill contains SGR reforms that would permanently repeal the unworkable SGR and create a path for future positive updates. AAAA members are urged to contact their Senators and ask them to bring H.R. 3961 to the Senate floor and pass it immediately.

For more information on how to call and talk to your Senator on this important issue, go to the ASA's Grassroots Network website at <http://capwiz.com/asa/callalert/index.tl?alertid=14603496&PROCESS=Call+Now>.

Changes in CMS's Interpretive Guidelines

On December 11th, the Centers for Medicare and Medicaid Services (CMS) issued Revised Hospital Anesthesia Services Interpretive Guidelines. These interpretive guidelines include more detailed interpretations on such items as duties for compliance with post-operative anesthesia review and modifications to its definition of “immediately available”. AAAA leadership felt that several items needed addressing to correct. A letter drafted by the National Affairs Committee and AAAA leadership and reviewed by AAAA legal counsel was approved by the AAAA Board and sent to CMS at the beginning of February. This letter addressed three immediately correctable items:

1. **Nomenclature.** The profession is incorrectly referred to as both “anesthesiologist’s assistant” and “anesthesia assistant” within the revised interpretive guidelines. CMS was informed that the term “Anesthesiologist Assistant” or the abbreviation “AA” is the correct name of the profession.
2. **The Guidelines improperly differentiates supervision of an Anesthesiologist Assistant by an anesthesiologist and supervision of a CRNA.** The guidelines states in one place that AAs must be under the supervision of an anesthesiologist while stating in another area that an AA must be under the direct supervision of an anesthesiologist. This implies that there is a difference between supervision and direct supervision. In addition, it states that CRNAs are to be supervised by the “operating practitioner or anesthesiologist”. Supervision of an AA or of a CRNA under the Anesthesia Care Team (ACT) model is no different and therefore language concerning supervision of either an AA or a CRNA by an anesthesiologist needs to be consistent throughout the document.
3. **The Anesthesia Care Team model is compromised under the proposed language.** This is perhaps the most important point. CMS has modified its definition of “immediately available” to apparently limit the supervising anesthesiologist to the physical location where the CRNA or Anesthesiologist Assistant is involved in the administration of anesthesia to a patient. This directly affects the Anesthesia Care Team (ACT) model of anesthesia delivery. The letter points out that both AAs and CRNAs received education and training specific to the field of anesthesia that equips them with the knowledge basis to provide safe anesthesia to patients under the supervision of an anesthesiologist. This allows the anesthesiologist to attend to other patients and other anesthesia duties while supervising the Anesthesia Care Team member or members. Limiting the anesthesiologist to the same physical location as the Anesthesiologist Assistant or CRNA where the anesthetic is being provided has not been shown to improve patient safety or outcomes. The letter requests that language requiring the anesthesiologist to be physically located within the same operative suite, L&D area, or procedure room is removed.

To view the letter in its entirety, look under the Articles of Interest area of the Members Only section on the AAAA website at www.anesthetist.org.

Professional News

NAC Update, *continued***State Activity**

More than just legislation has been happening within various states. Since the beginning of 2010, four states have had seen activity that affect the AA profession.

Georgia

Working in conjunction with the AAAA and a private anesthesia group's business manager, the Georgia Society of Anesthesiologists successfully convinced Blue Cross Blue Shield of Georgia to include AAs as reimbursable anesthesia providers for those covered by the Georgia Board of Regents' BCBS medical plan. This plan is available to employees and their family members who are employed in Georgia university systems. Up to this point, AA services provided to those covered under this plan were not reimbursed even though BCBS reimburses for AA services in other plans. This will increase the desirability for AA employment in anesthesia departments and private practices throughout the state.

North Carolina

On January 22nd, the North Carolina Medical Board voted in favor of expanding the supervision ratio of anesthesiologists to AAs from 1:2 to 1:4. A provision in the state's AA Practice Act allowed for this expansion to occur after January 1st, 2010, by vote of the state's medical board. The action received no opposition.

Before this action can take full effect, it must be officially reviewed by the NC Office of Administrative Hearings' Rules Review Commission. It is anticipated that this change in NC statute will take place by April 1st. Notice of when this change officially occurs will be sent out by email to AAAA members as well as being posted on the AAAA website's homepage. This action also aids in making AAs more employable in North Carolina.

Wisconsin

Two AA licensing bills are now in play in the Wisconsin state legislature. In an effort to allow current and future practicing AAs in WI to practice under a state medical license rather than by physician delegatory authority, Assembly Bill 671 was introduced on January 22nd. This bill will allow for licensing of AAs by the state medical board, a supervision ratio of anesthesiologists to AAs at 1:4, and requires a feasibility study for establishing an AA school in the University of Wisconsin System.

AB 671 is scheduled for its first committee hearing on February 17th in the Assembly's Health and Healthcare Reform Committee. Testimony in support of the bill will be provided by the Wisconsin Academy of Anesthesiologist Assistants (WAAA) and the Wisconsin Society of Anesthesiologists (WSA). Other registered supporters of the bill are Gundersen Lutheran Administrative Services, the Wisconsin Medical Association, and the Wisconsin Academy of Physician Assistants. The only group that has registered as opposed to the bill is the Wisconsin Association of Nurse Anesthetists.

Concurrently, a Senate version of the AA licensing bill has been introduced. Senate Bill 535 (SB-535) was introduced on February 11th and has been referred to the Senate Committee on Health, Health Insurance, Privacy, Property Tax Relief and Revenue.

Both of these bills can be tracked and email updates will be sent whenever there is a change or action concerning each bill. Anyone can sign up for bill tracking on the website <http://notify.legis.state.wi.us/Home.aspx>. Be sure to track both AB-671 and SB-535.

Utah

It would be miraculous to have all good news concerning state AA activity, so, unfortunately, the good news stops with Utah. Preparation by the Utah Society of Anesthesiologists (USA) for supporting an AA licensing bill for the third consecutive year could not overcome opposition by some key legislators.

Initially assigned to the House Rules Committee, the chairman of that committee, Rep. Ben Ferry (R) is opposed to House Bill 101. To assure that HB 101 would not receive favorable treatment, Rep Ferry assigned the bill to the House Government Operations Committee. This committee is chaired by a rural area legislator, Rep. Craig Frank (R), and, as a strong supporter of nurse anesthetists, he opposed the AA licensing bill in the last legislative session. Since the chairman of each committee determines the agenda, it is believed that Rep. Frank will not place it on the committee's agenda for a hearing before the end of the session. In addition, Rep. Frank refuses to release the bill so that it may be assigned to another committee. Thus, there is no hope that this bill will make any progress prior to the end of the session on March 11th.

Consideration of introducing a Senate version of the same bill was squashed when opposition lobbyists caught wind of this and went directly to the House leadership to extract a promise that, regardless of its progress in the Senate, if a similar AA bill came to the floor of the House it would never be heard.

The future of the AA practice in Utah is still being discussed between the National Affairs Committee and the USA leadership.

International Activity

The international affairs subcommittee is reaching out to various international organizations in the effort to globally promote the AA profession, increase training and practice opportunities, and establish international professional relationships. Communications with the Chairman of the UK Association of Physicians' Assistants in Anaesthesia have been positive and, as a first step, the committee is considering the potential benefit of posting their website on the AAAA website. Additionally, committee member, Kathleen Knebelberger will be attending the 3rd annual Burden of Surgical Disease working group meeting in March to explore the role that AAs can play to support their initiatives. This is a very exciting opportunity to get involved on the ground floor of a new global health awareness campaign.

Our ongoing initiatives include developing a statement of reciprocity and international equivalency, exploring international clinical training opportunities, and keeping up to date on development of similar anesthesia professionals around the world.

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.

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 12 – 14 – San Antonio, TX

Society for Obstetric Anesthesia and Perinatology (SOAP) 42nd Annual Meeting: Emerging Technologies in Obstetric Anesthesia. Visit www.soap.org for full program information.

March 13 – 17 – Walt Disney World, Orlando, FL

47th Annual New York Anesthesiology Review. Hosted by the Mount Sinai School of Medicine Department of Anesthesiology. Designated for a maximum of 40.0 hours of AMA PRA Category 1 Credits. Register online at www.newyorkanesthesiologyreview.org.

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

Society of Cardiovascular Anesthesiologists 15th Annual Update on Cardiopulmonary Bypass. Designated for a maximum of 38 credit hours. Register online at www.seahq.org.

March 27 – 28 – Atlanta, GA

The Ultrasound-Guided Regional Anesthesia (USRA) Skills Course. Designated for a maximum of 12 hours of AMA PRA Category 1 Credits. Register online at www.iame.com/USRA.

April 10-14 – Savannah, GA

AAAA 34th Annual Conference. Applying for up to 24.5 hours of AAPA Category I CME. Weekend-only or four-day attendance options available. For more information and online conference registration and hotel reservations, go to www.anesthetist.org or call 1-888-443-6353.

April 17 – 18 – Colorado Springs, CO

17th Annual Anesthesia Symposium and Colorado Society of Anesthesiologists Spring Meeting. For more information contact Sandra Lezon at sandralezon@centura.org or call 719/776-5140,

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.

May 14 – 16 – Costa Mesa, CA

California Society of Anesthesiologists (CSA) Annual Meeting and Clinical Anesthesia Update. For more information go to www.csahq.org.

May 17 – 21 – Boston, MA

Harvard Anaesthesia Update: Innovation and Transformation in Anesthesiology. For complete course details go to www.cme.harvard.edu/courses/harvardanaesthesia.

June 4 – AA Day!!

June 6 – 10 – Disney's Yacht & Beach Club Resort, Lake Buena Vista, FL

3rd Annual Emerging Technologies in the OR. Sponsored by the Duke University School of Medicine. Go online to <http://anesthesiology.duke.edu>.

June 24 – 27 – Palm Beach, FL

Florida Society of Anesthesiologists (FSA) 2010 Annual Meeting. More information available at www.fsahq.org.

June 26 – Various Sites

National Commission for Certification of Anesthesiologist Assistants (NCCAA) June Certifying Exam and Continued Demonstration of Qualification (CDQ) Exam.

July 16 – 18 – Greensboro, GA

Georgia Society of Anesthesiologists' 2010 Summer Meeting. Information available at www.gsahq.org.

Sept. 9 – 12 – San Antonio, TX

Texas Society of Anesthesiologists (TSA) 2010 Annual Meeting. Check www.tsa.org for updates.

Sept. 24 – 26 – Pinehurst, NC

NC/SC Societies of Anesthesiologists' 30th Annual Fall Session. Additional information upcoming at www.ncsoa.com.

October 16 – 20 – San Diego, CA

ASA Annual Meeting. More information to come at www.asahq.org.

No Time to Travel? Earn continuing medical education credits online at www.esahq.org.

At Home Study: Perioperative Management. "A program designed for practitioners to limit patient risk by proper preoperative evaluation, intraoperative management, and postoperative care." Offering a maximum of 16.5 AMA PRA Category 1 Credits. Credits expire March 11, 2010. To order, go to www.cmeinfo.com/579.

Are you an ASA member? Find continuing education products and events at reduced rates at www.asahq.org/continuinged.htm.

Jobline

Florida:

Faculty Position, NSU Tampa Campus

Contact: Bill Orr MMSc, AA-C, Program Director 813-574-5306 or willorr@nova.edu

Clinical Anesthetist, Tampa Area

Contact: Bill Orr 813-574-5306 or willorr@nova.edu

Missouri:

Western Anesthesiology Associates, Inc. at St. John's Mercy Medical Center, St. Louis

Contact: Sue Chrismer schrismer@waai.net or 636-386-9224 ext. 193

Texas:

Children's Medical Center, Dallas

Contact: Stephen Hoang, MD or Marty Schulz, MBA
214-456-6393 stephen.hoang@childrens.com or martin.schulz@childrens.com

Wisconsin:

University of Wisconsin, Department of Anesthesiology, Madison

Contact: Human Resources Director; Dept. of Anesthesiology; 600 Highland Ave, Madison, WI 53792-3272