



# the **AnesthesiaRecord**

**AAAA**® American Academy of Anesthesiologist Assistants

Second Quarter 2016



## Veterans Healthcare

CAA practice opportunities imperiled by proposed APRN Rule



**PROTECT**   
**SAFE VA CARE**  
VETERANS DESERVE QUALITY HEALTH CARE





American Academy of Anesthesiologist Assistants

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#### The Anesthesia Record

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## Calendar of Events

### June 2016

#### ASA PSH Summit

June 24th - 26th | Chicago, IL

### July 2016

#### 3rd Quarter AAAA® Board of Directors Meeting

July 31

### August 2016

#### 3rd Quarter Newsletter Article Submission Deadline

August 1

#### Registration begins for February CDQ Exam

August 1

#### ASA Board of Directors Meeting

August 20- 21 | Chicago, Ill

### September 2016

#### North Carolina, South Carolina joint societies conference (CAA lecture)

September 23-25, Charleston

### October 2016

#### NCCAA Certification Exam

October 15

#### 4th Quarter AAAA® Board of Directors Meeting

October 23 | Chicago, Ill

#### ASA Annual Meeting

October 22 - 26 | Chicago, Ill

### November 2016

#### 4th Quarter Newsletter Article Submission Deadline

November 1

### December 2016

#### Membership Renewal Period Begins

December 1

#### Post Graduate Assembly Meeting

December 9 - 13 | New York, NY

## Advocacy among co-workers



AAAA hosted hundreds of physician visitors during the 2015 ASA Annual Meeting in San Diego, CA. AAAA welcomes CAAs to staff the exhibit and educate physicians, practice managers and international guests about AA practice and quality patient care in Chicago, October 22-26.

## About the cover

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**Lindsey Maxwell**

Director of Public Policy  
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# Future of Veteran healthcare, AA VA practice in your hands

In under three minutes, every AA in America can help advocate for preservation of the Anesthesia Care Team in the Veterans Administration health care system. In doing so, CAAs and SAAs will also do their part to protect the potential for expanded AA careers in the VA.

**How?** Simply go to [www.SafeVACare.org](http://www.SafeVACare.org) and post comments.

**Why?** The VA's proposed APRN Rule, formerly known as the VHA Nursing Handbook, was published in the Federal Register on May 25, 2016. The proposed rule would establish the full practice authority of APRNs in the VA system, including nurse anesthetists, **without** physician involvement. Replacing the VA's current policy of physician-led, team-based surgical anesthesia care would effectively prevent CAAs from practicing in VA facilities. The longer range impact of this rule would eventually kudz into Medicaid, Medicare and the private marketplace.

Thousands of comments opposing the proposed rule have been submitted. One supposes with confidence that APRNs, their friends, family members and AAP cohort have also posted thousands in support of booting anesthesiologists and AAs from VA critical care settings.

**PROTECT**   
**SAFE VA CARE**  
VETS EARNED IT & DESERVE IT

**TAKE ACTION NOW**



Visit [www.SafeVACare.org](http://www.SafeVACare.org)  
using your laptop, tablet or smartphone

**The comment period closes soon.** Make your mark on your profession and stand your ground for future expanded AA practice in the VA. Post comments today at [www.SafeVACare.org](http://www.SafeVACare.org). Ask others to show they want the best medical care – team-based anesthesia and perioperative healthcare – for our nation's fighting men and women.

### CAA Suggested Talking Points on the VA's Proposed APRN Rule

- I want the option to practice in the VA. If the APRN Rule passes, I will be disenfranchised from working in the VA because I only work under the supervision of physician anesthesiologists.
- Veterans deserve the benefit of team-based, dual-personnel anesthesia care.
- The VA's current anesthesia policy supports physician-led, team-based surgical anesthesia care, often referred to as the Anesthesia Care Team. This is a time-tested method that utilizes anesthesiologist assistants and nurse anesthetists as physician extenders.
- Veterans have complex medical conditions that pose a heightened risk of complications during surgery. The proven Anesthesia Care Team approach ensures the highest trained and most experienced anesthesia provider, the physician anesthesiologist, is materially involved in a patient's care.
- Forcing anesthesiologists out of the operating room exposes veterans to a level of care that is less than what other citizens will receive at a public or private hospital.
- Allowing nurse anesthetists to practice independently is anti-competitive to anesthesiologist assistant practice.
- My training and experience are equal to or greater than that of nurse anesthetists.



**Tim Goodridge, CAA**

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# Denver ski crash shows power of planning

The 2016 AAAA Annual Meeting in Denver was a great success. It was moving to see the level of interest and involvement by the membership audience. The speakers and lectures were informative and fully pertinent to our profession. I would like to thank all members who attended, experts who presented lectures, and guests for making it an amazingly successful meeting.

After the conference concluded, I took advantage of the great Colorado location with an attempt at skiing. During this time in the mountains near Denver, I experienced two moments of enlightenment about the future of the AAAA® and the CAA profession. The first occurred on a ski run that included a yard sale\* (it's been a decade since last I put on skis) and the second safely aboard the Peak 8 chairlift. The trip down the mountain reinforced in me the importance of planning our professional future. Then, during a chair lift ascent, I was struck by the power of membership advocacy.

The ski run called Psychopath, despite the name, did not look terribly daunting to me with its half foot of forgiving fresh powder. Nonetheless, it was steep and had some pretty big moguls. Halfway down the left side of the run, I crossed skis and did my best impression of a caped hero flying into the aforementioned powder. I left a trail of equipment 20 feet behind me. After the initial shock dissipated, I realized the worst

of my injuries was wounded pride. Splayed out on my back and looking back up the hill, I had a view of my friend stifling a laugh while kindly retrieving my waylaid equipment. I glanced over to the smooth flat approach of the hill on the right side and realized how much easier and less dramatic the run could have been. While I gathered my equipment, I recognized the importance of strategic planning when approaching a difficult endeavor—the right side would have been safer, less painful and had a better chance for success. Taking off with disregard of real and potential dangers ahead and no (recent) preparation to meet such challenges is a recipe for failure.

The obvious inference here is that the AAAA® must strategically plan for the future while respecting all hazards and determine the best path for securing the success of the organization and profession. The AAAA® must be fully prepared for the future and armed to prevent potential catastrophes.

**“disregard of real and potential dangers... is a recipe for failure.”**

The AAAA® continues to do just this and plan for pathways of success for every CAA provider, at every level. The AAAA® is dedicated to promoting CAA job opportunities while safeguarding existing jobs, which it does through advocacy. A viable effort for advocacy, whether to save jobs or to expand new employment opportunities, requires volunteers, dedication, and financial support. The AAAA® inherits dedicated volunteers from an active general membership. Financial support for the profession's groundbreaking advocacy efforts is primarily fueled by donations to the AAAA® Legislative Fund.

Why do we need advocacy to ensure a proper direction in a potentially difficult future? Look at the present and you will see that issues facing our profession are already numerous and complex. We are in the middle of a difficult run. In Houston, more than 40 CAAs are to be phased out of their jobs in three years. CAAs in Florida are seeing a statewide practice limitation placed on them because of a biased interpretation of existing legislation, where the intent of the law has been completely ignored and an out-of-context interpretation is being enforced. National insurance contractors continue to refuse payment for CAA services, which in turn limits CAA employability, as anesthesia employers prefer to meet staffing needs that maximize reimbursement for services. While these are local and nationwide issues (and there are more issues- believe me), it is foolish to think these things can't happen even in the most stable of work environments. Just ask the CAAs who practiced in Ohio through 2000.

To address these issues, we need an incredibly high level of perseverance and commitment to advocacy. Present examples of this dedication are everywhere: Texas CAAs are leading a decade long legislative fight for licensing; the Wisconsin CAA community is looking forward to hosting their state's first CAA educational facility while still fighting for complex Medicare reimbursement issues; Colorado CAAs are working to integrate a beneficial and cohesive work environment for all mid-level providers; DC CAAs were recently successful in working to increase medical direction ratios. Endeavors continue in many states and there are multiple initiatives nationwide. The AAAA may not be directly involved in every one of these examples, but the organization supports these efforts as they all ultimately support the CAA profession.

As I climbed onto the chairlift to Peak 8, I received a text from the President of the Texas State Academy of Anesthesiologist Assistants (TxAAA). He stated the group had started fundraising initiatives to address the issues in Houston. I asked him how much had been raised and he said, "not much because we just started." This chair lift was one of the highest and longest on the mountain. As the chairlift reached the top, I had to catch my breath, not from the ten thousand foot altitude, but because he texted back to announce the effort had already reached the ten thousand dollar mark. Support had arrived quickly, and it didn't just come from Houston, but it came from all over the state of Texas as well as from outside the state. It continues to arrive as of the writing of this article. This is a shining example of the power individuals can provide to an important advocacy effort.



President Goodridge (I) and ASA President-Elect Jeff Plagenhoef, MD

As part of the AAAA, I ask every member to look at your own future, your own personal path. What can you do to make sure your career path is the safest and best for you? To remain silent and myopic may lead your career to an untimely crash. Advocacy of the CAA profession and the support of advocacy efforts will best ensure a solid and safe future for our profession and lift us all to the peaks of success.

"Support had arrived quickly,  
and it didn't just come from Houston."



\* Yard sale sounds like a flea market of used ski equipment, and in a way it is – only the items are not for sale – merely misplaced by the owner following a fall. A huge wipeout, wreck, or crash that causes all your ski belongings, boards, poles, hat and goggles, to be scattered about the slopes is jokingly referred to as a yard sale. It's funniest when you are the voyeur not the victim.

From [http://www.familyskitrips.com/newengland/maine/sc/skicolumn10\\_ski\\_slang.htm](http://www.familyskitrips.com/newengland/maine/sc/skicolumn10_ski_slang.htm)

Note: the AAAA® did not fund or compensate for any part of the mentioned skiing trip. Hats, gloves, goggles lost as a result of the above 'yard sale' remain on the mountain to this day.



**Michael Morykwas, MMSc, CAA**

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## Oklahoma: Frontier advocacy opens career pathways

On November 1st, 2008, the Oklahoma Anesthesiologist Assistant Act passed and opened the door for Certified Anesthesiologist Assistants (CAAs) to practice within Oklahoma. Thanks in part to the strong lawmaker and anesthesiologist support, the legislative process was fast and efficient allowing little time for opposition to mobilize. Shortly after, the first CAA was licensed and started practicing in May of 2009. Based on the ease of licensure and general interest in the profession, the future for CAAs in Oklahoma was very promising. Unfortunately, growth within the state would not come easily.

One of the first issues to beset CAAs in Oklahoma was the denial of practice privileges by the credentialing committee at a small ancillary hospital in Tulsa. What made this particularly remarkable is that the parent group had already credentialed CAAs and was utilizing them at the main hospital and ambulatory facility. Despite this, the affiliated organization's leadership committee and director were strongly against the inclusion of CAAs. This decision was supported by erroneous reports describing CAA's as "technicians" and that their presence would increase surgeon liability since an anesthesiologist would not be physically present at all times. To compound matters further, this misconception of the profession was propagated by a non-factual legal analysis and inaccurate reports detailing scope of practice.

"Thanks in part to the AAAA® leadership and a recent shift towards a more connected organization."

Despite expert testimonial from the anesthesia group, this decision would remain in place for years. Although not ideal, it did not preclude CAAs from practicing at the main facility nor any other contracted locations. Rather, it highlighted the vast misunderstanding of the CAA profession and that even within the same hospital system, there can be profound discrepancies in the manner in which CAAs were viewed. Due to the relatively small number of CAAs practicing in the group/state and the strong conviction of the opposing facility's leadership, efforts to challenge were mostly postponed until more compelling data could be presented - such as a larger and more relevant CAA work force and a clearly established safety and quality profile within the organization. This establishment and growth of the CAAs profession in Tulsa would prove to be problematic. Not on the basis of need or quality, but based on simple economics. Specifically, challenges for anesthesia groups to obtain full reimbursement for anesthesia services provided by CAAs.

"come claim your land!"



Every payer group, both private and commercial, within the state of Oklahoma enrolled CAAs within their insurance plan as eligible and fully reimbursable anesthesia providers with one exception - Blue Cross Blue Shield Oklahoma (BCBS OK). Based on the large variety of insurance groups and a newly established CAA profession in Oklahoma, impartial inclusion in all but one might be interpreted as a success. However, what this fails to consider is scale, and what matters most is not the quantity of groups, but the number of policy holders each group represents. Unfortunately, BCBS of Oklahoma, which controls over 50% of the state market share, has essentially monopolized the private insurance market. Excluding CAAs from such a large number of BCBS OK cases would become burdensome and impractical.

**“Dr. Wilke at AAI was instrumental in spearheading this initiative and delivered a compelling argument.”**

Blue Cross Blue Shield OK's present policy of reimbursing CAAs significantly less than nurse anesthetists for the same service has overwhelmingly hindered both the growth and use of CAAs. Simply stated, no amount of interest in employing CAAs will offset the inability to fully utilize this resource if the services rendered are not at least on financial parity with other providers. In an industry with ever growing expenses and reduced payments, this put Oklahoma CAAs at a serious disadvantage as viable members of the Anesthesia Care Team.

Within four years, the number of CAAs had dwindled from six to one. Not only was the profession irrelevant in Oklahoma, it was on the verge of extinction. Fortunately, the collective support of Oklahoma anesthesiologist's at Associated Anesthesiologist, Inc (AAI) and renewed interest in promoting the profession took place, fostering hope for CAAs to find a home in Oklahoma once again.

Last year, the medical executive committee leadership at the facility in opposition was significantly altered. In a favorable turn of events, the new members now consisted of two physician anesthesiologists, Gisele Wilke, MD and Josh Black, MD, and general surgeon, Steven Feher, MD, who all had extensive experience working with CAAs. All three were strong supporters of the profession, and the opportunity to reverse the previous decision was possible, but would still require significant effort.

The goal to educate the remaining committee members would take numerous meetings and countless hours composing presentation material and supporting documentation. Thanks in part to the AAAA® leadership and a recent shift towards a more connected organization -- open channels of communication and a much improved website -- made obtaining supporting documentation for these discussions more readily available. Many individuals have assisted Oklahoma CAAs, but the personal correspondences and leadership of Megan Varellas and Carrie Twitchell was particularly invaluable. The combination of all these factors helped solidify the message that CAA are valuable members of the professional medical community. In a previous edition of The Anesthesia Record, Varellas stated, "If you don't become your own best advocate, someone will certainly do it for you....and you might not like the message delivered." Unlike the first discussion on this topic seven years earlier, CAAs would have a voice and deliver accurate information about the profession.

However, even the best message can be lost if it lacks an effective communicator. Dr. Wilke at AAI was instrumental in spearheading this initiative and delivered a compelling argument to the remaining committee members. Her interest and efforts in championing this cause was the single largest factor in correcting an issue that existed for too long. On May 1st, nearly seven years to the date, CAAs for the first time were granted privileges at this facility, which marked another long awaited victory for the CAA profession in a realm of opposition and resistance.

This same tenacious approach is currently being applied to BCBS OK. Preliminary talks suggest that the reimbursement policy will be changed to include both full and non discriminatory payment. Whereas this resolution is not a foregone conclusion, it is the most progress to date CAAs have had in Oklahoma. Within the first quarter of 2016, the number of practicing CAAs in Oklahoma has increased by 300%. With the resolution of BCBS payer issues, the path for CAA growth may once again flourish.

Our organization often measures success based on the number of new CAA programs or recently licensed states. Although these are easy metrics for success and progress, we too often fail to appreciate that ongoing success of the profession is not based strictly on gaining geographical ground, but establishing a strong and fully supported presences in the states in which we currently practice. Much like a crop, fledgling states will often have a starter colony, but without proper support and personal involvement, will fail to thrive in hostile conditions.



In the case of Oklahoma, we are far from a bumper crop in terms of CAA growth, but as issues are resolved, there is a rising probability that the profession could prosper here as well. A fellow CAA, Mark Morrow, recently reminded me of a phrase, "The pioneers get the arrows, while the settlers get the land." There has been no shortage of arrows in Oklahoma, but I now say to you, "come claim your land!"

# Leg Fund defends your reputation, career



## Margaret Riffel, CAA

AAAA Legislative Fund Chair

MAAA President

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“Leg Fund contributions define how you value your profession .”

Since the birth of the AA profession, advocacy has been a major driving force in its growth and development. Unfortunately, promotion of our profession is met with many challenges. One of these lies close to home -- 10% of CAAs do 90% of the work in keeping our profession from stagnation and decline. Simply put, this is unacceptable. No CAA should allow his/her professional responsibility to begin and end in a clinical setting. We all have a duty (whether we like it or not) to secure our future and the future of those who follow.

In my opinion, Leg Fund contributions define how you value your profession and your self-worth within the health care market.

Don't leave your reputation and career as an anesthesia provider in the hands of legislators who take political slander for truth. Your future depends on YOU! Give to the Leg Fund. Students can give \$20. Give your time -- write letters, make phone calls, or travel to speak with your state legislators to promote CAAs.

“Leg Fund underwrites licensure expansion initiatives and state practice issue resolution.

It is even more vital that we band together to combat our other obstacle: CRNA political opposition. True, not all CRNAs 'have it out' for us; however, the fact is that their professional organizations invest considerable time, money, and manpower to the advancement of their cause and the inhibition of ours. The following are direct quotes from CRNA testimonies at the Maryland AA Bill Hearing in January 2016:

- “Nurses do have more extensive background & training than do [Anesthesiologist] Assistants.”
- “The AA does not have the critical thinking ability, does not have the legal authority to take action on their own [in an emergency situation].”

The CRNAs outnumber us. Therefore, it is essential that CAAs band together to go above and beyond to build and maintain momentum.

Here's how: Give to the AAAA® Legislative Fund and give of your time. The AAAA® Leg Fund underwrites licensure expansion initiatives and state practice issue resolution. Contributions to the Legislative Fund are voluntary and above annual dues.



Invest annually in your profession.

Give to the Leg Fund at... [www.anesthetist.org](http://www.anesthetist.org).



AAAA members who contribute \$500 or more to the Leg Fund earn President's Club recognition, including a private reception at the AAAA Annual Meeting with VIPs, special guests, and CME lecturers from throughout the country.



# Maryland grassroots grow from seeds of personal investment



**Daniel Mesaros, CAA**  
Director, AAAA  
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In January of this year, I had the opportunity to participate in the grassroots legislative efforts in Maryland. The experience was enlightening. We have a long road ahead to licensure in all 50 states. The process started with a local leadership meeting with the American Society of Anesthesiologist and state stakeholders. A strategic plan was hashed out to refute negative rhetoric and curry support from local elected officials and the medical community. Several anesthesiologists and students juggled their schedules and traveled to Annapolis where they met with their representatives. This process cultivated several new relationships and laid a solid foundation for the future. Although I played only a small role, I gained invaluable insight into the legislative process.

“the goal of profession-wide membership is achievable.”



Annapolis, MD (January 2016) – Maryland and DC AAs advocate for licensure at the State Capitol: (l-r) Lexie Fine, SAA; Ashish Patel, CAA; Saral Patel, CAA; Sen. Ron Young, D-Frederick; Tosin Okusaga, CAA; Erica Bamgbopa, SAA.



Lexie Fine (left) and Erica Bamgbopa (right) with Sen. Gail Bates, R-West Friendship, MD

“Too many... believe their jobs are safe.”

Unfortunately, legislative and practice issues are nothing new. Our profession will continue to enjoy opportunities to correct misinformation, correct payment issues and advance licensure against difficult odds. Approximately only 69% of practicing CAAs are AAAA® members. Compare this to another national anesthesiologist organization that recently touted 90% membership in their national organization. We must recruit non-members and continue to stress the value and importance of the AAAA® to future CAAs. With the support of fellows promoting AAAA® membership among colleagues, the goal of profession-wide membership is achievable.

“If you are not donating, you are relying on 15% of CAAs to carry the load.”

The majority of AAAA® members do not donate to the Legislative Fund. Too many CAAs are complacent and believe their jobs are safe. This is just not true. Currently, there are reimbursement and practice issues in the majority of the states where CAAs practice. A \$50 to \$100 annual commitment to the Legislative Fund supports licensure in new states and helps to combat these practice issues. These funds are crucial to the future of our profession. Please take my plea to join and donate seriously. If you are not donating, you are relying on 15% of CAAs to carry the load.

# Advocacy and Education: Partners in success



**Michael Stout, Ed. D., CAA**

MCW AA Program Director  
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Over 45 years have passed since the opening of the first two anesthesiologist assistant academic programs. Both institutions prepared providers to competently meet the needs of the perioperative patient through physician-led, team-based care. Through their commitment to unparalleled quality, these founding programs established a shared vision that remains the hallmark for our profession. Our quality reputation has supported the continued participation of CAAs in the Anesthesia Care Team and promoted expansion of CAA practice in both provider numbers and practice locations. While we celebrate our accomplished history, we must be mindful of the evolving landscape in our field.

Since the “Kentucky Study” examined the state of our profession in 2007, five more states have established licensure. Additionally, five new educational programs have opened their doors. Comparing these milestones to previous 10-year intervals demonstrates an acceleration of the profession’s growth. However, this expansion has received mixed support. As the number of new graduates entering our field increases, employment opportunities seem to be disappearing amidst a troubling economic landscape. Providers and students alike have expressed vehement concerns over these diverging trends. However, a closer look at the results of growth in our academic programs should encourage even the strongest dissenters.

Since 2007, new CAA programs have added roughly 70 graduates annually and positively influenced local and regional practice opportunities. Program faculty and administrative staff are strong advocates for hospital rotations and graduate employment. Not surprisingly, the states with CAA programs lead our profession in numbers of licensed providers. In many cases, the differences are dramatic. Greater numbers of providers, more employment opportunities, and stable or increased salaries for CAAs appear a much more successful outcome than once predicted.

**“Growth in our academic programs should encourage even the strongest dissenters.”**

While these results are encouraging, more significant changes have occurred in nursing anesthesia. Over the same time interval, nine nursing anesthesia programs were approved graduating roughly 400 additional providers annually. In less than 10 years, NAs nearly doubled 46 years of CAA growth. Each year, new graduate NAs outnumber CAAs at least 10 to 1. What will our future be at this disparate growth rate? As mentioned earlier, educational quality is ingrained in our profession’s DNA. We must leverage our commitment to quality to promote additional academic programs, as they have proven to be an essential component in expanding CAA practice.

**“We must leverage our commitment to quality to promote additional academic programs.”**

In support of this call to action, the Medical College of Wisconsin will become the 11th CAA program. Located in Wisconsin’s largest city of Milwaukee, the MCW – MSA program is dedicated to strategic growth of CAA practice in Wisconsin through three mechanisms: 1) enroll students focused on remaining in Wisconsin 2) advocate for integration of CAAs in our region, and 3) support the profession’s continued vision of uncompromising quality in education. In the next 10 years, these 11 programs will likely double the existing number of providers with approximately 2200 new graduates. During this same time, 24,000 NAs will graduate from the existing 115 programs. Four NA programs have already announced their plan to open immediately. For our competitive field, “if we are not moving forward, we are falling behind!”

**“Strategic growth brings positive change including increased funding for advocacy and professional issues.”**

The demand for future Advanced Practice Providers continues to grow. We must strive to meet this demand if we are to remain relevant in our field. Strategic growth brings positive change including increased funding for advocacy and professional issues. We must support the development of new programs. They will further our mission to provide safe and effective anesthesia care in all 50 states.

## Program Spotlight

**Medical College of Wisconsin**

Program Length: 28 months

Degree: Master of Science in Anesthesia (M.S.A.)

Program Start: August 2016

Application Deadline: February 28th, 2016

Class size: 12 students

Clinical rotations begin: January 2017

Web: [www.mcw.edu](http://www.mcw.edu)

Contact email: [mcwmsa@mcw.edu](mailto:mcwmsa@mcw.edu)

## Practice issues top discussion



### Gina Scarboro, CAA

Chair, Association of AA Program Directors  
Director, AAAA® Board  
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National and State CAA leaders participated in a joint AAAA®/State Academy Leader Forum on April 3rd in conjunction with the 2016 annual meeting. The forum is an opportunity for state leaders to discuss practice and payment issues within their state as well as collaborate on the logistics of running a state organization.

### "Any CAA or student... can support the FAAA."

The forum has no formal agenda to allow adequate time for open discussion of those pressing issues currently facing state leaders. As always, there is a vigorous amount of discussion and no shortage of participation by the state academy leadership.

The meeting opened with AAAA® Past President, Megan Varellas providing state leaders with an overview of the new state academy application, which was recently approved by the governance committee. A highlight of the application

includes the option for joint state academy and AAAA® billing. AAAA® Membership Committee Chair, Laura Knoblauch, then led a discussion about state membership. Website design and best practices for organizing these efforts was a further topic relevant to this conversation. The D.C. and Georgia AAAA® State Academies have partnered with the state component societies of anesthesiologists in their jurisdictions to offer additional member benefits, such as discounted educational meetings and joint billing to support membership in both organizations.

Following this topic, individual states were invited to share any relevant issues currently impacting CAA practice. Nick Davies, President of the Florida Academy of Anesthesiologist Assistants (FAAA) brought forward a potential current practice restriction in that state. As Florida is currently the state with the 2nd largest number of practicing CAAs, the potential impact on FAAA and AAAA® members could be significant. Mr. Davies stated that in at least one health system in Florida, CAAs were restricted from administering some forms of regional anesthesia (primarily neuraxial blocks). Leaders from other states then joined the discussion by asking about the statutes, regulations and rules in the state of Florida.

Practice issues arise almost every state. State boards of medicine, hospital administrations and credentialing departments at disparate locations may choose alternate interpretations of the language in documents such as the Delineation of Privileges (DOP) of CAAs, inadvertently leading to unanticipated, major discrepancies in the effective scope of practice between CAAs practicing under the same state license. The FAAA is now working with the Florida Society of Anesthesiologists (FSA) and the AAAA® to construct a comprehensive strategy to overcome this particular practice restriction issue. State leaders at the forum shared other

success stories of overcoming such challenges and encouraged all CAAs to be active at the state and national level so that these type of issues can be quickly identified and resolved. Any CAA or student anesthesiologist assistant (SAA) can support the FAAA by becoming a member and/or donating to the FAAA State Legislative Fund in support of this initiative. <http://www.floridaaaa.org/>

Justin Sona, President of the New Mexico Academy of Anesthesiologist Assistants updated attendees on the spread of CAA practice outside of the university system, following the successful passage of legislation in 2015. To take advantage of potential new employment opportunities, CAAs in that state are working with New Mexico legislators and other leaders to obtain proper documentation as practitioners under the New Mexico Patient Compensation Fund. <http://www.newmexicoaaa.com/>

The DC Academy of Anesthesiologist Assistants was eager to share its recent success—working with the DC Board of Medicine to increase the supervisory ratio to 4:1 in the district! This goal was achieved through strong DC AAA leadership and work, with the support of the DC Society of Anesthesiologists.

Looking to the future, Paul McHorse, President of the Texas Academy of Anesthesiologist Assistants, invigorated the discussion of regulation in Texas by declaring their intent to push for state licensure during the next legislative session in 2017. As the AAAA® Annual Meeting 2017 will coincide with the legislative session in Austin, all CAAs will be encouraged to visit the state capitol, speak with lawmakers and promote licensure in the Lone Star State!

### "This goal was achieved through strong DC AAA leadership and work."

Thank you to all of the AAAA® State Academy Leaders who attended the 2016 AAAA® State Academy Leader Forum, contributed to the discussion and who work at the local level every day promoting the CAA profession and safe anesthesia care delivered by a physician-led Anesthesia Care Team.

State component academy leaders in all states emphasized how critical an ongoing relationship with their respective state's board of medicine is to protect and advance CAA practice in every location with regulatory authority.

# 2016 Annual Conference

## Posters, PALS, PBLDs popular



### Samantha Evankovich, CAA

Chair, Annual Meeting Committee  
UT Health, University of Texas Department of Anesthesiology  
Memorial Hermann Texas Medical Center  
Adjunct Instructor, Case Western Reserve University, Houston  
Houston, Texas

As I write this article, I am still in awe of the great success of the 2016 AAAA Annual Conference in Denver! I cannot wait for our 2017 meeting; much is planned and exciting new activities added. I'll see you in Austin, Texas April 1-4. Now, let's recap the highlights of our recent conference in Denver.

- AAAA President, Tim Goodridge, kicked off the meeting with the Presidential Address. In his opening address, he shared his positive experience as a patient receiving team coordinated care, relating this to how the success of CAAs hinges on our professionalism, high practice standards and value as role players in the Anesthesia Care Team model.
- Supplemental CME opportunities – BLS, ACLS, and PALS and three different Problem-Based Learning Discussions (PBLDs) were a big success.



AAAA conferences are a Family Affair. Take yours to AAAA2017 in Austin, TX, April 1-4.



President Tim Goodridge, CAA, and William Paulsen, PhD, CAA, hold the AAAA's Distinguished Service Award presented in recognition of Dr. Paulsen's career of service to AA education and the profession.

- ASA President-Elect, Dr. Jeff Plagenhoeff's lecture on "Professional Citizenship" urged all CAAs to take responsibility of our careers, profession, and always to do more.
- Students promoted Safe VA Care throughout the entire AAAA meeting.
- Dr. Jaideep Mehta presented a Merck-sponsored CME Lecture titled Ensuring Postoperative Safety and Comfort with Neuromuscular Blockade.
- Welcome Wine Reception, sponsored by the NCCAA, was extremely well attended. All in attendance were able to meet with exhibitors and view the student poster presentations. Thank you again to all of our exhibitors! (See list below)
- Student Poster Presentations were beautiful, insightful, and a tremendous declaration to the future of the CAA profession. Fantastic work by all participants!
- The Regional Workshop sponsored by NOVA was a big hit!
- Jeopardy Winner AND 2016 AAAA Cup Winner: University of Colorado AA Program
- President's Club Reception sponsored by CAAA (Colorado Association of Anesthesiologist Assistants) and University of Colorado Department of Anesthesiology was a great opportunity for CAAs and physicians to mingle!
- Total Donations to the Legislative Fund: \$8,855.92 QUADRUPLE the AMOUNT from 2015 meeting!!!
- We enjoyed tremendously high caliber speakers. We are extremely appreciative to all of them for dedicating their time to speak at our annual meeting! Thank you again! (See list below)
- The 2016 annual meeting concluded with a CAA panel on Mission Trips – some perspective, cost analysis, Life Box and what you can do to become involved as a student or a practicing CAA.



Melanie Guthrie, CAA, and Tim Goodridge, CAA, present the Meritorious Support by a Physician Award to Dr. Jim Kelly (center).

**Numbers:**

- Students: 335
- Fellows: 257
- Physicians: 12
- Non-member: 7



Dr. Karen Sibert, Associate Professor of Anesthesiology, Cedars-Sinai Medical Center Los Angeles, CA, delivered two blockbuster CME lectures.

**Speakers:**

- Karen Sibert, MD
- Evan Pivalizza, MD
- David Warner, MD
- Jaideep Mehta, MD
- Srikanth Sridhar, MD
- Daniel Perlin, MD
- Jeff Plagenhoef, MD
- Fred Shapiro, DO
- Megan Brockel, MD
- Anthony Oliva, MD
- Richard Ing, MBBCh, FCA
- Erik Nelson, MD
- Shane Angus, CAA
- Sabena Kachwlla, CAA
- Megan Varella, CAA
- David Dunipace, CAA

**Regional Workshop:**

- Brandon Winchester, MD
- Mark Leonard, PA(A) Affiliate-RCOA
- Michael Bowden, MBChB, FRCA

**PBLD:**

- Katie Monroe, CAA, PhD
- John Ng, CAA
- Caleb Hopkins, CAA
- Samantha Lupton, CAA
- Shane Angus, CAA
- Melanie Guthrie, CAA
- Stacy Fairbanks, MD
- Ann-Michael Holland Burnett, CAA

**ACLS, BLS, PALS:**

- Bob Culver, CAA



Jeopardy winners University of Colorado Denver enjoy the post-competition photo op.

**Exhibitors**

**Platinum Level**

- Merck & Co., Inc.
- Nova Southeastern University

**Silver Level**

- UF Health Shands

**Bronze Level**

- Missouri Society of Anesthesiologists

**Reception Sponsor**

- National Commission for Certification of Anesthesiologist Assistants

**Exhibitors**

- American Anesthesiology
- American Society of Anesthesiologists
- Anesthesiology Associates of Tallahassee, Inc.
- CPR Bob
- DCSA & DCAAA
- Mallinckrodt Pharmaceuticals
- National Commission for Certification of Anesthesiologist Assistants
- Northside Anesthesiology Consultants
- PAJUNK Medical Systems LP
- TIVA HealthCare
- The Gideons International
- University of Wisconsin Madison Hospital

Continued on Page 14

# PBLDs popular CME approach

## John Ng, CAA

Editor, Clinical Column  
WellStar Medical Group  
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### Did you know that Problem Based Learning Discussion CMEs (PBLDs) were offered in breakout sessions at the annual meeting in Denver?

Actually, PBLDs were offered at the AAAA annual meetings over the past several years. At the 40th meeting in Denver, three sessions were offered and the topics were:

- PBLD1: Marijuana and anesthesia?
- PBLD2: Sudden inability to ventilate during major scoliosis surgery.
- PBLD3: I've fallen and I can't get up - hip fracture in the elderly.

### Okay, but what are PBLDs and how do they work?

PBLDs are sessions of problem-oriented discussions based on medically challenging cases. The facilitator(s) who author the case report will guide the participants through the discussion in a small group where exchange of problem-solving strategies and techniques is encouraged among the limited number of discussants. Registrants will receive case material in advance in order to allow for preparatory time; so all participants can contribute to and benefit from the discussions.

### I am going to the annual meeting in Austin in 2017, how do I sign up to participate in these PBLDs?

Please look out for future topics either in upcoming issues of the Anesthesia Records or on the AAAA website. Pick one or all of the sessions if you may, then pre-register for these sessions as you sign up to attend the annual meeting.

### Can I attend PBLD sessions without pre-registration?

Please be aware that each PBLD session is offered to a limited number of participants, so pre-registration is highly recommended as it may close when all seats are filled. More importantly, pre-registration allows case material to be delivered in advance via email, so that participants can contribute to and benefit from the discussions. Both fellows and students are welcome to participate.

### Are CME credits offered for attending PBLDs at the annual meeting?

Yes. Participants earn 0.5 CME credits per each PBLD session.

### How much does it cost to attend each PBLD session?

PBLD sessions offered at the AAAA Conference are free to annual meeting attendees.

### I want to participate as a moderator next year, how do I do that?

The Annual Meeting Committee will call for PBLD topic submission in the near future. Submissions are restricted to physician anesthesiologists and fellow anesthesiologists. The submission deadline, requirements, and other related details will be announced prior to the 2017 meeting in Austin, Texas.

Annual Conference - From Page 12 & 13

# Jeopardy was competitive, social and educational!



# Advocacy includes thoughtful election of leaders



## Megan Varellas CAA

Immediate Past-President, AAAA  
Park Ridge Health  
Hendersonville, NC  
meganvarellas@gmail.com

Nominations and elections are open again! The AAAA® Board is comprised of seven directors and four officers elected by the general membership. The Immediate Past President and Executive Director serve as non-voting members of the board. Two director positions and two officer positions are open for election in 2017. Self-nominations and peer-nominations should be submitted to the Governance Committee Chair (meganvarellas@gmail.com) and copied to the AAAA® Associate Director (devon.bacon@politics.org).

## Nominations and Elections Timeline

Date	Event
June 1	Call for nominations
June 22	Nominations close
July 6	Final Ballot
July 11	Election announcement with all candidates to membership
July 15	Deadline to request paper ballot from headquarters
July 25	Online voting begins! (2 week period)
August 8	Online voting closes 5p
August 13	Candidates notified of results
August 15	General membership notified of results

Below are the descriptions and terms for your consideration.

### Directors

#### Open positions:

Director seats #4 and #7

Term: A director serves a term of three years, taking office on January 1. Directors may serve no more than two consecutive terms, excluding time served as a replacement. Directors having served two terms may be reelected after a one-year hiatus, excluding the immediate past president who is eligible to run for director immediately after her officer term.

Description: Directors are responsible for long and short-term goal setting of the organization and profession while managing a budget and allocating the resources to accomplish those goals. Directors are required to attend quarterly board meetings and a strategic planning session every three years. Directors should be experienced leaders that possess, or are willing to develop, an extensive knowledge of the AAAA® Bylaws and Policies & Procedures. Ideally, a director will have served as a past AAAA® officer, committee chair, or State Academy officer and have an in-depth understanding of fiduciary obligations. Directors should possess an extensive knowledge of CAA professional topics and be able to bring forward-thinking solutions to the board with the ability to work well in a team setting. Directors should have some degree of historical perspective, a keen interest in the future of the profession, and be able to state not just their qualifications but also what their individual leadership would provide both the board and AAAA® members if elected. Importantly, directors should have the time and interest to actively mentor state leaders, committee chairs, and officers as this is part of ensuring the future success of the organization.

### Officers

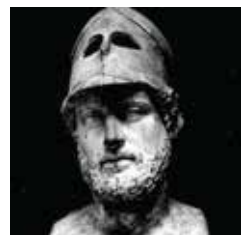
#### Open positions:

President Elect and Treasurer

Term: The officers of the AAAA® Board are the President, President-Elect, Immediate Past President, Secretary, and Treasurer. The duties and responsibilities of all elected officers are set by the board and may be revised on a regular basis. No one member may serve more than three consecutive terms in the same position. The office of President-Elect is one year and candidates should acknowledge they will serve as AAAA® President the following term. The office of Treasurer is currently two years but may be abbreviated to one year if the treasurer chooses to run for another officer position. Candidates for treasurer should intend to ascend through the executive committee to candidacy for president. While all officer positions are open for general election, ascension plans help the board with effectiveness by creating consistency within the executive committee and simultaneously preparing an officer to serve as president and chairman of the board.

Just because you do not take  
an interest in politics  
doesn't mean politics won't  
take an interest in you.

- Pericles





Third Quarter Newsletter  
Content Deadline August 1, 2016

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