

VA Decision Preserves Safe Care for Veterans: VA Rejects Proposal to Replace Physician Anesthesiologists with Nurses

The American Society of Anesthesiologists® (ASA®) commends the U.S. Department of Veterans Affairs (VA) for its decision to reject a proposal to replace physician anesthesiologists with nurses in VA health care facilities.

In 2013, the VA Office of Nursing Services (ONS) proposed the “Advanced Practice Registered Nurses (APRN)” rule, formerly known as the “VHA Nursing Handbook” under which the role of APRNs would be expanded in VA. An element of the proposal sought to abandon physician-led, team-based surgical anesthesia care - the current consensus model of care in VA - and replace the physician-nurse team with a rarely used nurse anesthetist (CRNA)-only model of care.

A bipartisan group of more than 140 lawmakers contacted VA to express concerns about the negative impact of the proposed change on Veteran’s surgical safety. During the proposed and final rule comment periods, VA received a record number of comments, including more than 125,000 comments in support of preserving physician-led anesthesia care; more than one third of the comments came from Veterans and their families. Similarly, prominent national Veterans’ organizations expressed concerns to VA leadership about the implications of the proposal for care to Veterans.

After extensive study and consideration by VA, including a review of the public comments, VA issued a Final Rule in December 2016, effective February 2017. The Final Rule changed the practice of some non-surgical setting APRNs but recognized the patient safety implications of changes to the surgical setting and explicitly excluded nurse anesthetists from the final policy. VA’s decision preserved physician-led anesthesia care for our nation’s Veterans. This decision is a win for Veterans and safe, high-quality surgical care.

This decision is put in jeopardy by H.R. 1783, the “Improving Veterans Access to Quality Care Act,” which ignores the thorough debate from the public comment periods, disregards peer-reviewed independent studies, and puts Veterans’ health and safety at risk.

KEY POINTS:

- VA’s decision maintained the proven model of physician-led, team-based surgical anesthesia care after a record level of public engagement from Veterans and other stakeholders.
- VA’s Final Rule was based upon over 4 years of VA study and analysis, 2 public comment periods and Congressional input.
- VA patients have complex medical conditions that pose a heightened risk of complications during surgery creating a patient safety imperative to ensure the involvement of a physician anesthesiologist.
- The team-based model of care has demonstrated excellent outcomes and ensures that Veterans will have access to a physician anesthesiologist if an emergency or complication occurs.
- Independent studies inform policy makers of better outcomes when physicians are involved in anesthesia.
- VA’s own Quality Enhancement Research Initiative (QUERI) studied the issue and questioned “whether more complex surgeries can be safely managed by CRNAs...”
- There is no demonstrated shortage of physician anesthesiologists or nurse anesthetists in VA.

REQUEST:

ASA appreciates Congressional support for maintaining safe, high-quality physician-led anesthesia care for Veterans. To ensure that the health and lives of Veterans are not put at risk, please withhold your support from H.R. 1783 and ensure VA continues to provide physician-led team-based surgical anesthesia care in VA medical facilities.



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Physician Anesthesiologists Save Lives.®

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