Maintain Longstanding VA Surgical Anesthesia Care Policies

The Veterans Health Administration (VHA) is proposing sweeping changes to health care delivery policies within the agency. The draft VHA Nursing Handbook would supersede current VHA policies and designate all advanced practice registered nurses (APRN), including nurse anesthetists, as licensed independent practitioners (LIPs). LIPs would be required to “function as independent practitioners…regardless of scope of practice defined by their licensure.”1 This proposed change conflicts with the long-standing VHA Anesthesia Services Handbook that supports physician-nurse, team-based, coordinated care. Current VHA policy provides that “care needs to be approached in a team fashion taking into account the education, training, and licensure of all practitioners.”2

- Anesthesia care involves risks and complications not present in other areas of medicine. Physician anesthesiologists are best prepared to address emergency situations especially in the type of patients served by the VHA. When complications arise, comprehensive medical management of a patient is required to ensure best outcomes. To prepare for the immediate decision-making required to medically address life and death emergencies, physicians undergo nearly a decade of formal post-graduate medical education and residency training. Physician anesthesiologists have 12,000 - 16,000 hours of clinical training and are trained to respond to medical complications. The journal Anesthesiology reported better outcomes with the involvement of an anesthesiologist in surgical anesthesia care.3

- The VHA Nursing Handbook changes the delivery of care in the VHA including surgical anesthesia care. Changes to local policies are mandated. Current VHA anesthesia policies that provide for team-based care, deference to state scope of practice laws and discretion by local physician leaders would be supplanted by new policies that would require nurses to “attain independent status”4 and to practice without physician support, supervision or oversight. A nurse who did not wish to attain such a status “would not be able to practice as an APRN in the VHA.”

- VHA patients have poorer health status necessitating the involvement of a physician anesthesiologist. The Archives of Internal Medicine reported that veterans utilizing VHA services were 14.7 times more likely to have poor health status than the general population and 14 times more likely to have 5 or more medical conditions than the general population.5 Similarly, a study in the Journal of American Geriatric Society found that elderly veterans under VHA care have disproportionately poorer health status than Medicare managed care patients.6 Poor health status subjects patients to increased risk of complications during a surgical procedure and creates an imperative to ensure physician involvement in surgical anesthesia care.

Action for Congress:
Maintain the longstanding VHA Anesthesia Services Handbook as the policy directive for physician-led, team-based surgical anesthesia care of veterans.

1 Department of Veterans Affairs. APRN Practice: Facts and Background Information about APRN Independent Practice. Updated February 20, 2013.
4 Department of Veterans Affairs. APRN Practice: Facts and Background Information about APRN Independent Practice. Updated February 20, 2013.