Peering Over the Ether Screen: Anesthesiologist Assistants: Right for California?

By Karen S. Sibert, MD, Associate Editor

If you are an anesthesiologist in California, either you work in an anesthesiologist-only practice, or you work as part of an anesthesia care team where you may supervise residents, nurse anesthetists, or both. However, if you practice in Georgia, the District of Columbia, or 16 other states, you have another option: working in an anesthesia care team that includes anesthesiologist assistants, or AAs.

In California, many anesthesiologists are unaware that the profession of "anesthesiologist assistant" even exists, or that there is a potential option for employing physician extenders in anesthesia practice other than nurse anesthetists (NAs). Certainly there are no AAs currently working in California, because the state of California has not authorized AA practice, and no effort to introduce AA licensing legislation has been initiated to date. Could California anesthesiologists benefit from AAs practicing in our state?

The ASA firmly supports the anesthesia care team concept and the addition of AAs as team members. The AA profession was founded over 40 years ago by academic anesthesiologists who wanted to create a new master's-level educational program in anesthesia. With this degree, graduates are ready to work as mid-level anesthesia providers under anesthesiologist supervision. The education prerequisites are comparable to those for admission to medical school—a bachelor's degree with specified basic science courses, and the GRE or MCAT examination—so AA graduates can readily make the transition to medical school for further training if they wish. The first year of AA education is didactic, followed by a year of clinical operating room experience in different rotations. Upon graduation, students receive a master's degree and must pass a national certifying examination. Seven accredited AA training programs exist in the U.S., and over 200 AAs graduated this year.

In states where AAs have the right to work, they must practice under the oversight of state medical boards, whereas nursing boards govern NAs. Otherwise, AAs' function and scope of practice in essence are identical to those of NAs. They work as part of the anesthesia care team, with specific duties defined by the supervising anesthesiologist. AAs and NAs have equal recognition from the Centers for Medicare and Medicaid Services (CMS) as "nonphysician anesthetists", and insurers similarly pay for their services. In terms of skills and competencies, there appears to be no

significant difference between NAs and AAs. Today AAs may practice legally in any VA hospital or Department of Defense facility in the U.S.

The major difference between AAs and NAs is philosophic: AAs define themselves literally as "anesthesiologist assistants," who practice exclusively under the medical direction of anesthesiologists, just as a physician assistant (PA) works under the direction of a surgeon or a family physician. To date, there never has been an instance of an AA seeking to practice without anesthesiologist supervision. In contrast, an NA may practice under the supervision of any physician, and the AANA actively promotes independent practice without physician oversight.

Governor Schwarzenegger signed an "opt-out" letter in June 2009 with the apparent intention of permitting California NAs to practice without physician supervision. While the CSA has filed suit to challenge this action on the grounds that it violates state law, the San Francisco Superior Court recently ruled against the CSA's motion to require the Governor to withdraw the letter. This was cause for celebration among NAs, though most others believe it threatens safe anesthesia care for Californians. Furthermore, there is a nationwide trend for NAs to obtain "doctor of nursing" degrees and insist upon being addressed as "doctor", which many see as a further attempt to undermine the distinction between anesthesiologists and NAs.

AAs, on the other hand, "are inherently tied to the medical practice of anesthesiology, and are therefore supporters of anesthesiologists and their issues," says Ellen Allinger, a certified AA and past president of the American Academy of Anesthesiologist Assistants. "All AA educational programs must have a board-certified anesthesiologist as a director, and AAs practice *only* under the anesthesia care team model. This is a vast difference between AAs and nurse anesthetists."

"AAs are a better match for us," says Dr. Steven Goldfien, past president of the CSA, a member of the ASA Committee on the Anesthesia Care Team, and former Chair of the ASA Committee on Anesthesiologist Assistant Education and Practice. Dr. Goldfien would like to see one of the California universities establish an AA education program as an ideal way of bringing AAs into California. In an AA training program, students work without prior licensure just as medical students do, under 1:1 supervision by an anesthesiologist. An accredited AA program affiliated with a major California university could boost public awareness of AAs and pave the way toward AA licensure.

Currently, twelve states allow AA practice under statutory authority and another six under delegatory authority. The difference is this: under

statutory authority, the state medical or allied health board licenses AAs. Under delegatory authority, AAs practice under the auspices of a licensed physician who is entitled to delegate tasks to allied health providers, and usually no license is issued. Although delegatory authority may be easier to accomplish initially, it has proved vulnerable to legal challenge from NAs, and AA leadership clearly prefers the licensure route.

What are the obstacles to obtaining licensure for AAs in California? Perhaps foremost is the inevitable opposition from the California Association of Nurse Anesthetists. Although AAs do not exist in sufficient numbers to threaten their livelihood, NAs fiercely oppose their right to work. Media campaigns against AAs in other states, as Ms. Allinger dryly notes, have been "unencumbered by the truth". They have attempted without proof to portray AAs as insufficiently educated and a threat to patient care. Nationally, NA professional organizations are well funded and supported by their members; moreover, nurses as a group enjoy the respect and sympathy of the public.

Within the CSA, support for AA licensure thus far has not been universal. Some members fear that it would be inevitable for AAs to want independent practice just as NAs do. Some California anesthesiologists currently work with NAs in academic departments, public institutions or in Kaiser hospitals, and they worry that the introduction of AAs could cause unhappiness and disruption in their workplaces.

Nonetheless, CSA leadership is extremely concerned that the anesthesiologist-only practice model, prevalent in California, will become economically unsustainable. Dr. Ken Pauker, CSA president-elect, agrees that the economic climate and health care reform threaten traditional practice. "It's far better for our patients' safety to have supervisory anesthetic care than a lesser alternative," he says. But the process of getting AAs the right to work in California won't be quick or easy. The first step, according to Dr. Pauker, would be to make sure that there is strong, unified support from CSA members for AA licensure.

The AAs themselves remain hopeful that someday they will be allowed to work in California. "I'm a California native," says Shane Angus, an AA who is on the teaching faculty of Nova Southeastern University in Florida. "I'd come back to work here in a minute."

For further information on AAs and on the ASA's official position regarding their practice, visit the ASA website. The CSA also recommends the article "Anesthesiologist Assistants vs. Nurse Anesthetists…What Are the Differences?" by Dr. Jeffrey Plagenhoef, which can be accessed at: http://www.asahq.org/Newsletters/2008/02-08/plagen02-08.html.