

Take Action to Protect Our Nation's Veterans Preserve Team-Based Care in VA



H.R. 1247, the "Improving Veterans Access to Quality Care Act of 2015" by Representatives Graves and Schakowsky seeks to codify a controversial draft policy advanced in the proposed "VHA Nursing Handbook" by the Department of Veterans Affairs' (VA) Office of Nursing Services (ONS). This policy abandons the proven model of physician anesthesiologist – nurse anesthetist team-based surgical anesthesia care. In lieu of the team-based model, the policy mandates a nurse-only model of surgical anesthesia care.

The primary purpose of this legislation is to direct the Secretary of the VA to revive, for a three year period, VA's Intermediate Care Technician Pilot Program. However, this bill also expands the role of all Advanced Practice Registered Nurses (APRNs) including nurse anesthetists and advances nurse-only models of care. The inclusion of nurse anesthetists in this legislation is ill-advised and fails to take into consideration the unique nature of surgical anesthesia as a complex, high-risk care dynamic. This would represent a major shift in surgical policy that is unsupported by data or need. Given their relative age and health status, Veterans face higher risks for complications when undergoing surgery. Complications can present quickly and require immediate medical attention to prevent injury and even death. Including anesthesia in this legislation would fundamentally change the standards of surgical care for Veterans by dismantling the team-based model of surgical anesthesia care. **Due to the potential threat to Veterans' lives and safety, the American Society of Anesthesiologists® (ASA®) urges Congress to withhold action on H. R. 1247 until the provisions regarding anesthesia are appropriately amended.**

The leading experts on surgical anesthesia care in the VA, the Chiefs of Anesthesiology, have informed VA leadership that the new policy "would directly compromise patient safety and limit our ability to provide quality care to Veterans." The VA leadership has ignored their concerns.

Leading national medical associations, Veterans Service Organizations (VSOs), including AMVETS and the Association of the U.S. Navy, and bipartisan members of Congress also have challenged the VA on this change.

With 12 to 14 years of education and 14,000 to 16,000 hours of clinical training, physician anesthesiologists serve a critical role in providing safe anesthesia care. For VA patients, who have poorer health status, the involvement of a physician anesthesiologist in their care is an imperative.

Independent, peer-reviewed data demonstrates that the involvement of a physician in anesthesia improves patient outcomes.

To preserve patient safety, ASA urges the exemption of surgical anesthesia care from H.R. 1247 and the VA's proposed Nursing Handbook before these policies are further advanced.

KEY POINTS:

- H.R. 1247, the "Improving Veterans Access to Quality Care Act of 2015" by Representatives Graves and Schakowsky would codify draft policy by VA's Office of Nursing Services (ONS) that would abandon the VA's existing model of physician-led, team-based surgical anesthesia care and move to a nurse-only model of surgical anesthesia care.
- Physician –nurse team-based anesthesia care must be preserved for Veterans.
- Veterans receiving care within VA are some of the sickest of patients. Many Veterans are older with multiple medical conditions that put them at greater risk of complications during surgery. When an emergency or complication occurs and seconds count, Veterans deserve to have a physician anesthesiologist leading their care team. Veterans deserve the same surgical anesthesia care that they would receive in community based hospitals.
- Independent, peer reviewed studies show that patients have better outcomes when physicians are involved in their anesthesia care.
- The VA's own Chiefs of Anesthesiology, Veterans Service Organizations (VSOs), and a bipartisan group of more than 85 lawmakers have expressed concerns to the highest leadership levels of VA about the proposed policy change.

