

MID-CONTINENT ANESTHESIOLOGY, CHARTERED

Oral Testimony in Support of House Bill No. 2295

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President**

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Chairman Landwehr and members of the House Committee on Health and Human Services, thank you for allowing me to have this time with you to discuss the need for certified anesthesiologist assistants in Kansas, and maybe I can Provide more clarity on this issue.

I am a Physician Anesthesiologist in private practice in Wichita, KS.

My group provides obstetric anesthesia services, including high-risk obstetric patients, utilizing the anesthesia care team model, which is comprised of an anesthesiologist supervising or medically directing mid-level anesthesia providers in 1-4 operating locations.

This model allows us to be highly responsive to our patient's needs at Wesley Medical Center. If you want an epidural for labor pain, in most cases you will have it within 15 minutes thanks to this care team approach.

The purpose of my testimony today is to make you aware of the extreme and immediate need for additional mid-level anesthesia providers in the Wichita area.

I have been in practice for going on 15 years, and in all of those 15 years, despite utilizing every available tool for recruiting, including head hunters, online advertising, and inviting CRNA students to recruiting lunches, we have been fully staffed for a grand total of 2 months.

The shortage of mid-level providers affects us adversely in a number of ways.

- 1) The population is aging, while the number of surgical interventions grows, dramatically increasing the demand for anesthesia services. Mid-level shortages make it impossible to meet these needs.

- 2) The shortage of CRNAs in our area results in dramatically increased provider turnover (CRNAs quickly move from one service to the next chasing the best compensation package). It also increases the use of Locum tenens providers which travel around the country filling in breaches in coverage on a temporary basis. This directly affects patient care as new providers are less familiar with the service, not as quick to respond, and less skilled in the performance of specialized procedures. The ideal care of our patients, for example, requires specialized knowledge and a unique set of skills due to alterations in normal physiology of the pregnant patient, the goal of avoiding general anesthesia when possible, and the conflicts that often arise when attempting to optimize the care of the mother and her baby.
- 3) Providers, including Physician Anesthesiologists and CRNAs, are working extra hours, which increases the risks associated with fatigue and increases the risk of burnout.

There are a number of concerns that have been presented by the opponents as it pertains to allowing Certified Anesthesiologist Assistants (CAAs) to practice in Kansas, and I would like to quickly address those concerns.

- 1) **Concern:** CRNAs will lose their jobs as they are crowded out of the community.

Response: The provider shortage is so severe that you could drop 20 mid-level providers in the Wichita area tomorrow, and they would have a job the next day without displacing one CRNA. This is just in Wichita.

- 2) **Concern:** There will be insufficient training spots if CAAs are allowed to practice in Kansas. On a handout that is being distributed to many of you, the CRNAs make the specific claim that Obstetric Anesthesia rotations will be crowded out should CAAs be allowed to practice in Kansas.

Response: This is flat out false. I know this because my group specializes in obstetric anesthesia and provides anesthesia services for the largest obstetric unit in the Wichita area. We could easily provide training for 20-30 CRNA students every year, and yet we currently train about 10. In fact, we recently requested more students from both the Kansas Newman CRNA program and the Texas Wesleyan CRNA program. In both cases, we were refused because the schools did not have enough students to send to our service.

- 3) **Concern:** The education and training of CAAs is inferior to CRNAs.

Response: Others have presented the specifics and comparable of training between CRNAs and CAAs, and I think it is clear from these presentations that the CAAs are as well trained as the CRNAs. For me, this lack of education/training assertion is hard to understand because physician anesthesiologists, who are the practitioners with the highest level of expertise, are the ones who developed the curriculum and provide

the training of CAAs. It seems to me that if the experts in the field believe that the training of CAAs is sufficient and equal to that of CRNAs, then that should carry significant weight.

The prerequisites for CAA school are the same as medical school. The same physician anesthesiologists who train other physician anesthesiologists provide the curriculum and training of CAAs. So, if CAA training is called into question, then maybe the training of physician anesthesiologists should be called into question as well.

We desperately need help. In the Wichita area, another hospital with 4 operating locations is opening this year. This will require at least 6 CRNAs for coverage. I have no idea where they will come from...most likely other groups who are already critically short. The CRNA school at Newman normally graduates 10 CRNAs to fill needed spots in the community and, even with these 10 graduates every year, the shortage of providers has become increasingly severe. Next year Newman is switching to a doctorate program, which means they will not graduate anyone for one year. I have no idea how we are going to cover our services under these conditions.

We should not allow a turf battle to limit access and adversely affect the care of patients in Kansas.

Passing legislation allowing Certified Anesthesiologist Assistants to practice in Kansas will not immediately solve this problem. Recognizing that there is a national shortage of nurses, it is our hope that the introduction of a provider that does not find its origins in nursing will begin to ease the extreme shortage of mid-level anesthesia providers.

I ask that you please pass legislation to allow CAAs to practice in Kansas, so that we can at least start the process of filling the breach in patient care we are experiencing, and allow us to provide that same level of access and care that we would wish for our families.

Again, thank you for allowing us to be here and I would be happy to answer any questions you may have.