

# *MID-CONTINENT ANESTHESIOLOGY, CHARTERED*

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## **Oral Testimony in Support of Senate Bill No. 223**

**Dr. Greg George, MD  
President**

March 18, 2019

Chairman Suellentrop and members of the Kansas Public Health and Welfare Committee, 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 suites, all in the same facility.

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. For example, there are two new surgery locations opening this year in the Wichita area (Rock Regional Hospital in Derby and Kansas Medical Center is opening a

new outpatient surgery center) that will require additional anesthesia services. The shortage of mid-level providers makes it impossible to cover these new locations without stealing providers from other locations that cannot afford to lose them. Additionally, surgeons are increasingly offering their patients in-office procedures that require anesthesia services.

- 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). 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.
- 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 (Certified Anesthesiology Assistants or CRNAs) in the Wichita area tomorrow, and they would have a job the next day without displacing one CRNA. This is just in Wichita. Furthermore, in the 17 states that use both CRNAs and CAAs, the number of CRNA positions has continued to increase on a similar trajectory, despite the presence of Certified Anesthesiology Assistants.

- 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, at least in the Wichita area. 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 to train.

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

**Response:** Others have presented the specifics and comparables 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 the prerequisites for CAA school are the same as medical school, and 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.

Furthermore, CAAs are simply the anesthesiology version of physician assistants. Just like CAAs, physician assistants differ from their nurse practitioner colleagues in that they do not come from a nursing background. And yet, physician assistants are practicing safely in nearly every field of medicine.

We desperately need help. The new operating locations opening in the Wichita area this year will only serve to further exacerbate an already serious problem. There will be no way to cover these new facilities without taking CRNAs from other facilities that are already critically short of help and cannot afford to lose more providers. If this wasn't enough, the only CRNA school in the Wichita area, located at Kansas Newman College, will not be graduating any new providers in 2022 because they are moving to a doctorate program. This means that the community will be denied an addition 13 CRNAs that we usually receive on an annual basis. This shortage is simply untenable.

**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. However, 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.

Sincerely,

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President  
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