

ANESTHESIOLOGIST ASSISTANTS

The “Other” Anesthesia Practitioner Group

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www.anesthetist.org

AA Organization and Programs

AAAA-ASA Collaborations

AA Certification

Program Accreditation

Comparison to CRNAs

Training

Medical Direction

Billing

&

<Philosophy>

The Concept

Seminal paper on the 'Anesthesiologist's Assistant'

by Steinhaus, Gravenstein, & Volpito 1967

- Specialty physician's assistant
 - “Type B” PA described in 1970 report to the National Academy of Sciences Committee on Medicine Project
- **Core sciences** appropriate for advanced technology entering clinical realm
- Appropriate clinical experience built into curriculum
 - Heavy emphasis on anesthesia-related clinical care
- **Medical school-based faculty**

AA Programs

First Graduating Classes

1971 - Emory University

Atlanta, GA

1973 - Case Western Reserve University

Cleveland, OH

2006 - South University

Savannah, GA

2008 - Nova Southeastern University

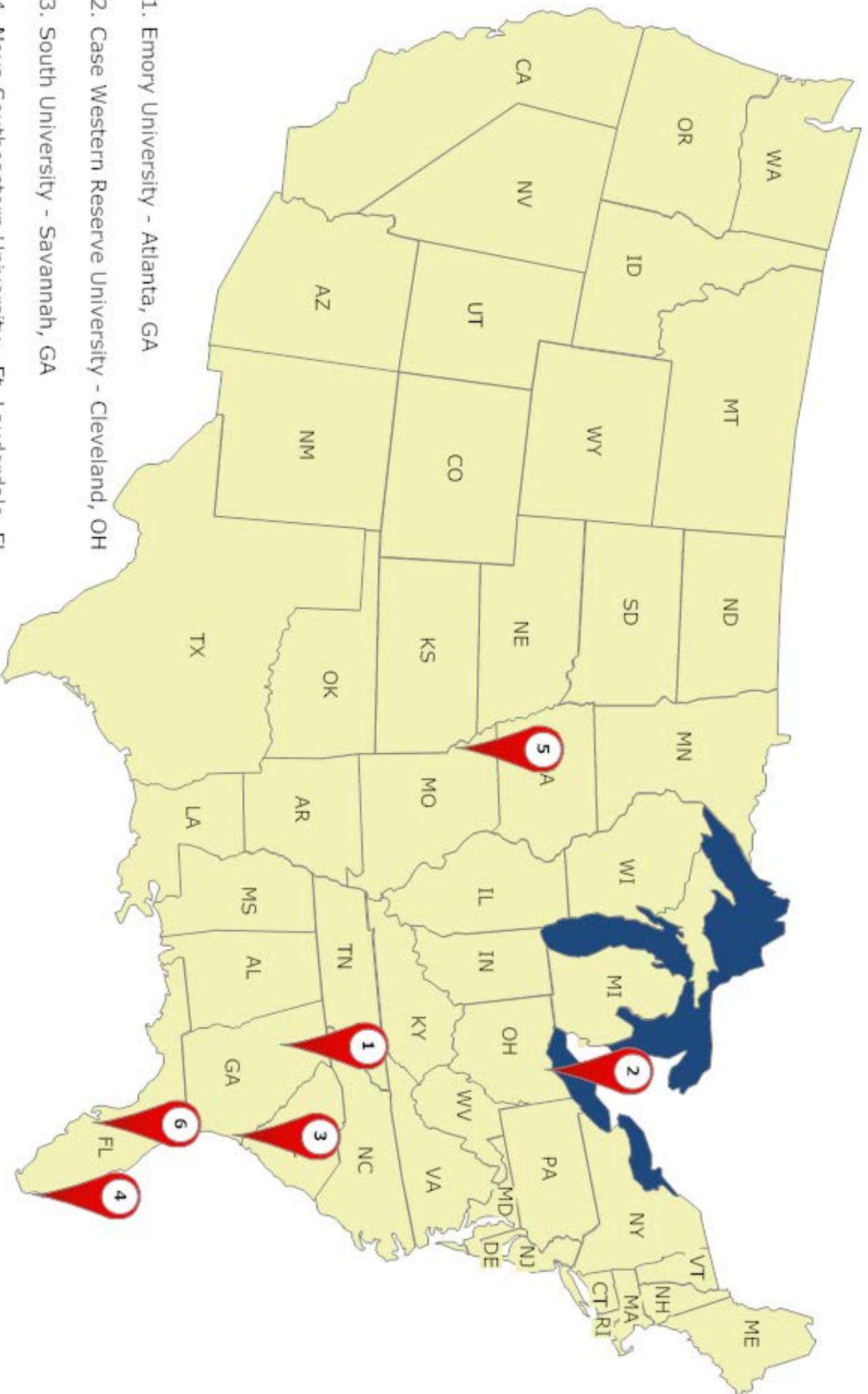
Ft Lauderdale, FL

2010 - University of Missouri

Kansas City, MO

2011 - Nova Southeastern University

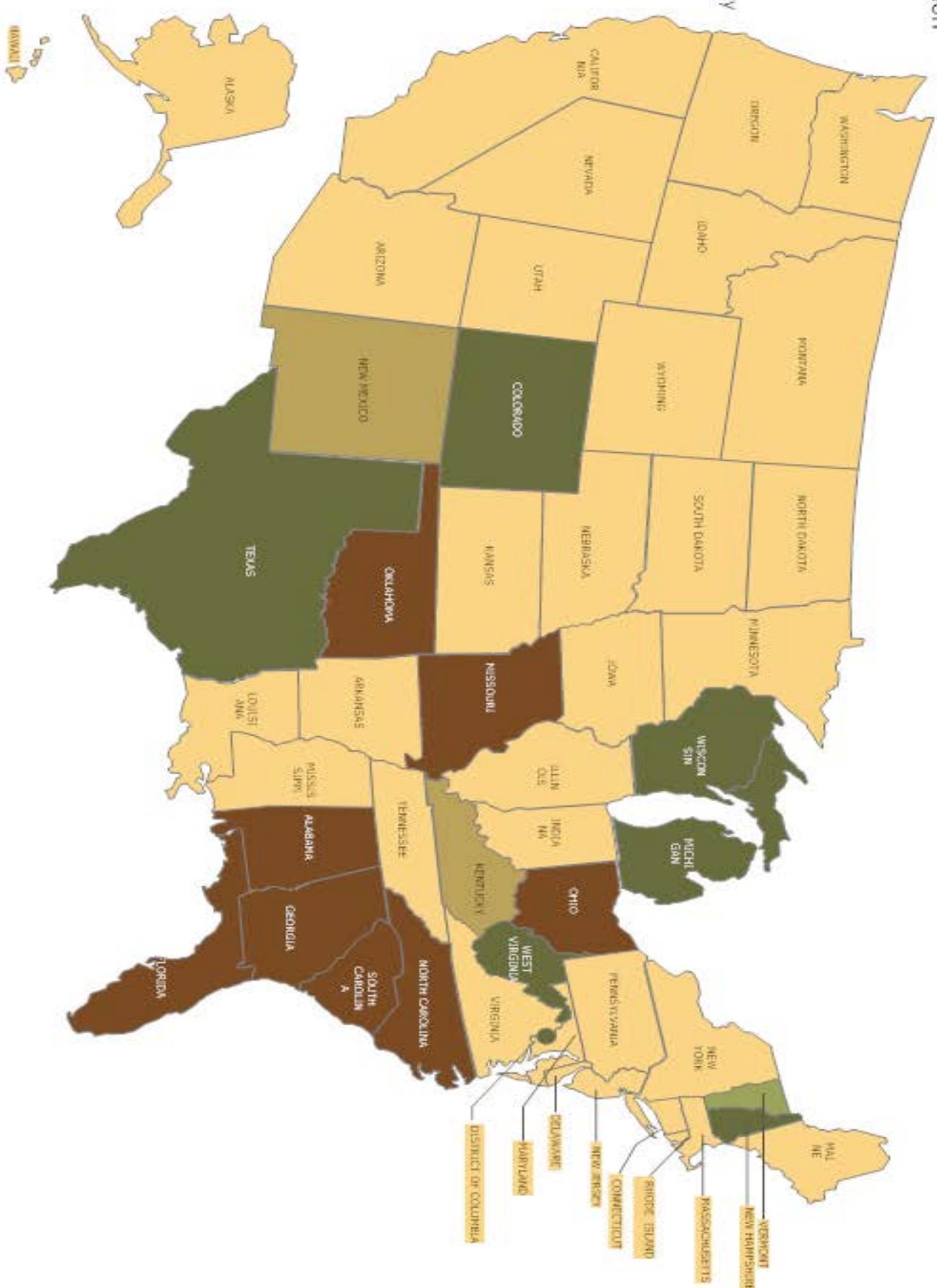
Tampa, FL



1. Emory University - Atlanta, GA
2. Case Western Reserve University - Cleveland, OH
3. South University - Savannah, GA
4. Nova Southeastern University - Ft. Lauderdale, FL
5. University of Missouri - Kansas City, MO
6. Nova Southeastern University - Tampa, FL

Practice Authorization

-  Licensure
-  Regulation
-  Certification
-  Delegatory Authority



American Academy of Anesthesiologist Assistants



AAAA-ASA Collaborations

Defining the relationship

Tentative Beginning

1975 - ASA initiated AMA/CAHEA participation in the process for accreditation of AA educational programs

1980 – ASA takes official stance of neutrality on AA profession

1981 - ASA approved AA curriculum, but withdrew support from the AMA/CAHEA accreditation process of AA education programs

Increasing Recognition

1993 - AAs included in the

ASA Anesthesia Care Team Statement

(as members of the Care Team with Residents and NAs)

1997 – ASA and AAAA establish **formal liaisons** via Committee on Anesthesia Care Team (CACT)

2000 – ASA HOD votes to fully endorse AAs and help promote the profession

2001 - ASA HOD approves **Educational Membership** category open to AAs

2002 – Educational Membership category is changed to include AA students

Committee Collaboration

2003 – ASA appoints the first AA to a committee membership on **CACT**, first such appointment of a non-physician ASA member

2004 – ASA HOD approves a new ASA committee, the **Committee on Anesthesiologist Assistant Education & Practice**, includes AAAA president as member

2008 – AAAA invites ASA liaison to AAAA and chairs of CACT and Committee on AA E & P to join **AAAA National Affairs Committee**

2008 – ASA appoints AAAA president to **Committee on Physician Resources**

Executive Collaboration

2006 - AAAA representatives join

ASA Legislative Conference in DC

2007-8 – Presidents and President-Elects of both organizations meet

2008 – ASA and AAAA issue

Joint Statement on Infection Control in Anesthesia

2008 - ASA state component societies' legislative affairs jointly advised by ASA legal counsel and AAAA National Affairs Committee

AAAA-ASA Collaborations

The Heart of the Matter

Is it possible for a physician group to have a collaborative relationship with an independent group of dependent practitioners?

Non-collaboration undermines the ability to deliver high quality anesthesia care via:

- Involvement of Anesthesiologists in greater number of anesthetics
- Additional provider source

Many common interests/resources/goals

More hostility in the specialty serves neither practitioner nor public, as history shows.

Strong alliances accomplish more.

AA Certification

National Commission for the Certification
of Anesthesiologist Assistants

www.aa-nccaa.org

Co-validated by the

National Board of Medical Examiners

Majority of Commissioners are Anesthesiologists
per bylaws

Maintenance of AA-C standing requires:

Graduation from CAAHEP approved program

Passage of national certification exam

Submission of 40 CME credits biennially

Passage of Continued Demonstration of Qualification (CDQ) exam every 6 years

Program Accreditation

Commission for the Accreditation of
Allied Health Education Programs

www.caahep.org

CAAHHEP

- **Accredits programs representing 18 allied health professions**
 - **Sets educational standards and guidelines for more than 2000 educational programs**
 - **There are 16 separate review committees**
- **Accreditation Review Committee for the Anesthesiologist Assistant (ARC-AA) reviews AA programs and makes recommendations for changes in standards and guidelines**
- **Reviews training programs on a periodic basis**
- **Recognized by the Council on Higher Education (CHEA). CHEA represents approx. 3,200 universities, colleges, and other educational institutions.**

AA Training Program “Essentials”

- Must be based within an accredited post-secondary academic institution, which awards a minimum of a master’s degree.
- The AA program must be supported by an accredited medical school-based anesthesiology department. The department must have the educational resources to sponsor an ACGME anesthesiology residency program.
- Program director or co-director shall be a board certified anesthesiologist or equivalent.
- AA training programs must undergo periodic review by CAAHEP.
- AA training programs have a minimum 24 month duration.

Comparison to CRNAs

Training

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&

Philosophy

AA Training

Premed curriculum baccalaureate matriculates

strong science background, MCAT or GRE required

Medical-school affiliated program

gold standard didactics

1:1 supervised clinical education

Optimal teaching opportunities

>2000 hours of anesthesia-specific care

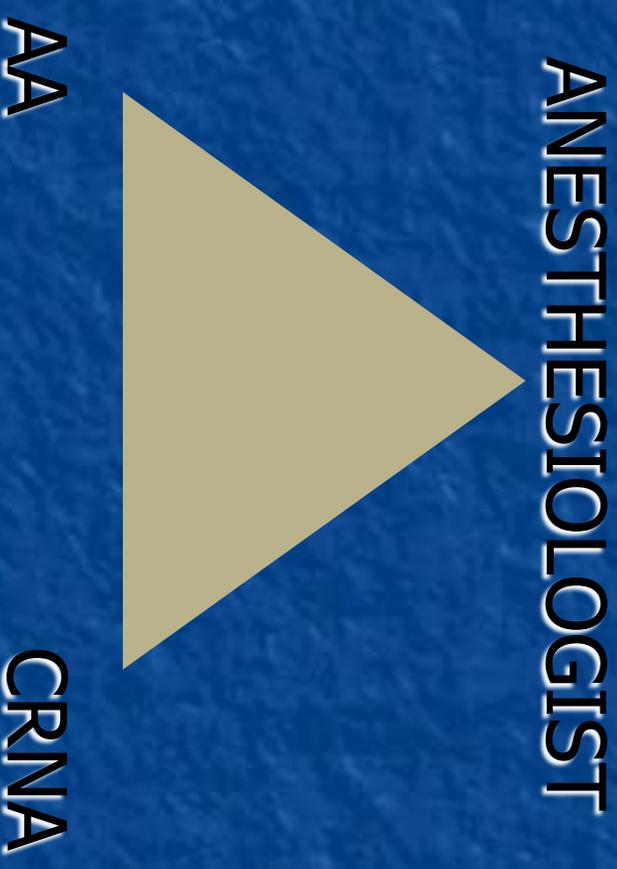
Care Team culture

Greater patient safety

Medical Direction of AAs

AAs can only practice under the medical direction of anesthesiologists who must be immediately available

Medical Boards have regulatory authority over AA practice



AAAs & CMS

Code of Federal Regulations:

- 42CFR410.69 – Defines an AA
- 42CFR414.46 – Additional rules for Payment of Anesthesia Services under Part B
- 42CFR415.110 – Definition of Medical Direction
- 42CFR482.52 – Condition of Participation by Anesthesia Services in a Hospital
- 42CFR485.639 – Conditions of Participation by Surgical Services in Critical Access Hospitals

AAS & CMS

“Anesthetist includes both an anesthesiologist’s assistant and a certified registered nurse anesthetist.”

42CFR410.69

Medical Direction allows physicians to concurrently direct up to four anesthesia services and receive payment .
42CFR415.110

Anesthesiologist Assistants are covered in Conditions for Participation by CMS. 42CFR482.52 & 42CFR485.639

CMS includes AAs in its requirement that all healthcare providers must have a National Provider Identifier (NPI)

Centers for Medicare and Medicaid Services (CMS)

42CFR410.69 – Defines an AA

“An Anesthesiologist’s Assistant means a person who-

- Works under the direction of an anesthesiologist;
- Is in compliance with all applicable requirements of State law, including any licensure requirements the State imposes on nonphysician anesthetists; and
- Is a graduate of a medical school-based anesthesiologist’s assistant educational program that-
 - Is accredited by the Committee on Allied Health Education and Accreditation; and
 - Includes approximately two years of specialized basic science and clinical education in anesthesia at a level that builds on a premedical undergraduate science background.”

**Anyone who does not meet these criteria
cannot be reimbursed as an AA.**

AA Philosophy

Education & Practice

AAs are dedicated to the ACT model of practice

Clearly defined as under the direction of the anesthesiologist,
as opposed to “in collaboration with”

AAs believe that anesthesia is the practice of medicine, and
the physician anesthesiologist is the most highly trained
professional in the specialty

AAs are functionally interchangeable with CRNAs in ACT
practice

- Same job descriptions
- Same compensation

AA Philosophy

Education & Practice

Commitment to appropriate Checks and Balances

AAs are inextricably bound to anesthesiologists:

- Program director/faculty/clinical instructors
- Accreditation process
- Certification process
- Regulation through medical board oversight

AA Philosophy

Education & Practice

- AA training is a cooperative engagement between physician and extender
- AA education is grounded in basic science rather than nursing theory
 - Allied health practitioners prove every day that compassionate care concepts are not limited to nursing
 - Medical school qualified applicant pool:
 - Logical, large, untapped for clinical sciences
 - Does not cannibalize one area of shortage to meet demands of another

AA Philosophy

Education & Practice

AAs uphold the clinical training model that maintains a 1:1 ratio of students to qualified graduate anesthesia providers

- Most beneficial model for quality clinical education
- Does not risk weighing financial/staffing advantages against patient safety
- Removes competition with residents for clinical resources
- Enhances ACT culture

AA Future?

The AA model embodies the ideals of dependent practice: a high quality specialty care provider engaged with the physician specialist at every level.

The future of the AA profession depends on the willingness of anesthesiologists to commit to a strong participatory role in AA education and practice.

Thank you

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