

Missouri Anesthesia Wins with New Allied Health Partner

by Milamari A. Cunningham, MD

The pool of qualified AA candidates is highly educated in pre-med school core curriculum.



Milamari Cunningham, MD, 29-year MSMA member and Missouri Medicine Contributing Editor, is a retired Clinical Assistant Professor of Anesthesiology at the University of Missouri.

The University of Missouri-Kansas City is poised to open the first Anesthesiologist Assistant program west of the Mississippi River. After the Missouri Society of Anesthesiologists (MSA) successfully fought politically to gain the right for Anesthesiologist Assistants (AAs) to practice in Missouri, they look forward to working with the UMKC School of Medicine to help educate and utilize this allied health anesthesia provider.

AAs Are Not New, However

In existence for over 35 years, AAs are not a new allied health profession. In 1978, the American Medical Association's recognized them as an emerging health profession. Ten years later, AAs were recognized by the AMA under the Council of Allied Health Education and Accreditation. The AMA was also involved in the development of the essentials in their training programs along with the American Society of Anesthesiologists and the Association of Anesthesiologist Assistant Education.

AAs are allied health mid-level anesthesia providers that function in the same capacity as certified registered nurse anesthetists within hospital and surgery center settings where the anesthesiologist is medically directing the anesthetic care.

There are approximately 1,000 AAs currently practicing in America. With expanding levels of support from anesthesiologists, there is a growing trend to open more AA programs. Within the past five years the number of accredited

AA programs has doubled with UMKC's program fifth in the nation in addition to Case Western Reserve University in Cleveland; Emory University in Atlanta; Nova Southeastern University in Davie, Florida; and South University in Savannah.

Fifteen states as well as the District of Columbia currently allow practice by state statute or by physician delegatory authority, including Missouri, which allows AA licensing, regulated by the Missouri State Board of Healing Arts. The highly trained and skilled anesthesia providers help alleviate the critical shortage of anesthetists caused by an undersupply of nurse anesthetists and anesthesiologists.

Accredited AA educational programs require at least 24 months of rigorous intensive didactic and clinical training, co-directed by board-certified anesthesiologists and must be supported by an accredited medical school anesthesiology department. Since 1986 all AAs are trained at the Masters level with undergraduate courses in pre-med school core curriculum. AA students enhance their basic science knowledge in physiology, pharmacology, anatomy, and biochemistry with special emphasis on the cardiovascular, respiratory, renal and neuromuscular systems. Clinical instruction educates students extensively in patient monitoring, anesthesia delivery systems, life support systems, and patient assessment as well and in the skills needed to provide compassionate, quality, and safe anesthesia care.

After training, the AA takes a national certification examination, testing knowledge in areas of airways, anesthesia, cardiovascular, hematology and coagulation, instrumentation and monitoring, metabolism and endocrinology, neurology, neuromuscular, obstetrics and perinatology, pediatrics and neonatology, pharmacology, physics, regional anesthesia and pain therapy, renal and respiratory and miscellaneous anesthesia areas. Qualified as an “Anesthesiologist Assistant-Certified”, the AA completes continuing medical education for relicensure and certification.

Anesthetists Work Side-by-Side

As mid-level providers, in hospitals and surgical centers where AAs and nurse anesthetists work side-by-side, they are referred to as “anesthetists.” Although the training differs, both graduate with advanced, specialized education and training in anesthesia. AAs and CRNAs must adhere to state statutes, rules and regulations, and professional board mandates. Their scope of practice is further defined by the bylaws, policies and procedures of the facility’s department of anesthesiology.

AAs work within the defined Anesthesia Care Team - ACT model of anesthetic care, promoted by the ASA and the American Academy of Anesthesiologist Assistants. ACT means that an anesthesiologist is always involved in the care of the patient while also supervising and medically directing an anesthesia resident, AA or a nurse anesthetist.

Several government entities recognize AAs as reimbursable anesthesia providers, including the Centers for Medicare & Medicaid Services and TRICARE, the medical insurance provider for the U.S. military/family. The Department of Veterans Affairs authorized the VA system employment of AAs as well. Medical malpractice insurance carriers cover AAs.



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Malpractice insurance companies such as MAG Mutual and Preferred Physicians Medical Risk Retention Group insure all three types of anesthesia providers.

Missouri Anesthesia Supports AA Profession

The ASA formally recognizes and supports AAs through representation on ASA’s Committee on the Anesthesia Care Team and the Committee on AA Education and Practice. Dean of the UMKC School of Medicine, Betty Drees, MD, said, “As a public medical school, we feel a responsibility to respond to the health care workforce needs in Missouri. By partnering with the Missouri Society of Anesthesiologists, we are able to provide an innovative and high quality education program, which is of benefit to our community.”¹

Missouri AA History

About five years ago, the MSA leaders acknowledged the anesthesia provider shortage and decided to include AAs as part of the Missouri solution with the full political action backing of MSA membership.

In 2002, the MSA Political Action Committee Legislative Action Network was formed to provide an entity to write personal letters, make telephone calls, and personally visit legislators as well as hosting fundraisers and conducting hospital, office and clinic tours. They worked tirelessly to elect MSA issue-friendly legislators and in educating Missouri politicians.

Sam Page, MD, MSA Past President and current candidate for Lieutenant Governor, was elected to the Missouri House of Representatives in 2002 and re-elected to serve until 2010 (District #82 - Democrat). Dr. Page’s website posted: “Improving Access to Quality Health Care: As an anesthesiologist, I have witnessed first hand the problems caused by the state’s current shortage of qualified anesthesia providers. I worked for legislation to allow Anesthesiology Assistants to practice in Missouri. This shortage of anesthesia providers had caused long waits for surgical procedures. Using all available operating rooms has been impossible due to lack of qualified certified staff.”²

In addition to the MSA Legislative Action Network team and supportive members, MSA President, Jim Gibbons, MD, and Rick Bowen, MD, testified on behalf of the AA bill and were all very active in legislative and regulatory processes that eventually allowed AAs to practice in Missouri. The MSA along with the Missouri State Medical Association, the Missouri Association of Osteopathic Physicians and Surgeons, the Missouri Hospital Association and the American Society of Anesthesiologists, formed a coalition of support for the bill.

The final bill enjoyed broad bipartisan support with only single digit

opposition in both the House and Senate. Dr. Gibbons arranged AA Day at Missouri State Capitol involving leaders from all levels of the allied anesthesia partners. They lobbied the Missouri legislators along with MSA leadership, educating our elected officials about the education and skills AAs bring to the anesthesia care team.

After the Missouri legislature passed the final version of HB 390 in April 2003, Governor Bob Holden ceremoniously signed the bill into law on June 20, 2003, at the Saint Louis University School of Medicine. In attendance were MSA leadership including Dr. Gibbons, Rep. Sam Page, MD, Kathy Perryman, MD, James DeBoard, MD, Joe Forand, MD, Patricia Monteleone, MD, John Menius, MD, along with additional Missouri Senators and Representatives.

AA Rules are Published in Missouri

Revised Statutes Section 334.402 are guided by the Missouri Advisory Commission for Anesthesiologist Assistants, which include leaders as Rick Bowen, MD, James Kelly, MD, Timothy Cooper, MD, Toni Smith, DO, and Thomas J. Fritzlen, Jr., who is a Public Member.

This legislation provides anesthesiologists an additional qualified pool of anesthetists, particularly in urban areas, without requiring a change in procedure for them directing anesthesia care with nurse anesthetists in rural settings. By having AAs in Missouri, access to health care is improved while concurrently helping to stem the rise in anesthetist salaries. It also makes another health care career available to Missouri's citizens.

Since AA licensing was finalized in 2004, an increasing number of both licensed AAs and AA students have come to Missouri to undertake clinical rotations from other AA programs.

To help raise funds for the UMKC AA program, the MSA Educational Fund

was formed to receive start-up funds from anesthesiologists, AAs, and private citizens. A grant of \$25,000 was presented to UMKC in 2006. Eight Missouri AA students have accepted scholarships, choosing to complete some of their specialized rotations in Eastern Missouri. Saint Louis University provides thoracic and neurosurgical anesthesia experiences while SSM Cardinal Glennon Children's Medical Center provides pediatric anesthesia training.

Jimmy Valanty, a second-year AA student at South University in Savannah, wrote, "I was a little nervous to enter an environment where no AAs had been before and be one of the first to represent our profession in Missouri. After a week or so of working with the different attendings, they welcomed me with open arms to work along side them as a part of the "Anesthesia Care Team" model. During my clinical rotations in Savannah, I had always worked with another AA or CRNA. However, in St. Louis I had the chance to work along side an attending anesthesiologist or an anesthesia resident. Both being medical school graduates had a broader range of knowledge when it came to general medicine. I felt this was one of the highlights of the rotation because I was able to discuss topics "outside the box" of anesthesia and expand my breadth of knowledge. I appreciate the teachings from all the physicians and residents I worked with in St. Louis."³

UMKC Anesthesiologist Assistant Masters Program

In April 2006, legislation was passed enabling a program to train and license Master of Science in Anesthesia professionals. In July 2006, UMKC approved and established the program within the School of Medicine. Subsequently, funding was received in the amount of \$750,000 as provided by the Missouri legislature to support the initial implementation of a training program.¹

James Piontek, MD, current Medical and Program Director, will direct his first class of students in January 2008 with eventual plans to accommodate 20 students. UMKC partners with Children's Mercy Hospital, Saint Luke's Hospital of Kansas City, the Kansas City VA Medical Center, New Liberty Hospital District and Centerpoint Medical Center.

Conclusion

The growing shortage of nurse anesthetists has motivated many states to explore the licensing of the AA profession. The pool of qualified AA candidates is highly educated in pre-med school core curriculum. The quality of education and commitment to the anesthesia care team is the impetus for the American Society of Anesthesiologists increasing support for this profession. The UMKC School of Medicine's AA program will produce more anesthesiologist assistants that, as highly trained and skilled anesthesia providers, will provide quality anesthesia care to the people of Missouri.

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Disclosures

None reported.

Contact the Author

Contact the author(s) Mila Cunningham, at milamari@centurytel.net.

