

**Testimony of Michael Wray, CRNA**

**For the Oregon Association of Nurse Anesthetist**

**Before the Senate Health Care and Human Services Committee**

**February 14, 2013**

**In Support of Senate Bill 210**

Chair Senator Monnes Anderson and Members of the Committee:

I am a Certified Registered Nurse Anesthetist (CRNA) who has worked in Oregon for over 15 years in several settings. I currently have a hospital based practice in Yamhill county, and am working in several other settings as a CRNA including Washington county, Clackamas county, Hood River County and Clatsop county on the coast. Many of these settings are hospital based practices where I work independently without an anesthesiologist. I provide anesthesia care for very acutely ill patients with multiple medical co-morbidities requiring surgery. I also provide anesthesia services for women undergoing childbirth in the labor and delivery suite, and these patient can be some of the most challenging patients due to the fact that there are 2 patients involved, mother and child. However, in offices setting, I see the healthiest clients and surgeons only perform minor surgical procedures. It does not seem prudent that CRNA's should not be in this setting. I am here today simply to ask the legislature to codify this practice that CRNA's have been involved for many years without issue.

I would like to take a brief moment to clarify the type of practice I provide in the office, so that the members of the committee can relate to what we are seeking. Over my years of practice, I have provided anesthesia services in office settings such as plastic surgeon, dental offices, women's health settings and podiatrists offices. One of the

clinics I have contracted with specializes in womens' healthcare. This group of over 90 physicians has a focus of care based upon the Institute for Healthcare Improvement (IHI) triple aim approach to care, which has three main criteria that are:

1. Improving the patient experience of care – including quality and satisfaction
2. Improving the health of populations – increase access to care
3. Reducing the per capita cost of health care

In 2012, we were able to meet all these criteria in just one of their offices. For example, women often develop a lifelong relationship with their OB/GYN surgeon over the years. They have their annual exams in their office, and are comfortable with the staff and environment. To have a MINOR surgical procedures done in this arena versus the sterile environment of a hospital or surgery center, is much more satisfying for patients. Secondly, patients are more likely to seek care if the process is simplified through scheduling, availability and staffing, all processes that are easier than in a hospital setting. Finally, in just one office in 2012 my partner and I have completed over 200 surgical cases, and this has saved health insures, patients and overall healthcare costs just over \$1 Million. This is based upon average insurer fees for similar procedure done in hospitals or ambulatory surgery centers.

My colleagues have outlined our educational preparation, outlined our history and discussed our statutory language that has brought us here today. We have brought letters of support from our physician colleagues with whom we work. As highly trained, educated anesthesia professionals we are able to assist surgeons provide a multitude of services to clients. Without CRNA's in these offices practice, providers may choose to use less experienced people without the education, skills

and training I have to safely provide anesthesia services. This would be putting patients at risk for adverse events. In essence, office based surgery increases access to care for patients, provides a safe experience at a lower cost and is therefore instrumental in today's era of healthcare reform. Therefore on behalf of all CRNA's in Oregon I ask for your support of SB 210.

Michael Wray

