

Ms Thiele-Cirka

I am a board Certified Registered Nurse Anesthetist (CRNA) from Grants Pass. I have practiced as a CRNA since 2004 both with the United States Air Force and in Oregon since my Honorable Discharge. I have been a long time Oregon resident. I am strongly opposed to the addition of Anesthesiology Assistants in Oregon for several reasons.

I am unclear why the state feels necessary to move in the direction of bringing Anesthesiology Assistants (AA's) into the state. Is this because of a real or perceived lack of anesthesia providers in the state? Is it because the Anesthesia lobby would like some to believe that CRNA's are too costly and require supervision to promote maximum safety? What will the ASA do about anesthesia care in rural areas where anesthesiologists refuse to live/work?

Currently anesthesia is provided either within the context of an anesthesia care team model (ACT), which occurs in most suburban and urban settings. This model usually pairs an anesthesiologist with one or two CRNA's and or anesthesia residents. Another model used in Oregon is the CRNA-only model, like where I have practiced in Grants Pass since 2008. Where CRNA's only are the sole independent practitioner of anesthesia care. This model tends to be used in more rural or "underserved" areas. Where I work, we currently have no anesthesiologists. We care for some of the sickest patients in Josephine county including trauma, vascular, obstetric, and complex orthopedic surgeries.

As the former lead anesthetist in Grants Pass, I personally recruited 4 CRNA's into our practice. Each time I was amazed at the response to our advertisements and recruiting efforts. Overwhelmingly positive, in fact, I would state we had too many applicants! The main point being, I have not noticed a "shortage" of qualified candidates. Additionally, OHSU has been training and providing expertly qualified CRNA's into the market place since 2008, many of whom upon completing their training remain in the state to work.

As a decorated combat veteran of Iraq, (I served during the 2007 "Surge") I saw incredibly high casualty rates, and treated hundreds of patients all without the "supervision" of an anesthesiologist. We did work as a team to accomplish the mission, but never was I required to have an anesthesiologist present to perform my duties to military or civilian casualties.

I can cite studies that would refute the ASA claims regarding patient safety, cost effectiveness, or patient access. I am certain that you have this information already. To summarize, I do not understand why the ASA lobby desires to bring AA's to the state. When CRNA care (which is cost effective, proven safe, and satisfying for patients) is plentiful, and thanks to OHSU...renewable resource for our thriving health care industry.

Having AA's in the state is both unwarranted and unnecessary!

Thank you!

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Keith R. Anderson, MSN, CRNA
Staff CRNA
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