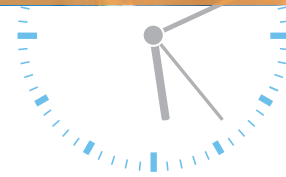




When Seconds Count... Physician Anesthesiologists Save Lives.™



Physician-Led Anesthesia Care Saves Lives, Reduces Costs

As hospitals and health care providers increasingly are held accountable for patient outcomes and, at the same time, are under pressure to cut costs, quality and safety are top priorities. In the operating room and elsewhere, physician-led anesthesia is the gold standard, providing patients the highest-quality and safest medical care before, during and after surgery and other procedures.

Physician-led anesthesia care saves lives.

Anesthesia care is exceedingly safe today in large part because of the education, training and experience of physician anesthesiologists. Despite these advances, each surgery and procedure has risks. When seconds count, when a life hangs in the balance, when medical emergencies or other complications occur, physician anesthesiologists draw upon their 12 years to 14 years of education and 12,000 hours to 16,000 hours of clinical training to make critical decisions that save lives.

A physician anesthesiologist's education and training in the delivery of comprehensive patient care differentiates these medical specialists from other members of the Anesthesia Care Team. Physician anesthesiologists deliver anesthesia and/or lead the Anesthesia Care Team, supervising anesthesiology residents, nurse anesthetists, anesthesiologist assistants and other health care professionals, to provide **the best possible patient outcomes**. Nurses play an important role on the team, but it's essential to remember: **A nurse cannot replace a physician.** *It's too risky to administer anesthesia without the supervision of a physician.*

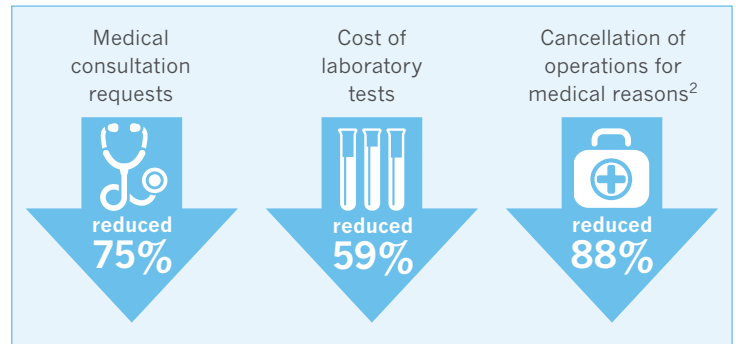
Physician anesthesiologists prevented 6.9 excess deaths per 1,000 cases in which an anesthesia or surgical complication occurred, according to an independent outcomes study published in the peer-reviewed journal *Anesthesiology*.¹

Fees are the same whether a physician or a nurse administers anesthesia.

Medicare, Medicaid and most third-party insurers pay the same fees for anesthesia whether a nurse anesthetist or physician anesthesiologist administers it. Allowing nurses to administer anesthesia without physician supervision does not save patients or taxpayers money.

Patient-centered, physician-led medicine can **save patients and payers** money by reducing the need for consultations by specialists, unnecessary tests and surgery cancellations.

A review article in the *New England Journal of Medicine*² cites when a physician anesthesiologist was involved:



A Mayo Clinic cost-benefit analysis that compared physician-led and nurse-led anesthesia care also found significant savings with the physician-led model as a result of improved patient outcomes and reduced mortality.³



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Physician-led anesthesia is an investment in high-quality medical care to ensure the safety all patients deserve.

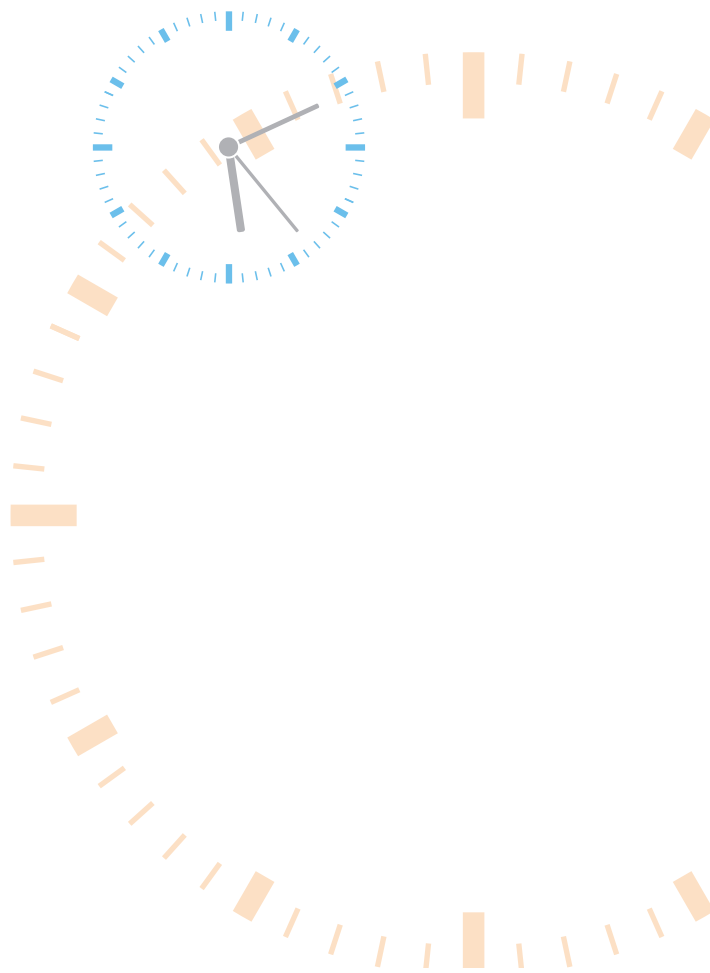
It's dangerous to position salary differences, reduced education costs or fewer required years of education as advantages to our health care system. Physician anesthesiologists' salaries are a reflection of the complex cases and medical issues they manage. The extensive, superior education, training and preparedness of physicians in the delivery of comprehensive medical care are precisely why physician-led anesthesia is critical for patient safety.

Hospital administrators in the U.S. see the value in patient-centered, physician-led anesthesia care and have demonstrated this by preserving the Anesthesia Care Team model that places supervision in the hands of physician anesthesiologists. In a study funded by the American Association of Nurse Anesthetists and published in *Health Affairs*, physician anesthesiologists supervised 79 percent of all surgeries in so-called opt-out states, where hospitals allow nurses to administer anesthesia without physician supervision; and 90 percent of surgeries in nonopt-out states.⁴

Take action. Protect patients.

Protect your constituents. Advocate for patient-centered, physician-led anesthesia care to ensure the highest-quality and safest medical care. Patients deserve no less.

1. Silber JH, Kennedy SK, Even-Shoshan O, Chen W, Koziol LF, Showan AM, Longnecker DE. Anesthesiologist direction and patient outcomes. *Anesthesiology*. 2000;93(1):152-63.
2. Wiklund RA, Rosenbaum SH. *Anesthesiology*. *N Engl J Med*. 1997;337:1132.
3. Abenstein JP, Long KH, McGlinch BP, Dietz NM. Is physician anesthesia cost-effective? *Anesth Analg*. 2004;98:750-7.
4. Dulisse B, Cromwell J. No harm found when nurse anesthetists work without supervision by physicians. *Health Aff*. 2010;29:1469-75.



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To learn more about patient-centered, physician-led anesthesia care and the medical specialty of anesthesiology, please visit www.asahq.org/WhenSecondsCount or email WhenSecondsCount@asahq.org.