



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

## Physician-Led Anesthesia Care Frequently Asked Questions

Physician anesthesiologists are highly trained medical experts who evaluate, monitor and supervise patients before, during and after surgery. They have the specific medical education and training to make critical decisions when seconds count during emergencies or other complications. Patient safety and quality of care matter most. Physician anesthesiologists are best qualified to supervise anesthesia care and keep patients safe. Here are some answers to questions frequently asked about patient-centered, physician-led anesthesia care.

### Physician-Led Anesthesia Care Team and Quality of Care

#### 1. What is the Anesthesia Care Team?

The Anesthesia Care Team is a group of health care professionals who work together to provide anesthesia care before, during and after surgery. 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 their clinical training (a median of 1,651 hours) is not the same as a physician's (12,000 hours to 16,000 hours) and does not prepare them for many aspects of evaluating, diagnosing and providing comprehensive medical care that treating a patient can require.

#### 2. Why is it important to have a physician anesthesiologist lead the Anesthesia Care Team? Can't a nurse anesthetist do the same thing?

The administration of anesthesia is a complex and technically demanding medical procedure that requires the supervision of a physician who has the extensive medical education and clinical training to evaluate the patient's medical condition, recommend an appropriate anesthesia plan, diagnose and treat problems that might surface during a surgical procedure and follow through with the patient after the procedure is complete.

An independent outcomes study published in the peer-reviewed journal *Anesthesiology* found that the presence of a physician anesthesiologist prevented 6.9 excess deaths per 1,000 cases in which an anesthesia or surgical complication occurred.<sup>1</sup>

Nurse anesthetists often advocate substituting nurses for physicians. However, there are no definitive, independent studies that confirm nurse anesthetists can ensure the same quality of care, patient safety and outcomes when working without physician supervision.

#### 3. Has there been an increase in the number of deaths or complications in states where governors have "opted out," eliminating the requirement of the physician supervision safety standard for the administration of anesthesia?

There are no independent studies that confirm an increase in deaths or complications. Yet, many hospitals in the country have patient-centered, physician-led anesthesia care. As hospitals and health care providers face increasing pressure to cut costs, delivering high-quality and safe patient care must be the priority.

#### 4. Don't advances in medicine make anesthesia extremely safe?

Yes, but the reality is that each surgery and procedure has risks and even routine procedures can go wrong without warning. Physician anesthesiologists have been at the forefront of developing advances in anesthesia care and have significantly improved patient safety. When seconds count and emergencies or complications occur, physician anesthesiologists draw on their extensive medical education, 12,000 hours to 16,000 hours of clinical training and broad medical expertise to make critical decisions that save lives.



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## Education and Training

### 5. Do physician anesthesiologists and nurse anesthetists receive the same education and training for providing anesthesia care?

No. There is a significant difference in training between physicians (12,000 hours to 16,000 hours) and nurses (a median of 1,651 hours). Nurse anesthetists are trained to administer anesthesia, but they do not have the comprehensive medical education or clinical training to make critical decisions during surgery. Physician anesthesiologists' medical education covers the entire human body and all of its systems, preparing them to evaluate, diagnose, treat and manage the full range of medical conditions and patient needs. In the Anesthesia Care Team model, the physician anesthesiologist evaluates a patient's medical condition before the surgery or procedure and creates a tailored, anesthetic plan for the administration of anesthesia that is adhered to by nurses and other care team members.

### 6. What are the differences in their education and training?

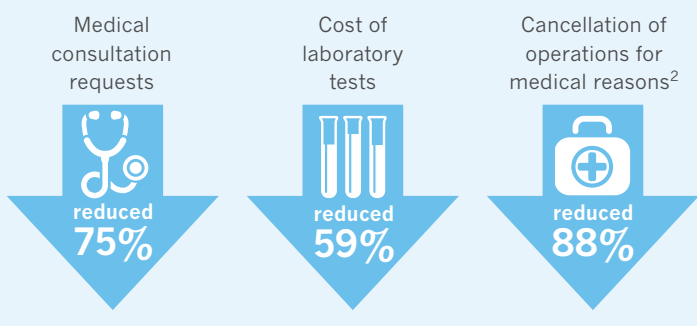
- Physician anesthesiologists have medical degrees; nurses do not.
- Physician anesthesiologists have 12 years to 14 years of education; nurse anesthetists have five years to seven years after high school.
- Physician anesthesiologists have 12,000 hours to 16,000 hours of clinical training; nurse anesthetists have a median of 1,651 hours.
- Physician anesthesiologists are trained to assess underlying health risks, ensure patient safety, perform invasive procedures and diagnose and treat patients before, during and after surgery. Nurse anesthetists are trained to assist in providing anesthesia services and monitoring vital signs.
- Some nurses are receiving doctorate degrees in nursing, but this is not equal to a medical degree. The coursework for these nonmedical degrees concentrates more on teaching processes and skills that prepare a nurse for an administrative position.

## Cost

### 7. Doesn't eliminating the physician supervision safety standard of anesthesia care save money for patients and taxpayers?

No. Allowing nurses to administer anesthesia without physician supervision does not save patients or taxpayers money. Medicare, Medicaid and most third-party insurers pay the same fees for anesthesia whether it is administered by a nurse anesthetist or physician anesthesiologist. In fact, eliminating the physician anesthesiologist can actually cost more, as other physicians may be needed to consult or provide the services of a physician anesthesiologist, such as evaluating the patient for pre-existing conditions or handling emergencies and other medical issues. A *New England Journal of Medicine* review article cites that the pre-surgical assessment and preparation of patients for surgery by physician anesthesiologists significantly reduces unnecessary testing and preventable cancellations of surgery.<sup>2</sup>

When a physician anesthesiologist was involved:



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.



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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](http://www.asahq.org/WhenSecondsCount) or email [WhenSecondsCount@asahq.org](mailto:WhenSecondsCount@asahq.org).