MERCYHEALTH

Proponent Testimony before Ohio House of Representatives
Health Committee

HB 191

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Good morning, Chairman Huffman, Vice Chair Gavarone, Ranking Member Antonio, and members of the House Health Committee, my name is Lynn Detterman. I am the President and CEO of Mercy Health's Rural Hospital Market, which includes Defiance, Tiffin, and Willard hospitals, all located in Northwest Ohio. I appreciate the opportunity to address the committee as a proponent of House Bill 191.

I have served the Defiance, Tiffin, Willard, and surrounding communities for over 15 years, and I am also a life-long resident of the area. Our CRNAs have given anesthesia care to both myself and my family members. Their safety record is impeccable. CRNAs provide access to anesthesia care to facilities in my community, and are the backbone of anesthesia care in many rural communities like ours, throughout the state of Ohio. We need the ability to utilize health care professionals, including CRNA's, to the fullest extent of their training in order to deliver safe, high quality, cost efficient healthcare that continues to meet the increasing demand for anesthesia services.

Patients present to our facility with needs ranging from surgical anesthesia, specialized venous access, pain management, emergency room procedures, trauma stabilization, resuscitation, and maternity care. CRNAs have safely provided these services, exclusively, for over 35 years in 2 out of 3 of Mercy Health's rural market hospitals, without an anesthesiologist. Over one year ago, the 3rd rural market hospital converted to an all CRNA model of anesthesia as well. The results of this conversion are significant:

- We improved safety metrics in every category as compared to that of the former model which was comprised of 2 anesthesiologists;
- This one facility saved $1,000,000 per year in costs to patients and the overall health care system;
- We added 2 full time CRNA providers allowing us to significantly increase the amount of services that we can offer and provide access to these services to patients in our community that otherwise would simply not be available.

It is imperative for the General Assembly to understand that we provide the full scope of anesthesia services to our patients solely through the use of CRNAs. We do not employ a model of care that includes an anesthesiologist. Patient outcomes, safety records and access to the highest quality anesthesia services to our community speak for themselves.

HB 191 does not dismantle or mandate any specific anesthesia care model. As a matter of fact, no state in the country does. Individual facilities will continue to define the relationship between physicians and CRNAs and develop the processes and procedures for administering anesthesia care, without arcane supervision requirements. That decision is and will continue to be the purview of the facility and local medical staff. We are ultimately responsible for safe and efficient patient outcomes.

Further, the supervision requirement casts doubt amongst our surgeons as to who is responsible for the actions of the CRNA relative to the anesthesia care they provide. The supervising physicians do not develop, direct, or administer any part of the CRNAs' anesthesia care plan. CRNAs are licensed and certified to do that on their own. HB 191 will recognize in a CRNAs scope of practice what they are currently educated, trained, and nationally certified to perform. Our physicians fully support allowing CRNAs to manage their patients according to their training and education during the peri-anesthesia period, and when performing clinical functions related to anesthesia as outlined in HB 191.

Our physicians call on our CRNAs to manage more aspects of patient care than just administering anesthesia, including some very critical clinical functions. CRNAs obtain training for these clinical functions in their programs and are documented requirements. Our emergency room physicians depend on our CRNAs to help them with the placement of breathing tubes, specialized IV's with ultrasound, and nerve blocks for the reduction of traumatic fractures. For this reason, our CRNAs need to work to their fullest scope of training and education.

When our physicians consult our CRNAs for a service, they're confident in their abilities to provide that service from beginning to end. The ability of a CRNA to perform "clinical support functions" is language that has been in statute (ORC 4723.43 (B)) for nearly two decades, recognizing CRNAs ability to provide these vital functions. House Bill 191 provides additional clarity to the clinical functions that CRNAs may perform by tying them to clinical experience standards for nurse anesthetist programs by a national accreditation organization selected by the board of nursing.

Furthermore, recognizing the education, training and certification of a CRNA and clarifying their scope of practice in statute does not give them the authority to actually practice that scope. Each facility maintains a demanding and rigorous credentialing and privileging process that both recognizes and verifies a provider's licensing, education, training, certifications, adverse clinical occurrences, personal character, clinical judgement, etc., and also specifically defines the scope of practice and clinical services each individual may provide at that facility. CRNAs are credentialed and privileged using the exact same process as the physician members of our medical staff.

If HB 191 were to pass, here is the process we would follow to grant any additional privileges at our facility:

1.) CRNAs would need to request additional privileges though a completed application to the Central Credentials Department.
2.) The Central Credentials Department would then acquire both administrative and clinical references in order to verify competence and substantiate character and judgement.
3.) Documentation of the applicant's past clinical experience, along with a procedure log is obtained and reviewed, then compared to those privileges being requested to make sure each individual practitioner is qualified to perform the privileges requested.
4.) A verification of licensure status is done to ensure the applicant is current and that there are no actions pending or settled against them. For example, an applicant that has had a prior license revocation based on a disciplinary action would cause concern and would be reviewed on a case by case basis.
5.) Next, verification of education, board certification, and/or any sanctions are obtained.
6.) The National Practitioner Data Bank is queried and any unexplained gaps in history are reviewed.
7.) A physician reviewer obtains the applicant's file, completes a review, and refers it to the credentials committee and medical executive committee with a recommendation.

8.) Each committee reviews the application and information to make a recommendation to the appropriate Subcommittee delegated to act on behalf of the Mercy Health Board for final approval.
9.) Final action must be taken by the board to fully approve, approve with conditions, disapprove or send back to the medical executive committee for further information.

This process must be followed to grant any health care provider initial and / or additional credentials or privileges, and it is each facility that will ultimately decide the extent to which they will utilize a CRNA, even if HB 191 becomes law. There is no provision of HB 191 that mandates a facility to change anything regarding the way it allows a CRNA to practice. The bill will, however, allow facilities like mine to utilize the credentialing and privileging process – directed by our medical staff – to better employ the much-needed talents of CRNAs.

I, along with our medical staff, am hopeful for the passage of House Bill 191, so that the experts in their field of anesthesia care can provide that care efficiently. My three facilities, and the patients we serve, would greatly benefit from untying the hands of these trained anesthesia professionals, as other states have done. My job is to put patients first and HB 191 will help to accomplish this goal. I am happy to answer any questions that you might have.