



PENNSYLVANIA ASSOCIATION OF NURSE ANESTHETISTS

234 NORTH THIRD STREET • HARRISBURG, PA 17101
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25 January, 2008

Dr. Troyen Brennan, M.D., M.P.H.
Senior Vice President
Chief Medical Officer
Aetna
151 Farmington Avenue
RC 5A
Hartford, CT 06156

Dear Dr. Brennan:

As president of the Pennsylvania Association of Nurse Anesthetists (PANA) and on behalf of the 3,200 plus members, I would like to convey sincere concerns regarding your clinical policy changes regarding monitored anesthesia care (MAC) for GI endoscopy effective April 1, 2008. PANA echo's many of the concerns that Dr. Jeffrey Apfelbaum, ASA President, recently addressed in a letter to you. PANA has received numerous phone calls from concerned CRNA members and gastroenterologist practice groups in the Commonwealth of Pennsylvania about your policy change and the effects it will have on patient safety and satisfaction. PANA has been in close contact with the Pennsylvania Society of Anesthesiologists (PSA) and together both organizations stand strongly united in disagreement with Aetna's decision. Many gastroenterologists through out Pennsylvania have echoed their concerns for patient safety and satisfaction. PANA and the PSA both have been asked to address this issue and request that you reconsider this new policy.

The increasing number of GI procedures and anesthesia services provided for and requested by gastroenterologists has clearly benefited patients receiving preventive care, early diagnostics and follow-up after major GI procedures. Both gastroenterologists and patients are greatly benefited by anesthesia services, which include expertise in determining the appropriate doses of medications that provide for moderate to deep levels of sedation, and advanced life support and airway management techniques and skills. Both of which are not part of the gastroenterologists training and education. The determination for the type of sedation required and the medical necessity for sedation should only be done between the anesthesia provider, the endoscopist and just as important, the patient. To deny this important aspect of patient care and the role and expertise an anesthesia provider brings to these services will have several devastating effects on patient safety and satisfaction. The Aetna guideline list of sedation-related risks and average risks will create confusion, inconsistencies and potentially deteriorating collegial relationships between endoscopists and anesthesia providers in defining and deciding patients' risks. PANA is extremely concerned that non-anesthesia providers giving conscious-sedation may be persuaded to produce deeper levels of sedation, which they are not qualified to deliver. This will greatly increase patient risk. Gastroenterologists may decide to finish without a complete or thorough examination if the patient is too uncomfortable. Having to repeat a procedure due to an incomplete evaluation that now requires anesthesia provider's intervention, or a patient



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perceiving a screening diagnostic study as an unpleasant and uncomfortable experience, will only lead to an increase in costs. Patient safety and a positive experience should be a priority in the concerns of the health care industry.

For these compelling reasons, PANA strongly urges Aetna to reconsider this policy. Nurse anesthetists, anesthesiologists, gastroenterologists and their patients express serious concerns and the potential negative consequences related to patient safety. For more than a decade there is no doubt with the advances in anesthesia monitoring techniques, the choice in pharmaceutical agents, and the clinical expertise and skills of the anesthesia care provider, that patient safety and the perception of the patients comfort has improved greatly during endoscopic procedures. We ask that Aetna withdraw this new policy so patients may continue to receive the optimal anesthesia care to which they have become accustomed.

Sincerely,

Joseph D'Amico, CRNA, PhD.
President
Pennsylvania Association of Nurse Anesthetist