American Medical Association Actions Concerning Office-Based Surgery Regulation

On November 20, 2003, the AMA Board of Trustees (BOT) approved "Office-based Surgery Core Principles." The BOT had also been evaluating whether to refer the core principles to the AMA's Council on Legislation for consideration in the potential development of model state legislation. As the AANA requested, the BOT has decided not to refer the core principles to the council. This is good news, because it means that the idea of referring the principles to the Council on Legislation for further action is dead unless and until a new proposal is made.

You can access the final, adopted core principles at: http://www.ama-assn.org/ama1/pub/upload/mm/370/obscoreprinciples.pdf. The preamble to the principles, and the principles themselves, are as follows:

"*Preamble:* These principles[1] are intended to inform and guide decision-making by legislative, regulatory, and/or administrative bodies that may become involved in setting standards for office-based surgery. Office based surgery, as used in this report, constitutes surgery and other procedures performed in the office of a licensed physician (Federation of State Medical Boards Report of the Special Committee on Outpatient (Office-Based) Surgery. Journal of Medical Licensure and Discipline. 2002; 88:169). These principles, which represent a wide consensus within the medical profession, are intended to be used collectively to promote consistency in the safety and quality of healthcare services for in-office procedures requiring moderate sedation/analgesia, deep sedation/analgesia, or general anesthesia.

Core Principle #1*:* Guidelines or regulations for office-based surgery should be developed by states according to levels of anesthesia defined by the American Society of Anesthesiologists (ASA) excluding local anesthesia or minimal sedation. (American Society of Anesthesiologists. Continuum of depth of sedation. Available at: . Accessed February 27, 2003). [Please note that the correct link for this document is http://www.asahq.org/publicationsAndServices/standards/20.pdf.]

Core Principle #2: Physicians should select patients for office-based surgery using moderate sedation/analgesia, deep sedation/analgesia, or general anesthesia by criteria including the ASA Physical Status Classification System, and so document. (American Society of Anesthesiologists. ASA physical status classification system. Available at: http://www.asahq.org/clinical/physicalstatus.htm. Accessed February 27, 2003).

Core Principle #3*:* Physicians who perform office-based surgery with moderate sedation/analgesia, deep sedation/analgesia, or general anesthesia should have their facilities accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), Accreditation Association for Ambulatory Health Care (AAAHC), American Association for Accreditation of Ambulatory Surgical Facilities (AAAASF), American Osteopathic Association (AOA), or by a state recognized entity,

such as the Institute for Medical Quality (IMQ), or be state licensed and/or Medicare certified.

***Core Principle #4**:* Physicians performing office-based surgery with moderate sedation/analgesia, deep sedation/analgesia, or general anesthesia must have admitting privileges at a nearby hospital, or a transfer agreement with another physician who has admitting privileges at a nearby hospital, or maintain an emergency transfer agreement with a nearby hospital.

***Core Principle #5**:* States should follow the guidelines outlined by the Federation of State Medical Boards (FSMB) regarding informed consent. (Report of the Special Committee on Outpatient [Office-Based] Surgery. (Med. Licensure Discipline. 2002; 88:160-174).

***Core Principle #6**:* For office surgery with moderate sedation/analgesia, deep sedation/analgesia, or general anesthesia, states should consider legally privileged adverse incident reporting requirements as recommended by the FSMB and accompanied by periodic peer review and a program of Continuous Quality Improvement. (Report of the Special Committee on Outpatient (Office-Based) Surgery. Journal Medical Licensure and Discipline. 2002; 88:160-174).

***Core Principle #7**:* Physicians performing office-based surgery using moderate sedation/analgesia, deep sedation/analgesia, or general anesthesia must obtain and maintain board certification by one of the boards recognized by the American Board of Medical Specialties, American Osteopathic Association, or a board with equivalent standards approved by the state medical board within five years of completing an approved residency training program. The procedure must be one that is generally recognized by that certifying board as falling within the scope of training and practice of the physician providing the care.

***Core Principle #8**:* Physicians performing office-based surgery with moderate sedation/analgesia, deep sedation/analgesia, or general anesthesia may show competency by maintaining core privileges at an accredited or licensed hospital or ambulatory surgical center, for the procedures they perform in the office setting. Alternatively, the governing body of the office facility is responsible for a peer review process for privileging physicians based on nationally recognized credentialing standards.

***Core Principle #9**:* For office-based surgery with moderate sedation/analgesia, deep sedation/analgesia, or general anesthesia, at least one physician who is currently credentialed in advanced resuscitative techniques (e.g., ATLS, ACLS, or PALS), must be present or immediately available with age- and size-appropriate resuscitative equipment until the patient has met the criteria for discharge from the facility. In addition, other medical personnel with direct patient contact should at a minimum be trained in Basic Life Support (BLS).

***Core Principle #10**:* Physicians administering or supervising moderate sedation/analgesia, deep sedation/analgesia, or general anesthesia should have appropriate education and training."

"[1]Amended Core Principles as presented by the AMA Board of Trustees to the AMA House of Delegates at the I-03 Meeting."

As previously reflected in testimony and comments that the AANA submitted to the AMA, we continue to have concerns about Core Principle number 10 (quoted above), believing that it has the potential to be misinterpreted. Healthcare providers, including CRNAs and physicians, who administer sedation/analgesia or anesthesia should have appropriate education and training. Core Principle number 10, however, is overbroad in also stating generally that physicians who supervise sedation/analgesia or anesthesia should have appropriate education and training.

Any physician, by virtue of his or her medical school education and training, is qualified to work with or supervise a CRNA, and has appropriate education and training to do so. Core Principle number 10 could be misinterpreted or misapplied to suggest that a physician who works with or supervises a CRNA needs to have education or training above and beyond the physician's medical school education and training. There is no need to adopt such requirements. On the other hand, we can appreciate requiring physicians who supervise anesthesia providers who are not CRNAs to have particular education or training in addition to a physician's medical school education and training.

You should be alert to these distinctions as you monitor any state-level efforts to propose, adopt, or implement the core principles.