

FLORIDA SOCIETY OF
ANESTHESIOLOGISTS
SURVEY

AUGUST 2013

clearview
RESEARCH, LLC.

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EXECUTIVE SUMMARY

Methodology

Using a national calling center, Clearview Research conducted interviews with a sample of 750 registered voters throughout the state of Florida. The survey was conducted from Monday, August 26th through Thursday, August 29th during evening hours.

The composition of respondents took into account turnout in the 2012 and 2010 General Elections, in an attempt to make the final sample “look like” the State’s 2014 voting population. The sample was balanced by gender, party, race and region, in order for our distribution to be consistent and similar to the actual voting population.

The following shows how the sample size of the survey compares to the actual targets taken from the voting population.

Gender:

	Sample	Target Population
Male	45%	46%
Female	55%	54%

Party:

	Sample	Target Population
Democrat	40%	40%
Republican	42%	42%
Other	18%	18%

Race:

	Sample	Target Population
White	69%	70%
African-American	14%	13%
Hispanic	12%	12%
Other	5%	5%

Region:

	Sample	Target Population
Dade-Broward	18%	18%
West Palm Beach	12%	11%
South West FL	31%	31%
East Central FL	20%	20%
North FL	19%	20%

Based on the above, the sample is both random and representative, yielding a general response set with a margin of error of ± 3.57 at the 95% confidence level.

Overview

When it comes to the general provision of medical care, the public is divided on the idea of allowing nurses to expand their scope of *services*. However, when it comes to making actual medical decisions or leading a care team, they clearly, strongly, and unequivocally support physician-led care (by consistently wide margins) in all areas.

When it comes to anesthesia related care, the public overwhelmingly wants a physician to not only make the medical decisions related to anesthesia-related care but to perform the actual services as well. To be clear, respondents not only supported a physician making medical decisions, but also clearly believe that a physician anesthesiologist is, “best qualified to administer anesthesia during surgery” by a ratio of nearly 9:1.

We asked this concept several different ways, and no matter how we asked it we always got the same result. We asked about trust in making medical decisions, finding ways to save on medical costs, expanding access to care, and we even used the softly worded, “doctors and nurses should work in collaboration with each other and neither should be in charge” and we consistently found respondents strongly opposed to the concept of expanding the role of CRNAs.

In short, the public strongly agrees with the notion that when it comes to administering anesthesia, a physician – and *only* a physician – should be in charge.

To gain a better/deeper understanding of these results we have divided the questions into four areas:

- General issues related to physicians and nurses,
- Anesthesia-related issues regarding physicians and nurses,
- Cost-related issues, and
- Pro-expansion messages.

General issues related to physicians and nurses

When it comes to the general notion of allowing nurses to expand services, the public begins, as noted above, in a somewhat supportive position with a little more than half (52%) saying that it is a good idea to do so. However, as soon as we begin to take the physician out of the equation or ask the respondents to choose between a nurse and a doctor, the issue is not even close. Consider these findings:

- 85% of respondents say they trust a physician/doctor to make medical decisions (5% chose a “nurse”) for the “delivery of *general* health care services.”
- 91% chose a physician when the above scenario was changed to be “in an emergency situation or during a surgical procedure.”

When asked if, “doctors and nurses should work in equal collaboration with each other and neither should be in charge,” nearly three in four (72%) *disagreed* with that statement. It is important to note, this question did not reference anesthesia or surgery and was specifically intended to reference general medical care.

Anesthesia-related issues regarding physicians and nurses

While it is clear that Floridians want doctor-led care when it comes to general medical care, they are even more adamantly supportive of this concept when it comes to *anything* involving anesthesia. We asked this question several different ways and each time approximately 80% (or more) of respondents agreed with that primary notion.

For example:

- When given the choice, 81% felt a doctor should be the chief decision-maker versus 12% who said a “nurse anesthetist should be on equal footing...when it comes to making decisions about anesthesia.” That’s a nearly 7:1 ratio!
- Likewise 79% felt a physician anesthesiologist was best qualified to administer anesthesia during surgery, versus 9% who said a nurse was best qualified. Again, this is a nearly 9:1 ratio!
- 87% agreed that, “giving anesthesia to patients is a complicated and difficult job that should only be performed directly by or under the supervision of a trained physician.”
- 92% said they “want an anesthesiology physician directing my anesthetic care.”

And finally, and directly on point to the proposed legislation,

- 74% agreed that, “having nurses administer anesthesia without the supervision of a doctor is a very dangerous idea.”

In short, no matter how we worded the question, when it comes to anesthesia or surgery, there is no doubt that the public strongly and overwhelmingly wants to make sure that physician anesthesiologists are not just at the table, but are in charge. They seem to know what doctor-led care is, and they very much like it. And, more specifically, they do not want doctors and nurses to be on equal footing or working in collaboration during either event.

Cost-related issues

We also tested the notion that if cost were a factor (and we know it is not), Floridians would soften their position and be willing to allow CRNAs to expand their scope of service. (It is important to note that this was simply done to test the touch points of public opinion, as there is no evidence that expanding the scope of service for CRNAs in this arena will actually save the system or patients any money. This is due to several factors, most notably, the fact that most insurance providers, including Medicare, generally charge by the procedure and not by *who* provides the service.)

We tested this issue several different ways as noted below:

- 80% felt that, “cost should *not* be a factor when considering serious health issues” while only 13% felt “sometimes tradeoffs need to be made.”
- 77% said they would be willing to pay more “for anesthesia if it meant a doctor was in charge of my care.”
- 78% disagreed that the law should change (to allow the expansion) as a way to save hospitals money.

In short, there is simply no evidence that – even when considering cost – the public supports the expansion.

Pro-expansion messages

To ensure that our findings were thorough, we also directly tested some of the very concepts being pushed by those who support the move towards, “collaboration.” Again, the public was strongly opposed to anything but doctor-led care, especially when it comes to the administration of anesthesia:

- Nearly two-thirds (64%) disagreed with the statement, “administering anesthesia is generally safe and a nurse anesthetist has enough training to do it without the supervision of a doctor.”

- Nearly three in four (72%) disagreed with the statement – directly on point to the bill in question – “doctors and nurses should work in equal collaboration with each other and neither one should be in charge”. Again, we should note, this does not reference a surgery scenario, in which anesthesia would be used. There is no doubt, based on the other findings in this poll, that had we included “during surgery” or “during the administration of anesthesia”, the number disagreeing would have been much higher than 72%.

Conclusions

It is rare when the public is so universally and so strongly unified behind a public policy concept, especially one as nuanced as which type of health care professional (if any) should lead a medical care team.

This *is* such a time.

Without a doubt, the public strongly supports the concept of physician-led care when it comes to the provision of anesthesia or anesthesia-related care. To change this policy and allow CRNA’s to work “in collaboration with” as opposed to “under the supervision of” a physician, would be a very – VERY – unpopular change to the law.

OVERALL RESULTS

1. *Generally speaking, do you feel things in Florida are going in the right direction, or do you feel things have gotten off on the wrong track?*

Right direction	37%
Wrong track	52%
Unsure	12%

2. *When it comes to the delivery of general health care services to you and your family, who do you trust most to make medical decisions?*

A physician/doctor? or	85%
A nurse?	5%
Neither/someone else? (non-verbal)	8%
Unsure	2%

3. *In an emergency situation or during a surgical procedure, who is best qualified to make critical life-saving decisions?*

A physician/doctor? or	91%
A nurse?	2%
Neither/someone else? (non-verbal)	5%
Unsure	1%

4. *Florida lawmakers are considering new health care policies. Which of the following comes closest to your opinion*

Costs should not be a factor when considering serious health care issues	80%
Sometimes tradeoffs need to be made and it's okay to sacrifice quality care if it saves money	13%
Unsure	7%

5. *Florida lawmakers are considering a proposal that will allow nurses to expand their duties and provide medical services that today are normally provided by doctors. Do you think:*

This is a very good idea,	13%
It is a somewhat good idea,	39%
It is a somewhat bad idea, or	19%
It is a very bad idea?	23%
Unsure	6%

Good idea	52%
Bad idea	42%

6. *Who do you think is best qualified to administer anesthesia during surgery?*

A physician anesthesiologist	79%
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A nurse known as a certified registered nurse anesthetist	9%
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Both equally (non-verbal)	11%
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7. *When it comes to administering anesthesia during a surgery or in emergencies which of the following do you think is the better policy:*

A doctor or physician anesthesiologist should be the chief decision maker, or do you think	81%
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A nurse anesthetist should be on equal footing with the doctor when it comes to making decisions about anesthesia.	12%
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Unsure/ no difference	7%
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Next, I would like to read you a series of questions about the delivery of anesthesia to medical patients. For each statement, please tell me if you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with each. The first is:

8. *We need to change the state law to allow nurse anesthetists to administer anesthesia without the oversight of a physician because it will save hospitals money.*

Strongly agree	6%
Somewhat agree	11%
Somewhat disagree	19%
Strongly disagree	59%
Unsure/refused	4%
Agree	17%
Disagree	78%

9. *Having nurses administer anesthesia without the supervision of a doctor is a very dangerous idea.*

Strongly agree	59%
Somewhat agree	15%
Somewhat disagree	13%
Strongly disagree	11%
Unsure/refused	3%
Agree	74%
Disagree	24%

10. *If something goes wrong with anesthesia, it is important that a doctor is present to deal with any complications.*

Strongly agree	86%
Somewhat agree	10%
Somewhat disagree	1%
Strongly disagree	1%
Unsure/refused	1%
Agree	96%
Disagree	2%

11. *I would be willing to pay a little more for anesthesia if it meant a doctor was in charge of my care.*

Strongly agree	55%
Somewhat agree	22%
Somewhat disagree	10%
Strongly disagree	7%
Unsure/refused	6%
Agree	77%
Disagree	17%

12. *Administering anesthesia is generally safe and a nurse anesthetist has enough training to do it without the supervision of a doctor.*

Strongly agree	9%
Somewhat agree	18%
Somewhat disagree	20%
Strongly disagree	44%
Unsure/refused	9%
Agree	27%
Disagree	64%

13. *Patients and family members have a right to know that the best-trained professionals are overseeing complicated medical procedures.*

Strongly agree	85%
Somewhat agree	12%
Somewhat disagree	1%
Strongly disagree	0%
Unsure/refused	2%
Agree	97%
Disagree	1%

14. *Giving anesthesia to patients is a complicated and difficult job that should only be performed directly by or under the supervision of a trained physician.*

Strongly agree	72%
Somewhat agree	15%
Somewhat disagree	7%
Strongly disagree	3%
Unsure/refused	3%

Agree	87%
Disagree	10%

15. *Doctors and nurses should work in equal collaboration with each other and neither one should be in charge.*

Strongly agree	13%
Somewhat agree	12%
Somewhat disagree	21%
Strongly disagree	51%
Unsure/refused	3%

Agree	25%
Disagree	72%

16. *If I had a choice for myself or a family member, I would want an anesthesiology physician directing my anesthetic care.*

Strongly agree	77%
Somewhat agree	15%
Somewhat disagree	4%
Strongly disagree	2%
Unsure/refused	3%

Agree	92%
Disagree	6%

17. *If I had a choice for myself or a family member, I would want a nurse anesthetist directing my anesthetic care with no anesthesiology physician involved.*

Strongly agree	4%
Somewhat agree	9%
Somewhat disagree	15%
Strongly disagree	68%
Unsure/refused	5%
Agree	13%
Disagree	83%

I would like to ask you a few questions just for statistical purposes to be sure we have included a good cross section of people in our survey. First...

18. *How are you registered to vote?*

As a Democrat,	40%
As a Republican, or	42%
As something else?	16%
Unsure/refused	2%

19. *How old are you?*

18-34	6%
35-49	23%
50-64	31%
65 or older	39%
Unsure/refused	1%

20. *And how would you describe your ethnicity?*

White/Caucasian	69%
Black/African-American	14%
Cuban, Hispanic	5%
Non-Cuban, Hispanic	7%
Other	3%
Unsure/refused	2%

21. *How do you describe your overall political views?*

Very conservative	15%
Conservative	33%
Moderate	29%
Liberal	17%
Unsure/refused	7%

22. Gender (by observation)

Male	45%
Female	55%

23. Region (from voter file)

1. Dade-Broward	18%
2. Palm Bch/Treasure Coast	12%
3. Southwest	31%
4. East Central	20%
5. North/Panhandle	19%