



New York Society of Anesthesiologists

State of New York Survey Research Report March 2016

Survey Overview

This section outlines the research techniques used in gathering the information presented in the report. The study of 800 voters was conducted March 18-21, 2016. All respondents were part of a fully representative sample of registered voters living in the State of New York. The confidence interval associated with a sample of this size is such that: 95% of the time, results from 800 interviews will be within $\pm 3.5\%$ of the True Values. A True Value refers to the results obtained if it were possible to interview registered voter in the State of New York.

Summary

There is still overwhelming support for having doctors either providing anesthesia to a patient or having a nurse provide this service under the supervision of a doctor trained in this field. There is little support for removing the requirement that a doctor supervise the administration of anesthesia by a nurse and voters would be much less likely to vote for a legislator who supported a change in the law. State Legislators would clearly put their re-election chances at risk if they were to change this law that clearly has the support of New York voters. However, it is better known internally than shared directly with legislators since we do not have a district by district breakdown.

We also see a strong emphasis on having doctors trained in pain management dealing with patients with long term pain. We also see them willing to drive a good distance to obtain this type of care.

While there appears to be a very slight, downward turn with some answers in the survey, for the most part they can be explained as representing the margin of error in this document. If further studies are conducted in the future and these numbers continue to slide, then there should be some concern as this would represent support for Physicians waning and more individuals being less concerned with nurse involvement with anesthesia. However, in March 2016 things are very positive from the perspective of the Anesthesiologists.

Highlights of the Survey

Health Care System

- ❖ When our respondents thought about the New York Health Care System, the most important factor to them was the quality of health care at 36% followed by the cost of health care at 22%. A smaller 9% said the doctor providing health care. Positive medical outcomes (13%) while access to health care was at 6%. 11% mentioned patient safety and only 3% the said the hospital they would use. Those willing to travel over 75 minutes said quality (48%) was their most important factor.

Who normally administers anesthesia

- ❖ When asked who normally administers anesthesia or responds to anesthesia emergencies during surgery in local hospitals and medical facilities in New York, 63% said a doctor, 7% a nurse and 16% a nurse supervised by a doctor with 14% not sure. Here again, very little movement from the 2014 numbers. Those not very concerned about who responds to an anesthesia emergency said doctors administer their anesthesia (49%).

Level of concern about anesthesia

- ❖ When asked how concerned they would be about the anesthesia they would receive or who would respond to an anesthesia emergency if they needed surgery, 37% were extremely concerned while 37% were very concerned representing a high level of concern at 74%. 16% were somewhat concerned with only 7% were not very or not concerned at all. Those who said access was their most important factor were less concerned with who responded to their anesthesia emergency. Those respondents 35-44 were also less concerned with this question, while those in Buffalo said they were very concerned (48%).

Who do you want to administer anesthesia

- ❖ When asked who they would want to administer anesthesia or responds to anesthesia emergencies during surgery if they decided to have surgery, 89% said a doctor and only 8% a nurse. Those who said safety was their most important factor leaned having a doctor to administer and respond to an emergency. Those who drive over 75 minutes said a doctor (87%).

Who is safer: doctor or nurse?

- ❖ When asked to think more about the administration of anesthesia or response to anesthesia emergencies during surgery, 75% said it was safer with a doctor and 7% a nurse with 16% saying it didn't make a difference. Those who said it made no difference (54%) would remove the supervision requirements while those who would drive over 60 minutes were over 73%.

Nurse supervised by Doctor

- ❖ 40% said it was extremely important while 38% said it was very important that a nurse administering anesthesia or responding to anesthesia emergencies during surgery be supervised by a doctor. This represents 78% which is 6% points lower than the 2014 study, but not a concern.

Medical complication or emergency

- ❖ 91% would like a doctor responding to an emergency involving a medical complication or anesthesia emergency during surgery with only 6% a nurse. This response, directly following the previous question, reinforces the belief that even if they “think” nurses might be able to respond, they still want a doctor there by overwhelming numbers

Changing the law

- ❖ When voters were told that some groups in New York were requesting that regulations be changed so that nurse anesthetists would be permitted to administer anesthesia and respond to anesthesia emergencies during surgery without the supervision of a doctor, 85% felt strongly that a doctor should continue to supervise while only 11% wanted to remove the regulation requiring doctor supervision.

State Legislator’s position

- ❖ A total of 20% said that it would be a good reason to re-elect their state legislator if they voted to remove the requirement that a doctor supervise the administration of anesthesia by a nurse anesthetist while 45% said it would be a good enough reason not to re-elect them. We found 35% not sure.

Long term pain treatment

- ❖ When thinking about the possibility of being treated for long term pain, 70% wanted to be treated by a doctor trained in pain management. Another 8% said a general physician and 14% by a nurse trained in pain management with only 2% saying a general nurse.

Travel time for pain management

- ❖ 84% would pay for higher costs or travel farther to be treated by a doctor trained in pain management while only 10% said they would not. Those 35-44 were

more likely to travel 30-45 minutes (42%) while those in Albany (18%) and Rochester (16%) were less inclined to drive 30 minutes or less.

Distance willing to travel

- ❖ 29% said they would travel 30 minutes or less to get help from a doctor trained in pain management while 26% would travel 30-45 minutes and 20% 46-60 minutes. A smaller 22% said they would travel over 60 minutes.

Closest hospital

- ❖ 52% said they were within 15 minutes of a hospital with 37% saying 15-30 minutes and only 11% a longer time.