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Central Line

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VOICE OVER:

Welcome to ASA's Central Line, the official podcast series of the American Society of Anesthesiologists, edited by Dr. Adam Striker.

DR. ADAM STRIKER:

Well, thanks everyone for joining us today at Center Stage in the Exhibit Hall at ANESTHESIOLOGY 2022 here in New Orleans. I'm Dr. Adam Striker, your host and editor. It's a privilege to do this live. It's the first time we've done this here from the annual meeting. I'm joined today by three esteemed guests to discuss the topic of professional societies in medicine, specifically anesthesiology. And it's a topic that I think is incredibly important, especially with everything we've heard this year at the ASA, the problems facing anesthesiologists. So I'd like to go down the line and have you guys each introduce yourselves and tell the audience who you are and where you're from.

DR. RICHA TANEJA:

I'm Dr. Richard Taneja and I am a first year attending in Tampa, Florida. I'm very excited to be here and very excited to talk about the future of anesthesia and how to get young physicians involved.

DR. EUGENE VISCUSI:

Excellent. Thanks. I'm Gene Viscusi. I'm a professor of anesthesiology and vice chair of pain medicine at Thomas Jefferson University in Philadelphia. I'm also the immediate past president of ASRA. And I'm approaching 40 years in practice so close to my last year.

DR. KENNETH MORAN:

I'm Ken Moran from the Ohio State University Wexner Medical Center, the vice chair for education there.

DR. STRIKER:

Excellent Thanks to you all for joining us. As we get into this topic in more detail, let's start off a little more general overview, why societies in general are important to each of you. How do you see the value of professional societies?

DR. VISCUSI:

I've had a very long and happy association with both the ASA and the American Society of Regional Anesthesia and Pain Medicine. And they both fulfill different needs. I think it's important to be at the big table with your big society, but to get that more personal attention and family feel that you get from a small society. It takes you out of your local environment where I think you can get a bit of tunnel vision in your own practice or in your own neighborhood, and it gives you an opportunity to talk to people everywhere who have different perspectives. And I have friendships, relationships for the better part of 40 years, and it's by far the most fun and productive part of my career.

DR. STRIKER:

Dr. Moran?

DR. MORAN:

You know, I think my my first early exposure to the importance of society membership and participation came about the same time that I started to get responsibilities in my department that required me to solve problems. And as I, I looked for resources and help to do that, I didn't always find them in my department. And I realized as I participate in societies, I soon found I could be surrounded by people with the exact same problems that I had. And I was able to network and and collaborate and get answers and resources to fix the problems that I was trying to solve.

I think later, as my career matured, I started to understand more of the larger landscape of legislation in our field, and I kind of gained an appreciation at that point for what societies do for the bigger picture as well, amongst other complex things that.

DR. STRIKER:

Dr. Taneja?

DR. TANEJA:

So I think as a resident, I was interested in getting involved in legislation aspect and knew that the society provided so many opportunities for that and I was able to get involved in D.C. as well as the Florida state capital, and it continues to do that. But I was in D.C. when COVID hit in March of 2020 and saw how important the society was to making our physicians feel comfortable and having a resource to go to as we were trying to tackle that problem and realized how much more the society does for us than just legislation or just connecting physicians across the globe and across the country and saw what an important resource they are in every aspect of our careers.

DR. STRIKER:

We're going to tackle this topic a little later in the podcast, but as long as you mention it, what drove you to want to be involved in the legislative activities of anesthesiology and medicine?

DR. TANEJA:

As much as we may want it or not want it, it's involved in everything we do from surprise billing for our patients to reimbursements to just mid-level involvement and independent practice. And I saw that as I was applying to residency, that it was a big factor in should I or shouldn't I, and what the future of the field might be. And having mentors that really allowed me to get involved with that on a state level at first in Tallahassee was a big driving factor for that. And then I was able to join in at the House of Delegates level and then in the D.C. level with the office. And it was just such a great experience, a welcoming experience from them, and just really exciting to talk to congressmen and legislators who really valued our opinion and really considered how to approach legislation, especially during COVID. And really value what we had to say about that.

DR. STRIKER:

Great. We're going to talk a little bit more about how maybe the younger perspective, of course, has taken shape about societies. But in that vein, let's start off by talking about how we feel societies, professional medical societies, have evolved over the years. Let's start with Dr. Viscusi. What's your perspective of maybe even what the ASA looked like 30 years ago or longer as opposed to now or even ten years ago?

DR. VISCUSI:

There's huge differences. I mean, 30 years ago, I think the ASA and the subspecialty societies were the places you brought your research and there was a big component of

what's new and the competitiveness of bringing your studies and the educational component. I think now societies are much more, although they keep that, there's much more the focus on advocacy. And I break it down. When you talk about advocacy, you really need to break it down as to legislative and ASA can do legislative advocacy, ASRA can't. But ASRA can do policy, we can write letters, we can engage CMS. So it's a different kind of advocacy. But the advocacy I found in ASRA most recently as I was on the leadership side, is we advocate for our members and right now we deal with burnout that most people are employees and they have the loss of control and the loss of self-direction in their practice. So I think that's the biggest change that societies that have thrived and figured out that they have to support their members in different ways now.

DR. STRIKER:

So you see that as a necessary or a positive change or both.

DR. VISCUSI:

Both. And if you're not doing it, you're not going to survive. And if you look at societies that have thrived, they are the ones that have made that transition to advocate in all those areas. But also, to realize that they work for the members. At the end of the day, you pay dues. And if you're going to pay dues, I think people are motivated by what that society is going to do for them. And I think the things that we've done in ASRA, we've put a lot of effort into personal well-being, personal health, burnout, career. We developed a womens special interest group to mentor people. And those are things we didn't do 30 years ago.

DR. STRIKER:

Advocacy is always at the top of the list of functions that our membership in the ASA wants us to fulfill. And I think that is also maybe part of the reason for the shift. And do you think that that is commiserate with what you hear when you talk to people? Let's like back at your programs, your institution.

DR. VISCUSI:

Oh, very much so. So I'm thinking in terms of legislative advocacy and making sure that we are compensated for our work. But ultimately, that means making procedures available to patients, because if you're not compensated, then the patient is denied that care ultimately. So I think that that's a very important aspect of what societies can do,

and that's something that ASA can do. Whereas the smaller societies have to get more into the policy side to advocate.

DR. STRIKER:

Well, I want to come back to advocacy because it's such an important topic before we come back to that, I do want to get Dr. Moran, your take on the evolution of societies.

DR. MORAN:

I think it's important first to make clear that societies should be evolving. They have to be changing. Our obstacles are changing. Our threats are changing constantly. And we've got to evolve to that. A big part of that is legislation and threats to the anesthesia care team. New technology is being developed. The need for ethical boundaries is developed. You know, the example, how we provide value anymore is changing and how do we develop things like perioperative surgical home. I think those are all important evolutions of the ASA to accommodate the changes and obstacles and threats.

DR. STRIKER:

Dr. Taneja you mentioned legislative interest as being your introduction to national society. When you talk to your colleagues that are just starting out in practice, do they share that sentiment? I get the sense that maybe legislative advocacy is just not as important as perhaps people that have been in practice a long time. But that could be wrong.

DR. TANEJA:

People are definitely concerned about where their future career is going to go and surprise medical billing and reimbursements. But I think the younger physicians don't necessarily make the connection that in order to make progress in those areas, they need to be involved on the legislative level or how they can get involved on a legislative level. A lot of the younger physicians have so many other priorities -- starting families, starting their careers, getting leadership in their own practices. And I think it's hard for them to take that next step towards making this a priority and getting themselves involved on a legislative level.

DR. STRIKER:

That's probably one of the biggest tasks for the ASA going forward, is how to tap into perhaps a different interest level, way of thinking, than what we're used to conventionally.

Well, Dr. Viscusi, you mentioned ASRA. How do you feel the subspecialty societies integrate into the larger ASA if they, should it be integrated? Are they as important or important?

DR. VISCUSI:

Well, I think it in part depends on the mission of that subspecialty society. But from the viewpoint of ASRA PM's relationship with ASA, we're the largest subspecialty society. ASRA has a lot of strength and we carry the expertise and the whole spectrum of pain medicine, which ASA really doesn't have. So ASA refers to us and they want to partner with us in guidelines and that sort of thing, so as we can be more granular in those details. So I think that's a really important aspect. But we need to ASA because they have the strength to move things forward.

So one example I would give is at the start of my presidency, I got to work with Gerry Adams on addiction and he was very direct and said, you need to get anesthesiologists aware that they can treat and they can turn the tide because you're seeing many of these patients. And I had done work in this area. And he said, can you get the societies together? So I talked to Beverly Philip, we engaged with ASA, ASRA. We got the Society for Addiction Medicine, the pharmacy as ASHP. We got another pain society and we work to produce these guidelines. But the strength of those guidelines I think was heavily influenced by the ASA endorsement. The smaller societies are important, but if you want to have the impact, you need the strength of a big society.

And, just to give my commercial for addiction, the numbers needed to treat to save one life with buprenorphine is two and one half. How many things can you do in medicine that are going to save that many lives? And it's something that we can do. But a lot of our peers don't know that or don't embrace it. But that's the strength of ASA. Working with the expertise of the subspecialty societies.

DR. STRIKER:

How do we get that interest to be more prevalent amongst anesthesiologists in general? There's still a significant portion of anesthesiologists out there in the country that are not members of the ASA.

DR. VISCUSI:

And it's unfortunately rising. And I think that a lot of that reflects the what's in it for me mentality of younger anesthesiologists, who are more constrained financially. So it's definitely going to be a financial issue. And even in the academic world, discretionary funds for membership have declined. So they need to feel that the societies are representing everybody and their interest and they need to listen to members.

And I think that we're we'll probably break 6000 members soon in ASRA. We're doing well. But it's because we constantly talk to our members and ask them, how can we help you? What do you need? And maybe we're more nimble. But I would say in spite of the size of the ASA, they have to be more attentive to the members and they have to represent all of our members.

DR. STRIKER:

Gotcha. Yeah. Dr. Moran, in that same vein, let's talk about state component societies. You're heavily involved in the Ohio Society of Anesthesiologists. How is the role of state component societies play along with the larger body of the ASA nowadays as opposed to before, maybe years ago?

DR. MORAN:

That's a great question. You know, I think the really important concepts that the ASA very intimately understands is that legislation that affects our ability to practice happens on the state level or even local level. And it's very difficult for national organization to to be apprised of and it involved in all the different things happening all throughout the nations on the smaller level, although they do a great job of it. The state components, however, can pay very close attention to what's happening in their state and they can organize very quickly. And that's really where I got my greatest understanding of how the legislature and the law is being passed affects our future. And one of the things I'm very proud of with the OSA is that they very early got a lobbyist involved as part of the OSA that we find and it keeps us apprised of issues that are coming so we're aware and advocates for us with the legislature and helps us to interact with the ASA in order to work on those things. And so I'm very, very proud of that personally. And I think we have a huge spectrum of engagement of state societies throughout the nation. But I think we have a lot of very strong societies that are working very hard to play in that role.

DR. STRIKER:

In Ohio, I don't know if you've had to tackle it too much, trying to really reach the outer corners of the state, for lack of a better term, pockets of anesthesiologists that aren't engaged because I know there are states out there, as you pointed out, that aren't as active or engaged, but the issues are still present. If you're a state that maybe doesn't have the built-in interest where you have enough bodies, if you will, to make the society function and accomplish the goals of the state society, how do you do that in a smaller state?

DR. MORAN:

It's a great question, and I don't know there's an easy answer to, but understanding the larger complexities of of a national concerns with our the future of our specialty is a, it is a complex and advanced concept that it's hard to to sell the state component just solely based on that. We certainly want advocacy. But the real success, I believe, of state components comes through engagement with its members -- having annual meetings where they want to come in and access resources that benefit them, whether it's simple things like patient safety, CME, or the networking type things I talked about, where maybe in your private practice you're trying to combat QC billing and you don't know how to do it. So you can go to your state society and find other people who have been through that and can offer advice on how they negotiate with their hospital. So, so really contacting and getting in touch with the anesthesiologists in your state, helping them know what the resources are the state component offers, and showing them that there is value in being a member. And then from there you can build on that to educate people on on how can we advocate on the larger scale in national legislation, for example?

DR. STRIKER:

Well, I want to ask all of you. We touched on the need for the ASA, for instance, to advocate on behalf of its members, attend to the members needs. How do you all feel about the idea of a society such as this, a specialty medical society, catering to the public? Or obviously we're always concerned about patient safety. That's what that's why we do what we do, taking care of patients. But how much of that should be the society's function, public health and or maybe patient issues more broadly rather than specific issues that affect the members? And I, you know there's a lot of controversial issues that have come up, and this question is now come up.

DR. VISCUSI:

So I'm happy to start first. So I think something like the opioid crisis, who better than anesthesiologists to speak on that? Who better than us to understand the

pharmacology? So I was very proud that we got ASA to participate in those guidelines. But I think our society, ASA should have a huge voice nationally on what's driving the opioid crisis and what needs to happen and the treatment, the barriers to treatment, getting rid of the ex-waiver for buprenorphine. And in that way, I think we need to be a public voice. But I think the way we really help patients is by helping physicians. The way they can best support patient care is by supporting the anesthesiologists who deliver that care.

DR. TANEJA:

Yeah, I definitely agree. I think that everything they do for the physicians will have an indirect positive impact on our patients. And speaking out on issues has to be a big function for the ASA because whenever we speak there is an audience. If the ASA, with such a large membership and such a large voice, says something on the opioid crisis or on maternity health in minority populations, the world is going to listen. And we are one of the most involved medical specialty societies on a national level, and that has to be part of what we do. It can't be everything because we have to also have more tangible benefits for members so that we get the membership and we get people staying involved. So I think balancing those two things is important.

DR. VISCUSI:

I would add to that, I still find when I approach legislators, some of them still don't know what an anesthesiologist is. And they think we're nurses. They think we're other things. And the public certainly doesn't understand that. How many times have you approached a patient in the holding area and they don't make the distinction between the nurse anesthetist and you. So before we can get out there and make statements on public health in the opioid crisis, the public has to understand who we are, that we're physicians, we're a medically trained specialty. And our impact in that will expand. And I think that's where we need to work much harder. I'm not so sure that we've done all we can as a society in promoting who anesthesiologists are in the vastness of their training and how they can influence not just your anesthetic, but the opioid crisis or other maternal health.

DR. STRIKER:

The Communications Committee and some of the other ASA leaders have identified this as a significant concern, a significant area that we need to work on. And so, at least from a communications perspective, taking a multi-pronged approach to trying to alleviate exactly that issue for the future, if you will.

Dr. Moran, what do you think?

DR. MORAN:

The core responsibility of the ASA, in my opinion, is, is to provide value and support for anesthesiologists. That's why it's there. So if it's important to anesthesiologist, it's important to the ASA. Quality patient care, patient safety, fulfilling our commitment to society, core values of the anesthesiologist. And so in by default then their core values of ASA because they're important to anesthesiologists. But I think that's what's that's what's important to understand about the ASA is that it's it's trying to provide value to us as anesthesiologist to do our jobs well, that's the whole goal.

DR. STRIKER:

Back in the day years ago, do you feel like the ASA specifically or maybe medical societies at large were less inclined to make public statements or take positions on public health issues rather than just focus on member specific needs, if you will? Is that one of those things that's evolving?

DR. VISCUSI:

So I would say compared to other professional groups outside of medicine, I think that medical societies have been too quiet. Actually, I think nurses get much more public attention and they have a lot of credibility just simply because they're more visible and they've made that impact.

DR. STRIKER:

Dr. Taneja, what do you think? Do you feel like this is one of those functions that younger physicians are wanting more out of a society than perhaps maybe people that have been around a lot?

DR. TANEJA:

So I think this is one way to get younger physicians more passionate and involved. During the House of Delegates meeting a couple of years ago, it was a couple of issues that got brought up that brought a lot of passionate residents out. One being maternity leave for residents in particular, because at the time we had a limit on how many days a resident could take off in a year and that was 20. And it didn't make an exception for women who gave birth. And that's changed since then. And another was gun violence, which we're still very hesitant to make a very concerted statement on. But I think just

those are examples of things that residents were very passionate about and wanted to have their voice heard on and maybe a way that younger physicians would stay involved if they felt like they could have their voices heard on some of those topics.

DR. STRIKER:

I do want to cover the younger physician topic. We could go off in so many different directions on this particular issue about how much society should comment on public policy. But as far as getting younger physicians involved, I do want to cover that a little bit. Dr. Moran, you have started a program?

DR. MORAN:

There's an essay program, and it's now called the Early Career Membership Program or the Early Membership Bundle. And it really is focused on your early career, your first three years of membership in the ASA. And that is it is all about getting people involved, engaged with very low barriers and providing them the specific resources they need in each of those three years. And going along with this idea that we really we will live or die by engaging our young physicians, I think we're starting to realize that that, if we if we don't, we'll have attrition, we will not accomplish the goals that we want to because we don't have the membership we need. And this is an attempt to solve that problem. And it started with sending out surveys to understand exactly what young physicians want. And we're learning that it's not the same thing as what we wanted necessarily 15, 20, 30 years ago when we graduated. They're very focused on well-being, for good reasons. They've been through a lot. They're focused on work life balance. They're worried about imposter syndrome. They just have different obstacles and needs. And the ASA is really trying hard to recognize that, which is something I really appreciated about the future of our specialty.

DR. VISCUSI:

So I would say our ASRA experience is that we've been very successful. While some societies are older heavy, ASRA really has tremendous growth in the young phase, early career, and I think it reflects the programs we've established. We have one on one mentorship programs. We have a lot of special interest groups to support young career residents, and they really respond to that and the wellness aspect, we consider that.

And I really appreciate your points that the young have different needs than we had. We tended to do society work almost like we felt it was an obligation and part of our academic career. And that's not what I see in the young. The younger, more like ala carte. We'll pay for their meeting separately. They'll buy articles separately as opposed

to saying the society will provide that. But what I do see is, yeah, there is more of a focus on family life and balance, and I think that's a good thing.

But we have to remember that they're volunteers, and I think sometimes societies forget that they're volunteers. And we live or die by volunteerism. And the societies have to do everything they can to support their volunteers to make it easier to do those those tasks. So if it requires you hiring more administrative staff, say, to help them prepare meetings or work on CME or something, that's, I think, what we're going to need and you might be able to respond to that. But what I find is when you you would give us a project 30 years ago and it was like, well, all right, I got to do this. Today I can't do that with my young members. I have to say, And here's your administrative person who can help you help write the document or help you does that... ? I don't know. What do you think? Does that resonate?

DR. TANEJA:

Yeah, absolutely. I think the more priorities and obligations we have, the easier it has to become to be involved in the society and take on roles. And Dr. Moran's program is very exciting. I think that it makes it easier to be a member the first three years after. When I heard about it, I texted a few of my CO fellows and co residents and was like, When this launches, we should all do it because it makes it very easy to be a member. The cost comes down for the first three years. While you're worried about loans and becoming a new attending. And it's giving you some tangible benefits, the ACE booklets that they're going to give us and the opportunity to get CME very easily, things that we definitely need to participate in. It's giving you those tangible benefits right off the bat. And once you've been a member for those first three years, then you'll see everything else the society has to offer for you and you'll say, I'm going to keep being involved at this point. They did such a great job for the first three years of giving me a little bit of a discount on that membership wanted to get me involved. Now I think the most important thing will be getting the third-year residents and, the CA3 residents, into this program early, because once they go into the attending world, then they have a whole new set of priorities. They're starting from page one again. They're trying to just launch their careers. But if the state societies can help get the third year three residents to join this program before they graduate, you'll have a whole host of residents signing up who may not have signed up their first year as an attending. And I think finding those few leaders in each residency who might be willing to carry the message is important. As a resident, I was involved at the House of Delegates. I became a resident scholar. I really connected with the ASA, but not every resident does. And I think me just carrying that message to some of the younger residents that, Hey, you guys could apply for this House of Delegates thing. It doesn't take a whole lot of time, but it gets you into this meeting at the ASA, you get to meet some of your peers. They were much more willing because

one of their peers was telling them this was a great opportunity. And I think either reaching out to chief residents or just leaders who've been involved in their lobbying days or legislative days and keeping them involved all three years will really go a long way in getting the CA3 residents and their peers involved in this early membership program.

DR. STRIKER:

A question kind of related, but it's really about physicians across the board. What do each of you think about the idea of providing academic or administrative time to allow for that before it occurs, or the idea of people demonstrating they're going to get involved, they're going to be proactive. Some feel like they deserve time before they do anything. Some feel like they are more proactive and therefore they deserve time. What do you guys think about that?

DR. VISCUSI:

I think we really have to support attendance at the meeting. We have to facilitate that. And at least my view of academic medicine now is it's not there. It's not there as it used to be. That's not everywhere. I mean, I know some chairs who have like 30 residents here. I don't know how they do that. I don't think the average program is like, please go to ASA.

DR. STRIKER:

Dr. Moran, what do you think?

DR. MORAN:

It's a great question. We have very strong opinions about, I certainly have very strong opinions about, you know, I feel like they should give me tons of time to do whatever I want. That's not the reality. And we've got to figure out how to cope with the reality. There's increasing clinical demands on us. The hospitals are taking more control of what we do. The reality is we're going to face these obstacles. The question is what do we do in the face of those obstacles? And sometimes the answer is just you just do everything you can to become involved. And if that means you've got to earn it to get the time, you just keep plugging away. I mean, that's the answer. So the answer I would love to give is everybody should give time. But the reality is that sometimes we just have to plug away in the face of obstacles.

DR. STRIKER:

What do you think, Dr. Taneja?

DR. TANEJA:

Yeah, I agree. I think that time would be a luxury, but I don't know that every hospital, every program has enough time to give away, especially in this economic climate. I think it can be a little bit more streamlined in terms of not just the ASA conference, that's one big event, but the website can have -- here are ten different ways for a resident to get involved, here are ten different ways for a physician to get involved, and some of them be less time commitments so that people can get involved on a smaller level to start and work their way up.

DR. STRIKER:

Do you guys think this is a product of the employment model now for anesthesiologists? When you a part of a typical practice was private practice for most anesthesiologists a while back then, where you can embrace it as more of a professional duty and now where your employee, if you will, it's not as it's like why.

DR. TANEJA:

We don't own our practices anymore. Every penny and every day matters to a lot of the corporate companies we work for. And you're worried about the day to day more than you are the macro society as a whole.

DR. STRIKER:

I'm going to just go down the row here. If you could change one thing about our professional society, what would it be?

DR. TANEJA:

I think that getting these states societies and the national society closer together. So because my mentors and the people I know are all in my state society and those are the relationships I have closer relationships with. So if the ASA wants more involvement, I think they can get it from the state societies a little bit easier than always the National Society reaching out. And I think that's maybe one change or improvement that could come forward.

DR. STRIKER:

Dr. Viscusi?

DR. VISCUSI:

I think the most important thing societies need to keep in mind is that they represent all of their members and we live in a very divisive time with a lot of polarization, and there is a lot of external pressure on societies to take sides. Like the Dobbs decision. There was a whole lot of push from external forces and I won't go into it, but at the end of the day, societies need to understand they're very diverse organizations and they have to be absolutely down the middle with policy. Otherwise, they're supporting different factions. And that and we've seen medical societies do that and they fail.

DR. STRIKER:

Gotcha.

DR. MORAN:

You know, you stole my answer, but I'm going to stick with it because I do think that is such an important point. You know, at the state level, there's going to be some legislative issues where we can't side with both a person's opinion on the decision and support of the care team, that there are legislators that have contradicting views where you can't choose multiple issues and choose a person to represent you on all those issues. We really risk alienating our membership. You know, there are certainly major issues where 50% of the ASA believe one way and 50% believe the other, and we need 100% to face the obstacles that face us. We really need to be cautious. And I think you're right. We need to focus on the issues that affect our our future. We need to focus on the issues that affect our ability to practice medicine the way we want to. And sometimes that means that we have to come to a compromise in working together for those goals, realizing that we may not get what we want personally for the other goals. It doesn't mean we shouldn't have strong personal opinions. You know, we can, on our own, legislate, argue, do whatever we want and we should respect each other for that. It's a bipartisan comment, just like we're a bipartisan society. But we have to focus on our issues as a priority.

DR. STRIKER:

Certainly. Well as evidenced by, you know, the online communities where a lot of ASA members can comment, especially about issues like that recent decision. I think, if nothing else, for any member that was to look in on that discussion, it was eye opening

for, I think a lot of individuals to see the the vast diversity and in thought and makeup of this society. And so if nothing else, I think it was it's a valuable tool to be able to get that insight into the broad membership we have.

How do you think societies have been affected by larger groups, not hospitals, but larger private equity groups employing anesthesiologists? Has that affected in any way positive or negative versus small independent groups?

DR. MORAN:

You're asking how does it affect the anesthesiologist or how does it affect the ASA?

DR. STRIKER:

The ASA, like the membership in the ASA? Is it is it affected? Is it made it harder, easier to be a member?

DR. MORAN:

Well, in part of it depends on if they're paying the dues of their employees, if they're if they're paying for the dues of everybody and everybody becomes a membership, then we're reaching more anesthesiologists and that's only a positive thing. I do think large corporate groups have different goals sometimes, and some of the practices we're used to and it forces the ASA to look out for ways to both advocate for them, support them, and and help us to practice effectively. So I think it definitely leads to change. I think one of our goals is just inclusivity and make sure that we're capturing all of them as members of the ASA so that when they have questions or issues, we can include them and the goals of the ASA.

DR. STRIKER:

Do you feel like there's a difference between being employed by a hospital system as far as being a member of the ASA as opposed to one of these larger groups? Maybe it may not matter, but I didn't know if it if it's facilitated one way or the other by a different employment model.

DR. VISCUSI:

I think a lot of it comes down to who's paying the dues and if it's coming out of your pocket, you are really going to have to see value. And I would say if you look at pain societies, like interventional pain societies, members tend to be members and pay their

dues happily to the pain societies that are most effective in ensuring their financial return. But even in academic settings now, you get a certain amount of discretionary fund for travel for everything. And I see people making what I think are bad choices away from ASA membership and doing ala cart, buy things as they go. And that's a bad trend.

DR. MORAN:

The short answer is it doesn't matter where you're practicing or how you're practicing. The ASA is for anesthesiologists. If you're in a giant academic center or a tiny, tiny single person practice and possibly shot in Nebraska or a giant corporate entity that's hiring a mega group, that's why the ASA is here to support all of them.

DR. STRIKER:

I do want to take the opportunity to open it up to questions to our audience, if anyone has any for our panel, we have a question from the audience. Our ASA Assistant secretary, Dr. DeLanzac.

DR. CRAIG DELANZAC:

More of a comment than a question, maybe a little bit in there. And great panel. Loved that we're doing this live on location in New Orleans, my home town. It's about just what Ken said here recently. It is about our anesthesiologists. And it's really ultimately, as Dr. Weller would say, past president. It's all about the patient. And I would comment a little bit on I think it was one of your comments about how much time to give. I have a thing I like to say all the time. It's give me ten. If you give me 10 minutes a week, we can make a difference. We can find something meaningful for all our members to do with 10 minutes a week. And collectively 10 minutes a week from every ASA member would make a huge impact on the patient patient experience and ultimately anesthesiologist. So what we probably have to do is a good job of getting everything down to these bite sized morsels. And make sure everyone can give us ten, whether it's putting in comments on on issues we care about locally. Right now, say it's VA care. Takes less than 5 minutes to make comment, save the other 5 minutes this week and bank at 15 minutes with somebody next week. But it's, our keynote speaker did a great job of just saying the other day, Do for the one. Don't end hunger. Start with that one hungry person. And honestly you can extrapolate down to what ASA does is we're doing for the one individual member and the one individual patient that needs at the time. But great panel, no questions, but. Thank you for doing what you're.

DR. STRIKER:

Thanks, Dr. DeLanzac.

DR. MORAN:

I'll point out earlier there was a comment made about how we need to engage our CA3s and that all include program directors in that. And Dr. DeLanzac is really the one that's doing a lot of work with bringing this early career membership bundle and the benefits of the ASA to the CA3s. So when you said that, I wanted to jump in and say it's happening and this is the man that's making it happen, So I appreciate.

DR. TANEJA:

I'm so excited about it. I as soon as I got the email, I started texting friends and coworkers and like, we should all join on this.

DR. STRIKER:

So fantastic. Any other questions from the audience?

AUDIENCE MEMBER:

Is there any data on, I guess, number of residents in terms of like percentage years, like throughout the years has gone by that have come to ASA? Because I think I have a lot of co residents, even seniors in the past who've never been to ASA at all, even though it's an opportunity in terms of using your education funds by the program to go to ASA. I've gone to other conferences and assays kind of completely different in that the lectures are kind of optional and you can kind of choose what lectures you want to go to, and then you can even go to the exhibit hall and talk to people in that work. It's actually a different experience, and I thought it would be this is my first time coming to ASA, and just being here for one time kind of may change my mindset and continue to pay dues and come in here again in future years as an attending.

DR. STRIKER:

I know there's data about resident membership. I don't know that there's data on a resident attendance at the ASA that is kept long term. Thanks for coming to your first ASA. But overall, am I reading right, you've had a very positive experience.

AUDIENCE MEMBER:

I guess what I imagined is a lot less than what it actually is. And I think it's a good thing that anesthesia is becoming really popular in terms of the medical students, because as we see, there's the tons of medical students out there. So they've already seen, been to ASA. They can tell the co residents like. Hey, you know, I want to say what's fun. Invite them over the following years. And so I'm assuming we're going to have a higher rate.

DR. STRIKER:

One simple thing we could probably do if we just get more residents to the ASA. That's an easy way to

AUDIENCE MEMBER:

... yeah take the retainer rate and paying dues and overall future positive things for the society. I know there's been discussions. I know another attending, I guess my mentor, kind of brought up an idea about either making the ASA or the ASA legislative conference like a requirement by the ABA. Having no discussion, those discussions like at least one of the conferences throughout the entire residency training.

DR. MORAN:

I remember my first experience coming to the ACA as a resident and I felt like somebody tricked me into trying to wrap my mouth around a fire hydrant and then they just opened it. I mean, it's just so much more than you expect. It's a lot, but you really realize how much is involved with the ASA annual meeting when you come. I know in our department we're seeing a large growth in residents who are coming. I don't know if that's nationally the same exponential growth, but I imagine it's it's it's improving like that.

AUDIENCE MEMBER:

Whatever ASA is doing, it's working.

DR. STRIKER:

Thanks for that comment and that insight. I think that's incredibly valuable and thanks for joining us at the ASA this year.

DR. DELANZAC:

Right now we have the largest medical student component ever. Our resident component is tremendous. And if you were ... Dr. Moran and I were at the resident medical student welcome session on Friday night, we had to shoehorn people into the room and out of the room. And and it was active. It was vibrant. It was there. I think the thing is getting folks here that first time with the right connection mentor.

You can come to this meeting, you know, it's that old thing with people with blindfold feeling elephant and have a completely different meeting experience depending on where you're at and who you're with. But one of the nice things about the Early Career Membership Program we're going to do, is part of that bundle, as Dr. Moran knows, will be the ability to come to one of these meetings, at least paying the registration. That's a start. That's a, that's at least a draw. And when you get here, you make of it, which you can. I agree with Dr. Moran's statement about it's a fire hydrant. My first was 94, and I was like, I'm coming every year.

DR. STRIKER:

Any other questions or comments from the audience?

AUDIENCE MEMBER:

I'm a CA2. Dr. Moran is our powerhouse for our program. But I'll definitely say in I'll attest to what he said. I think the value of ASA is very underrated. And I think the best way that we're doing right now is outreach. And the best way is to have social platforms. I think the biggest thing is to reach out to residents or fellows, is outreach as to what we can provide. Believe it or not, not everyone is going to scroll through a page. All they need is a two-liner tweet as how important our society is for our growth. And that's, don't get me wrong, that's the problem with millennials like me. I just need a two-liner saying, what's my short term goal? And that's it. So I think is ASA from an outreach perspective is doing phenomenal. But the only thing is we've got to target the pearls. And I think the future of our society lies in residents and fellows. And don't get me wrong, the more we engage them, the better is our better is our goal at DC. When I was at the the ASA legislative conference, that's where I met you first. I think we need to know how important it is for us to advocate for ourselves. And that's why you'll hear noises from the other side more than us. Because I think we have to advocate for ourselves. So I think we're doing a phenomenal job. And just to let you know that, to attest, our resident delegate meeting was phenomenal. We had at least 150 residents who attended the conference for the first time. I think we're doing a great job. Thank you.

DR. MORAN:

In conjunction with all of this, as we conclude, I would like to leave the challenge for anybody who does listen to this podcast, to go back to your private practice group, go back to your residency program, go back to your fellowships, and be sure that you talk to them about this early career membership program. You know, it's only \$299 for three full years. I mean, that's that you're saving a lot in membership, you're saving a lot, and you get a lot of value for the things that are provided for you and really opportune times those first three years. But the important thing is it's not about just saving the money. It is really about learning about how to engage in the ASA. But we're at an advertising phase where we need to get the word out. Residents don't all know yet. Fellows don't all know yet. You could be two years out and still participate in the third year of the bundle. So please go back and talk to the people you know who might miss out on this opportunity if they don't hear from you.

DR. STRIKER:

Yeah, absolutely. Thanks. Another question from the audience.

AUDIENCE MEMBER:

Hi, my name is Chloe. I'm a medical student. And just something that was touched on and resonated with me was having those key people within either a residency program or faculty to sort of get the word out, because that was originally what kind of sparked my interest, someone reaching out and being like, Hey, this is an opportunity to get involved and just appreciated that insight. Thank you all for your time.

DR. STRIKER:

Thanks very much.

DR. TANEJA:

I think it is really important for the ASA to hone in on leaders they have within programs and institutions so that they can be the voices within their programs.

DR. STRIKER:

Need a champion, everywhere I think. Whether it's advocacy, ASA involvement. I mean, you have to have people on the ground to sort of amplify those communications. I think we're we're about out of time. I want to thank our panel for joining us on this special session of Central Line. As far as the society is involved, I can't think of a more important topic than the health of the professional society. It enables us to do everything

else we wanted to do as anesthesiologists. So thank you, Dr. Taneja, Dr. Viscusi, Dr. Moran, for giving us your time today, but it's been a pleasure talking.

And thanks to our audience for bearing with us and sitting through this on this beautiful day in New Orleans. Pleasure, pleasure to have you on here. Well, that's it from New Orleans. Thanks for joining us at Anesthesiology 2022. Please tune in for our next regular episode of Central.

(SOUNDBITE OF MUSIC)

VOICE OVER:

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