DR. BROOKE TRAINER:

Welcome back. This is Central Line, and I'm your host, Dr. Brooke Trainer. I'm very excited to have Dr. Paul Yost with me today. Dr. Yost has been a policy maker, a successful advocate for the specialty, a surfer, just to name a few hats that he's worn. I think that also includes PAC chair. So we're going to ask him about some of those things today. And thanks for joining us.

DR. PAUL YOST:

Thank you for having me. I'm really looking forward to the discussion.

DR. TRAINER:

Dr. Yost A few times a year we like to give the mic to an anesthesiologist that we think our listeners are going to find interesting. So I'm very excited to have you with us today. I'd like to start off by just asking you, like we normally do, to tell us a little bit about yourself, your practice, your extracurriculars, including that surfing, maybe?

DR. YOST:

Sure. So I was born in California, went to Stanford undergrad, went to medical school in Texas, became a Texan, briefly, did a pediatric residency in Miami at Jackson Memorial. And then I realized I loved kids, but I kind of wanted to be able to go home at night. And so I ended up doing a second residency in anesthesiology at UCLA. And then I've been practicing adult and pediatric anesthesia for 30 some odd years now, mostly at Children's Hospital of Orange County and Saint Joseph's Hospital of Orange. And also in terms of extracurriculars, I love to sail. I love to surf, kitesurf, windsurf for a
while and then kind of gave that up for kiting. But the ocean has always been my mental health break. It's always been my peace, my solace. It's always where I go to, to decompress and to recharge and to get ready for the next challenge that I have to face.

DR. TRAINER:

A true Californian, it sounds like. So no big surfing in Miami, I guess?

DR. YOST:

There was some really good windsurfing in Miami, though. There's a place called Virginia Key. It's right off the Rickenbacker Causeway and there's a place where you can windsurf. There's a reef about 200 yards offshore. And when the northeasters would blow in the winter time, you'd have like two, three, four foot waves on the on the reef, on the outside. And it was really fun to windsurf and to surf sail out there.

DR. TRAINER:

Wow. So that's pretty cool. I want to also talk a little bit about, you know, in addition to your hobbies, some of your advocacy experiences. But first, just if you could tell us a bit about where you are now. I understand you're in California, but you're transitioning your career more towards locums. And I'm sure our listeners would love to hear more about why you're doing that and how it's going.

DR. YOST:

Yeah, it's actually going really well, but it's different kind of making a late career transition. I've been in Southern California, Orange County at the same place for 30 some odd years, and then I started coming up to Northern California. I grew up up here and we had a family house in Santa Cruz, and I met one of the cardiologists up here, and he told me about the hospital and their program. And I do cardiac and I'm still doing peds cardiac. And realized how much I liked it up here in Santa Cruz. It's just it's much more to me in tune with the elements and the ocean and the coastline and the mountains. And and so as I started coming up here, I got privileges at the hospital and they desperately needed some help. So I would take a week of vacation and I would come up here. And then that kind of transitioned into like kind of two weeks a month and then kind of three weeks a month. And now I'm kind of up here pretty much full time. I didn't want to give up my privileges at Jack and Saint Joe's because I've been there forever. So I just asked for a leave of absence and I'll make a final decision.
But it's interesting going into a different practice environment and a different town where people don't know you or know what you can do and you're kind of navigating how you get paid and you know what types of arrangements you're going to have professionally and getting to know a whole new set of colleagues. And fortunately, I like people and I like getting to know people. It's been it's worked out really pretty well. And I've had a couple of really good mentors, too, and I think that makes a big difference. I don't think you can come into a new situation with a big chip on your shoulder and a big ego. I think you have to come in and just be respectful and people do do things, do things different ways. You need to learn those ways and learn the surgeons and they need to learn what you can do and what you can't do. I think, as anesthesiologists I think we're all pretty resilient. So I think that lends itself to doing that.

In terms of doing locums, you know, there are some companies and lots of headhunters out there. I haven't had much experience with them. I've contracted directly with the groups with whom I wanted to work, and I found that to be pretty satisfactory as opposed to going through a company or an entity. And most of the groups are so short, they're very, very happy to have you. So I think anybody who wants to venture off in that way, I think it's a great thing to do. I wouldn't do it as the first stop in your career, though. I think I would go somewhere where you're going to have senior people around who can help you and be your mentors and help you learn the ropes. But for mid career, late career, I think it's a great option.

DR. TRAINER:

Yeah. Something that you said that really stands out for me is that you found that way to sort of balance your work life goals. And I think that's great advice for young aspiring residents. First, coming out, having that mentorship and support early on, you know, forming that foundation and then knowing, you know, that the future you can find that work life balance. So that's great.

For many professionals, the way we spend our free time sort of shapes how we think about and experience our work. So I'm wondering if being a waterman has taught you anything about life that's useful at work?

DR. YOST:

Oh, a lot. You know, first of all, when when you're about to paddle into a very large wave, you cannot think about anything else. Your attention has to be 100% in the moment. And I think that that's true when you're facing difficult situations in the OR too, is that you really have to find your peace. You have to not freak out. You have to not get too excited. You have to just think clearly through what you're going to do and have a
plan and a backup plan and a backup plan to your backup plan. And I think that all really helps.

And the other lesson I learned, too, is that the ocean and nature is just so incredibly powerful. There's no way you can fight it. You know, even a small wave carries so much weight to it that you have to learn to work with it and you have to be able to say go with the flow. Yeah, I guess there is a California idiom, but it's really kind of true. You can't muscle your way through the ocean against it. You really have to figure out which way it's going and go with it and use its energy to help you. I think if you're in your career, you're always trying to fight for something and push. It doesn't work. I think you have to relax a little bit, take a few deep breaths, and I think you have to go with the direction that the tide is going, go in the direction that the waves are going, and let them carry you a little bit and learn to be in sync with your environment. And I think you end up going a lot further. You know, just in terms of my career, it's kind of funny. I've been a lot of places and done a lot of things and I didn't really intend to get there for any of them. You know, I didn't intend to be chief of staff of a hospital or children's hospital in the first class children's hospital. You know, I just kind of said yes to things. They needed somebody who could do conscious sedation protocol to work for kids and adults. And a bunch of people said no. And I said yes. And then the protocol was so good that the Joint Commission even took it as a as a model. And they said, wow, you did such a good job with that. We want you to get in line to be chief of staff as well, I don't know. I've never done that before. So I did. You know, and the same thing kind of happened politically also. I think if you just stay open to the possibilities that are in front of you and then you stay focused on them and do a good job, you end up being asked to do more and more.

DR. TRAINER:

That's so true. You know, you mentioned in your hobbies with surfing that even despite having lots and lots of experience and sort of going out in what you deem as pretty mild, predictable waves, that there's going to be that time that every once in a while a big wave surprises you and becomes more difficult to navigate and more difficult to ride. Right? And those are the times that it's good that you have that experience, that training and that adaptability, flexibility to be able to safely navigate that and feel like that's a great transition to what I'm going to ask you about next. That is that you've been a really effective advocate for our specialty and I really want the listeners to hear a little bit more about the advocacy work that you're doing and how you got involved with that.

DR. YOST:
Well, it kind of started when I was a pediatric resident in Miami. I noticed there were several kids that were admitted to the PICU with closed head injuries and they were the victim of being involved in a swimmer versus a personal watercraft or jet ski incident. And we had several of them over the course of a couple of months that just was kind of way out of line. And I knew where they happened. It was a place along the Rickenbacker Causeway where they had jet skiers and swimmers in the same spot. And I thought, you know, that's really not a good idea. So myself and one of my colleagues, we put together a position paper and we researched all the laws up and down the state of Florida for personal watercraft and how they ought to be separated from swimmers and everything like that. And we took it to the chair of our Department of Pediatrics and told them what we wanted to do. And he said, Well, he looked at it, looked me in the eye very sternly and said, I assume your facts are all correct. And that's going to be representing the children's hospital. We put ourself on the agenda before the Dade County Commission to raise the issue and ask them to do something. And we actually had a sample legislation ready to go. And so we go before the Dade County Commission and it's all very serious, you know, and my friend Mike Cotton and I and my best friend at the time, we got up and gave our presentation, talked about the injuries we'd seen, how you should have swimmers and jet skiers separated and had all the sample laws ready to go. And we sat down and then the lobbyist for the jet ski industry got up. He kind of surveyed the room and he mentioned names. All these famous people in Miami, like, you know, Don Shula and Dan Marino. He says, you know what they all have in common? Said they all have kids who jet ski. And then he got about halfway through his presentation and the chair of the board just put his hand up and he just looked at him and he said, at what price a kid's life? And they tried to interrupt him and he just totally cut him off. It was like, wow, this is really, really powerful. And then the county counselor got on, the lawyer for the county said, well, we've now been put on notice by our county children's hospital that we have a dangerous situation and we have a holiday weekend coming up. And if we don't do something, we have another injury it's not going to look very good. And so they actually adopted everything that we recommended on the spot and I'd never seen that. So that was kind of the beginning of realizing that you can use political situations for good for people. So that was kind of the very start.

And my parents were involved in politics to some degree, and my mom was one of the higher-ranking women in in state government in Sacramento, although she never ran for office. And my father was on the planning commission, so he was a civil engineer, but he used to go to city meetings and would always talk about civic planning and planning commissions and laws and zoning and all this other stuff. So it was vocabulary that was somewhat familiar to me.
And then I moved to Seal Beach and, you know, there were these power lines that ran through town and they were really noisy and ugly. And I thought, Well, what the heck is that all about? And so I kind of researched it, and it turned out they were a backup line for what was then Rockwell, is now Boeing. And they made this huge loop all the way through Residential Seal Beach to end up about a quarter mile away from the power plant. And I realized that, you know, they had easements to do that. And I looked into it a little more. And then I found out that, you know, they were really just a backup line. They weren't even the primary power line. And so I led a citizens group to get the lines taken down and we actually won. It was kind of funny. The reason we got them taken down was that, you know, I asked Rockwell at that time, I said, well, how much is Edison charging you? And it turned out Edison was charging him $10,000 a month for this line. And they could do diesel backup generation for $100,000 of capital outlay, and they could recoup all of their costs in ten months and then add $10,000 to their bottom line every month thereafter. So they changed to diesel backup generation and told Edison we need the line anymore. Edison was just stuck with the possibility of not using that line and ended up taking it down. It was like, wow, you really can do things and get things done if you're if you're creative.

And then the mayor put me on the planning commission and because of my experience with city planning and civic planning and doing some political things, I fit right in. And then the council seat came up and the woman who was in that seat was a wonderful councilwoman, but she was turned out. And so her campaign team asked me if I would run. Well, I don't know. I've never done that before. And it was funny. These three women, Sally, Jane and Carla, they kind of ran the the politics of the hill, the district where I was going to run. And I kind of became their their poster child, I suppose. But, you know, they knew about doing political campaigns and how to have a, you know, a good finance person to make sure you're keeping all your funds straight and not getting into trouble with things. And then finally, I realized who I was going to run against. And it turned out it was the guy who was born in town and his father used to be mayor. And I was like, Oh, great. But he also owned a bar in town, and he didn't speak very well in public. And, you know, the more, more people kind of wanted me to represent them and felt like I represented their interests a lot more than a local business owner, because most of the people who live in town are not business owners. Most people live in town, are residents, and they want a fellow resident who's dedicated to seeing the place be a nicer place. And so the race actually was was pretty straightforward and ended up winning. And then, what I was really happy about was, when at the end of my first term, nobody lined up to run against me. I thought that was great because in Seal Beach the politics can be very, very bloody and they can be very difficult, very personal, very challenging, like a lot of small towns. And the fact that nobody wanted to run against me meant that I'd reached out enough to enough groups because I really felt like if you win an election, you you represent people, whether they voted for you or not, you know,
you're there to represent your population. And so it was in your constituency. So I was really pretty happy about that. And it was interesting to see it from the inside, see the whole political process.

DR. TRAINER:

And you really had from the ground up, it sounds like, experience. And what I hear is the leadership sort of fell into your lap by way of you being present, being involved, being at the table and being willing. Some of the most successful and effective leaders that I've known anyway have been the ones who really didn't want it to begin with.

DR. YOST:

Yeah, I think that's really true. I think sometimes you kind of want people to do these positions who don't necessarily really want to do them, but you think they're going to do the best job of the people who are out there.

DR. TRAINER:

Yeah. And some of these commonsense laws, others can be opposing you, making you believe that this is not something that you are able to win. And then when it does come out that you were able to be effective and help someone, I think it gives you that incentive and that courage to get out there again. And I think for a lot of us that are in health care and advocacy, we don't really have a lot of that experience. We're very intimidated and it's daunting to get involved. But once you get one win behind your belt and you can see how effective it can be, it really can inspire you to want to do more. That sort of brings me to my next question. What does advocacy look for you right now?

DR. YOST:

Well, it's really interesting cause you were talking about analogies to surfing. It's kind of like catching your first wave. You know, when you catch your first wave, it is such a glorious thing that people remember it like forever. And then you realize that you can do this. And so it does give you that strength to to kind of go on. Because you're right, sometimes in the advocacy world, you know, I mean, I know especially as the chair of the PAC board, I'm always asking for money. And people say, well, what have you done for me lately? Well, we've done a lot, but we're at the table and we're and we're advocating for you.

And, you know, what advocacy looks like for me now is really chair of the PAC board, I'm the director for California. I consider myself kind of more of a person who knows the
political process. I know how things get done and how you can try to get things done and how you can use your political relationships to your advantage. So I have a lot of friends who are in Congress and a lot of friends who are in the in the system and try to use that and try to steer people in ways that that are effective.

You know, it's kind of funny. When I was sitting on city council, there was one person who came to us a lot. I don't know why she almost like a gadfly, but in a very nice, positive way, you know. And the first thing she would always do when she would come up is she would always say thank you. And it made such an impact on me that I've kind of adopted that because, you know, serving in public office, it's really a thankless job. People are always coming to you for things and nobody ever says thank you. So whenever I sit down with somebody, the first thing I always do is I always say thank you and then try to have at least a personal relationship, a personal conversation with them. Before I jump into the ask.

DR. TRAINER:

That's a really good reminder to all of us as well, because like you said, it is a job that also not a whole lot of the good, effective, successful ones, you know, want to do. And so to say thank you is very important. Dr. Yost, please give us just a few minutes for the short break and we'll be right back.

(SOUNDBITE OF MUSIC)

DR. JEFF GREEN:

Hi, this is Dr. Jeff Green with the Patient Safety Editorial Board. We can learn from errors, near misses and adverse events by using formal analysis of the unreliable systems that played a role in the scenario through error analysis. We can investigate errors, identify and address their causes, and prevent future occurrences of similar events. Root cause analysis is a detailed retrospective review of an event by a multidisciplinary team using tools such as the Five Whys and the Ishikawa or Fishbone diagram to identify and repair the underlying or root causes of errors. Failure mode effect analysis is a prospective process using subject matter experts to identify weakness in a process where system failure could occur by measuring the frequency, severity and detectability of failure points. The discipline of human factors engineering can assist in the development of safety systems that prevent inevitable human errors from reaching the patient and causing harm. It's a worthy endeavor for health care to adopt the goal of achieving zero events of preventable harm.

VOICE OVER:
For more information on patient safety, visit asahq.org/patientsafety22.

DR. TRAINER:

Welcome back. We were talking a little bit about the relationship to surfing and I mentioned about how, you know, you can unexpectedly come upon one of those, you know, really powerful waves that you’re, you know, out there for your easy day and feel like that's similar to us and anesthesia, you know, even dealing with ones, you know, where we anticipate a healthy patient, a straightforward case and things can go wrong. And so I wonder if some of the issues that you're dealing with now in the advocacy arena, if you could enlighten the rest of us on where we are with some of those issues.

DR. YOST:

Well, you know, this year was, you know, the Ledge conference was was a really pretty good year in that we had bills for for everything that was before us, which which isn't always the case, you know, And the big issues were, of course, you know, scope of practice and the VA issue and, you know, the VA deciding that they want to have team based care. But their idea of team-based care is, you know, two nurses and no doctor. And, you know, that's that's not okay. And it took a while to figure that out. But we actually have a bill to try to maintain physicians as part of the anesthesia care team at the VA. You know, everybody nowadays is facing workforce issues and there is a bill to increase the number of residency slots. Medicare is a huge issue, and it's probably my biggest fear, one of the biggest concerns I have, and there's a bill that's a bipartisan bill that's working to have a cost-of-living increase for Medicare because all the other specialties be hospital or inpatient or all the other sections of Medicare will have cost of living increases. And we don't I mean, we really should it doesn't fix our 33% problem. But but at least it's a continual increase. You know, and then there was also some some work, a lot of good work that the ASA has done on the No Surprises Act. We didn't have a specific bill for that, but that's been a big part of advocacy in terms of, once the law was passed, how was it implemented at the regulatory level? And those were all things that we work hard on from a PAC standpoint and from an advocacy standpoint. So that's where we stand right now.

I think we can always use more people. I think it's really, really helpful to have people be part of the grassroots network. We'd like to have every single legislator. I think Jim Grant started the coined the term team 535 and 535 are the number of legislators in Congress. You know, there's 100 senators and 435 congressmen. And we want to have an ASA member get to know and have a personal relationship with each one. And in that way we can get our our issues across.
And I would kind of say something else, too, and it's part of the political process. And there's the things have to make sense on a broader level, I'd like to use California as an example. You know, there are 21 million registered voters in California. There's about 115,000 doctors in California. And that is less than 1%. There are about 5000 anesthesiologists. That's 0.02% of the voting public. Just with our own power of our votes alone, we don't have much ability to have an effect on the outcome. So our ideas have to have a broader appeal and they have to make sense to people beyond our way of thinking. And we have to find ways to form alliances and and to work together and to be synergistic with other organizations and to be stronger. So I'm a big proponent of being involved in your county medical society and national medical societies. So I do think that we are much stronger together and we have to work together and then we have to even think beyond that, not just the physician community, but the community in general, who can buy into our issue and see value in having those issues happen for us. And the VA is a great example.

DR. TRAINER:

That is exactly right. I mean, think in Virginia that's, you know, where I am. We've definitely think done similar to what California's done and that is try to reach out to the communities, you know, advertising, marketing, outreach, canvassing, whatever you can do to let people know that physician anesthesiologists want and should be involved in their anesthesia care. And when you talk to them and you have a chance to really educate and inform them on the issue, they generally I would say 99% of the time that the conversations at least we've had in Virginia stand behind you and and agree. And so it's just a matter of educating and getting the message out there and being an advocate, not not for yourself but and not necessarily even for your specialty, but for your patients. You know, that's the important part. And that's the same thing we do for veterans right at the VA as advocate for for our veterans, because that's what matters, really.

DR. YOST:


DR. TRAINER:

Yeah. It's really it's really more about what's best for our patients and best for our future care. Right? Our our future medical care and our children.

DR. YOST:
Yeah, I'm like, you know, in my 60s now. And so I'm early 60s but yeah, no, I mean, I'm going to be on the other side and I already have been on the other side of the health care system and we want the most qualified people to be taking care of us too.

DR. TRAINER:

Exactly. For years and years to come. And that's a great, I think, segway to my next question, which is what gives you hope about the specialty? Anything that you could speak to?

DR. YOST:

Oh, yeah. The the youth, the the people coming out, the younger people. My gosh. At the last ASA meeting, you know, I went to some of the resident and medical school events and the enthusiasm and of this group of of people of young doctors is just, it's just so amazing to me. There are so many people that want to go into anesthesia who are there that just are so smart, so bright, so interested in in the future that it gives me a lot of hope. That that's the one thing is that I see coming along and actually, my my son in law, my daughter married, she's a pediatrician and married a fellow pediatrician who's now doing a second residency in anesthesia, which is what I did. But my gosh, these kids are so smart and they're just amazing to me. So I feel really good about the future, just looking at the kids that are coming along and the younger physicians and doctors and so.

DR. TRAINER:

That's right. ASA Monitor just had an article on the front page about how anesthesiology is the number one specialty right now in residency slots, something to that effect. I just saw that in my, you know, in my mailbox and thought, wow, you know, this is this is amazing because, you know, anesthesiology as a specialty has come a long way. That's why we it's so important we get that legislation to increase the number of residency slots, right?

DR. YOST:

Absolutely.

DR. TRAINER:
Yeah. So is there anything that you’ve done that you found to be especially effective? Some tips that you can share with our listeners who may want to get involved to advocate for our specialty but may still need some help guiding them or encouraging them along the way?

DR. YOST:

Sure. Um, you know, your legislators are people too. You shouldn't be nervous about meeting them. You should think of yourself as the content expert. You know, they have kids that are playing soccer. They have kids that are playing volleyball. They have, you know, kids that are on the, they're also on the PTA board. And, you know, and there's a lot of ways that you can interact with people, but, you know, try to find something in common and try to find out something about them. You know, if they are a surfer, go surfing with them, you know, Um, but, you know, learn something personal, get to know them, have them get to know you. I remember, I was listening to a legislator, came to talk to us at CSA, and she was a very strong advocate on our behalf. And and somebody asked her kind of a similar question and she said, you know, come to see us before you need something, because otherwise we don't know if we can trust you. So we want to get to know you as a person before you have an ask for us. And she said, if you only come into our office to kill a bill, we can smell it on you. You know, like, that's great. But those were her exact words. So don't be afraid to get to know your legislator. They're human beings, too.

Some other little tricks that have worked. If you can find out their birthday, send them a birthday card. After you've met with them or talked to them about something, send them a thank you note and a personal note and make it personal. You know, find a way to to make a human connection with these people. They aren't they aren't just legislators. They're human beings, too, and have the same needs and wants and desires as we all do and the same families. And they all want the same things for their kids that we do. And just think of them as your your colleagues and your friends, and you're just helping them within the area where you have more knowledge and experience than they do in a very humble way.

DR. TRAINER:

And I think they appreciate it so much, too. I mean, definitely knowledge is power. And so you're empowering them by by advocating and teaching them something about what it is, like you said, you have that expertise in.

You know, before we let you go, I've really had a wonderful time speaking with you and feel like I could go on and on, but they're going to cut me off at some point. But so but
before we do, you've offered some good food for thought for some of our listeners. And I'm just wondering, you know, along the way, if others you want to give a shout out to anyone that's sort of done the same for you. And if you could leave one great piece of advice that you've received along the way, if you could share that with our listeners and let us know who it came from.

DR. YOST:

Yeah, it actually is interesting. It actually came from from Barney Frank and it was kind of funny. My congressman was Dana Rohrabacher, who is you know, he's he's since lost his election, but he was in that seat for a long time. And he was the congressman for the district when I was a city council member. So he was my my congressman for for Seal Beach. So I got to know him pretty well. But he is, you know, way out on the right wing. I mean, really, really far out there. And I was sitting in his office one day and he said, Now you surf, Paul? I says, Yeah, of course I do. You know, I says, Well, he says, I have this really unlikely partnership. It's with Barney Frank, and he's coming out here next week, and we're going to partner on a piece of legislation to legalize marijuana. And he's coming out here with his significant other. And we're going to go down to Old Man's. I want to know if you want to hang out with us. Sure. Absolutely. Well, you know, this isn't going to happen. You know, this is this is just so far out there. You can't imagine somebody who is more on the left and more on the right than Dana Rohrabacher and Barney Frank. So I go down to Old Man's, this is really classic old surf spot. And sure enough, there's a big black SUV and an American flag sticking out of the top. And I recognized some of Dana's supporters have been to enough of his events, you know, and there was the guy from the company that developed the Predator drone and all these people from military companies and areas, you know. And then there was Barney and his significant other Jim. And Barney stayed on the beach. He didn't get in the water. But but Jim was a really very a very good surfer. So we all paddled out and then we sat around the campfire and afterward and, you know, nobody wanted to talk to Barney and sidle up next to Barney but me. So I got to sit next to him and I asked him, I said, you know, if you were a doctor and you wanted to impact the health care legislation, health care and medicine in this country, what would you do? And he said. Be specific, be direct, and just tell us what you need, because otherwise we will guess you to death. So come come in with a limited number of issues. Be very clear about what it is that you want and express it very clearly and and they'll do what you want. And so I think that that was really, really good advice. And and it was kind of funny because then Dana pulled out his guitar and he sang his rendition of God Bless America and the working people, too, and put some puka shells around Barney's neck. And Jim said, And we were all brought together by surfing.

DR. TRAINER:
That's amazing.

DR. YOST:

Yeah, it's a true story. But I did learn something from that.

DR. TRAINER:

And obviously you found something to relate to and a way to connect. So, you know, personally I don't surf. I'd rather be under the water scuba diving rather than on top of it. But I definitely appreciate how much of a waterman you are now and had no idea. So thank you so much for sharing that. And like you said, it's really important to find that way. You can connect not only with your friends, your colleagues, but your patients and also your legislators. So thank you so much for joining us today. Dr. Paul Yost, It's been a pleasure speaking with you, and I'm looking forward to seeing you all at RSA this year.

DR. YOST:

Yes, me too. Thank you.

DR. TRAINER:

And to our listeners, thanks again for joining us. Join us next time on Central Line.

(SOUNDBITE OF MUSIC)

VOICE OVER:

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