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

Welcome back to Central Line. I'm your guest host, Dr. Zach Deutsch. Today, we're going to talk with Paul Pomerantz, the CEO of the ASA, about his reflections on his career with the ASA as he's about to retire, what his future holds for him and what it's like to go through this transition, and also some thoughts about where the society is headed and our specialty is headed in the future of health care. Paul, welcome to the show.

It's a pleasure to be here. I'm really looking forward to this. I've long admired these podcasts. The interviews have been absolutely fascinating and to be part of an interview is very exciting.

And we're glad to have you, of course. And let me also say, on behalf of our members, thank you for leading our specialty as a CEO for the last I want to say, is it ten years?

Ten years.

DR. DEUTCH:
Before we start, all of our listeners, I think, and our ASA members know who you are and have read things you've written and heard you speak, but they may not know as much about your background. So can you tell us a little bit about where you grew up, where you went to school, kind of what your professional trajectory was before you came to the ASA and then during your tenure as CEO?

MR. POMERANTZ:

Sure. Well, I'm originally from Philadelphia, born and raised. Before I started my career, I went to school at Temple University, undergrad and graduate school. Got my degree, my master's degree, in business administration with a concentration in health care. And following graduation, I worked with a series of health systems in Philadelphia, Thomas Jefferson University Hospital and then the Medical College of Pennsylvania, which eventually became Drexel University Medical School. Prior to starting those jobs, I actually had a stint with the federal government and worked at what eventually became CMS--in those days was known as the Health Care Financing Administration--and worked for a program in their quality division. So I had the regulatory experience and the health care delivery experience. The Medical College of Pennsylvania, where I had worked, was acquired by a large health system in the western part of Pennsylvania, that was Allegheny Health System. And at that time, I chose to look at something new. I had learned of a position with an association based in the Philadelphia area, that was called the Clinical Laboratory Management Association, really was hospital laboratory clinical lab managers and those in independent laboratories who were learning and honing their their leadership and business skills. I joined with them and they began to start to get active in advocacy as well as management sciences. And so I worked with them through a period of of fairly significant growth because of the regulatory environment which the clinical labs were in. I then went from there to Washington, where I started work with the Society of Interventional Radiology, went from there to the American Society of Plastic Surgeons. From there, a group in the drug development field. And then went to the, my Dream job, in 2013, which is the American Society of Anesthesiologists.

So I've had, as you could tell, a fairly interesting background in many aspects of health care and working with multiple specialties. In fact, when I was working for Jefferson and the Medical College of Pennsylvania, my day to day responsibilities included a lot of oversight of various parts of hospital operations, including supporting some of the clinical services. And these included anesthesiology, ambulatory surgery, working with various surgical departments, supporting and developing the emergency department. So a really good experience and working very closely with physicians and in the delivery of health care.
DR. DEUTCH:

And so based on these positions, you've had to move around in your professional life a fair amount. Is that correct?

MR. POMERANTZ:

That's correct. My trajectory took me from Philly to Washington, D.C. to Chicago and a little bit back and forth in between.

DR. DEUTCH:

And where do you plan to go once you step away from the ASA? Are you going to fully retire? Are you going to continue to work in some capacity? And where do you plan to settle?

MR. POMERANTZ:

Oh, that's a fantastic question, something I've been spending a lot of time on. But the current plan is I plan to remain active, to work in another fashion. Maybe you would call it partially retire. But I plan to work actively as a consultant, advising nonprofit boards and CEOs, helping them be more effective, helping boards through strategic planning and developing more effective governance processes, coaching chief executives. And then I've also joined forces with an executive search firm. And then I will get more involved in serving nonprofits as a volunteer as well.

DR. DEUTCH:

Sounds good. And the things that you're talking about doing obviously seems you're very well qualified to pursue those types of endeavors. So that sounds like a wonderful idea to me.

While you've been CEO, you've been a prolific writer, I believe 54 executive reports for the Monitor, including an article you just wrote on the reflections on your tenure as CEO and kind of a new beginning in terms of turning that position over. Can you comment on why that topic is particularly important at this moment?

MR. POMERANTZ:

Certainly. You know, the act of retiring and entering a new life phase, to me, it's so profound, so significant. You know, I was just thinking about this the other day, and you
go through a couple major transitions in your life, right? You go through school, you go to college, you get married, you have kids. But when you start a job, you start a career, you may have that for 20, 30, 40, 50 years. So when you leave your career, that's a really big transition. And you know, you're entering a new phase that will have a really significant impact on you, on the legacy that will define the meaning of your life in many ways. And you realize, quite honestly, that the horizon to have an impact on society, on lives, on your profession, on the industry you serve is limited. And so it has really a lot of meaning just to reflect, to understand where you are, what you've been able to accomplish, what you didn't, what you've learned, the insights you might pass on to the next person so that some of the insight will have benefit to those who come after. So it's a very significant phase where I feel personally it's cathartic, I guess, to use a term, to really document where you are and what you observe at that point in time.

You know, the key part of this is the transition that I'm going through is also a key point of transition for ASA. For ASA and for myself, it's just a big period of transition.

DR. DEUTCH:

Talking about the ASA, the ASA has some proprietary communication venues like the Monitor, like this podcast series, Central Line. You've probably seen even in just the past ten years, a lot of change. What do you think about the role these communications have in serving the specialty and our members today?

MR. POMERANTZ:

Well, this is one of the transformations I'm most proud of in the ASA. When I first started, ASA had periodic communications. We had a monthly newsletter. It was not yet called the Monitor and tended just to be a report of society news. And we had the journal that came out monthly. But we had no forms for member two-way communication. And what's happened is is ASA has truly become a multimedia organization that communicates with its members in a variety of ways and provides members the opportunity to engage and provide two-way feedback. So we become like a lot of other sophisticated media companies. And we've really sought to engage our members as full partners in their daily experience. Every day, members can expect the Monday morning outreach or the ASA Monitor Today. And now they get a Monitor issue every month. But it's a much more interesting read. It has a society news, but it has a lot of current scientific and regulatory and business news affecting the specialty. A lot of good articles on leadership and management trends. You know, a lot of great insights from young members and members representing a variety of perspectives that make the Monitor so interesting. We got video, as I said, we have podcasts. We have a Community that has over 20,000 people regularly participate on it and have signed the
terms of participation. And so in that community, members are involved with very active
discussions with each other.

So I guess the bottom line is ASA has become a very, very dynamic media
organization. I like to compare it to newspapers, you know. Newspapers you used to get
once a day. You'd read it. You get the Sunday New York Times. Now newspapers are
an ongoing experience. And so I think people look for the same kind of multimedia
experience from the societies that they're part of.

DR. DEUTCH:

I think that's well said. And, you know, the concept of the evolution of communication
venues and things like social media and from the print to the screen, I think about that a
lot because I feel like I'm not coming to the end of my career, but I feel like it's hard for
me to keep up. Things are just happening so quickly like that, I don't know what rule it
is, but the rule that computer processing power doubles every 18 months. So, you
know, I'm really grateful to have people, a large society, our state society and our
national society with people that are really facile with this. To your point, I think our
ability to engage members from all levels of career and through all different venues has
been extremely effective. So I totally echo your sentiments in that.

MR. POMERANTZ:

Absolutely. You know, one other thing, as you were chatting and you hit something that
really resonates with me personally, especially given social media and the volume of
information and the volume of the conversation, is that in the days, let's say, 15 years
ago, I would be able to look at all the communications going out of the organizations I
work with and really make sure I could cite every article in the Journal, I could cite every
article in my society newsletter, I knew all the key correspondents going on in the
organization. Now there's so much that it's impossible to really monitor or frankly, to
control it. And the role of executives in this space is to really, rely on an information
network that doesn't rely on touching every piece of information. You have to become
more trusting and a bit better at sort of just navigating what's just a river, a whitewater
river of information so that area of trust and being able to see what are the key kernels
of information and insight that help you better manage the organization. You just can't
keep on top of it all.

DR. DEUTCH:

It does make sense. And it kind of brings us to my next question, which is, so you've
been involved in managing variety of things, including this aspect of communications.
Looking back over on a general sense, how do you see your legacy as CEO? Some of the stuff that you're happiest about, that you accomplished, you're most proud of, and maybe some work that you feel like is still left to be done or wasn't done in a way that, you know, you wanted to have it done properly.

MR. POMERANTZ:

Sure. You know, and this is, I'll tell you, for me, it was probably the most profound thing to think about was what did I accomplish. And coming to terms with work that's unfinished. And I write about, in the Monitor column, about the sense of unfinished work, of work that's incomplete. But the time has come and you have to leave the field in the condition it's in.

So from my perspective, here's what I'm most proud of. First, I think we built a really strong organization. When I came into ASA. We had a structure that preceded me where there was really not a full time CEO. The CEO was technically, in our bylaws and our organizational documents, the elected president. And there were two co EVP's one that ran the Schaumburg office, and the other ran the Washington office. Kind of a siloed organization. And the infrastructure was kind of stretched and somewhat antiquated. Information technology and certainly in our facilities. Staff did not work across silos. There not a lot of teamwork. And so I think what I did was I saw where we had strength. One of the areas, for instance, I'm most proud of and it saw in ASA and attracted me to ASA was a strength in our advocacy. I mean, it's unparalleled in medicine--strong, muscular advocacy. But I saw areas where we were weaker. We didn't have in those days, you know, a strong information technology or project management. Our communications wasn't as strong. Our quality programs weren't well organized and led under a kind of a single strategy. So there was a lot of opportunity to develop the organization. And I think what I was able to do over time is develop a really good professional team and culture at ASA.

You know, I'm very proud of our incoming CEO, Brian Riley, who came to us from about seven years ago from Crain Communication, bringing a lot of good business skills, digital planning skills, communication skills. We brought in other leaders from a variety of backgrounds. I hate to mention names in departments because there's always something that I'll think of later. But the idea is that I have a very excellent staff team, people who are committed to the really the best in their industry, their continued development to servicing the members at the highest possible caliber and really provide some excellent, excellent work. And I think what all these people have in common is not only their their commitment to excellence and their professionalism, but their commitment to working in partnership with our physician leaders. So we built a culture of teamwork in the organization, across the staff, but also a strong sense of partnership.
with our elected leaders, with our board, with our house and our administrative council. So I'm very proud of the culture that we've built.

The second area that I think I've had impact long term is helping ASA build influence across the health care ecosystem. I think ASA was a strong organization when I came in, an impressive one, but it was really focused inward, really addressing the needs of its members, but only through itself. And what we've done over the last, I would say, you know, half a dozen years or so, is look at how we could build influence in the broader health care ecosystem. How can we develop, improve relationships with health and hospital systems and with the organizations that represent them? How can we build improved relationships with other medical specialty societies that have shared interests so that together we can take collective action? How can we work more effectively with other organizations in anesthesiology so that we're not necessarily competing with each other, but we could work more effectively with a shared voice? Related to that, we built, you know, exceptional programs in leadership and professional development. And part of this is to leverage our members natural aptitude for leadership so that as they grow in positions of influence, they can bring some of that influence more broadly to ASA as well. People like Mary Dale Peterson and Joanne Conroy, who are noted leaders within the hospital administration and health system leadership. You know, part of this was a partnership we put together with the American College of Healthcare Executives to provide education to our members on executive education, but also to provide education to the ACHE audience on the role of anesthesiologists. And so there's a lot in the area of building influence where I think we've been very, very successful.

One recent example just just one, is that as the impact of the No Surprises Act became to be felt across anesthesiology, we knew that part of our strategy had to go beyond the legislative and the regulatory. The law was being badly implemented and low opportunity to change the law, we felt the right action to take, along with other organizations, was through the legal realm and through litigation. And so we joined forces with the American College of Radiology and the American College of Emergency Physicians to file a lawsuit that has become part of several legal challenges to the law, and that has had its impact because of the way the courts have ruled and forcing a change in the regulatory environment surrounding the No Surprises Act. That coalition remains intact and is continuing to file Amicus briefs as well as look at other litigation opportunities and support continued regulatory and public relations pressure. The key idea here is that we've influenced moving forward by identifying opportunities for collective action in the medical society world.

The third area I think would be t services and benefits. ASA has developed just become increasingly, as I said before, a digitally proficient organization. We talked a lot about our communication channels. We've also significantly increased the educational
resources available to members. We've introduced the POCUS, point of care ultrasound certification program, the Pearls, advanced life support training, Simstat, other programs. These weren't my ideas and I wouldn't even say they're part of my legacy. But the idea is that we develop the infrastructure to support these incredible member ideas, develop them relatively rapidly, get them in members hands, and they've been invaluable benefits. We're looking at how we build on that track record of product development so we can more rapidly identify winners, develop markets for these products, and get them into the hands of members and others who need them.

I feel happy about those things. But then there are things. I lie in bed awake at night and worry, Oh man, I wish I could have done this or I wish I could have done that. So the things that I feel have not been accomplished. I've put this three key ones.

The first is the payment challenges facing the specialty. You know, when you look at the policy challenges we face, and there are many, it's a lot of policy headwinds and health care these days: scope of practice, certainly a workforce and many, many of them. But the one that really stands above the rest for me is the fiscal one. The fiscal sustainability of the specialty. Medicare payments going down, commercial payment really driven by the No Surprises Act and just the insurance industry, they're consolidated power, is overall payment for anesthesiology services is steadily being driven down and it's affecting members incomes. It's driving a lot of uncertainty in the profession. And I think having an overall comprehensive strategy to address payment is one aspect that has eluded ASA's leadership through the years and I feel that that's an area that needs to be addressed.

We've formed an entity called the Center for Anesthesia Perioperative Economics, or CAPE. That's going to be led by Dr. Chris Troyanos from the Cleveland Clinic. And the idea with CAPE is to develop a long term and comprehensive strategy that looks at new approaches to payment and how they may be driven through a deliberate policy process. So no longer being reactive, but being proactive and using CAPE as a point of interface with federal agencies and other organizations and really helping us develop and represent a more muscular approach to payment that's only beginning to be launched now. And I wish we were five years ahead with that. So that's one.

The other area is our own budget at ASA. Our budget is really squeezed. Where ASA is a very healthy financial condition. We have extremely strong reserves and I think we've been managed fiscally very well during most of my tenure. But programs have grown, costs have grown, and revenues have remained relatively flat. And as we look at the next couple of years for ASA, we're looking at very stressful budgets for the organization. We're in the process of addressing that by closely reviewing programs, and this is an initiative that our current president, Dr. Champeau, president elect, Dr.
Ron Harter, have put into effect so closely reviewing our programs so that we can make decisions about things that we might either pause or maybe improve or things we might sunset in order to improve our fiscal situation. That's going to be looked at by the House of Delegates in conjunction with the potential dues increase for 2024. But we're also looking at improving our process for developing new programs, new products that will appeal to members, but also new markets. One of the points I often make to folks is that ASA, at 50 million, it seems like a large organization and it is. But when you compare us to our sister medical societies like the American College of Radiology, College of American Pathologists, American College of Surgeons, we're substantially smaller. They all have budgets in excess of 100 million. Some of them are approaching multiple hundreds of millions. And that allows them to do substantially more effective advocacy and deliver more services and do more, some things we're just not able to get to. hey take more risk because they just have the that financial strength. We can't. We're very heavily reliant on dues. How these groups like the American College of Radiology, etcetera, have gotten there as they've developed a variety of programs based on their own intellectual capital that serve and improve services in hospitals and health systems, things like accreditation programs, certification programs, training for personnel in those hospital departments and other things that serve a broader market. So we're looking at how we might do that. What are the areas of ASA intellectual capital that might be turned into value for health systems that can be improved? So all this is being done through a project we call the Strategic Revenue Growth Project that's being led by Dr. James Mesrobi with Lisa Steininger, our our CFO. And they're working with a subcommittee of the section on Fiscal Affairs. But the idea is to fast track and develop a pool of ideas, a process for reviewing these ideas, and an organized approach for bringing these ideas to market. So there is light at the end of the tunnel. But I think dealing with the fiscal health of the specialty has been a big challenge.

And then finally, I'd say that we have a good strategic plan, but it's not a great strategic plan. And the challenge with ASA's strategic plan is it's still incremental. It's year to year. I would say it's somewhat reactive to current circumstances. And for those of you in the audience and I'm sure you that are very involved in business and business strategy, that effective businesses are not just reacting and responding to the environment. They're trying to create a vision and a forward look at the environment they want to create. And so ASA needs a more effective strategy that's more focused on the future, both for the specialty and the organization itself. And I have a feeling that that this will be a passion for the next CEO. How we can do a better job in developing this strategy, implementing it, executing against it.

DR. DEUTCH:
And it’s an excellent summary. And you kind of ended on the note of what's going to happen next in the next CEO. So I think most people are aware that your successor has been chosen. Not everyone maybe. Can you tell us a little bit about how he was chosen, about this individual, Mr. Riley, and how the transition will go and how you think the future will go with him in your position?

MR. POMERANTZ:

Oh, I think he's going to be sensational. So, first, his selection follows a very extensive search process. I gave my notice in January and the organization did have a succession plan, well organized and ready to implement. And this is a strength of ASA and something that was developed based on the experience of when I was brought in and improved over the years. So we were ready to go and we executed a search committee. It was led by Mary Dale Peterson, ASA past president, along with Dan Cole, another ASA past president. They retained a national search firm, after a competitive selection. And they went through all the stages that you normally do in a search. They went out with a wide call for candidates. And, you know, in these executive searches, because I've been through a few of those, it's not like putting an ad on a website or doing, you know, something on Indeed. It's a really proactive outreach. They're really going to various networks with the best talent. And they identified over 150 interested candidates, qualified, interested candidates who submitted their credentials to the search committee. And this was steadily winnowed down during a series of interviews in the late spring and during the summer to bring it down from 150 that were originally vetted to eight who were interviewed on Zoom. I was not part of that. I was outside the search itself. That eight was brought down to three who were interviewed in person by the search committee. And the recommendation was made by the search committee to an entity called the selection committee, which was a committee of the board that was empowered to make the final selection. And so you could see it was a, you know, nationally conducted search very qualified candidates. And they selected Brian Riley, who's been with ASA for, I think said before seven years, came as an executive from Crane Communication, one of the best business publishers in the country. He has a degree from Notre Dame, undergraduate business degree from Northwestern Kellogg School of Business. So good educational pedigree. But what's most important is, is his experience in business. And he brought a lot of skills in technology and strategy, particularly digital strategy, business product development. He really understood trends that we, and that I and the association industry, were not really sensing, and he was able to bring these in.

I'll give you one example. A very important trend in business circles, especially in this whole digital environment, is to better understand the customer journey, the user journey, and understand how people make decisions, what their pain points are and
their daily lives. And to really understand the whole person, not just the professional person, not just understand the individual at the point of interaction, but really the whole person. And what he brought to the organization was the ability to develop a competence around user journey mapping. And over the years, we've been able to develop journey maps for young members, retired members, members in specialty societies, people who left the society for whatever reason, people and independent practice and more, to better understand individual journeys and how our technology can be more user friendly and more empathetic to individuals. You know, that's just one of many examples.

So I think what the society gains in Brian is somebody whose skill set is very strong and thoroughly complements mine. It's going to be very strong on business, on the quality of experience, on program implementation. He's also a good teacher, good developer of staff. I think the organization's really going to like having him at the helm of the staff of ASA. He's also a great partner with the physician leaders. You know, he's worked with many, many of our committees. They really enjoy working with him. He's developed a lot of credibility. He loves working with our members. He loves the mission of ASA and the work our members do every day. And he really enjoys the opportunity to help lead a professional society.

DR. DEUTCH:

Well, it's it's nice to hear that you who obviously know him from previous working relationships and understand the job give him a ringing endorsement. I think that's encouraging to us members and we, you know, we obviously look forward to working with him.

Speaking generically, we're talking about your tenure, we're talking about his future tenure. So we're talking about people who are in the critical role of leadership. We talk about leadership frequently in the ASA, whether it's actually being a leader on the level of a division, chief department chair, delegate, officer in the society, or just being a de facto leader in your clinical setting. Do you have any advice for members in that regard that they could think about as they frame their careers?

MR. POMERANTZ:

Sure. You know, and it's funny, I've done a lot of thinking about leadership and, you know, there's countless articles, countless books, but you really don't know it until you see it, you know, And it comes in many shapes and forms. Just the other day I was at the United counter and a really bad day of travel, and I met somebody who I realized was a true leader. This person was organizing the people around the desk at a time that
there was chaos because of a lot of cancelled flights, got everybody calmed down, and was beginning to systematically solve problems. And I thought, boy, that that is leadership.

And, you know, when I think about leadership, a couple of the attributes that really stand out to me is that, first, the most important role of leaders--I've heard this said time and time again--is to develop other leaders. And so you're an effective leader if you have a team around you of people who feel that they can not only grow but grow past you and have a future past you. I think that that ability to just see leadership, identify leaders, groom leaders is very important.

Secondly, I think there's a the ability to communicate and build a shared vision. One of the best things leaders do is in the long term, but even in the short term and I go back to the United Air representative, who I watched in action the other day. Her vision is at that time is, we have a lot of people here. We have flights that are being cancelled. Our job here is to get people booked on flights, get them calm and keep them confident. So that vision in that moment was the right vision. But sometimes it's the longer vision of helping people, keeping people focused.

And then the third thing I'd probably say would be humility. Humility is critically important. It's not about you. It's about the organization. It's about the role you play. I'm always reminded that I'm effective today because I've been given the benefit of a position in which ASA has entrusted me to provide certain leadership. If I didn't have that trust, I wouldn't be here. I wouldn't be able to lead. And so that idea that you're there serving others, you're there serving the organization, you're serving the people that work for you, you're there serving your members, and you're there ultimately for the patients they serve. That's what it's about. And the Jim Collins wrote about this in his book, Good to Great. He said, you know, leadership really starts with the highest level of leaders who are focused on their mission, their organizations. They serve with humility. They could afford to make mistakes, they're in their journey of self-discovery, and they lead with humility. I hope that helps. You know, leadership really is a continuous process of learning and discovery.

DR. DEUTCH:

I think that is helpful and you make some very good points. Some people are more naturally charismatic and extroverted, like this person you may see over the desk. Other people do it in a different way. The point that I would take home is to each his own personal strengths.
So right now, we have to take a short break. Afterwards, I'd be interested to hear your thoughts about the future, about health care and our specialty, and maybe look a little bit into the crystal ball. So everyone stick with us and we'll be right back.

(SOUNDBITE OF MUSIC)

DR. JONATHAN COHEN:

Hi, this is Dr. Jonathan Cohen with the Patient Safety Editorial Board. One of the health care professionals most crucial skills is that of communication with patients and other professionals. Barriers include misinterpretation of context and nonverbal cues, as well as differences in language, culture and health care literacy. Several techniques that are simple to employ have been shown to overcome these barriers and improve communication. One of the most difficult conversations to have with a patient or involved health care professional is when an adverse event has occurred. Approaching these important discussions using evidence-based strategies has been shown to strengthen the relationship between the patient and health care professional, decrease malpractice litigation, and diminish the psychological trauma that health care professionals feel after being involved in an adverse event.

VOICE OVER:

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

DR. DEUTCH:

Okay. Well, thank you for coming back with us. We're going to talk a little bit more with Paul Pomerantz about his thoughts on a more global scale, less about our specific society, but more about anesthesiology in general, which is facing many challenges, some of which he's alluded to before. This environment of challenges, whether it be, you know, financial, political, legislative. Do you see this as a new phenomenon or is it more of the same just with a different flavor?

MR. POMERANTZ:

Oh, I think when you look at the legislative environment, that's been going on with a similar flavor. I think the biggest changes we're seeing are falling outside that area, and the demographics of the specialty in the technology and in the in the market. There's no doubt that anesthesiology is one of the most popular specialties right now. You could tell by how the programs are being filled. And I think has exciting potential, and it's demonstrating that potential, to really transform itself and to transform health care. I
have just great optimism about the future. But I do think that to get there and to realize that potential, anesthesiology has to think about the factors that are changing it in real time. And I'm just going to run through five of these right now.

I think one is the consolidation we're seeing in medicine and in health care. Massive insurance companies, like United Health Care, which are heavily vertically integrated and horizontally integrated, cover millions upon millions of lives, but also own physician practices, own claims management companies, own health care consulting firms, and really are controlling a lot of the health system. It's hard for anything other than large entities to negotiate effectively with some of these massive enterprises. And I don't mean a practice has to have 1000 people, but the traditional smaller practice is going to have a hard time in this environment. So for anesthesiologists to be successful in the future, they need to think about the types of entities that can best compete in a system that consists of large insurers, large health systems and other players. That doesn't necessarily mean they need to be large practices in and of themselves, but need to have a strategy to deal with these large enterprises that form the ecosystem in which they must operate. But my number one point is, size matters and needs to be considered in strategy going forward.

The second is patients as partners. The whole patient experience has become just integral with health care. And so in the things that ASA does and the things that practices do and that the society does, they have to figure out how we create a more effective two-way communication with the patient community and look at points of engagement in the society. We've already begun to do that in some ways. For instance, with the development of our standards and having patient representatives available in the development of guidelines. But as we develop new policies, test new concepts, we need to find out where and how we can involve the patient and consumer voice. So, you know, patients are ever more influential as advocates and having them understand the specialty and engaging them in that in that process is very important.

The third area is the rise of retail medicine. Medicine is shifting so rapidly and we're seeing new entities form such as the combination of CVS and Aetna, you know, Amazon's acquisition of One Medical. And what's happening is the potential for these new entities to be formed that incorporate primary care in an information technology driven ecosystem that has the potential of managing huge amounts of patient information and the flow of these patients. And as things begin to move from hospital care into greater use of remote monitoring, the companies that can really control the flow of patients, control that technology, really stand a chance of controlling the millions of lives that are navigating the health system every day. And I'm afraid that this trend towards retail medicine that we've just seen, the beginning of a more consumer friendly health system, it may or may not provide the quality of care, but it will provide the
convenience. And I think it's going to engage people in ways we haven't quite yet anticipated. So that's the third trend.

Changing workforce dynamics. We know that there are challenges with an undersupply of anesthesia professionals, in fact, across medicine. And we also know that there's increased demand for surgical services, largely driven by increased sites of care, surgery that was put off because of the pandemic, the aging of the population. And so there's real opportunities for anesthesiologists to be problem solvers in managing this dramatically increasing volume and better balancing the demand and supply in the workforce. We have a workforce group. We've convened Workforce Summit One, and we now have Workforce Summit Two, which will be held at the end of this year. That's really geared at looking at real solutions to where there may be opportunities to increase the size of residency programs, to speed the integration of internationally trained physicians in the workforce, to look at how more effectively we can manage operating rooms and to look at how we better manage the non-operating room environment. We've begun to engage some outside stakeholders in some of our work, like the American College of Healthcare Execs and the American Hospital Association. We do an annual course now at the ACHE annual Congress, really focused around perioperative management, and that course is always filled standing room only for the last three years. This is a real challenge for health systems. It's a challenge for our members, but it's also an opportunity to lead.

One thing I'll note about this is we're seeing increased pace of retirement. We're seeing more of an appetite for kind of per diem or locum tenens work. And we're seeing a younger workforce with different interests than, let's say, the preceding generation. It's going to have to change how employers look at them and even how the society deals with them. So it's going to be, a more diverse in terms of what people are looking for in terms of their careers and how ASA and employers will engage with them.

And the final area is just changing technology. We know just the dramatic impact of remote sensors and the hospital at home, remote monitors. I mean, people, you know, are now are leaving fairly major surgery on an ambulatory basis, recovering at home. And this is going to change the role of the hospital, but greatly give opportunities, I think, to anesthesiologists. And even more profoundly than that, I think, is the potential of artificial intelligence to aid in decision making, help with the prediction of of risk, identify where trouble may be brewing in the system, a system for obtaining resources and real time insight into medical decision making. So just some dramatic opportunities but dramatic changes that have I think in my career have never seen happen so fast, so simultaneously.

DR. DEUTCH:
So a lot of interesting information coming from the standpoint of an expert who's been in the middle of it. And we can say that Brian Riley will have his work cut out for him along with the rest of our society.

MR. POMERANTZ:

I think so, yeah.

DR. DEUTCH:

And so it looks like he'll be up to the challenge and we're going to have to obviously work in tandem with him and with our leaders to to approach all of these things.

MR. POMERANTZ:

One thing in regard to that is what makes ASA a really magical and an exciting organization is we seem to have the right physicians and elected leadership at the right time. And I've had the privilege of working with great presidents, each one who seemed up to the task of managing the the challenges of the moment. And I could see in the lineup of presidents that follow working with Dr. Michael Champeau now, followed by Ron Harter, and then Don Arnold, that they bring the skills, insight and sensitivity to really effectively partner with Brian to really help address these big issues.

DR. DEUTCH:

That's very good to hear. Um, we're going to come to one last question here. Just talking on a personal level, you've been, as I mentioned before, a prolific contributor to the ASA Monitor, which I think, you know, I certainly appreciate as an editorial board member. And I think that hopefully the readers and myself have appreciated just hearing your perspective because. You don't necessarily get to have one on one conversations with you. As a, not a writer but a reader of the publication, what do you find most enjoyable? Do you have a favorite column? A favorite bit of recurring information? Or what about it do you find most interesting when you are actually a reader?

MR. POMERANTZ:

Well, there's a couple of things, and I got to give Dr. Shafer a lot of credit. He has really transformed the publication to make it a lot more interesting. And a faster read that I really enjoy reading about current trends, issues, challenges. I really love his reporting
on some of the medical and scientific trends facing the specialty. So, for instance, the September issue included a really— and I didn’t know a lot of this— about the new generation of weight loss medications and what the implications could be for the treatment of individuals, what the risks were, what the next weight loss medications might look like. And as somebody who kind of grew up with a non-medical and scientific background, he’s made it really easy to understand a lot of these things. He’s covered Covid well. He’s covered a lot of these technological advancements well. So there’s really good stuff that I could read and then better understand the impact that’s going to have on my job and role.

And the other thing, quite frankly, you know, I mean I just go through it page by page because it’s a great way of just seeing what’s happening in the organization, the committee news and all that. But I really enjoy the perspectives from young members that appear in there and what issues that they’re honing in on and what’s important to them. Specifically hearing from the residents that I don’t normally interact with and so that the columns they write and contribute to hold a great deal of interest for me, because that’s the next generation. And I could see how they’re looking at the society and the value we provide.

So those those are the things I really, really enjoy. And I have to say again, I love these podcasts. I think they’re just really great way of hearing from the experts in our field. So I’m happy to be part of this one.

DR. DEUTCH:

Thank you. And we’re of course, happy to have you. You shared a lot of insight, a lot of perspective about the future, the past, and your experiences are very, very valuable, certainly to me because I’ve, again, not had many one on one conversations with you. And I think that’s the same for many members. They got a lot of interesting information about this and also just some hope for, even with the transition like this, that we have the ability to even take off and go accomplish even better things?

MR. POMERANTZ:

No doubt.

DR. DEUTCH:

Paul, I want to thank you so much for joining us. I want to let readers know that they can read Paul’s article, either in print or on the asamonitor.org. And there’s obviously much more interesting information in each and every issue. We hope you’ll subscribe and
follow or share with a friend in terms of our Central Line podcast as well, which Paul
made a plug for and I agree. I think it's been really fun for me and I've enjoyed listening
to others that I haven't been personally part of. Join us again. Tune in soon and we look
forward to seeing you then.

(SOUNDBITE OF MUSIC)

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