



American Society of
Anesthesiologists™

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:

Welcome to Central Line. I'm your editor and host, Dr. Adam Striker. And I'm joined today by Dr. Sam Page, features guest editor of the October ASA Monitor's issue on the topic of advocacy. As we all know, advocacy is important for the society, the specialty, all of us that are practicing anesthesiologists. So I'm definitely looking forward to getting the perspective of someone well versed in the topic. I know very few people who know as much about politics or are as savvy about the political world as Dr. Page. And so it's my pleasure to welcome Dr. Page to the show.

DR. SAM PAGE:

Oh, thank you, Dr. Striker. Thank you for those kind words.

DR. STRIKER:

Well, Dr. Paige and I go back some years and have worked a long time and advocacy together. And so. Sam, do you mind telling our listeners a little bit about yourself? Just give them a little bit of your background and how you got involved in advocacy?

DR. PAGE:

Well, thanks, Adam. And we have spent a lot of time together over the years in our traveling the halls of Washington, our state capital, back in Missouri. I first got involved in advocacy, I guess, as as a medical student. And even really before that, in college, I made a few trips to the state capital when I was involved in student government. But I really got into a little bit more activity as a medical student and again as a resident participating in the AMA and ASA activities, writing letters and sending emails and calling our elected officials. And then at some point I made my way to the Washington

Legislative Conference that the ASA has every may. And that's really when my eyes were opened. And I really got to see how professional the operation is in the ASA Washington office. And I got involved in the Committee on Government Affairs and really never looked back.

DR. STRIKER:

Well, let's tackle what I think is probably the most important question on the docket today, which is how anesthesiologists can get involved in advocacy. Because anesthesiologists as an entity, we are trained in a wide range of clinical skills, technical knowledge, scientists, but many of us are not well versed in governmental affairs or health care policy. But I know many anesthesiologists feel passionately about health care policy, especially as it pertains to the public. And so why don't you tell us why it's important for anesthesiologists to be in advocacy roles and how to do so?

DR. PAGE:

Well, I think it's important, but I also think that it's our obligation to engage in advocacy. So much of what we do in the operating room or the pain clinic or the ICUs, so much of it depends on decisions made by government, state and federal government laws that we practice under regulations for Medicare and Medicaid. And it's our obligation to let those lawmakers know if one of the laws is a bad idea. And that's, to a certain extent, that's what advocacy is -- communicating with our elected officials about how their policies and ideas and regulations play out when we're trying to take care of patients. In the end, we're trying to make sure that government gives us the right environment to practice medicine and help people have better lives.

DR. STRIKER:

I imagine you probably might agree with this, that as physicians we don't get enough training when we're trainees in how to advocate for the specialty and how to be health care advocates in general. What do you think about that?

DR. PAGE:

Well, certainly 20 years ago, the folks that were involved in the advocacy side in residency and young physicians and even physicians that have been a practice in a long time, you know, they kind of found their way, sometimes had to fight for the resources to be well prepared advocates on the issues that are important to us. But there's really been a lot of change over the past decade. The ASA has developed some really well done advocacy modules on the ASA web page. There is all kinds of briefs on

a dozen issues that are important to us. The ASA does a good job of sending alerts through the grassroots network to let you know what issues are up in front of our members of Congress where you need to engage and some talking points on what to say. And it's really the resources are so much more sophisticated than they were even a few years ago. And it's not nearly as challenging to get involved as it used to be. And in fact, we've seen a lot of residency programs start adding advocacy education to their curriculum. And we even have developed over the past five years or so, an ASA fellowship for residents CA3 and fellowship residents to spend a month in Washington, D.C. and really get up close and personal with our elected officials and really understand how government makes decisions.

DR. STRIKER:

What about the anesthesiologists that have been out for some time? Those that never did get that training and really don't know where to start or how to do it, or maybe don't even think it's as important as it might be.

DR. PAGE:

Well, I think if you pick up the ASA Monitor or really any other publication and spend five or 10 minutes with it, I think it'll be pretty clear how important advocacy is in our world. And I would argue that it's an obligation, it's a duty of anesthesiologists to engage in their elected officials. It's just as important to take care of your patients outside of the operating room as it is in the operating room. And the laws that are being made have a really significant impact on the lives of the folks we are trying to take care of.

I think it's important to recognize that we've worked pretty hard on the ASA committee, government affairs and with the government affairs staff of the ASA in the Washington office to develop some modules on the ASA web page behind the advocacy tab that does a really good job of explaining the basics of government, how it works, how decisions are made, and how you can very efficiently make a difference with a modest amount of your time. You can be well armed and well prepared to communicate with our elected officials the information they need, they need to hear at the right point in time.

There are email alerts you can sign up for. There's there's an enormous amount of information there. The good news is, is it's like a menu. It's like a buffet. And you can just take a little bit at a time. But the information is very well focused and it's a it's a great pathway to becoming more engaged.

Really, the best way to get involved would be to come to the legislative conference, which is held in May every year in Washington, D.C. and that is really a well done

review of state issues, of federal issues. We hear from our members of Congress, senators and representatives, government officials. And on the last day of, that we're in Washington. Then we go and make visits with our members of Congress, with elected officials. And if this is your first visit or second visit to Washington, then you can go with someone else and just listen and learn and watch the interaction. It's really a great educational opportunity, but it's also a way to make a difference and communicate with our members of Congress in a very organized and efficient way.

DR. STRIKER:

I want to elaborate on maybe some specifics to get your colleagues or other anesthesiologists involved in public health care policy. I know that there is a sentiment out there, the idea that politics is dirty. I don't want to get involved in it. I'm I'm a scientist. I'm a doctor. I'm I'm above that. These are all various quotes I've heard over the years. Some people feel very passionately about that, especially nowadays, where politics has certainly become a lot more difficult to discuss and a lot more polarizing. Do you have any thoughts about how to go about persuading people to maybe get a little more involved when you believe it's important?

DR. PAGE:

Well, politics can be rough and tumble. And I think over the past five years, we've seen an evolution of less civility and less patience among our elected officials. And some of that is due to anxiety and frustration around COVID and folks worried about their health, worried about health of the loved ones, worried about their finances, being separated from others because of public health restrictions. All of those things have raised the level of frustration in our country. It's hard to say where it came from. Maybe it's social media algorithms, but somewhere along the way, the social media has taken a turn to focus more on negative energy than positive content. And that spills over into politics, too. But, you know, the most significant rough and tumble stuff, that's generally between elected officials, and they're as desensitized to it as we are in the operating room and we see blood. It's just part of what we do. And when you're involved in politics long enough and the advocacy world, you realize that there may be some rough language and there may be in some settings, even a bit of theater. But at the end, if you stay focused on your message and you stay focused on what you have to say and what you're trying to do, you break through all of that pretty easily.

Elected officials still want to hear from leaders in their community. They still want to hear from their residents. They want to hear from people that come to see them. And you rarely see an elected official engage with a constituent, even if it's someone they disagree with, you'll rarely see any sort of confrontation or lack of civility or anything like

that. That just doesn't happen. Sometimes we'll see citizens get frustrated or anxious and kind of lose their cool with each other or with elected officials. But as long as you're engaging as an advocate, you're engaging your elected officials with a modest amount of respect and civility. You'll never be on the receiving end of any of the nonsense that folks get into with each other.

DR. STRIKER:

Some physicians just may be more uncomfortable engaging with their politicians. Are there other avenues that those physicians can take to still help with public health policy and or advocacy that doesn't necessarily involve physically or personally engaging with legislators?

DR. PAGE:

Well, it's kind of like your anesthesiology residency. You know, your first few weeks as a CA1 resident you don't get the triple A or the thoracotomy. You're going to start out with less intense opportunities to learn the trade. And when it comes to advocacy, those less intense operations are really the one-way communications, the emails, the letters, leaving phone messages with staff and those sort of things. And after you get a little more, more comfort with the information that you're exchanging, then you can step it up a little bit and actually get into a conversation with an elected official or start with a staff member, get into a conversation with a staff member or go along with another anesthesiologist who's done this before, who's going to meet with an elected official and have a conversation with him. And you can just be in a person, person in the room adding perhaps an anecdote or just listening and watching, just like you listened and watched in medical school on that first anesthetic. And you get more experience, you get more comfort with it. And and if you get really involved, who knows? Someday you'll be working on a campaign. You may even run for office. I did this for a long time, communicating with my elected officials, working on a campaign, and then at one point I decided I was going to run for office and I served in my state legislature for three terms.

DR. STRIKER:

I do want to get back to the legislative conference, but before we do, let's take a short patient safety break. We'll be right back.

(SOUNDBITE OF MUSIC):

DR. ALEX ARRIAGE:

Hi, this is Dr. Alex Arriaga with the ASA Patient Safety Editorial Board. Perioperative communication is just as vital to safety as it would be in air traffic control, nuclear power plants, or other high stakes environments. These types of organizations incorporate safety principles into their daily practice and leverage checklists, protocols and other processes to ensure a systematic approach to safety. Effective perioperative communication is an exchange of information between individuals with the goal of mutually understanding the current situation and the plan for future actions. The complexity of health care systems creates the potential for communication breakdowns that can lead to preventable patient harm. Adherence to best practices and communication can help all members of the health care system share the same goals, thus focusing on coordinated patient care. A reliable organization supports, values, and rewards a spirit of teamwork and collaborative communication.

VO:

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

DR. STRIKER:

Well, Sam, you already talked a little bit about the legislative conference and how great of an opportunity it is for any anesthesiologists to not only engage with their legislators, but learn about the issues that affect the specialty. I've found that people that come to that conference, they're really engaged afterward. The ones who have not been there before did not realize just how significant some of the issues were, and I think are a little more energized when they learn a little bit more of the details and the history as well as the context surrounding the issues. Talk a little bit about just that value in and of itself with members of the society or just any anesthesiologist who comes to this conference and has not been there before.

DR. PAGE:

Well, any ASA sponsored meeting that you go to is going to be an extraordinary event. They're going to be well prepared with the content that they intend to deliver, whether it's practice management or the ASA annual meeting or the legislative conference. And the legislative conference is the meeting that's designed to refine your advocacy skills and to give you the latest information on issues that are important to patient safety, to the way you take care of your patients, to the practice of anesthesiology, to the resources you'll have available to reimbursement issues. And the ASA legislative conference should be looked at as much as any other subspecialty meeting. Whether

you're going to learn about cardiac anesthesia or pediatric anesthesia, everything you need to know about advocacy will be reviewed and amplified in a couple of days.

DR. STRIKER:

And you mentioned earlier about going with another anesthesiologist to engage with legislators. This is probably one of the better opportunities if you've never done it before and you have the opportunity because you're usually with other colleagues and those of your colleagues who may have more experience will be able to actually show you great ways to talk with their legislators, to present information and just generally how it goes. And so it's maybe a little a little more familiar to those that haven't been exposed to that before.

DR. PAGE:

Well, it is really thought provoking to go into the Capitol, go into one of the House office buildings or Senate office building and meet a senator or a member of Congress who really is there participating in real time in history, making laws that will change the face of our country and the way we treat each other and the regulatory environment in which we live in. To have a chance to interact with elected members of Congress and their staff to help them while they're making these difficult decisions to provide expertise. That's a real opportunity. And if we don't participate, if we're not there, there to explain what it means to be an anesthesiologist, what it means to take care of a sick patient in the operating room and get them ready for surgery and take care of them after surgery. If we're not talking about that, then our members of Congress will be looking for that information from someone else and that someone else may be someone who doesn't agree with us. It's very important that we're there, that we show up, that we're telling our side of the story, giving our experiences that go along with our education and training, and helping our elected officials understand the impact of the decisions they're making in the laws, the writing.

DR. STRIKER:

Well as long as we're talking about engaging with legislators, maybe just speak a little bit to the importance of sending emails or making phone calls. When you feel there's an issue that's imminent to be addressed, and especially when you get asked to do it by your colleagues or the society. As a legislator yourself, you're probably well suited to speak to the importance or lack thereof of emails and or phone calls.

DR. PAGE:

Yeah, I think I can certainly have a perspective of advocacy from someone who's being lobbied or from someone who's trying to persuade an elected official about a decision they're about to make. As an elected official, what I prefer to see is concise, well organized, thoughtful, short explanations of the information that I need. I would like to hear an anecdote or a story as to how that information was developed. An example in an anecdote is always very helpful. And then if I hear a lot of communication from a lot of different people about the same topic, it's going to have my attention and it's going to have the attention of my staff.

Advocacy is really ultimately a team sport, and everybody has a role to play. People writing letters, people sending emails. Our lobbyists who walk the halls in the Capitol and our friends and allies that are running for office and that are successfully winning elections, everybody has a role to play. And if one of those players is missing our advocacy effort is much, much less effective. One of the worst things that can happen is for someone representing us in Washington or in the state capitol to walk in and talk to an elected official and say, you know, the anesthesiologist back in your district really care about this issue. It's really it's really a big issue to them. It's really difficult and they're really concerned about it. And it's making it very difficult for them to take care of your constituents who are their patients. And if the elected official responds and said, you know, I haven't heard from anybody or I only got one phone call on this issue. Are you sure it's a big deal? It's much better if they say, yeah, I got I've gotten 25 phone calls in the past two days and I got a stack of letters. Tell me what's going on. Help me understand this issue. And that's the team that's a team part of this. And that's why it's so important that the folks back in the operating room sending an email in between cases or writing a letter on a weekend, that's a real big part of our team. And we need everybody suited up and engaged in this process.

DR. STRIKER:

Well, let's shift gears just a little bit and talk about a couple of specific issues related to anesthesiology. One issue is anesthesiologist assistant licensure. I understand there's an article in the October issue of the Monitor about the Utah Society of Anesthesiologists getting a bill on anesthesiologist assistant licensure being passed. Can you tell our listeners a little bit about that and the importance of it?

DR. PAGE:

Well, we passed a licensure in Missouri about 15 years ago, and it was a really big deal for us. So to comment on Utah would first give a historical reference to say what happens, you know, ten years later, 15 years later. And we have well over 100 certified anesthesiologist assistants practicing in Missouri as part of the anesthesia care team,

helping us take care of patients with really, really good outcomes and really are an important part of our team and allows us to make sure that we have an anesthesiologist involved and in every person's anesthetic whenever possible. And Utah is just a few years behind that opportunity. They worked really hard for a decade, meeting with their elected officials, having certified anesthesiologist assistants from other states who are working in other states but grew up in Utah, coming and talking to their state senators and state representatives and asking them to allow them to practice their trade, their skill in Utah and help take care of patients in the operating room. We know that certified anesthesiologist assistants are very good at what they do. They have intense pre-med curriculum. They have a very intense anesthesiologist assistant training and education and work very closely in the care team with anesthesiologists with great results.

DR. STRIKER:

And let's talk a little bit about looking beyond our specialty and creating partnerships on topics of joint interest, strength in numbers. What are the possibilities there and who can we partner with to solve some of these issues?

DR. PAGE:

Well, you know, coalitions to accomplish a task, a legislative goal, regulatory goal, depend on the issue. And your partners can be in different places. For example, on the VA nursing issue, we have a whole lot of veterans organizations who are upset about the VA's proposal to eliminate anesthesiologists from the anesthesia care team and go to a nurse only model in VA hospitals. And so we had a coalition and we have built a coalition between physicians and advocacy groups. If there are other issues that are more specific to anesthesiologists or physicians in general, then you may see less advocacy groups, but you may see physicians coming together. For example, on surprise billing, we had consumer groups who were upset about surprise billing, but we also have physicians of many, many different specialties who came together to explain to our elected officials why some aspects of their legislation would be helpful and some very detrimental. So it really depends on the issue.

DR. STRIKER:

Well, you're the guest editor for October's Monitor. Do you mind telling us a little bit about what you learned from the experience and anything you'd like our listeners to know about these issues that we've touched on?

DR. PAGE:

Well, there really are some great articles. There's an example of physicians from different specialties coming together in Washington to understand concerns that were unique to pediatricians, gastroenterologist or anesthesiologist, to understand each other's challenges, and then to work together and communicate together to members of Congress in a joint effort. There's examples of wins in the state legislature. The Utah AA licensing bill is important. It shows how staying after something year after year will lead to a really tremendously positive results on an issue that's very important to all of us. And that's the licensing of certified anesthesiologists assistants. And Utah is just the latest state to pass this important legislation. One thing that I think is important to talk about is advocacy education, and to recognize that advocacy is part of our scope of practice. It's who we are. It's not just a good idea. It's a duty, it's an obligation of being an anesthesiologist. And your obligation is to communicate to elected officials and let them know about the decisions they're making and how that impacts your ability to take care of your patients, who are their constituents. And you can communicate that by joining the grassroots network and responding to the emails and sending emails when they ask you to or writing letters or making phone calls. You can respond to that by going and visiting an elected official and talking about your experiences or going with somebody else, learning who's running for office in your area, in your community. Find out who has the same ideas that you do and help them win their election. But this there's a lot of good articles here about all aspects of advocacy, a lot of different perspectives, and it should give everyone an idea about where they could start and take a little, little, small piece of this and get involved and understand it and join our team.

DR. STRIKER:

Okay. So for listeners out there who really don't know where the best place is to start, what do you suggest?

DR. PAGE:

I would suggest, first of all, to go to the ASA website and join the grassroots network and then the issues will find you. It'll show up in your inbox and you can respond to those when the time is most convenient to you. And then you can, well, you'll be getting updates, you'll get reminders and some opportunities to check out a couple of the very short advocacy videos that will explain what's happening and how you can engage.

I would recommend either reading the ASA Monitor and kind of flipping through it if you get the hard copy carried around with you until you've had a chance to at least review the articles, there is something in there for everybody and the advocacy footprint and you really ought to take a look at it. And if you get it online, just keep it in your unread, unread email box so you can get to it when you have more time to skip through it.

DR. STRIKER:

And just for individuals who don't know just what is the ASA grassroots network?

DR. PAGE:

Well, this is really a very sophisticated way to volunteer for the communication campaign with our elected officials in a way that's very sensitive and respectful of your time, but allows you to make a big difference on our team. And you, once you sign up for this, you'll get an occasional alert or an email that asks you to contact your member of Congress, a senator or representative about an issue that's in front of them in the next couple of days. The programming is very sophisticated. It knows who your Senator and your representative is. When you sign up, you give them your address and they'll figure it out for you. You don't have to look it up. It very efficiently will help you send a message so that our members of Congress get messages from a whole lot of people. So you're part of a team, and when our lobbyists or someone else, another physician, perhaps it's a fly in and the ASA officers are actually making rounds in the Capitol and visiting with elected officials, when they walk into an office and they say this is really important to anesthesiologist back in your district in Missouri or Utah or Kentucky. And and we want we want to tell you what they're concerned about. And you'll hear from that staff or that senator or that representative. Hey, you know, I've been getting a lot of email on this. What's going on? Why are folks back in my district so concerned about this? And that really provides the folks that are in person advocating for you a much better audience than they would have gotten otherwise.

DR. STRIKER:

Great. That's really helpful. I'd like to remind everyone to check out the October ASA Monitor issue, which has all this information within it and also has the whole issue dedicated to the topic of advocacy with a slurry of articles that I think many are going to find very helpful. Is there anything else, Sam, that you want to leave with our audience regarding advocacy or any issues pertaining to anesthesiology?

DR. PAGE:

I would just say again that advocacy is not hard. It's like anything. It's not something you're not good at. It's something you haven't learned yet. And this is part of your scope of practice. It's a duty. It's an obligation. And in the ASA recognizes that. And they're going to make it really easy for you to participate, respectful of your time, in an efficient way to make a difference on our team. That's really trying to make sure that the

environment in which you practice, that is ruled by state laws and federal laws, that that is the best possible environment that you could have. So you can take care of your patients in the best way possible.

DR. STRIKER:

Well, thanks, Sam, for all of your insights, your expertise, your experience. It's a pleasure to have you on. And it's a great opportunity to be able to kind of tease out what you think is important or what we should know about advocacy. So it's it's been a pleasure to host you on this episode.

DR. PAGE:

Well, thanks, Adam. It was fun to catch up. I've enjoyed working with you over the past 15 or 20 years, but I believe we've done a lot of good things and we've got a lot of good things to come. And I hope folks listening today will engage and take the baton and run with it.

DR. STRIKER:

So that's Dr. Sam Page features guest editor of October's ASA Monitor Issues. Check it out at asamonitor.org. If you like the episode of Center Line. If you're a frequent listener, if you're a new listener, go ahead and drop us a review and tell a friend about it and tune in again next time.

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