



American Society of  
**Anesthesiologists**<sup>™</sup>

Central Line  
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Note: within this episode, Dr. Champeau refers to the American Association for Clinical Endocrinology. He intended to reference the College of American Pathologists.

(SOUNDBITE OF MUSIC)

VOICE OVER:

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

DR. RANDALL CLARK:

Welcome to Central Line. I'm Dr. Randall Clark, immediate past president of ASA. Today's episode is going to be a little different. I'm here today with ASA's new president, Dr. Michael Champeau, for a conversation about leadership, priorities, and the role of the ASA in society today and in the future. So let's go ahead and get started. Michael, good to see you. Thank you for joining me on this podcast.

DR. MICHAEL CHAMPEAU:

Yeah, great to see you again.

DR. CLARK:

I just wanted to point out that now with your becoming president, that four of the last five ASA presidents have been pediatric anesthesiologists. I don't know how we let an ambulatory anesthesia expert into the middle of that chain, but what do you think is unique about pediatric anesthesiologists that would lead 80% of our recent presidents to be in that subspecialty?

DR. CHAMPEAU:

It's interesting because the same phenomenon existed in California. When I was the president of the California Society ten, 15 years ago, I was the fifth consecutive pediatric anesthesiologist to lead the society. One of the people, Linda Mason, was one

of the people in that lineup, both for me in California and again for us here at the ASA. The only way I can make any sense of it really is thinking that, as pediatric anesthesiologists, we think about the future. We're engaged with the future. We deal with patients who are going to be the future citizens of the country. And so I think we're focused on that future. I was a pediatrician actually, before I did my residency in anesthesiology. And I think that that focus on the young people who are going to grow up to be the leaders in our larger society, I think that probably extends to our society, the ASA as well. We're focused on the future.

DR. CLARK:

Great answer. I was going to just say if I was asked that four of us didn't want to have to yell lifting help down the hallway outside the operating room. But I agree. Pediatric anesthesiology is an incredibly dynamic specialty and we get to see a lot of the breadth in the rest of anesthesiology within the pediatric realm, whether it's cardiac, neuro, regional, or what have you. So we are like the broad specialty, but focusing on children. It's been very gratifying.

So can you tell me a little bit about your background in ASA and the California Society and what your experiences have been, what your interests have been, and what led you to run for ASA office, leading up to ASA President.

DR. CHAMPEAU:

I began many, many years ago in the California society. We have a House of Delegates in California, and the entry level position to any sort of participation in the California society is to be a delegate to that House of Delegates. Now, the responsibilities for that position were fairly limited. As I was told by a partner of mine, who encouraged me to throw my hat in the ring for that, you really only need to show up one day a year at the meeting of the House of Delegates. But I did that and I fell in love with it. The first meeting I went to - I know parliamentary procedure isn't everyone's cup of tea, but I was sort of fascinated by the interplay between the speaker and the chairman of the reference committee and the back and forth between them. And the issues that were being discussed were things that I just, number one, didn't know a lot about, but two, found very interesting and wanted to dive into further. So I continued in that role as a delegate to the California House for actually several years.

When I look back at my career through organized medicine, I think the theme that runs through it is there were great periods of sort of staying at one level, but then rapid advancement up. So I think I was a delegate in California for eight or nine years. You know for the first eight or nine years of my involvement, I didn't progress above being a

delegate to the California House. But then I became a director of the society and on the board of directors in California. And then after that, I was able to take advantage of a situation where I could become the treasurer of the society. I had been the chair of the Finance Committee and in that role I became more intimately aware of the society's finances and there was going to be an opening in that Treasurer lineup. So I ran for and was elected the treasurer and I loved being the treasurer in California. It was three great years. I really enjoyed explaining the finances to the board. And I think that if there was one thing that I was fairly good at, that was probably it. I could explain the finances in a way that the members of the board were not accustomed to having them explained and in a way they could understand them. And so this will be a recurring theme that I think that when you're the treasurer of the organization, you develop a bond of trust with the board of directors. If you can explain the finances and if the board trusts you that you are being completely candid and forthright, there is sort of a special bond there. And so after doing that for three years, I was encouraged to run for the president of the California Society, and I did that. And I obviously very much enjoyed that year as the president of the California Society.

After that, then I fell into another one of those periods where things didn't change very quickly for a while. I had about a six year period after that where I was the alternate ASA director for California. But the main thing I did during those six years was my work on the ASA executive PAC board working for ASA PAC. And that gave me an entree to some of the the higher levels, if you will say, of the ASA, certainly in the advocacy realm. And so then after six years of that, I did become the director from California just for one year. But then there was again an opening in the Treasurer line in the ASA. And because I had enjoyed that so much in California, I really was very interested in repeating that. And I thought that having been the Treasurer for a large state society like California would prepare me well for the ASA. Obviously, ASA finances are vastly more complicated than a society like California, but that's even more true if you're looking to a smaller society with very limited resources. So I ran in a three way contested election for Assistant Treasurer. I always say that when someone is a very formidable or really respected candidate, they tend not to draw an opponent. Well, I drew two of them both very fine gentlemen. We had a a really spirited, very terrific contested election. We spent the better part of a year traveling around the country, always staying in the same hotels. I said that I stayed in the same hotel with those other two contestants more nights than I stayed in the same hotel with my wife during that year. Not in the same room, obviously, but we crisscrossed the country, shaking hands, meeting people and trying to lay out the reasons why we would be the best choice. And and I prevailed in that election.

So then I spent a total of five years between the Assistant Treasurer and Treasurer positions. But again, I felt that there was really that bond between the Treasurer role

and the board of directors. And once again I thought that if there was one skill that I had, it was the ability to explain the finances to the board in a way that they could really understand and they felt confident they were seeing the entire picture. And again, I think because of that bond that I developed with the board and with some of the other leaders, when an opening appeared in the first vice president position a few years ago, I thought that I was ready to take that on. And I was pleased, I suppose, not to have to run against two other people the second time around. But on the other hand, you know, when we look at the society, we look at contested elections, and I do think that contested elections make us better candidates. I was a far better candidate and I think a far better officer because of the experience I had, although it was nerve wracking at times, and I frankly didn't start off as a very good public speaker. I do have to thank Steve Latimer and Jim West for the spirited competition and the fact that we made each other better in that race long ago. This time around, I did not have an opponent and now I am where I am.

It's not a place that I would have ever have imagined myself being when I began this journey so many years ago. I was recently interviewed similar to this at the Stanford Grand Rounds, and after the broadcast of the interview, I got a lot of emails with people saying, Oh, thank you for all these years you put in. And of course, when we talk like this and I go back, it is a lot of years, but it never felt like a lot of years because I was enjoying what I was doing at each step along the way. I think when you're really enjoying what you're doing and not focused on just getting to a goal somewhere, the time didn't seem like the almost 30 years that it's been.

DR. CLARK:

That's fantastic and I think a couple take home points there that I want to reiterate. One is that in the very large states like California, it's a very different experience. California, Texas, Florida. I'm in a mid-sized state. We have about 1000 members, but there is not that same waiting interval that you have. You can contribute in a bunch of different ways. And that is the second take home message. Again, just takes showing up and a willingness to work on the challenges that we face at either the state or the national level. And you can be successful in achieving these different important roles. I'll say from knowing you during the Board of Directors days, you were a very successful alternate director, then director and extremely accomplished treasurer. So thank you for all those years of service that I know that they'll serve you in good stead in this coming year as President. We'll come back to some of the finance issues that we're working on at ASA a little bit later in the discussion.

When I started my term as president, I had some specific objectives in mind that I hoped to accomplish. Now, I've had the benefit of seeing your first two excellent MMOs,

and for those that don't recognize the abbreviation Monday morning outreach, the early morning email blast that goes to about 40,000 ASA members that choose to receive those emails. And I wonder if you can just talk about some of your objectives for the year.

DR. CHAMPEAU:

I'd be delighted. As you well know, it's not likely that with the change of an administration or with a set of officers, the organization is not going to turn sharply in one direction or another. It's like an oil supertanker out there on the ocean, and we obviously move gradually around storms, but we're not going to change our focus dramatically.

Our two top advocacy objectives, I think, absolutely have to stay the same: ensuring the economic viability of the specialty, which is absolutely critical, and the defense of physician led or physician performed anesthesia care. Those will, I think, always be our two primary objectives. And as I've said a couple of times and just finished writing in an article for the Monitor, those forces are almost like the jaws of a vice or a pincer on a lobster because as each one contributes to the force that the other can exert. If we didn't have the presence of non-physician providers who are touting their services as being able to replace ours, we wouldn't be facing, I think, quite as much pressure on the economic front. We'd be able to leverage our skill, our knowledge, all of the marvelous things that we bring, we could economically leverage those better than we are able to with the presence of the non-physician providers touting their clinical quality to people who don't really understand the difference. So those are always going to remain our true north, I think, in terms of advocacy objectives.

The other thing that I think is important, and I'm sure this will resonate with you because you spent a lot of time working on this too, is the area of perioperative medicine. It's something where right now there is a scramble going on. There are different players in that space, and I know it's not what every single member of the ASA wants to do. A lot of our members want to go into the operating room and supervise or administer OR anesthesia. But the perioperative medicine space is such a tremendous opportunity for us to differentiate ourselves from those non-physician providers to bring the skills that we acquired during those four years in medical school and umpteen years in residency training to bear on behalf of our patients. And it really gives us an opportunity to demonstrate the clinical excellence that we can bring to the endeavor. And we've been working on that already in a couple of different areas. As you know, several years ago, we developed the concept of the perioperative surgical home, the PSH, and there's been a lot of great work done by the PSH steering committee, been a lot of really outstanding clinical work done around the country, improving quality, decreasing costs,

improving standardization, really impressive work that's been done. But we may be kind of nearing a little bit of a plateau in terms of what we can do with the Perioperative Surgical Home program as it's currently structured.

Now, at the same time as again, you well know, Beverly Phillip, who preceded you as the president of the ASA, appointed an ad hoc committee on perioperative medicine to try and look at broader issues, particularly with regard to the training of our residents and fellows who maybe have an interest in perioperative medicine. And what we're trying to do now is to pull those together into a combined or overarching center of perioperative medicine. I noticed just yesterday, I think, I got an email that one of the enhanced recovery after surgery organizations just changed its name to enhanced recovery after surgery and perioperative medicine, which I see as another group of individuals, another group of physicians trying to start to lay claim to that perioperative medicine space. And I think that we want to move quickly to try and shore up our own position in that because it is just integral to the practice of anesthesiology. And people who are not anesthesiologists are not going to be able to really direct that with the same skill and expertise that we would. So the perioperative medicine piece, I think, is a really high priority for the organization.

DR. CLARK:

Absolutely. And a lot of great work going on there and some new thinking about how to take that work to the next level.

DR. CHAMPEAU:

Let's turn the tables here. I've been doing a lot of talking, which my family would say is something I enjoy.

DR. CLARK:

It's all been good and I think we really want to focus on you and your priorities. But please go ahead.

DR. CHAMPEAU:

So did your term go the way you thought it would? We've been looking at me, looking forward to my term. You have the wisdom from looking back at yours. Did it even faintly resemble what you had expected or was it entirely different?

DR. CLARK:

In some aspects, I wasn't sure what to expect. Even though our system, the way we handle the presidential series with first Vice president, President elect, president and immediate past gives us a good exposure, good participation in the decision making at the executive level. I think it really you really don't learn what it's all about until you become president. Because when you become president, you've got this tremendous organization, more than 140 staff, 100 committees. They really focus in terms of support and activity up to the president and the CEO. And it's an impressive array of work that's going on within ASA at any one time. So even though I saw all these pieces in those first two years as part of the executive committee, I didn't have the full appreciation of what it was going to be like until becoming president, but it's been fantastic. I would not give it up for anything. I enjoyed my year. I've enjoyed working with you and the other officers. I've enjoyed working with Paul Pomerantz and the staff. We have just a great organization, talented people, driven to succeed, driven to improve the specialty for our members. And I think we've been successful in a lot of ways. We have some of the challenges you mentioned early on, specifically on the economics front, but I think it's really been a great experience. I wouldn't trade it away for anything.

DR. CHAMPEAU:

I absolutely agree. Even when you're president elect, you see a lot of what's going on. You see the important issues, you see the things that we're all working on and grappling with. But then there's another entire stream of just constant communications from a whole host of people--members, vendors, just endless. And that's something that I don't think you see at all until you really sit in that chair, because I was warned that the email would be substantial increase when I became the actual president. And that's that's certainly been the case.

Did your priorities change, do you think, from the ones you had at the beginning until the end?

DR. CLARK:

They shifted around somewhat, but I wouldn't say that they changed dramatically. Like you, I had had many years in the organization, did have quite a few ideas on either new ways we could approach some of our old challenges or how we could improve some of the member benefits in areas that could use a little bit more focus. But I think that, as you mentioned, our perennial vice like issues of economics and practice and scope of practice are issues that have been and will always be with us. I'm pleased with our ability to marshal the resources in the organization to address those. I'm proud of bringing some new thinking related to Medicare, specifically the ideas of comparing how

government pays government physicians in both Medicare and other governmental payment programs to our Medicare conversion factor and just showing policymakers the gigantic disconnect between those two rates. There's a lot more work there that needs to be done. And I know that you're very interested in that, and the organization is continuing to move that forward.

But I had a number of priorities that I'm very proud of. I have been looking at in my time as an ASA director and then as an executive officer, how we can improve the professional development for our members. This really came out of some experience I had when I led the section of anesthesiology at my home hospital here in Denver. I saw these brilliant young faculty members that in some cases seem to get a little bit stuck in their first few years of practice and just needed a little bit of help for those chemists listening, getting over that energy of activation to have very successful and very satisfying careers. So we've been putting resources in the past year into mentoring programs. Mentoring and sponsorship have been key components of some of our long standing committees like the Committee on Professional Diversity. But I wanted to take some of those lessons that were learned there and expand them into other committees, but be able to teach people how to bring that experience back to their own groups and departments. Our people are our most precious resource and we need to work to continue to help people be the most successful anesthesiologists that they can be. And I think that that work very pleased to see the outstanding start that it's achieved. But it's going to be one of those things that's going to be a multiyear or maybe perennial effort.

DR. CHAMPEAU:

You know, when I think back to the things you've been involved with, because I remember back before you were elected into a leadership position, I remember you frequently being assigned to chair a committee or a task force on some particularly sticky or difficult issue where there was no way that everyone was going to probably be happy afterwards. Things relating to the role of the board of directors vis a vis the House of Delegates. And I remember you always guiding those through with aplomb. But I think when I look at your year as president, it is that mentorship that I would see as really starting to be infused throughout the entire organization, making that a priority, not only in a specific committee dedicated to working on that, but within all of the committees, across the breadth of the organization being sort of put on notice that mentorship was going to be a priority. And I certainly agree. When I look back at my own career, I think the only person who I think I can say was really a mentor to me was Larry Sullivan, who some of the people here may know. He really was a towering figure in the California society for years, and I think he taught us all what it meant to be a leader in the ASA in California. When we'd go to Chicago for those board meetings, most people would want to just get together and drink. And boy, Larry would sit

down and we'd get the board book out and we would spend hours poring over those reports. And he really, I think, set the example for that. So I do think that I was very fortunate to have a mentor who taught me to push myself for the good of the society. I think that that's a terrific thing that you've been working on, and I congratulate that for you. Would you say that's the thing you're the most proud of during the during your year?

DR. CLARK:

I'm very proud of the ad hoc committee on mentoring and their ongoing work. I would say I'm proud of being a manager of this big book of business. And I know that you know what that whole portfolio looks like, and especially as you go through and make the committee appointments. During your year as president elect, you get to see that work throughout all of our committees. But just being able to manage and have knowledge of and some ability to contribute all across the organization I think is probably what I'm most proud of. I have to say, you seem to have come through the committee appointment process much more calmly than some of our predecessors in that office. I know that we put a lot of work into improving how that goes, but congratulations to you for for managing that.

DR. CHAMPEAU:

I think I was the beneficiary of years of incremental improvement in the process and also the beneficiary of a terrific staff person. I think I did benefit. I caught a break on that one because I certainly heard all the tales from years before and it was not something I was looking forward to.

DR. CLARK:

Some of our predecessors, I think, had PTSD from that whole experience. You described it in one of our calls recently. There were about 4000 unique applications for about 1200 committee roles. That's a lot of CVs, a lot of colleague nominations to look through. And for those listening, you start with the committee chair evaluating those nominees, going to the section chair, then the division chair, and then all that feeds up to the president elect who makes the appointments. It's a considerable amount of work. And just take an opportunity, as I know you do, Michael, whenever we talk about committees, if someone is not successful in pursuing a committee, please express your interest in the following year. Sometimes there is value in showing your persistence, in wanting to get appointed. As we commented, there are more applicants and there are committee openings, so it is somewhat competitive. But we can talk about committee

appointments maybe in a future podcast because it's such an important part of maintaining the bottom-up nature of our organization.

DR. CHAMPEAU:

I absolutely agree. And I did have the sense when I was going through these that there was a subset of people who were applying who just didn't quite understand the perhaps unwritten rules of the game. And I've tried this year to commit more of that to writing and trying to get those out for next year. But there are certain basic elements, such as providing a statement for what you hope to do as a member of the community. What sort of contributions that you would think to make. Many times you'll read in the little written comments, people will say, Oh, I'd really like to learn about this. That's probably not a winning strategy. It's better to focus on what you have to contribute than what you hope to learn. And there are people who just don't follow, frankly, the directions. It's extremely important to get a colleague nomination and particularly a colleague nomination from someone we know. And you might say, Well, I work in this hospital and so I don't know anybody that you might know, but every member is part of a state component society. And there is an ASA director for every single component society. And so getting the ASA director who we do know to write one of those letters for you, I think is a very good strategy. But I agree with you. That's something we could talk about for quite a while to try and just better equip the members with an understanding of how the whole process works so that they can be more successful.

DR. CLARK:

ASA's mission is to advance the practice and secure the future. How do you hope to advance that objective? We talked a little bit about some of those ideas already, but are there any additional opportunities that you see in front of you?

DR. CHAMPEAU:

There are some facts right now that almost point in different directions. On one hand, medical student interest in the specialty has never been higher than it currently is. The medical student match is the most competitive it's ever been. We have more resident members in ASA than we've ever had. And so on one hand you would say, well, the future looks really bright because there's more interest in the specialty. And the quality of these applicants now. I think if there's one thing all of us say when we interact with the medical students and the residents is that we would never have been selected as a resident if it were as competitive in the past as it is now. That paints a very bright picture of the future. But then at the same time, there are things that concern me. And one of the things that concerns me is sort of the growing employee mentality in the specialty.

And when I say that, I don't mean in any way to criticize the economic arrangements that different people or different groups choose to follow. I don't think there's anything inherently right or wrong about a large group practice versus a smaller practice. But as more and more people have developed that employee mentality, I worry that we don't see the engagement at the individual member level that we used to see. In the old days. I think there was more of a direct economic connection between one's practice and understanding the business of anesthesiology. And now a lot of our members are people who are employees and they feel that someone else is taking care of those issues for them. And then I think that then that transitions to broader issues. They feel that someone else is taking care of the advocacy work for them or someone else is taking care of that, securing the future of the profession. And I think that that concerns me. We need to get our members who may be in an economically employed situation to understand that just because they get a set compensation from another entity every week, that isn't maybe directly dependent on the number of cases that they did or type of cases, that they're still really need to be emotionally invested in the specialty. Number one, it's just more satisfying.

You know, we talk about burnout, a lot of conversation now about people feeling burned out. But I think one of the antidotes to burnout is engagement. I've never felt burned out at all. I mean, I'm at an age where I probably should be retired and I'm still going into the operating room and enjoying myself tremendously when I'm there. But I think that engagement in the broader specialty kind of feeds into the clinical practice. So I think there are a lot of reasons. I mean, I think that the future of the specialty society is going to be dependent on having young people who want to engage beyond just what they do for their employment day in and day out. But I think also the individuals will see a benefit themselves from that engagement. When I look at the future and how are we going to secure the future, we can't allow ourselves to drift into a mentality where we just go to work, do the cases, change our clothes, slam the locker, and go home. We need to capture that enthusiasm that we're seeing at the medical student and resident level and somehow drive that and infuse that into the membership across the various ages and demographics.

DR. CLARK:

I think you've nailed it. And the way I think about that challenge is the difference between a job and being a professional.

DR. CHAMPEAU:

Absolutely. Yeah, you said it. You said it far more succinctly than I than I did in my rambling answer there.

DR. CLARK:

Yeah, I think back to some of my earliest work in ASA on the board, and it was a task force on professionalism. Maybe that's something that we should rekindle as we're looking at some of these very significant challenges to just how we conduct our professional life here in the next few years.

We talked early on about some of the economic challenges, the external economic challenges with Medicare and the No Surprises Act affecting commercial payment. Can you say a few words about the finances of the organization itself and maybe how we're hoping to improve those with our revenue growth strategy, since you have a unique experience serving as an exceptional Treasurer.

DR. CHAMPEAU:

Our finances are complex, but I can certainly try to give an overview. We're still in a strong position, but there are things that are very concerning about our finances. First is, compared to other peer medical societies, we are far more dependent on our members' dues than anyone else. All of the other societies--cardiology, clinical, endocrinology--they have some sort of a niche that they're able to exploit to prop up their finances. In the cardiology world, the revenue that comes from their annual meeting from the vendors, because every year there are new rotor routers and gizmos that they use in the cath lab and new implanted devices. So there's a tremendous amount of vendor interest in their annual meetings, and that drives a lot of revenue for the cardiologists. The clinical endocrinologists certify clinical labs and those certification programs bring in a tremendous amount of revenue. In the ASA 50% of our revenue comes from our member dues. I know that there's one of those societies, I believe it's the clinical endocrinologist, where it's 4% of the revenue comes from member dues. So that is the kind of chronic challenge that we have.

In addition to that, when we look at the other revenue that we have, one big chunk comes from the annual meeting and that is a mature business. I mean, there's not a lot of growth in person attendance at meetings and we're spending a lot of time looking at how we can reinvigorate that, whether, we don't know whether the movement will truly be to virtual meetings. I mean, those of us who went through that during the first few months of the pandemic thought, Oh, this is pretty interesting. I can sit here at home and see these presentations. But three years later and thousands of hours of zoom later, it's not all that engaging to sit and watch someone talk to you on a screen. So we're grappling with what role the annual meeting will have in the future.

The other big chunk of our revenue comes from our continuing education products, and those are terrific. But in many ways the same people are buying those who are paying our dues. So we're going back to that same source of revenue for another large chunk of our financial wherewithal. So what we're trying to look into now, we began a process this year of looking for non-dues, non-member revenue. How can we leverage our expertise, all those things that we understand and we know how to do better than other people, how can we leverage those to provide a product or a service that may be of value to an organization frankly, with deeper pockets than our members--health care systems, hospitals. What can we do that will provide value to them and then at the same time reduce a little bit of the pressure that comes on the organization relying so heavily on our members? We are looking for ways to drive value, leveraging our expertise by providing some service or product that will be of value. And so that's a big part of it.

Now the other thing is that actually the organization was in remarkably sound financial position even as recently as 12 months ago. We had close to \$100 million dollars in reserves. Now that obviously has been affected by the changes in the capital markets over the last six or seven months. We've still got strong reserves and we haven't sold our investments at a loss. We're just riding them. But when you look at the balance sheet now, it's not as strong as it has been in recent years. That's kind of a quick overview. We're strong currently, but we're concerned about those unique pressures we have being so dependent on our members.

DR. CLARK:

Agree with that. And for those listening, we take the fiduciary responsibilities that we have very seriously and look forward to keeping the organization financially sound, looking for opportunities where they may occur to improve that position.

DR. CHAMPEAU:

You know, I was just talking about the importance of our member dues revenue to the financial health of the organization, but it's even more than that. Membership is the lifeblood of an organization. We are so reliant, not just on a financial sense, but for all the things we do, we need that member engagement. What would you tell a member who had been a member before but then let that membership lapse, seeing perhaps insufficient value for their personal situation? What would you say to them to get them to give ASA another try?

DR. CLARK:

As you well know, we spend a tremendous amount of time developing the value proposition for our members. But more broadly, more significantly, I would ask that lapsed member or that never member, which there are quite a few, who do you think is going to address these fundamental challenges facing our specialty? Are you going to be able to get satisfactory resolution to these economic challenges? Are you going to be able to move the needle on Medicare reimbursement or the challenges created by the No Surprises Act without an organization of 56,000 members? Who is going to be looking to the future for the development of the specialty and helping to promote this to medical students who really have a lot of excellent choices? I think there are just some fundamental things that we're able to do together in a large organization that just can't be addressed by an individual or a small group. And they are really essential to our identity as anesthesiologists and the integrity of our profession. That's why ASA exists. It exists to serve our members, and we need everybody in the specialty to be a member of ASA to be able to continue to provide on that promise. I'm very proud of what we've accomplished in the past and I'm very optimistic about the future. But we really want to have everybody pulling together in the same direction.

DR. CHAMPEAU:

It certainly reminds me of the point that one of our former presidents, Jeff Plagenhofe, used to make as he traveled around the country, the importance of professional citizenship. And that's really true. You know, we talked earlier about the difference between being a professional or being an employee. But even as a professional, there's a higher level that we should all push ourselves to, which is truly being professional citizens where we feel a responsibility for the future of the profession. Rather than seeing what the profession can do for us, to paraphrase President Kennedy when I was young, you know, what can we do to make sure that the profession continues? And I think all of us have a responsibility to do that. People may say, well, I don't get my value looking at it on a dollar per dollar basis out of my membership. But it's obviously a much larger issue than that. We all have a responsibility, I think, to pay forward what we have been given as members of the profession.

DR. CLARK:

Without question. And I'll just add, I think every single one of us does what we do so that we can provide great care for patients. We won't be able to provide that great care if we're not there as a profession. So whether it's scope of practice, the economics of practice, professional development issues, all of those are areas that ASA exists to make better. And we think that the value proposition is compelling for every single anesthesiologist in the country. We hope those that have not been recent members or never members would reevaluate that and recognize that for the relatively modest

amount of a dues payment each year, you can make a real difference for the specialty in the future.

DR. CHAMPEAU:

So would you do it all over again? I think I know the answer to that. But would you be president all over again?

DR. CLARK:

Absolutely. It's been a true pleasure to be able to work with you and our officer colleagues, to be able to work with our dedicated staff. And I think as you've found when we go to do the state updates, it's fantastic to meet people in a relaxed environment, hear about what's important to them all across the country. And boy, is this a big country. I think you probably know that more than I, being on one of the coasts and having to travel all the way across the country for some of these meetings, but that's been great. And I think one of the unexpected benefits of the pandemic has been we didn't used to have so many face-to-face meetings, at least electronically, and seeing our young members with the enthusiasm on their faces, that's been an absolute pleasure. So I would do it over again in a second.

DR. CHAMPEAU:

I would agree with you. My favorite part of the job, I think so far, is doing those visits to the component societies, getting a chance to get out, talk with the members, listen to what's going on in their state. It's remarkable how different the stresses can be from one state to another based on state laws and regulations. So I would agree that that is one of the best aspects. Your time at the helm was obviously a huge success. What's next for you?

DR. CLARK:

Well, I look forward to this next year as immediate past president. As I think you've seen since my time on the executive committee, our officer group has worked extremely well together. And both on the executive committee and with the administrative council, some of our administrative council meetings over the last year have been hugely productive, but they're just a pleasure to work with the other elected officers of the organization. So I'm going to spend this next year doing everything I can to support you and your agenda. I look forward to continuing to work on the many irons that we have in the fire that were either started prior to my time or the few things that I had the chance

to get going. There's a lot of work to be done and I look forward to continuing on all of that.

DR. CHAMPEAU:

That's a huge relief to me because if you were to to wander off in the sunset and leave me to deal with all of these things without the knowledge and wisdom that you've accumulated these years, I think I would be in trouble. As I think you have already seen, I certainly intend to reach out to you and Beverly Phillip, who preceded you. You guys have just a tremendous amount of knowledge that you've accumulated and the wisdom in terms of how to manage situations. There's a lot of art in managing the people part of this. A lot of our members are very engaged, but may have a very strong opinion on a particular issue, and other members have equally strong opinions in other ways. And how to make that all work for the common good is a great skill. So I'm relieved to hear that you're planning on staying fully engaged here.

DR. CLARK:

Absolutely. It is a labor of love, no question. You sort of teed me up for the advice I was going to offer to you, and trusting your instincts. You've had extensive experience in the organization and in California. You may not make everybody happy every second of every day. But I think that you know the best way to help navigate this big, complex organization. And so there are sometimes some additional voices. But I think, you know the right thing to do.

DR. CHAMPEAU:

I view myself as a fairly collaborative leader. I mean, I'm always interested in hearing what a broad variety of people think about an issue. And of course, it's great if you reach out to ten people in all, ten of them tell you the same thing. It's more of a problem when five of them tell you one thing and then five of them tell you the other. And that's when I think you have to rely on the piece of advice that you just gave me, that there are times and I do feel that in my own style there are issues on which I'm really pretty willing to listen to what other people have to say. But then there are others on which I feel very strongly and and I have a much stronger sense of of what the right course of action is.

DR. CLARK:

Great. Well, I really appreciate this time to sit down and chat with you for this podcast. As we work through all of this, I could see a whole bunch of things that we could do in

the future for future podcasts if there's interest. But this has been just an absolutely great conversation. Thanks for joining me.

And I really want to thank our listeners for joining on this special episode of Central Line. Please join us again for the next episode.

(SOUNDBITE OF MUSIC)

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