ASA Legislative Conference Recap

I recently was afforded the opportunity to attend the ASA Legislative Conference in Washington, D.C. as part of the Florida Delegation. This was my second trip to the Legislative Conference and it could not have been a better experience! It was a jam-packed two and a half days, filled with engaging talks from some of our nation’s political leaders as well as a number of very productive meetings on Capitol Hill with our state’s legislators. I’d like to review the events of the conference followed by what I believe to be the most important messages that I’ve brought home to share with my colleagues.

The conference began on Monday with a review of the structure and organization of the legislative branch, legislative process, and general guidelines to a successful Hill visit by Nora Matus, ASA’s Director of Congressional and Political Affairs. Jason Hansen, ASA’s Director of State Affairs, then provided a wonderful overview of current state topics including opt-outs, pain medicine, anesthesia assistants, and truth in advertising. This was followed by an interactive panel on advocacy skills led by Dr. Kenneth Elmassian, Dr. John Zerwas, Dr. Tom George, and Dr. Sam Page. Drs. Zerwas, George, and Page shared stories reflecting on their time spent as state representatives in Texas, Michigan, and Missouri respectively. Monday’s session concluded with an interactive panel on state topics led by Dr. Erin Sullivan, Dr. Sherif Zaafran, Dr. Randall Clark, and Dr. Jeffrey Plagenhoef covering out-of-network payments, anesthesia assistants, and upcoming state advocacy priorities.

Tuesday morning kicked off with physician anesthesiologist and U.S. Congressman Andy Harris, member of the U.S. House Committee on Appropriations, providing an insider’s update on healthcare topics being discussed on Capitol Hill. Among other things, he emphasized the VA Nursing Handbook; growing national health expenditures and their effect on the federal budget; the importance of biomedical innovation; the Affordable Care Act; drug shortages; and looking ahead to the 2016 elections. Congressman Harris was followed by Manuel Bonilla, ASA’s Chief Advocacy Officer, who prepared attendees for our Hill meetings. Michael Botticelli, Director of the White House Office of National Drug Control
Write for the ASA Monitor

We are accepting submissions for the “Residents Review” section of the ASA Monitor. If you are interested in writing an article, please submit the following:

- Topic or possible title of article, and
- Sample paragraph

Potential authors do not need to submit the entire piece, although we will accept full articles as well. Mark and I are happy to help edit and develop your idea if needed. Articles are typically 1000-1500 words. Please visit the ASA website to view our most recently published articles and to get a sense for what we publish.

We look forward to hearing your ideas!

Sincerely,

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Policy, then spoke about the ongoing opioid epidemic and what is being done to fight it. We heard from Congresswoman Julia Brownley, co-sponsor of the bipartisan Benishek (R-MI)-Brownley (D-CA) letter calling for maintenance of the physician-led anesthesia care team within the VA. Larry Sabato, Founder of “Sabato’s Crystal Ball” and Director of the University of Virginia Center for Politics, then gave a highly entertaining overview of the state of the presidential election. The afternoon was fast-paced with a series of excellent speakers. Dr. Stanley Stead spoke on evolving advocacy challenges in anesthesiology. Congressman John Nygren (R-WI) shared his state’s battle against the opioid epidemic. Diane Zumatto, National Legislative Director for AMVETS, gave an impassioned speech supporting ASA’s stance on the VA Nursing Handbook. Dr. Douglas Fridsma, president and CEO of the American Medical Informatics Association, discussed alternative payment models and quality reporting. ASA Past President Dr. Alex Hannenberg broke down the highly complex MACRA handbook. Finally, the afternoon concluded with some advice on (cont’d next page)
effective message delivery by Theresa Hill, ASA’s Director of Public Relations, and Leigh Wagner, Senior Vice President of Public Communications Inc. All ASAPAC donors were then invited to a reception at the United States Botanic Garden.

Wednesday was our day on Capitol Hill, where our busy Florida Delegation was able to meet with fourteen state representatives!

I’d like to close with what I consider to be the take home messages from this visit. First, and most importantly, our primary focus was on the VA Nursing Handbook - now officially referred to as the APRN Proposed Rule - which completed its review within the Office of Management and Budget, and on May 25 was posted to the Federal Registry, opening up the public comment period. For those of you not as familiar with this issue, allow me to present three facts:

**FACT #1:** This rule would require CRNAs to practice independently within the VA system, completely removing physicians from the anesthesia care team. You and I would no longer be involved in the delivery of anesthesia to our nation’s veterans.

**FACT #2:** There are no issues with access to physician-led anesthesia care within the VA system.

Those in favor of making CRNAs independent are trying to push the issue forward by citing issues with access to care. This is simply false. While well-publicized issues are plaguing veterans’ access to primary care as well as psychiatric care, there are no access problems within our specialty. The VA conducted an independent internal review and on September 1, 2015 published “Assessment B” which identified 12 specialties with provider shortages – anesthesiology was NOT one of them. Additionally, on December 10, 2015 the VA released its annual “Mission Critical Occupations Report” which identified the ten highest ranking hard-to-fill occupations in the VHA. Neither physician anesthesiologists nor nurse anesthetists appeared on that list.

**FACT #3:** This is not about scope of practice or some anti-nurse “turf war”.

This is about patient safety. We are the ultimate patient advocates and it is our duty to ensure that our nation’s veterans receive the best and safest anesthetic care. I personally serve in the U.S. Air Force. I know some of you serve as well. Someday, I will be receiving my care through the VA health system. I will expect to have a physician overseeing the most dangerous thing that occurs in medicine: induction of a medicinal coma while assuming control of my physiologic functions, only to bring me back to my baseline at the end of it. This is the standard of care that our civilian patients expect. If you have not yet visited www.safevacare.org, I implore you to take two minutes right now and do so. Once you have done so, encourage five other people – family members, friends, coworkers, to do the same! On July 25 the public comment period will end and the decision will be made by weighing these comments posted on the federal registry.

The second take home message from the conference is that if an issue pops up in your state, chances are it has been already been brought up in another state before. Jason Hansen’s team does amazing work and can provide you with information and guidance on how it was handled elsewhere, so use his team as a resource!

Lastly, a bit of homework: There are a limited number of congressional committees that directly oversee and/or regulate healthcare policy, so representatives on these committees can be particularly powerful allies. In the House, these committees are: the Committee on Ways & Means; the Energy & Commerce Committee; and the Committee on Veterans’ Affairs. In the Senate, these committees are: the Committee on Finance; the Committee on Health, Education, Labor, and Pensions (HELP); and the Committee on Veterans’ Affairs. If you have a congressman or congresswoman on one of these committees please reach out to them today and make your voice heard regarding the APRN Proposed Rule and ask them to sign onto the Benishek (R-MI)-Brownley (D-CA) letter! The list of committees and members can be found at https://www.govtrack.us/congress/committees.

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LIFEBOX Challenge

It is nearly impossible to list everything ASA does for us as resident physician anesthesiologists; we often write you with entreaties to support its work on our collective behalf, whether those efforts pertain to education, advocacy, career planning or other areas that directly benefit members.

Today, we’d like to ask for you to participate in one of the most important and successful charitable initiatives of the ASA - the ASA Resident Lifebox Challenge.

Lifebox Foundation is an international organization dedicated to making surgery safer in low-resource countries; the ASA Resident Lifebox Challenge is specifically focused on providing all operating rooms worldwide with pulse oximeters and training in oximetry. It costs a mere $250 to purchase one Lifebox pulse oximetry package, which includes the oximeter itself as well as multi-language training materials.

The Challenge raised roughly $25,000 last year, but, with your help, we can do even better. If every program could raise just $250, we’d have more than $35,000 to make global surgery safer—think of all of the patients we could help!

There are several ways to participate in the challenge:
1. Submit as an individual; or
2. Collect group donations at an organized event. Think creatively: golf tournaments, bake sales, raffles or even apparel sales have worked in the past.

There is also a new students and trainees section of the Lifebox website. Whatever method you choose, you can make your contribution at the official portal: https://www.asacharity.org/donate?cid=2. Be sure to list your residency program in the tribute section so that your institution can be counted in the challenge!

Contact Lifebox if you want information about their work or images for slides and presentation materials. The challenge ends September 1, 2016. The residency programs with the largest overall contribution and the largest contribution per resident will be recognized at the ASA annual meeting in October. So, pool your resources, get some recognition for your program, and help make surgery safer worldwide!

Sincerely,
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Dan Hansen, President (hansen.daniel1@mayo.edu)

Graduating Residents Resources

For those graduating residents going into practice or Fellowship, please access our Young Physicians site to learn more about your ASA membership, benefits and resources!
TO THE NEXT GENERATION OF PHYSICIAN LEADERS

I was recently invited to visit an academic anesthesiology department to speak to the residents about becoming a leader. In addition to recognizing the honor and privilege of addressing this important topic with the next generation of physician anesthesiologists, I had two other initial thoughts: 1) I must be getting old; and 2) This isn’t going to be easy.

I came up with a short list of lessons that I’ve learned over the years. While some examples I included are anesthesiology-specific, the lessons themselves are not. Please feel free to edit, adapt, and add to this list; then disseminate it to the future physician leaders who will one day take our places.

1. First and foremost, be a good doctor. Always remember that we as physicians take an oath. In the modern version of the Hippocratic Oath commonly recited at medical school graduations today, we say, “May I always act so as to preserve the finest traditions of my calling and may I long experience the joy of healing those who seek my help.” As a physician anesthesiologist, we care for the most vulnerable of patients—those who under anesthesia cannot care for themselves. Examples of anesthesiologists who do not honor their calling exist in the news and even scientific journals, but we cannot follow this path.

2. Define your identity. We live in the era of the “provider,” and this sometimes causes role confusion from the perspective of our patients. We also don’t tend to do ourselves any favors. How many times have you heard someone say, “Hi I’m [first name only] with anesthesia”? According to the American Society of Anesthesiologists newsletter, approximately 60% of the public may not know that physician anesthesiologists go to medical school. While every member of the anesthesia care team plays a crucial role, the next level of non-physician provider in this model has one-tenth the amount of clinical training when compared to a physician anesthesiologist at graduation. I’ve written before about what I love about being an anesthesiologist, and being the physician whom patients trust to keep them safe during surgery is a privilege which comes with a great deal of responsibility.

3. Consider the “big picture.” The health care enterprise is constantly evolving. Today, the emphasis is on value and not volume. Value takes into account quality and cost with the highest quality care at the lowest cost being the ultimate goal. The private practice model of anesthesiology has changed dramatically in the last few years with the growth of “mega-groups” created by vertical and horizontal integration of smaller practices and sometimes purchased by private investors. In this environment, physician anesthesiologists and anesthesiology groups will have to consider ways they can add value, improve the patient experience, and reduce costs of care in order to stay relevant and competitive.

4. Promote positive change. Observe, ask questions, hypothesize solutions, collect data, evaluate results, draw conclusions, and form new hypotheses—these are all elements of the scientific method and clinical medicine. These steps are also common to process improvement, making physicians perfectly capable of system redesign. The key is establishing your team’s mission and vision, strategic planning and goal-setting, and regularly evaluating progress. Books have been written on these subjects, so I can’t do these topics justice here. In my opinion, physicians offer an important and necessary perspective that cannot be lost as healthcare becomes more and more business-like.

5. Be open to opportunities. Thomas Edison said, “Opportunity is missed by most people because it is dressed in overalls and looks like work.” I have written previously about the merits of saying yes. As a resident or new staff physician, it often seems impossible to get involved. However, most hospital committee meetings are open to guests. Consider going to one that covers a topic of interest and volunteer for a task if the opportunity presents itself. In addition, many professional societies invite members to self-nominate for committees or submit proposals for educational activities at their annual meetings.
6. **Thank your team.** Taking the first steps on the path to leadership is not going to be easy. There will be many obstacles, not the least of which is time management. A high-functioning healthcare team of diverse backgrounds, skills, and abilities will accomplish much more than what an individual can do alone. Celebrate team wins. Respect each team member’s opinion even when it differs from yours.

Always remember to thank your team, and do it early and often. #leadership

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Thank you for reading! If you are interested in writing for the newsletter, please email the ASA Resident Component Secretary at chad.greene@vanderbilt.edu