American Society of Anesthesiologists®

1061 American Lane | Schaumburg, IL 60173-4973 | (847) 825-5586
905 16th Street N.W., Suite 400 | Washington, D.C. 20006 | (202) 289-2222

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Dr. Robert Otto Valdez, Ph.D., M.H.S.A.
Director
Agency for Healthcare Research and Quality
5600 Fishers Ln #7, Rockville, MD 20857

RE: *Creating a National Healthcare System Action Alliance to Advance Patient Safety Request for Information*

Dear Dr. Valdez:

On behalf of the more than 56,000 members of the American Society of Anesthesiologists® (ASA), I appreciate the opportunity to comment on the proposed Action Alliance from the Agency for Healthcare Research and Quality (AHRQ) and the Department for Health and Human Services (HHS). The Action Alliance will have a significant responsibility to improve patient safety across our national healthcare system. Physician anesthesiologists are leaders in patient safety whose core function in the perioperative period includes collaboration with other specialists to improve patient health outcomes. We look forward to working collaboratively with HHS and AHRQ on the goals of the Action Alliance and in assisting in implementing its recommendations in the future.

As the nation's largest organization of anesthesiologists representing physicians with medical expertise in anesthesia care, critical care (known as physician "intensivists") and pain medicine, ASA is proud that our members have been called upon by hospital leaders, policymakers, state health officials, and the public to protect and enhance patient safety. Our members have implemented wide ranging patient safety initiatives locally and have researched, explored, and enhanced how perioperative workflows function to optimize patient safety and care. Anesthesiologists have used technology to improve these workflows and to connect with aging, rural, and underserved populations who have chronic conditions and limited access to perioperative services. Early access to an anesthesiologist for these patients presents an opportunity to improve patient safety, population health, and surgical outcomes.

In the context of that cross-specialty collaboration, it is incumbent on HHS and AHRQ to engage all specialty societies in these efforts, including, but not limited to ASA, as the Action Alliance is created and deployed to optimize patient safety. In representing anesthesiologists, ASA can provide valuable input and advocate for strategies to improve the safety of clinical care. ASA has long made patient safety an emphasis for its member resources, offering education modules to residents and medical students, publishing a major peer reviewed medical journal, hosting community forums, and convening the annual Anesthesia Quality and Patient Safety Meeting (AQPSM). The 2023 theme and focus of our AQPSM is "Well Physician, Well Patient." Our society often collaborates with the Anesthesia Patient Safety Foundation (APSF), an organization that identifies safety initiatives and supports anesthesia patient safety culture, knowledge, and learning. These are just a few examples of how ASA serves as an exchange of best practices aimed at cultivating a specialty-wide emphasis on patient safety. We expect that the expertise of ASA and our members will serve as a resource for the Action Alliance in advancing its patient safety goals.

We have provided comment on each of the six questions included in AHRQ and HHS' Request for Information (RFI).

1. ***What can HHS bring to the Action Alliance in terms of coordination, alignment, tools, training, and other non-financial resources to support the effectiveness of the Action Alliance in assisting healthcare delivery systems and others in advancing patient and healthcare worker safety?***

ASA looks forward to the development and establishment of the Action Alliance. We ask that those developing its governance framework first assess and recognize the role that dozens, if not hundreds, of patient safety advocates and organizations have had in recent years. AHRQ has been instrumental in bridging many gaps in patient safety and in building complementary resources to established patient safety initiatives and materials. **An Action Alliance should not try to reinvent or repurpose existing materials but instead focus on identifying and recommending patient safety gaps to fill and, in some way, become a central clearinghouse for resource that physicians, facilities, and patients can draw upon.**

The Action Alliance should explore a structure in advancing patient and worker safety by assessing four key areas: 1) encouraging patient engagement in their safety, 2) facilitating and improving physician-patient communication, 3) convening stakeholders and experts to develop solutions for workplace safety challenges, and 4) providing resources and tools to ease the workflow burdens faced by health care professionals.

Encouraging Patient Engagement in Their Safety

The Alliance should prioritize a goal for encouraging patients to take an active part in their safety and care. Engaging patients in their safety is not new. In recent years, HHS, AHRQ, the Centers for Medicare & Medicaid Services (CMS), national organizations, and other stakeholders have emphasized the use of a patient or patient advocate organizations in developing clinical practice guidelines, quality measures, and other clinical products developed by medical specialty societies. In the perioperative setting, this means ensuring that the patient understands their procedure, their expected outcomes, and who will be providing their anesthesia care. ASA has published several resources aimed at engaging patients, including the questions they should ask their anesthesiologist and other health care professionals who will be responsible for their safety during the procedure, and how to alert the anesthesiologist to their medical history, previous experience with anesthesia, and other critical factors that may influence their anesthesia plan.

To facilitate better engagement from patients, the Action Alliance should consider team training programs and dissemination of educational resources for physicians and other healthcare professionals. Anesthesiologists must be privy to the concerns of their patients but also be a trusted physician that patients see as ensuring their safety and improving their quality of care. Such trainings and educational resources, developed in coordination between federal stakeholders, medical societies, and patients, might pursue best practices for patient engagement on safety issues. We recommend that the Action Alliance pay particular attention to trainings specifically designed for medical students and residents (with content ideally tailored to different specialties). Providing younger physicians with a knowledge of proven techniques for engaging patients on safety matters will serve to promote trust among patients and build communication skills among physicians.

Facilitating and Improving Physician-Patient Communication

We believe that more must be done to facilitate physician communication, listening, and understanding of their patients status and needs. The Action Alliance should explore how current

training and educational materials describe communicating clearly and compassionately with patients, as well as their families, and especially on medically sensitive topics. Opening successful two-way channels of communication in which patients feel comfortable being honest and direct enables health care professionals to make better informed patient safety decisions. Although these topics may not be specific to patient safety, they nonetheless establish trust between physicians and their patients.

One critical area for the Alliance to take a leadership role is in addressing medication management and safety for patients and providers. To do so, we propose that it facilitate communication between patients and their providers about medications, their proper use as well as documentation of adverse or undesirable side effects preventing their correct use. The communication regarding medications and their reconciliation is a significant part of the preoperative evaluation by anesthesiologists. Anesthesiologists routinely ask patients about their history of post-operative nausea and vomiting or other reactions to anesthetics. While the anesthesiologist might have access to medical records and medication history, the accuracy of the records is not assured, despite implementation of the electronic medical record and improved communication among providers and pharmacies. As a result anesthesiologists must rely upon the patient to obtain accurate information. The same level of communication is required to optimize postoperative medication and pain management. Since postoperative pain management is critically important to optimize pain control, while reducing the risk of opioid misuse or overuse, the discussion must also engage the patient in discussions about their past medical history with regard to pain, non-prescription medications and illicit substance abuse, opioids, medication reactions, and their understanding and consent for the proposed postoperative pain management plans with their anesthesiologist. HHS and AHRQ could frame this patient safety initiative by identifying ways to document patient-centered outcomes in part as a result of this collaborative decision-making.

Convening Stakeholders and Experts to Develop Solutions for Workplace Safety Challenges

Workplace injuries and hazards have also become the focus of increasing attention as the frequency of events putting patients and providers at risk has increased. The Action Alliance should also take into consideration the workplace hazards that affect patient care and physician performance. Unfortunately, anesthesiologists are not immune from workplace hazards or patients who may physically attack physicians. Physical injuries and exacerbations of chronic conditions have been known and common among anesthesia professionals for decades. These incidents, especially if severe and incapacitating in a perioperative or procedural setting have affected patient safety. For example, head injuries for anesthesia professionals are increasingly frequent, especially “boom strikes” that occur when an anesthesiologist strikes their head on dangling operating and procedure room objects.

Acute workplace injury and disability reduce the available workforce and jeopardize patient safety. A recent rise in physical injuries and effects on chronic conditions for anesthesiologists may be the result of increasing challenges and hazards of the cluttered physical environment where anesthesia care is provided. Monitors, surgical equipment, lights, and boom supports are commonplace in operating rooms but also for procedures in minimally invasive and other hybrid surgical suites, such as interventional radiology and endoscopy units. These environments are often designed to optimize conditions for surgeons and other specialists, but these layouts can also increase the probability of workplace injury. Other workplace safety challenges can come from physical strain caused by the layout of a hospital or other facility (e.g. a healthcare worker may need to walk great distances back and forth in one day). We likewise are concerned about increasing violence and threats of violence against workers from patients or their families. The effect of these events is clear – when an anesthesia professional is incapacitated, a patient under anesthesia is vulnerable without properly trained personnel immediately available.

Addressing these issues in isolation will not be as successful as engaging others in facilitating ways to keep the health care environment safe for patients and providers. The Action Alliance should explore strategies for bringing industry and facility design personnel together to address these problems. Ergonomics, the logistics of providing direct patient care, and overhead safety considerations should be a part of any new design for health care facilities. The Action Alliance could play a valuable role in working with regulatory bodies to develop guidance or standards that incorporate the above workplace safety considerations. This would require collaboration across federal agencies, including the Occupational Safety and Health Administration (OSHA), in evaluating and standardizing health care facility design around worker safety. Federal collaboration, paired with health care workers, and subject matter experts with a human factors/ergonomics and or systems engineering background would enhance our health care facilities, make care more efficient, and reduce anesthesiologist injuries.

Another concern that has accelerated in part related to the recent pandemic and in part related to the increasing complexity of clinical care is provider burnout. ASA recognizes that physician burnout has affected anesthesiologists and others in the healthcare workforce. Anesthesiologists are not alone in experiencing burnout and we know there are dozens of organizations and programs aimed at addressing physician burnout. The Action Alliance should serve as a clearinghouse for assessment and documentation of efforts of health care organizations and existing programs to address burnout and workforce issues. **From that assessment, the Alliance could encourage a better coordinated response to physician burnout, especially as it affects patient safety, by providing educational resources for healthcare professionals and their employers on how best to manage, reduce the risks and prevent burnout. To accomplish this goal,** the Alliance should identify ways to encourage workers to report burnout to their employers so that it is addressed appropriately without fear of retribution.

Providing Resources and Tools to Ease the Workflow Burdens Faced by Health Care Professionals

In creating a safer health care environment for patients and workers, the Action Alliance should also assess the role of technology and communication. The Office of the National Coordinator for Health Information Technology (ONC) within HHS has taken on an ambitious, large-scale mission in pursuing greater interoperability between healthcare systems and patient records. Achieving their objectives would improve workflow efficiency and reduce burdens across specialties as obtaining patient data would become far more seamless. The challenges anesthesiologists face in piecing together their patient's records are pronounced due to the complex and disparate nature of anesthesia records. ASA believes the Action Alliance should establish a strong working relationship with ONC, health IT vendors, and other stakeholders on the issue of interoperability. Out of these relationships, the Action Alliance should encourage communication not just between physicians and health care facilities, but also between the facilities, physicians, and medical specialty society registries like AQI NACOR. Such integration of quality measures and patient safety metrics would reduce administrative burden and enhance how anesthesiologists track, report, and act upon elements of patient safety. The Action Alliance should also assess and ensure the quality of data that is gathered by physicians from their patients, particularly to ensure good communication among all providers and access to all clinically relevant data to optimize clinical care. Improving interoperability and electronic communication between physicians, ensuring the accuracy and reliability of data, and reducing redundant workflow burdens will have a positive impact on patient safety.

The Action Alliance should promote the role that Patient Safety Organizations (PSO) have in improving patient safety and facilitating improvements to our health care system. The Anesthesia Quality Institute's (AQI) Anesthesia Incident Reporting System (AIRS) is a the leading PSO for anesthesia patient safety

events. Anesthesiologists are just one of a handful of medical specialties that have a PSO to support their specialty's understanding of patient safety events. AIRS allows health care professionals to report adverse events from anesthesia, pain management, and perioperative care. ASA consistently promotes the AIRS registry to our members and, in turn, we hope that our members promote it among their perioperative colleagues. Encouraging the use of this registry, AIRS offers reporters the option to submit information anonymously or confidentially, and all information in the database is often protected from use in legal proceedings. **The Action Alliance should consider the current role and use of PSOs and determine if more can be done to assist physicians and other health care workers in selecting and reporting patient safety events to a PSO.** The Alliance has an opportunity to coordinate with current AHRQ processes to help develop an industry-wide culture of learning around patient safety and learning from medical errors.

ASA encourages the Action Alliance to assess the role that legislation has played with regard to patient safety measures in the Merit-based Incentive Payment System. As leaders in patient safety, the majority of our quality measures reflect patient safety processes and actions. Anesthesia adverse events, though rare, can be catastrophic for patients and costly for our health care system. It is important that anesthesiologists continue to have regulatory support to collect and report patient safety measures regardless of their topped-out status. **The Action Alliance should make recommendations against legislation and regulation that promote the removal of so-called "topped-out" patient safety measures for statistical reasons instead of patient safety reasons.** ASA supports changing federal statute and regulation to continue the use of meaningful patient safety measures even if they have been deemed by statisticians as "topped out."

2. ***How can the voluntary Action Alliance most effectively support healthcare delivery systems and other stakeholders in advancing patient and workforce safety? Are there specific priorities for different types of systems or setting of care? What stakeholders should be part of the Action Alliance to make it most effective?***

All specialties should be educated about how Action Alliance will be structured, who the membership will include, and how the group will interact with relevant government agencies. We acknowledge that some of the Action Alliance's structure may be determined after comments from this RFI are considered and for the Action Alliance to be transparent with its scope and policy capabilities, including its relationship with stakeholders. We also request details on the planned frequency of Alliance meetings and opportunities for comment.

We encourage the Alliance to include a broad representation of providers with knowledge and experience in these critically important approaches to patient safety. We expect the Alliance to nominate anesthesiologists who have devoted their careers to improving patient safety, published on patient safety issues, and implemented best practices to participate in Action Alliance activities and expert panels. Anesthesiologists provide care and protect patient safety in a variety of facilities and care settings that include hospitals, ambulatory surgery centers and office-based locations. Many anesthesiologists deliver care at a combination of these settings. Thus, anesthesiologists may interact with a variety of technology, facility administrations, and patient populations in these settings with their own facility-specific workflow challenges. In addition, the expansion of non-operating room anesthetizing (NORA) locations have presented its own distinct patient safety considerations. **By including an anesthesiologist in the Action Alliance, patients will know that their surgical and perioperative safety is a priority of this initiative.**

In addition to engaging anesthesiologists and the ASA on Action Alliance priorities and direction, the Action Alliance should consider stakeholders who participate in and advance patient safety goals in the perioperative setting. These include members of the anesthesia care team, like anesthesiologist assistants and certified registered nurse anesthetists. Surgeons, perioperative nurses, and supporting clinical personnel would also provide a valuable perspective. We believe that pharmacists, facility quality officers, patient advocates, family representatives, and accreditation and safety organizations should be consulted by the Action Alliance. For workplace and workflow safety considerations, the Action Alliance should also bring together device manufacturers, human factors specialists, experts in facility and operating room designs and other non-clinicians who support the efficient delivery of safe perioperative care. Of course, patients and their families should be engaged.

We believe the Action Alliance should convene focus groups that consult with these stakeholder categories to identify patient safety concerns and solicit potential solutions. For the emerging issue of patient safety in NORA locations, it will be important to engage national standard setting organizations and relevant medical specialty societies as these locations are relatively new and facilities may not be using a robust set of standards or guidelines. ASA has been at the forefront in advocating for enhanced safety in NORA locations. Our "Statement on Nonoperating Room Anesthetizing Locations" has been used by many facilities, anesthesia groups, and individual anesthesiologists to establish common sense policies and procedures that protect patient safety.

Similarly, the ASA has published our "Statement on Safety Culture" that promotes facility-level action and encourages healthcare workers to report and learn from errors, rather than fearing blame. Action Alliance advocacy on safety culture would be welcome, especially if focused on encouraging psychological safety, just culture, and a process of reporting, learning, transparency, and feedback. We envision the Action Alliance partnering with patient safety organizations, accreditation organizations, and medical societies to scale existing education and training on safety culture. **Such action would have the potential to foster a non-punitive, learning environment in the healthcare community. It would also lead to further development of systems-based solutions for addressing adverse events and near misses rather than focusing on individual-based solutions.**

In recent years, root cause analyses such as Systems Theoretic Accident Modeling and Processes (STAMP) and Systemic Contributors Analysis and Diagram (SCAD) have emerged as alternative incident investigative techniques that may lead to long-term improvement of patient safety procedures. The Action Alliance should consider promoting these techniques and developing trainings to support facilities in adopting them.

The Action Alliance should also advocate for continued physician and workforce safety with regard to the COVID-19 pandemic. Although supply chain challenges for personal protective equipment (PPE) have eased, the Action Alliance should coordinate and complement the work of other HHS agencies in maintaining high quality standards and common sense processes for using personal protective equipment (PPE). Standardizing PPE and providing instructions for appropriate reuse, in collaboration with manufacturers, could help decrease the impact of supply chain disruption and lower procurement costs. Importantly, these standards would ensure that health care professionals are receiving the highest level of protection available, reduce the need to train new staff about different PPE protocols, and improve the quality of care for patients treated in isolation.

3. ***What are other national patient and workforce safety initiatives that the Action Alliance should be aware of and how can the Action Alliance best collaborate, coordinate, and avoid duplication with them?***

ASA publicly shares our guidelines, statements, and other resources, especially those directly tied to patient safety and quality of care. A significant number of these materials were developed collaboratively across medical specialties and even among anesthesia subspecialty organizations. As patient safety leaders in the perioperative setting, as well as in NORA locations, our members provide oversight and direction for anesthesia services, moderate and minimal sedation, and in patient selection criteria. We offer these existing materials to the Action Alliance and welcome further consultation as the Action Alliance identifies its goals and develops resources to advance its patient safety initiatives.

It will be important for the Action Alliance to assess what is currently available for patients, facilities, and health care workers to avoid duplication of national patient safety organization materials. Anesthesiology subspecialty organizations have also promoted patient safety initiatives. The American Society of Regional Anesthesia and Pain Medicine (ASRA), the Society for Ambulatory Anesthesia (SAMBA), the Society of Cardiovascular Anesthesia (SCA), the Society for Neuroscience in Anesthesiology & Critical Care (SNACC), the Society of Critical Care Anesthesiologists (SOCCA), the Society for Obstetric Anesthesia and Perinatology (SOAP), and the Society for Pediatric Anesthesia (SPA) have issued guidelines, statements, and education materials that are commonly used by anesthesiologists to promote patient safety among their respective subspecialties. In addition, the APSF has developed a number of resources on a variety of topics that anesthesiologists routinely use to improve their care and protect patient safety. In addition to the anesthesiology organizations, we recommend the Action Alliance consult the National Patient Safety Board and the Institute for Healthcare Improvement is another potential partner with existing resources and education for patient safety.

Within AHRQ, there are existing programs for patient safety that could both support and be supported by the Action Alliance. The Alliance could consider how best to incorporate educational needs into the TeamSTEPPS educational tools. The Alliance could also consider leveraging AHRQ surveys, reports, and research as part of the information gathering process to identify issues and solutions in patient safety.

4. ***How can the Action Alliance best support healthcare systems in advancing healthcare equity within their patient and workforce safety efforts, including through redesign of care delivery?***

Health disparities persist throughout our health care system, within our patient populations and among our workforce, and must be addressed by federal stakeholders, payers, facilities, and physicians. We believe that effective data collection and assessing how and when patient-reported demographic data is collected and acted upon are key factors to developing health equity measures and protecting patient safety. For anesthesiologists, standardized screening tools and assessments gathered by administrative staff and used or shared during the preoperative period would be instructive to helping anesthesiologists engage their colleagues and hospital staff on the patient's individual needs. Sharing of data would allow anesthesiologists to better organize care coordination efforts, including those in the postoperative period, and promote patient safety.

Advancing Health Equity for Patients

All patients should have access to an appropriate facility for the safe delivery of healthcare services they require. Any barriers to access to appropriate and evidence-based care must be overcome. Far too often, patients from socioeconomic disadvantaged populations lack access to top level hospital care, ambulatory surgical centers that could reduce costs for procedures, or even office-based environments

for preventive care or minor procedures. As an example, an office-based setting would be appropriate for a patient undergoing a relatively minor procedure but would not be adequate for a patient requiring a major operation. A procedure that could be safely performed in an ambulatory setting might be a better option than an inpatient setting for some patients. The Action Alliance should support policy initiatives that advocate for greater access to different yet appropriate facility types for all patients seeking to receive high quality, safe care. In addition, the Alliance should ensure that there is broader participation in clinical trials and clinical protocol development to address inequities and unintended bias that undermines patient safety.

The level of anesthesia care provided by the Department of Veterans' Affairs (VA) has become a crucial area of health equity advocacy in our specialty. A 2020 memo from the Department encouraged VA facilities to amend their bylaws and allow for nurse-only anesthesia care with veteran patients. This breaks with the specialty standard of the physician-led team-based model, which is used in the nation's top hospitals and for 96% of civilian patients in the U.S. Especially considering many veterans have underlying conditions related to their service, it's important to avoid added risks to patient safety and disparities in care quality. **The Action Alliance should advocate for the VA to ensure that veteran patients have access to physician-led, team-based anesthesia care.**

The formation of the Action Alliance represents an opportunity to integrate some of the core tenets of health equity into actionable solutions for healthcare professionals, facilities, and other stakeholders. The Alliance could convene stakeholders to discuss how social determinants of health (SDOH) can be more fully accounted for in patient care and how to better ensure equitable care among patient populations. Toward the broad goal of decreasing disparities, the Action Alliance could support and advocate for preventative care integration to proactively benefit patient populations at risk for certain conditions. It's also worth considering how government agencies such as CMS might measure equitable care and reward facilities and their workers for strong performance on those metrics. Leveraging patient-focused measures under the Quality Payment Program or other CMS quality programs could be a pathway to better information about health equity issues at the hospital and practice levels. The Action Alliance should advocate for updates to patient experience measures that include accountability for experiences of bias and/or discrimination among physicians who provided care to the patient.

As stated in our response to Question 1, working with ONC to develop interoperable electronic health record systems would be an important step forward for patient safety and the workflows of anesthesiologists and other healthcare professionals. This effort could be coupled with a push for routine stratification and reporting of healthcare data by race, ethnicity, and other SDOH factors. Ensuring access to patient-reported demographics in addition to the patient's health profile would allow healthcare professionals to more efficiently identify risks faced by individual patients. But beyond direct improvement for patient safety, data cross-referenced by SDOH could also support efforts at the department and facility level to identify the greatest opportunities for improvement, set patient safety and quality goals, and repurpose resources accordingly. The Action Alliance should work with its stakeholders to identify other data tools and solutions that will enable the healthcare community to incorporate SDOH into routine quality and patient safety processes. **The Action Alliance can help extend the reach of health awareness campaigns and educational resources, both for patients and healthcare professionals, by exploring different communication channels, including social media to engage these audiences and answer non-clinical questions.**

ASA supports HHS efforts to improve maternal health, outcomes, and safety. Our members can effectively contribute to the Action Alliance should the Alliance address maternal health and health equity. ASA has published our "Statement on Reducing Maternal Peripartum Racial and Ethnic Disparities in

Anesthesia Care." We offer a number of recommendations for our members that promote the role of anesthesiologists as leaders in reducing disparities and improving patient outcomes. Among our recommendations, we encourage anesthesiologists to work with their hospital systems to ensure accurate documentation of race and ethnicity and primary spoken language. We also promote that anesthesiologists at all facilities work with other peripartum providers to identify women at risk for experiencing complications (e.g., venous thromboembolism), engage in multidisciplinary peripartum planning, and develop and implement protocols and evidence-based patient safety bundles. Our other recommendations also encourage implicit and explicit bias training, diversifying the workforce, and engagement in quality improvement efforts.

The COVID-19 pandemic changed many features of our health care system and delivery models. Initiatives for increasing access to care and telehealth services as well as attention to advancing health equity should be prioritized by the Action Alliance. Continuing to expand telehealth would remove barriers of long commutes and transportation issues. It would improve the ease and safety of care provided to patients with pre-existing conditions that may complicate travel to a health-care facility, such as for patients who are obese or who have autoimmune disorders. The Action Alliance should work with relevant agencies and organizations to develop regulations and technical standards that will allow for telehealth solutions to be integrated in efficient clinical pathways. The Action Alliance may also want to support the deployment of mobile clinics, which could reduce the distance many patients need to travel to receive care, particularly those living in rural and isolated areas.

Workforce-focused Improvements

The Action Alliance should work with facilities, physicians, and other stakeholders on developing best practices in workforce diversity, equity, and inclusion (DEI). Promoting DEI creates a comfortable workplace for all employees and ensures that members of all backgrounds are receiving opportunities in the healthcare industry. But successful DEI efforts also promote patient-centered health equity as a more diverse and inclusive workforce is likely to demonstrate greater cultural sensitivity. Employing multilingual staff might have the added benefit of breaking down language barriers at the root of disparities affecting non-English speakers.

We also recognize that workforce hazards disproportionately affect workers with disabilities and those with pre-existing health conditions. For that reason, optimizing healthcare spaces for worker safety is an equity issue. **The Action Alliance should work with relevant agencies and stakeholders to develop regulations and guidelines that carefully consider ergonomics, physical hazards and workflow when designing new facilities.**

5. ***Are there specific practices or innovations that healthcare delivery systems or others have implemented during or post-pandemic, including practices focused on populations that experience health disparities and individuals living in rural communities, that others could benefit from learning about? Please share any specific details and sharable outcomes data regarding innovations if applicable.***

Patient care during the COVID-19 pandemic has highlighted some of the benefits of expanded telehealth services and remote monitoring of patients. Access to care expands significantly when telehealth services are readily available -- patient populations experience far fewer obstacles when receiving care via telehealth, especially obstacles related to location and transportation needs. However, it will be important going forward to not reduce physician or practice payment because of a shift toward telehealth services. Facilities must install and maintain technology infrastructure to enable telehealth at scale, which can incur

significant costs. ASA supports the continued expansion of telehealth services while also ensuring that overall resources and quality of care are not sacrificed.

6. **What are the main challenges healthcare delivery systems and others are facing in meeting their commitments to advancing patient and healthcare worker safety as they emerge from the pandemic? Are there challenges that are specific to different types of systems, settings of care, or populations of people?**

A number of challenges to patient and workforce safety are centered around the heightened production pressure healthcare professionals are facing. Burnout in the wake of COVID-19 pandemic surges represented both a cause and effect of this pressure. Burnout has led to significant departures from the healthcare workforce – many of the remaining physicians have been subsequently required to take on additional responsibilities, often adding a great deal of stress to their work. The pressure on anesthesiologists has been compounded by increased demand for surgical procedures that were postponed during COVID-19 surges.

The anesthesia workforce has also been affected by the emergence of traveling physicians and nurses as well as locum tenens. Building an effective patient safety team for surgical procedures takes time and relies upon trust. In 2022 and 2023, the emergence of traveling physicians and nurses, as well as locum tenens, have served to fill temporary gaps in staffing. However, more can be done to train and educate physicians on best practices to incorporate those traveling physicians or nurses into the larger surgical team, even if for a short period of time.

Anesthesiologists are also confronting routine drug and equipment shortages – shortages that were exacerbated during the COVID-19 pandemic and are stubbornly persistent. Such shortages have the potential to cause greater risks to patient safety. Anesthesiologists and other healthcare professionals have identified alternate suppliers and acceptable replacements in many cases, but the unpredictability and suddenness of some shortages can challenge the development of contingency plans.

As mentioned throughout our comments, ASA member physicians and other healthcare professionals want a patient safety culture in which they feel safe and comfortable reporting adverse events, as well as near misses. The Action Alliance should explore additional protections for those professionals who report these events to PSOs. Scaling these existing incident reporting systems would be a beneficial step in that direction and would generate greater patient safety knowledge at the national level.

Last, physician payment rates for both private and public payers are declining as healthcare costs rise. Anesthesiologists have been disproportionately affected by these payment cuts (nearly 5% in 2023 alone), particularly with Medicare patients. Anesthesiologists and other physicians should be focused on ensuing patient safety and improving quality of care, not on whether their practice's bottom line will be significantly affected by payments and healthcare costs. ASA hopes that the Action Alliance's work in patient safety will also better inform policy makers and patients on the value of anesthesiologist and physician-led care.

Thank you for your consideration of our comments. We welcome the opportunity to speak with you further about our feedback. Please contact Matthew Popovich, ASA Quality and Regulatory Affairs Executive (m.popovich@asahq.org), or Matthew Goldan, ASA Regulatory Affairs Operations Associate (m.goldan@asahq.org), for questions or further information.

Sincerely,

Michael W. Champeau, MD, FAAP, FASA
President
American Society of Anesthesiologists