Ensuring your institution provides equitable health care is a critical priority for health care executives. It can be a challenge, but anesthesiologists can play a vital role in helping you lead initiatives to safeguard access to quality care for all.

**Provide physician-led anesthesia leadership in perioperative care to foster better outcomes.**

*Death and complications related to care disproportionately affect minorities and socioeconomically disadvantaged patients. Improving outcomes in these patients starts with ensuring they are receiving physician-led anesthesia care. Access to an anesthesia care team led by an anesthesiologist can help eliminate health care disparities and ensure all patients receive the same standard of care. As the leaders in perioperative care, anesthesiologists:

- Provide high-quality preoperative evaluation, appropriate selection of the anesthetic, and adequate monitoring during the surgical period. Anesthesiologists are the safety and quality gatekeepers throughout this process. This expertise is particularly vital:
  - When managing surgical patients with comorbidities such as diabetes and cardiovascular disease, which disproportionately affect minorities.
  - When providing anesthesia care to children, who are at increased risk of breathing problems. Anesthesiologists also have the expertise to manage multi-system inflammatory syndrome in children (MIS-C), a condition that can develop after recovery from COVID-19, and is more likely to affect minorities.

- Via perioperative screening, identify patients who have undetected and untreated conditions such as diabetes and cardiovascular disease that often disproportionately affect minorities and socioeconomically disadvantaged patients. For example, a patient may break a leg in a car accident and the emergency department physician refers the patient to an orthopedic surgeon who schedules surgery to fix the bone. During the preoperative visit, the anesthesiologist may discover a health issue such as high blood pressure or lung disease. In some cases these patients may not be seeing a primary care physician, and anesthesiologists can collaborate with providers within the system to ensure patients get the ongoing care they need.

- Developed and continue to lead pathways for improving patient care throughout the perioperative care process, including the Perioperative Surgical Home (PSH) and Enhanced Recovery After Surgery (ERAS). These initiatives are designed to ensure patients have improved surgical outcomes and facilitate coordinated care and effective handoffs so that the patient’s information is shared with the patient’s surgeon, primary care provider or care coordinator, if necessary.

- Ensure health literacy, including by addressing cultural competencies and language barriers to help surgery patients fully understand their anesthesia plan and the procedure. For example, when a surgical patient does not speak English, anesthesiologists arrange to ensure a translator of the same ethnicity (who is competent in medical terminology) is present during preoperative consultations. Anesthesia departments at some hospitals create videos in English and other languages (according to their patient population) patients can watch before and after surgery to help them fully understand the perioperative process.
Provide pain management expertise.

Anesthesiologists are the experts in pain management, including leading efforts to provide a variety of non-opioid pain treatments to address acute and chronic pain and help reduce the risk of opioid use disorder. Studies show pain is often overlooked or dismissed in minority populations, and anesthesiologists are working to address this issue. For example, they are involved in newly established sickle cell centers at several academic centers that provide integrated care for this painful inherited condition, which disproportionately affects Black patients.

Lead initiatives to ensure equitable care and access.

Anesthesiologists manage labor pain and provide emergency care when issues arise during delivery. They are committed to addressing maternal mortality, which affects three times as many Black women as white women, by:

- Participating in the Alliance for Innovation on Maternal Health (AIM), a national data-driven quality improvement effort, which provides tools to help institutions address maternal mortality inequities.
- Contributing to updated versions of the American College of Obstetricians and Gynecologists’ Levels of Maternal Care guidelines.
- Leading development of the “Pain Management Best Practices Inter-Agency Task Force Report,” which details multimodal techniques to manage pain in laboring women, especially those with opioid use disorder. This is key as pregnant Black women are less likely to receive or use medication to treat an opioid use disorder.
- Working closely with the American College of Obstetricians and Gynecologists in the development of evidence-based standards to help eliminate racial disparities in maternal and infant care.
- Supporting the Preventing Maternal Deaths Act, which provides states funding to establish and support maternal mortality review committees and standardize the review process.

Ensure quality care for all. Learn more here

“...It’s important to put processes and protocols in place to reduce inequitable care. At our institution, there’s an automatic trigger if the nurse indicates that blood loss after vaginal delivery has hit 500. As soon as it is entered, it goes off to a pager that the anesthesiologist floor leader is carrying and they go by and make a visit. We do a lot more visits than necessary as a result and nine times out of 10 it’s unnecessary, but you need to do that to catch the 10th one.”

– Sunil Eappen, MD, MBA, Interim President; Senior Vice President; Medical Affairs; Chief Medical Officer

The specialty also has promoted the importance of diversity and inclusion in the development of anesthesiology research and in study populations. Because they are trained as specialists in critical care medicine, anesthesiologists stepped up as frontline providers of care for patients with COVID-19, which disproportionately affects lower income and minority populations.