

American Society of Anesthesiologists®

MEDICAL STUDENT COMPONENT

FROM THE EDITOR:

A look at the legislative process and how it affects you

This issue of the ASA Medical Student Component newsletter will focus on some legislative issues impacting anesthesiology. After attending the 2014 ASA Legislative Conference in Washington (May 5-7) and the 2014 AMA Annual Meeting in Chicago (June 5-7), members of the ASA Medical Student Component (MSC) Governing Council realized how deeply these legislative issues impact our future practice. To help medical students understand the legislative side of anesthesiology and medicine, we prepared a few articles explaining what is going on and how you can get involved to shape our health care policy.

– *Melissa Zhu Murphy, ASA MSC Secretary*



THE PERIOPERATIVE SURGICAL HOME

A glimpse into the future model of anesthesia practice

Do you ever wonder how your career as an anesthesiologist will differ from current practice? ASA is leading the development of the Perioperative Surgical Home (PSH) as a model for improving health, improving health care delivery and reducing the cost of care. Physician anesthesiologists hold a unique position to provide quality patient care from the decision for surgery through recovery and discharge. The PSH aims to coordinate and/or integrate the often fragmented preoperative evaluation, intraoperative medical practice and postoperative management of patient care with the physician anesthesiologist at the helm.

Daniel Cole, M.D., ASA First Vice President is the chair of the PSH Steering Committee and spoke on

“Maintaining Relevancy in an Era of Healthcare Transformation” at this year’s Legislative Conference. Dr. Cole outlined the rationale for developing the PSH and its important role in the future direction of our field. Though the PSH was not one of the major focuses for lobbying at this year’s conference, its principles and goals will certainly be areas we want to invest in for obtaining legislative support in the future.

The current perioperative system has multiple physicians, largely working

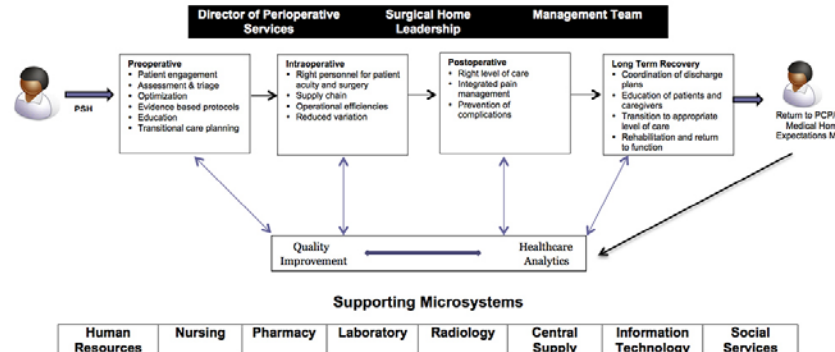
of the page depicts the structure and flow of the PSH.

In addition to improving patient care, the PSH aligns with legislative intent for alternative payment models in the future. Models of payment are changing across all medical specialties and are transitioning from a fee-for-service payment system to a value-based system. Pressures regarding cost containment are sure to focus on perioperative care, as it accounts for approximately 60 percent of a hospital’s expenditures. The early development of the

PSH will streamline our field’s transition into imminent payment restructuring and ensure that our work toward safety and quality

outcomes will be compensated fairly.

ASA President Jane C.K. Fitch, M.D., in a recent post on KevinMD, outlined some of the key aspects of this innovative practice model. You can read her post here: <http://www.kevinmd.com/blog/2014/06/better->



independently, managing surgical patients. The PSH aims to integrate surgical patient care throughout the entire perioperative period. This would ensure a more fluid and positive surgical experience for patients, which decreases chances for communication errors and unnecessary duplication of tests. The image in the center

[outcomes-lower-costs-](#)
[perioperative-surgical-](#)

[home.html](#). You can also visit www.asahq.org/psh to

THE VA NURSING HANDBOOK ISSUE

The Department of Veteran Affairs (VA) proposed a new policy in its Draft VA Nursing Handbook that abandons physician-led, team-based anesthesiology. Once this policy is enacted, nurse anesthetists in VA hospitals will be able to practice anesthesiology independently without physician supervision and without regard to state licensure. VA proposed this policy because of studies from the American Association of Nurse Anesthetists showed that there is no difference in care delivery between physician anesthesiologists versus nurse anesthetists. However, neither of these two studies were performed in a VA facility. Therefore, there is no evidence suggesting that nurse anesthetist-independent care team model won't compromise VA health care.

find more information about the PSH.

*-Stephen Shumpert, MS-III,
ASA MSC Chair-Elect*

ASA is very concerned because VA patients are among the sickest and most complex patients. Physician anesthesiologists' involvement in taking care of VA patients is absolutely critical. VA anesthesiology chiefs were excluded from providing input on the proposed handbook changes and have also raised concerns about how this policy might affect Veterans' lives.

"We find this proposed shift from the current guidelines unnecessary and worrisome for our nation's Veteran community." - Association of the United States Navy

During the 2014 ASA Legislative Conference, ASA members went to Capitol Hill, visited members of Congress and expressed concerns over this issue. In response to those meetings, a number of Congress members contacted VA to express concerns about the application of the Proposed Nursing

Handbook to the surgical/anesthesia setting. Additionally, as a result of our advocacy during Capitol Hill meetings, the ASA-supported language in H.R. 4486, the Military Construction and Veterans Affairs (Mil Con-VA) and Related Agencies Appropriations Act, was also included in the Senate version of the bill. This language requests that the VA involve both internal and external stakeholders in review of the Proposed Nursing Handbook and also requests that the VA work to avoid any conflicts between the Proposed Nursing Handbook and handbooks already in place, such as the Anesthesia Services Handbook. That bill has passed the Senate Appropriations Committee and next faces a vote in the U.S. Senate.

Please continue to reach out to your Senators and Representatives to protect and promote the physician-led care team model.

*-Melissa Zhu Murphy, PGY-1
ASA MSC Secretary*

RURAL PASS-THROUGH LEGISLATION

Being from a rural area and now continuing my training in another rural state, improving rural access to care strikes a chord with me. At the 2014 ASA Legislative Conference in Washington, D.C. in May, I talked to my congresspersons about just such an issue - expanding patient access to physician anesthesiologists.

Low Medicare Part B reimbursements and small yearly caseloads in rural areas make it difficult for physician anesthesiologists to practice in rural areas. Currently there are regulations in place that allow Medicare Part A "pass-through" funds to reimburse nurse anesthetists and other non-physician anesthesia providers. Under the Centers for Medicare & Medicaid Services (CMS)

guidelines, these "pass-through" dollars are not available for physician anesthesiologists. In D.C. in May, we asked that legislation be passed allowing this to change.

Specifically, we asked our congressmen and congresswomen to support legislation being introduced last spring. On May 30, Rep. Lynn Jenkins (R-KS 2nd) and Rep. Emanuel Cleaver (D-MO 5th) introduced H.R. 4781, the Medicare Access to Rural Anesthesiology Act. This piece of bipartisan legislation is a major step forward in ensuring safer access to anesthesia services to some of our most medically underserved. There is also companion legislation, S. 1444, introduced by Sen. Ron Wyden (D-OR) and Sen. Johnny

Isakson (R-GA.)

What can you do now?

Thank your congresspersons if they supported these pieces of legislation. If they have not, call or write and explain why you think it is important for them to join as cosponsors.

Visit grassroots.asahq.org for a searchable database with phone numbers and links to contact members of Congress. Remember: our ultimate goal is ensuring the best care we can to every single patient receiving anesthesia services. Because when seconds count, physician anesthesiologists save lives.

*-Maggie Coffield, PGY-1
ASA MSC Alternate*

HIGHLIGHTS FROM THE 2014 AMA CHICAGO MEETING

1. AMA to ask president for quicker care for veterans:

Physicians at the [2014 AMA Annual Meeting](#) voted to ask President Barack Obama to provide timely access to entitled care for eligible veterans via the health care sector outside of the U.S. Department of Veterans Affairs (VA) health care system until the VA can provide health care in a timely fashion. The new AMA policy also directs the AMA to urge

Congress to quickly enact long-term solutions so eligible veterans always can have timely access to entitled care.



2. Doctors ask for closer look at maintenance of

certification: Physicians voted during the 2014 AMA Annual Meeting to continue investigating maintenance of certification (MOC), osteopathic continuous certification (OCC) and maintenance of licensure (MOL), including assessing the impact of MOC on physician practices.

3. AMA president: Foundation of tradition required for future of change:

Virginia reproductive

endocrinologist and OB-GYN Robert M. Wah, M.D., assumed the AMA presidency. The 169th president of the AMA, and the first Asian-American to hold the post, Dr. Wah emphasized in his inaugural address both the importance of tradition and the courage to embrace change.

4. Taking the path of action in the face of challenges: In her address to the House, AMA President Ardis Dee Hoven, M.D., reminded the medical profession of its powerful mission: to create a better, healthier future for the people of this great nation.

5. Physicians call for better electronic data interchange: New policies adopted at the 2014 AMA Annual Meeting included several calls for sorely needed changes to health IT to accommodate physicians' and patients' needs.

*-Ryan Budwany, MS-IV
ASA-MSA Alternate Delegate*

HOW TO GET INVOLVED IN ADVOCACY

This article is dedicated to the legislative issues concerning ASA and its constituent anesthesiologists, both present and future. At this point, you might be wondering how you can get involved in political action. Here are some suggestions on how you can get started.

Learn: Educate yourself and others about the issues regarding the specialty. You cannot act politically unless you know the extent to which your actions are needed. There is quite a bit of information out there, so be judicious on what and whom you chose to read. This current publication has a number of well-written pieces regarding some of the most pressing issues currently

affecting the field of anesthesiology. The proposed VA Nursing Handbook and SGR reform issues are great places to start researching and reading. Start there, but don't stop there. Read up on the issues found in the news and seek out articles endorsed by ASA. Of note, ASA sends to members a weekly publication by email called *ASAP*—it is extremely insightful. It is also archived on the ASA webpage (go to asahq.org, then click on "For the Public and Media, then click "Press Room.") Lastly, I would also encourage you to take some time to sit down with a mentor in the field or someone you know and trust to guide you through some of

the issues. It can be a rewarding experience to dialogue with someone you trust about the issues that have begun to affect them in their practice and which will undoubtedly affect you should you chose to pursue a career in anesthesiology.

Join: You should strongly consider joining your local state society of anesthesiology. In my experience, this is a highly connected and invested group of people committed to the field of anesthesiology and dedicated to promoting the welfare of the specialty through political action. If you are interested in getting involved in political action, these are indispensable connections that will put you

on your way. Getting involved with local government is an important place to start, since most of the issues affecting anesthesiology are state affairs, not necessarily federal issues. The state societies will know other ways in which you can contribute and get involved.

Join ASA if you have not already. This is the largest and most organized society of any of the medical specialties. The larger the crowd, the larger the voice. This organization is also the acting voice of the specialty, and it represents physician anesthesiologists nationwide to the public and to the government.

Attend: Attend the meeting of your state society of anesthesiologists. Here you will learn about the local elections in your government and who the state societies endorse as “anesthesiologist-friendly” candidates for local state offices. Attend the annual ASA Legislative Conference in Washington, D.C. This event offers an incredible way to learn what the pressing issues are from leaders in the specialty. Physician anesthesiologists

from around the country come to the ASA Legislative Conference to lobby for our specialty, and you can try your hand at this, too. The conference culminates in meetings with representatives from your home state — and it’s here that your voice can literally be heard by policymakers. This is an incredible opportunity that you won’t want to miss.

Contribute: If you are in a position to contribute financially, the ASAPAC and your local society of anesthesiologists could use your support. Your local societies will use contributions to support the campaigns of endorsed local politicians. ASAPAC will use contributions to support congressional campaigns.

If, like many medical students, you are a tad short on cash, you can contribute some of your time to write letters and emails to both your local politicians as well as your U.S. congresspersons in order to inform them of the issues that are important to you and to the specialty of anesthesiology.

*-Benjamin Stam, MS-IV
ASA MSC Member-At-Large*

Explore the world of an anesthesiologist at ANESTHESIOLOGY™ 2014

Get career advice and explore the future of the specialty at the [ANESTHESIOLOGY™ 2014](#) annual meeting. You’ll also have the chance to networking with your peers, residents and established physician anesthesiologists from around the world.

The medical student program addresses topics central to where you are in your professional development. Activities such as the [Residency Program Meet and Greet](#) introduce you to program directors and residency options. The [Models of Practice Panel](#) will discuss employment models with a focus on the positives and negatives of each, as well as discuss national employment trends and likely future models. Be sure to attend the [Medical Student Workshop](#) for an intro into anesthesiology and hands-on practice doing a variety of techniques.

For more about sessions, networking options and things to do while in New Orleans visit goanesthesiology.org.

See you in October!