ASA: Working for You

Mary Dale Peterson, M.D., MSHCA, FASA | June 29, 2019
m.peterson@asahq.org

American Society of Anesthesiologists™

Disclosures & Objectives

- Nothing to disclose

- Objectives: Participants will learn
  - How ASA is working with members nationally and in the states to address current and emerging opportunities
  - Key trends and challenges facing the specialty in the market, legislature and regulatory, nationally and in the states

Special “Thank You” to…

ASA Director & Alternate Director

Director
Georgia Society of Anesthesiologists
Timothy N. Beeson, M.D.
Martinez, GA

Alternate Director
Georgia Society of Anesthesiologists
Matt Klopman, M.D., FASA
Sandy Springs, GA

ASA Past Presidents

- 1965: Perry P. Volpitto, M.D.
- 1970: John E. Steinhaus, M.D.
- 1999: John B. Neeld, Jr., M.D.

Special “Thank You” to…

ASA Committee Chairs

- Abstract Review Subcommittee on Experimental Neurosciences: Paul S. Garcia, M.D. Ph.D.
- Committee on Governance Effectiveness and Efficiencies: Steven L. Sween, M.D.

State Component Officers

- President: Steven L. Sween, M.D.
- Immediate Past President: Maurice Gilbert, M.D., FASA
- Vice-President: Justin Ford, M.D.
- Secretary/Treasurer: Keith Johnson, M.D., FASA

Today's Discussion

- ASA: Who We Are
- Membership Update
- ASAPAC Update
- Key ASA Initiatives & Programs
- Q & A

We are ASA: Leaders in Patient Safety

- **Mission**: Advancing the practice and securing the future
- **Vision**: A world leader improving health through innovation in quality and safety
- **Values**: Patient safety, physician-led care and scientific discovery

Strategic Pillars

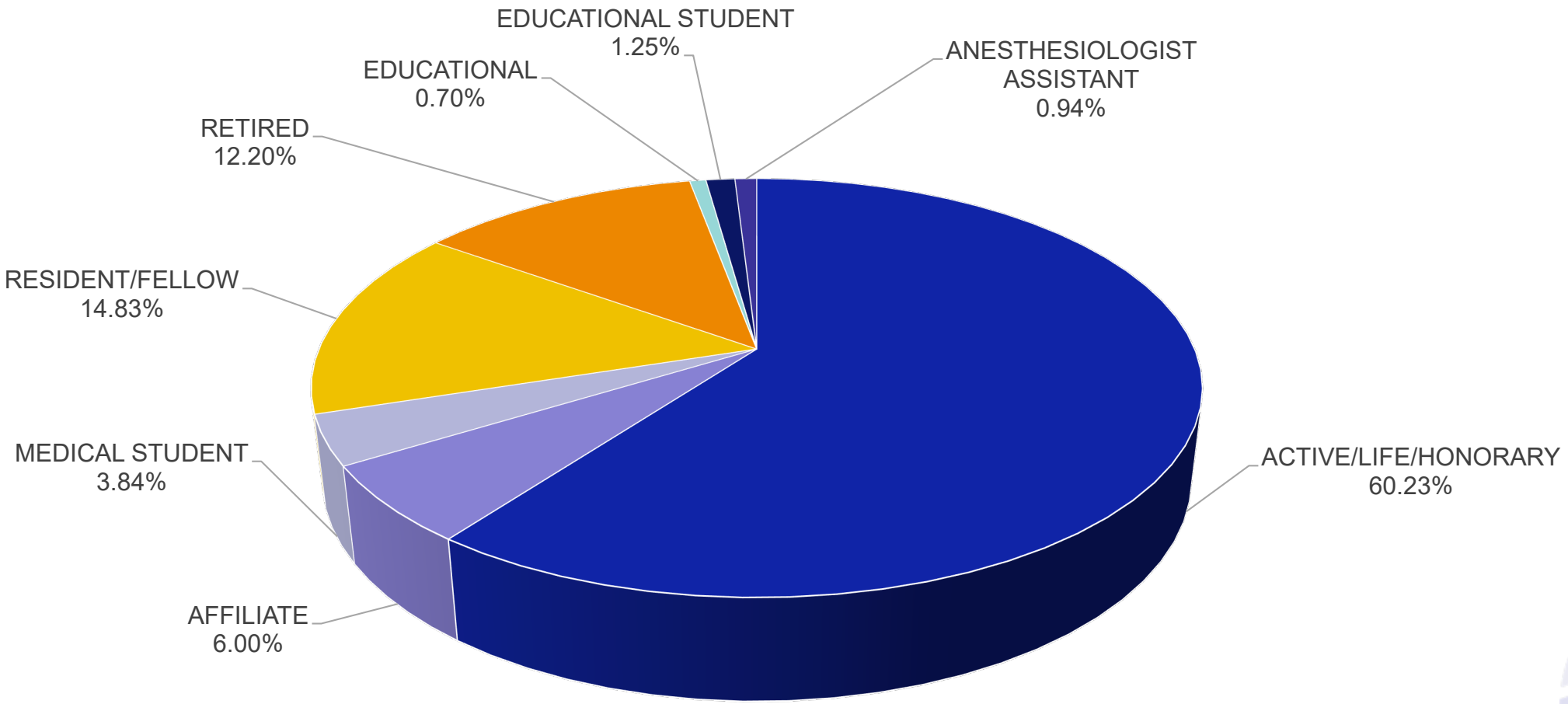
1. Advocacy
2. Quality & Practice Advancement
3. Educational Resources
4. Member Growth & Experience
5. Health Systems Leadership
6. Organizational Excellence
   a) Internal Operations
   b) Growth & Business Development

Membership Update

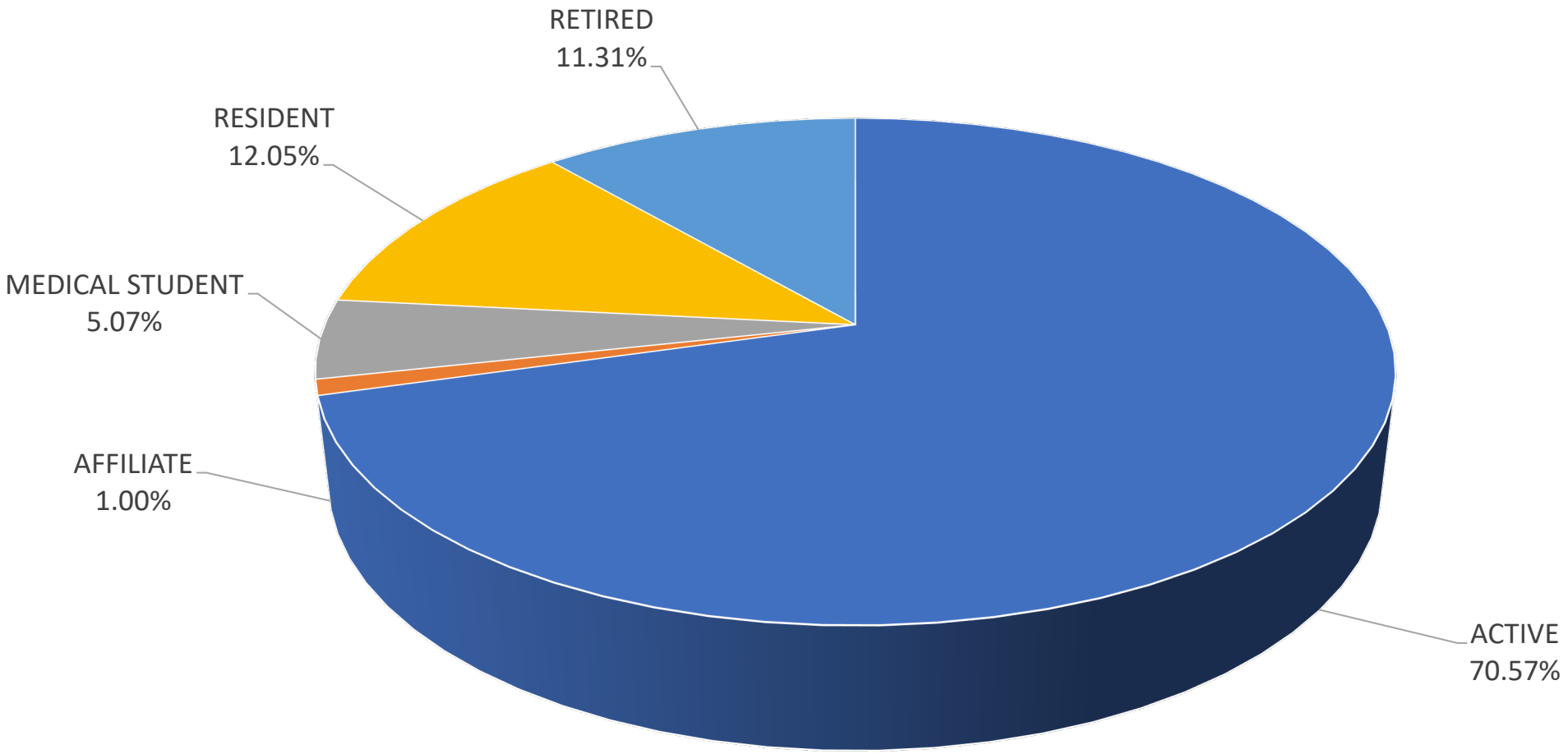
American Society of Anesthesiologists™

asahq.org

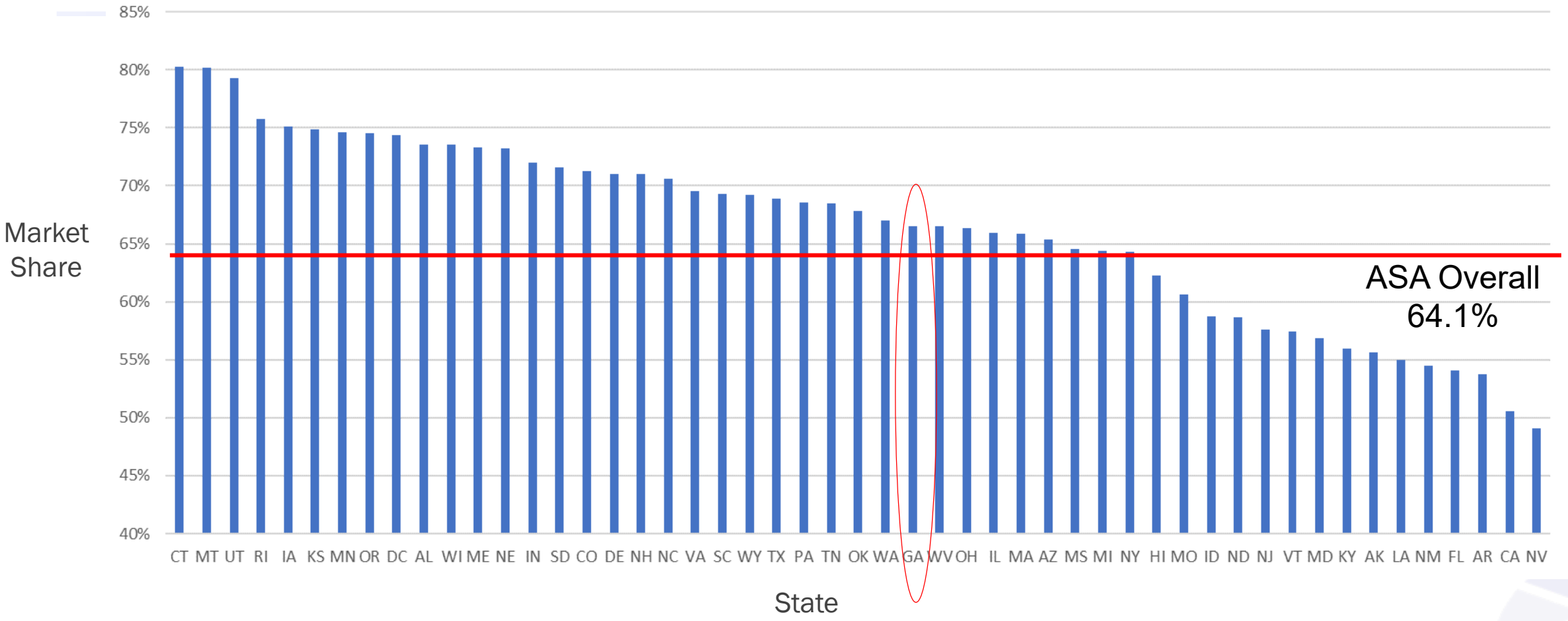
ASA Member Distribution



Georgia Society Member Distribution



ASA Market Share of Physician Anesthesiologists by State



Areas of Focus for 2019

Continue expanding Anesthesia Practice Administrators & Executive Educational membership

- Membership grew 130% in 2018 through direct outreach to practice administrators. Most pay no dues as this is a benefit of a group with 90% or more physicians holding Active membership.

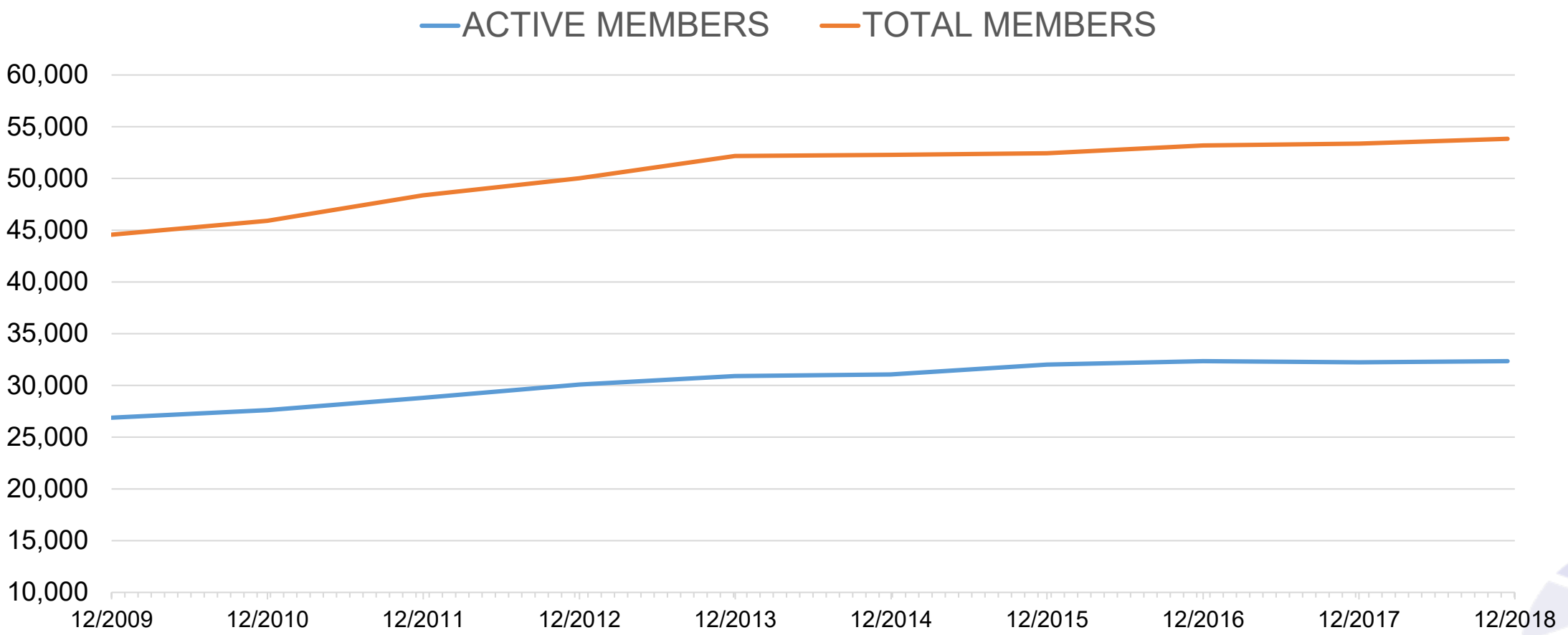
Continue expanding Anesthesiologist Assistant membership

- Membership grew by 9% in 2018 through direct outreach to AAAA members.

Continue growth of the FASA program

- Over 700 Fellows to date

10-year ASA Member Counts



ASAPAC Update

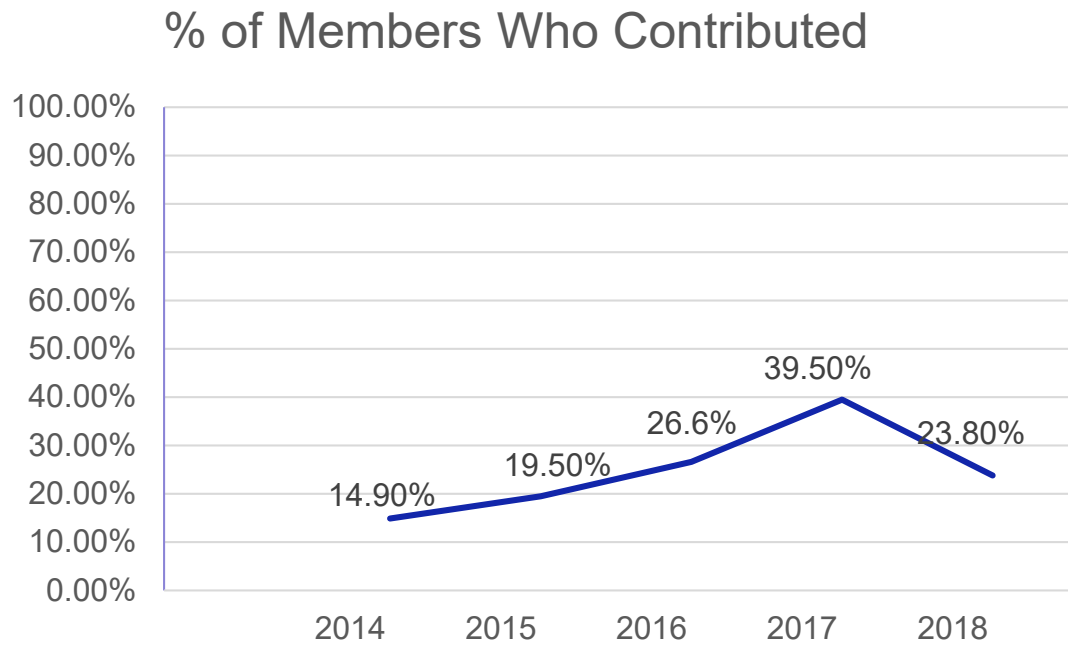
American Society of Anesthesiologists™

asahq.org

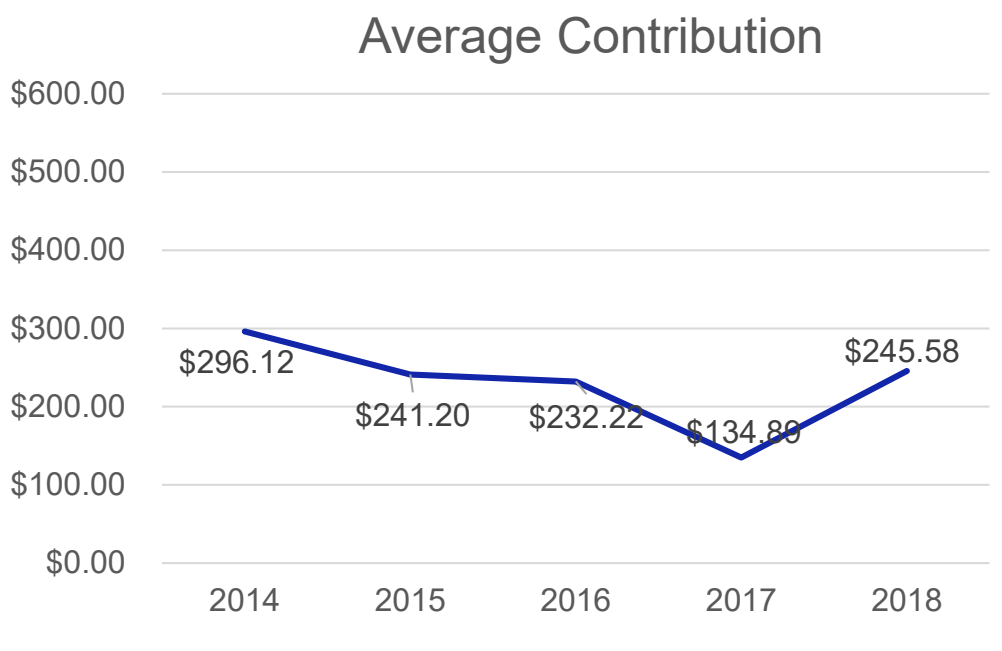
Why Contribute? Our Dollars Make a Real Difference

- Patient safety and quality of care
- Assure physician-led team-based care
- Advocating for scientific discovery, the cornerstone of what we are
- Assuring adequate support and advocacy for education and training the next generation of anesthesiologists
- **The power of unity and combined resources!**

ASAPAC Activity by Georgia Members



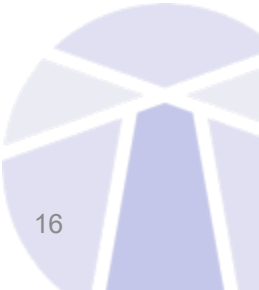
ASA's overall 2018 participation rate was 21.2%



ASA's average contribution in 2018 was $268.40

ASAPAC Support for Georgia in 2018

- Rep. Sanford Bishop (D-GA-02)
- Rep. Earl Carter (R-GA-01)
- Rep. Douglas Collins (R-GA-09)
- Rep. Tom Graves (R-GA-14)
- Rep. Henry Johnson (D-GA-04)
- Rep. Barry Loudermilk (R-GA-11)
- Rep. James Scott (R-GA-08)
- Rep. David Scott (D-GA-13)
- Rep. Robert Woodall (R-GA-07)
- Sen. Johnny Isakson (R-GA-Sen)



2018 Residency Programs at 100%

- Baylor Scott & White
- Beaumont Health
- Cleveland Clinic Florida
- Emory University
- Geisinger Health System
- Georgetown University
- Indiana University
- Kansas University – Kansas City
- Kansas University – Wichita
- Louisiana University – Shreveport
- Maine Medical Center
- Mayo Clinic Arizona
- Mayo Clinic Florida
- Mayo Clinic Minnesota
- Michigan State University
- Mount Sinai – Miami Beach
- Mount Sinai – New York
- Ochsner Medical Center
- Tulane University
- University of Alabama
- University of Arkansas
- University of Chicago
- University of Colorado
- University of Connecticut
- University of Florida-Jacksonville
- University of Miami
- University of Nebraska
- University of Oklahoma
- University of Pittsburgh Medical Center
- University of Tennessee-Knoxville
- Virginia Commonwealth University
- Virginia Mason
- West Virginia University

Day of Contributing 2019

June 20, 2019

Most successful DoC in ASAPAC history
Raised $907,266 from 3,457 donors!

Top contributing states:
- California - $95,434.69
- Texas - $86,463.41
- Indiana - $79,319.31
- Alabama - $41,786.96
- Missouri - $38,146.00

States with highest number of donors:
- California - 459
- Texas - 329
- Indiana - 319
- Florida - 176
- North Carolina - 115

States that had the greatest percentage of members contributing:
- Indiana - 32.79%
- Montana - 20.98%
- Alabama - 20.58%
- South Dakota - 20.55%
- North Dakota - 20.41%

Georgia – Day of Contributing

- 113 Donors (#7 ranking)
- 10.65% Participation (#15 ranking)
- $29,688.71 Raised (#9 ranking)
- 2018 DoC – Georgia had 30 donors, 3.25% participation and raised $7,660.00

ASAPAC
American Society of Anesthesiologists™

Advocacy & Awareness

American Society of
Anesthesiologists™

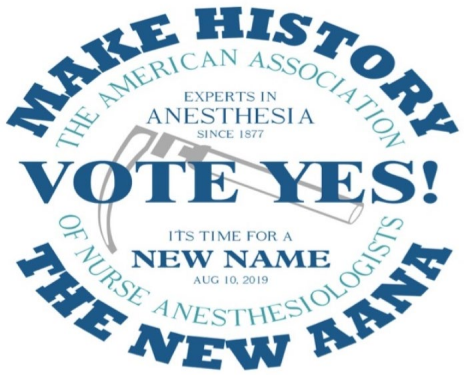
asahq.org

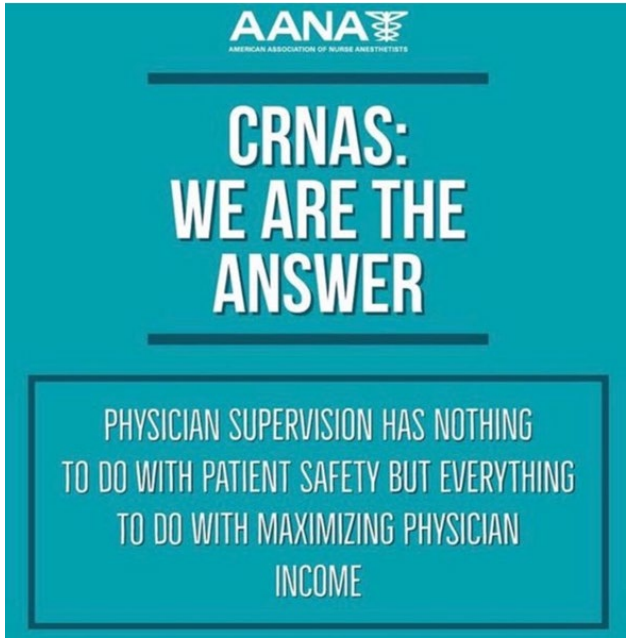
Advocacy Update - *2018 Accomplishments*

- **Preserving Physician-delivered and Physician-Led Anesthesia Care**
  - No adverse state laws (New York win)/No opt-outs
  - VA APRN Rule
- **Leading Voice in Addressing the Opioid Crisis**
  - Provisions in H.R. 6, the SUPPORT for Patients and Communities Act
  - Recommendations included in the HHS Interagency Task Force on Pain Management Best Practices
  - Premier Inc./ASA joint pilot
  - National RX Drug Abuse and Heroin Summit
- **A Leader in Drug Shortage Solutions**
  - Drug Shortage Summit/Recommendations
  - HHS Task Force on Drug Shortages
  - Member survey
  - First medical specialty on-line drug shortage registry

AANA Messaging

Florida Association of
Nurse Anesthetists (FANA)





AANA
AMERICAN ASSOCIATION OF NURSE ANESTHETISTS

222 South Prospect Avenue
Park Ridge, Illinois 60068-4001
847.692.7050
AANA.com

Safe and effective anesthesia
CARE
for every patient.

CRNAs: We are the Answer

As advanced practice nurses, Certified Registered Nurse Anesthetists (also recognized by the titles CRNA, nurse anesthetist, Certified Registered Nurse Anesthesiologist, and nurse anesthesiologist) are proud to be part of America's most trusted profession. Patients who require anesthesia for surgery, labor and delivery, emergency care, or pain management know they can count on a CRNA to stay with them throughout their procedure, advocate on their behalf, and provide high-quality, patient-centered care. Likewise, healthcare facilities depend on CRNAs to serve the most patients for the least cost; deliver quality care to rural and other medically underserved areas; and positively impact the nation's growing healthcare cost crisis. CRNAs are *the* answer to achieving a safer healthcare environment and more cost-efficient healthcare economy.

This document was prepared by the American Association of Nurse Anesthetists (AANA) on behalf of its 53,000 members and the patients they serve to define the increasing role and value of CRNAs and provide an accurate description of anesthesia practice in today's U.S. healthcare system.

Looking Back

Nurse anesthetists have been the backbone of anesthesia delivery in the United States since the American Civil War. The **first U.S. healthcare providers to specialize in anesthesiology**, these pioneering nurses introduced a grateful public to a world of previously unimagined healthcare possibilities. **Since the late 1800s, anesthesiology has been recognized as the practice of nursing;** it wasn't until nearly 50 years later that physicians entered the field and anesthesiology also gained recognition as the practice of medicine. Over the years, despite numerous legal challenges by organized medicine, the courts have consistently upheld the doctrine of anesthesiology as nursing practice. For a timeline of nurse anesthesia history, see https://www.aana.com/history.

Provider Types

CRNAs and physician anesthesiologists are the predominant anesthesia professionals in the United States. Another anesthesia provider type is anesthesiologist assistants (AAs). **These healthcare workers serve as assistants to physician anesthesiologists,** and by law can only practice under the direct supervision of a physician anesthesiologist.

Anesthesia services are provided the same way by nurses and physicians; in other words, **when anesthesia is provided by a CRNA or by a physician anesthesiologist, it is impossible to tell the difference between them.** Both CRNAs and physician anesthesiologists provide anesthesia for the same types of surgical and other procedures, in the same types of facilities, for patients young to old; one provider type is not required over the other in any given situation. In fact, ***most* of the hands-on anesthesia patient care in the United States is delivered by CRNAs.** Yet, while CRNAs are not required by federal or state law to work with physician anesthesiologists (except in New Jersey, which requires CRNAs to enter into a joint protocol with a physician anesthesiologist), in many healthcare settings CRNAs and physician anesthesiologists work together to provide quality patient care. Landmark research, however, has confirmed that anesthesia is equally safe regardless of whether it is provided by a CRNA working solo, a physician anesthesiologist

1

ASA Response

- "Some have asked us to "respond" directly to the AANA. However, I contend that responding to this blatantly unprofessional document is not the answer."
- "…unlike the authors of the AANA statement,…I have no ill will toward our colleagues."
- "We will remain focused on where it really matters – the federal and state legislative and regulatory bodies and with the public."
- **"…we and the patients we serve are winning!"**

A MESSAGE FROM the President

LINDA J. MASON, M.D., FASA

ASA President Responds to AANA Statement 'CRNAs: We are the Answer'

Many of you read my May 27 Monday Morning Outreach response to the American Association of Nurse Anesthetists' (AANA's) newest anti-anesthesiologist, anti-team-based-anesthesia campaign, "CRNAs: We are the Answer." It is our fear that this campaign has the potential to undermine productive working relationships and ultimately harm patient safety. We will not let this happen. I am grateful for all your feedback so far.

I want to provide you with some additional information about ASA's view of this malicious and irresponsible statement. It is my intention that ASA remain focused on where we have been succeeding most in protecting our patients – in the federal and state regulatory and legislative arenas and with our patients themselves.

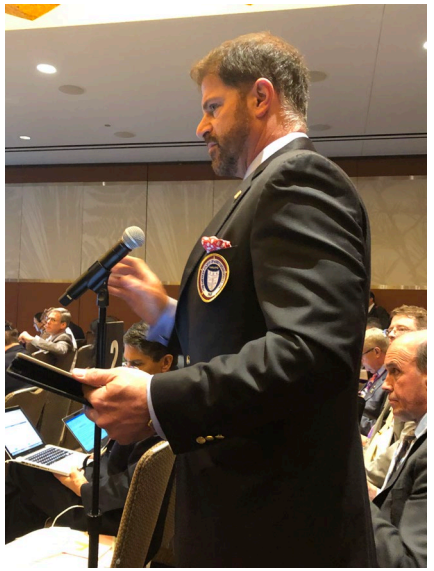
June 3, 2019

ASA Advocacy - *2019 Agenda*

"Nurse Anesthesiologist"

Multi-pronged Strategy and Tactics

- **States**
  - Strengthen Truth in Advertising laws.
  - Work with crisis states (NH)
  - AMA/SOPP - ASA secured enhanced AMA policy in opposition to misleading titles and descriptors.
- **ASA rebranding**



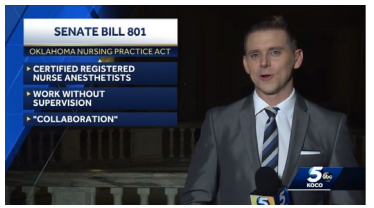
Mike Simon, M.D., member of ASA's delegation to the AMA House of Delegates, gives testimony on the misleading "nurse anesthesiologist" initiative

ASA Successes

- 2019: **Pro-active New York State Legislation Introduced (not considered)/Nurses' bill did not advance**
- 2019 to date: **9-0 in states**
- 2018: **New York State Win**
- 2017: **VA APRN Final Rule**
- 2012 to date: **No opt-outs**

Arkansas Democrat Gazette

Nurse anesthetist bill fails House vote



SANTA FE NEW MEXICAN

LETTERS TO THE EDITOR

Removing physician involvement from anesthesia wrong

Risks Remain in the States

ASA Advocacy - *2019 Agenda*

Out of Network Payment

- **"Benchmarking" –** Payment for out-of-network services set in law to be paid at "mean in-network allowed rates" (as set by insurance companies) or Medicare rates.
- **"In-Network Guarantee"** – Hospital-based physicians required to be in the same network as the hospital. Ex. The anesthesia group is in 5 of the 6 insurance networks served by the hospital. Without the 6th insurance company, the group can no longer work at the hospital.
- **"Single Payment" or "Bundle"** – Physicians no longer negotiate with insurers or bill insurers. Only the hospital can negotiate and bill the insurer. The physicians must make payment arrangement with the hospital.
- **Poorly designed "arbitration" models** – An arbitration mechanism is created to address physician and insurance company payment disputes. However, the mechanism is designed to benefit insurers and give them more leverage in the arbitration process.

U.S. Senate HELP Committee
"Alexander-Murray"

U.S. SENATE COMMITTEE ON
Health, Education
Labor & Pensions

S.1895, the Lower Health Care Costs Act

Title I – Ending Surprise Medical Bills

Section 103 –

Establishment of Benchmark.--A group health plan or health insurance issuer offering group or individual health insurance coverage shall pay facilities or practitioners furnishing services for which such facilities and practitioners are prohibited from billing enrollees under section 2719A(g), the median in-network rate, using a methodology determined under subsection (b) for the same or similar services offered by the group health plan or health insurance issuer in that geographic region.

06.26.19

Alexander: Senate Health Committee Votes 20 to 3 for Bipartisan Bill to Reduce Health Care Costs

"This legislation helps Americans in three major ways: It ends surprise billing, creates more transparency, and increases competition to bring down prescription drug costs."

— Chairman Lamar Alexander

ASA Opposes "Alexander-Murray"

"I am writing on behalf of the members of the American Society of Anesthesiologists (ASA) to express our strong opposition to the surprise billing provisions included in S. 1895, "The Lower Health Care Costs Act..."

"Over 90 percent of physician anesthesiologists claims are in network…"

"…It will address out-of-network physicians and other providers; but, it will also seriously adversely impact those physicians and other providers who have made a good faith effort to successfully negotiate in-network agreements."

- ***ASA President Linda Mason, M.D.,FASA to Senate HELP Committee***

American Society of Anesthesiologists

June 25, 2019

The Honorable Lamar Alexander, Chair
Senate Health, Education, Labor and Pensions Committee
455 Dirksen Office Building
Washington, D.C. 20510

The Honorable Patty Murray, Ranking Member
Senate Health, Education, Labor and Pensions Committee
154 Russell Senate Office Building
Washington, D.C. 20510

Dear Chairman Alexander and Ranking Member Murray:

I am writing on behalf of the members of the American Society of Anesthesiologists (ASA) to express our strong opposition to the surprise billing provisions included in S. 1895, "The Lower Health Care Costs Act." We believe that patients should be protected from surprise medical bills; however, rate setting out-of-network payments to the median in-network rate will have unintended consequences for patients, resulting in decreased access and increased costs across the delivery system.

Over 90 percent of physician anesthesiologists claims are in network. Accordingly, ASA believes that any solution to surprise medical bills must align with the magnitude of the problem. The solution included in S.1895 far exceeds a reasonable solution. It will address out-of-network physicians and other providers but it will also seriously adversely impact those physicians and other providers who have made a good faith effort to successfully negotiate in-network agreements.

Under a federally imposed benchmark or essentially a "payment cap", insurance companies will be emboldened to create and maintain even more narrow networks than those that have currently caused this problem. Any incentive for insurance companies to create adequate networks of providers will be eliminated. As a result, it is expected that patients receiving health care from out-of-network providers will only increase.

This proposal completely disrupts market driven negotiations between insurance companies and providers. We urge the Committee to drop this proposal from S. 1895, "The Lower Health Care Costs Act," and replace it with an independent dispute resolution process that resembles the proposal authored by Senator Cassidy and the Bipartisan Workgroup and has already been proven and successful in New York and several other states.

New York has implemented a "baseball style" arbitration process and the literature has identified it as both fair and successful. To illustrate, in New York, the patient is removed from the process of determining out-of-network payment. An out-of-network provider or health insurer may submit

Mission: Advancing the Practice and Securing the Future asahq.org

ASA President's Call to Action

A MESSAGE FROM
the President

LINDA J. MASON, M.D., FASA

We are at an important crossroads in the history of our specialty. Whether you are in-network or out-of-network, the recent machinations of Congress on the surprise medical bill issue represent a serious threat to our practice. Fortunately, we have an opportunity to quash that threat. But we must all act.

The U.S. Senate has set an initial course toward an ill-advised and uninformed so-called "solution" to the issue. This Senate solution will fundamentally limit how physicians can negotiate with insurance companies for fair payments. It is possible this Senate approach will be enacted into law.

Fortunately, across the U.S. Capitol, key members of the U.S. House of Representatives have authored contrasting legislation based upon a sound, market-based solution to the surprise medical bill issue.

June 28, 2019

ASA | Call Your Legislator

Call Your Senator: Oppose the Surprise Medical Bill Provisions in the Lower Health Care Costs Act

49 Actions

U.S. Senate Health, Education, Labor and Pensions (HELP) Committee released draft legislation, S. 1895, "The Lower Health Care Costs Act," that includes harmful surprise medical bill provisions. ASA strongly opposes these provisions. As currently written, the proposal fundamentally reweights the health care marketplace to the benefit of insurance companies. Under the proposal created by Senators Lamar Alexander (R-TN) and Patty Murray (D-WA), the federal government would set in law an unprecedented "benchmark" or payment cap in the commercial insurance marketplace. Payments to out of network physicians and other providers would be capped at the "local median contracted commercial amount" – an amount determined by and ultimately controlled by insurance companies. We have provided talking points below to help guide your conversation with your senator:

U.S. House of Representatives
Rep. Raul Ruiz, M.D. (D-CA) – Rep. Phil Roe, M.D. (R-TN)

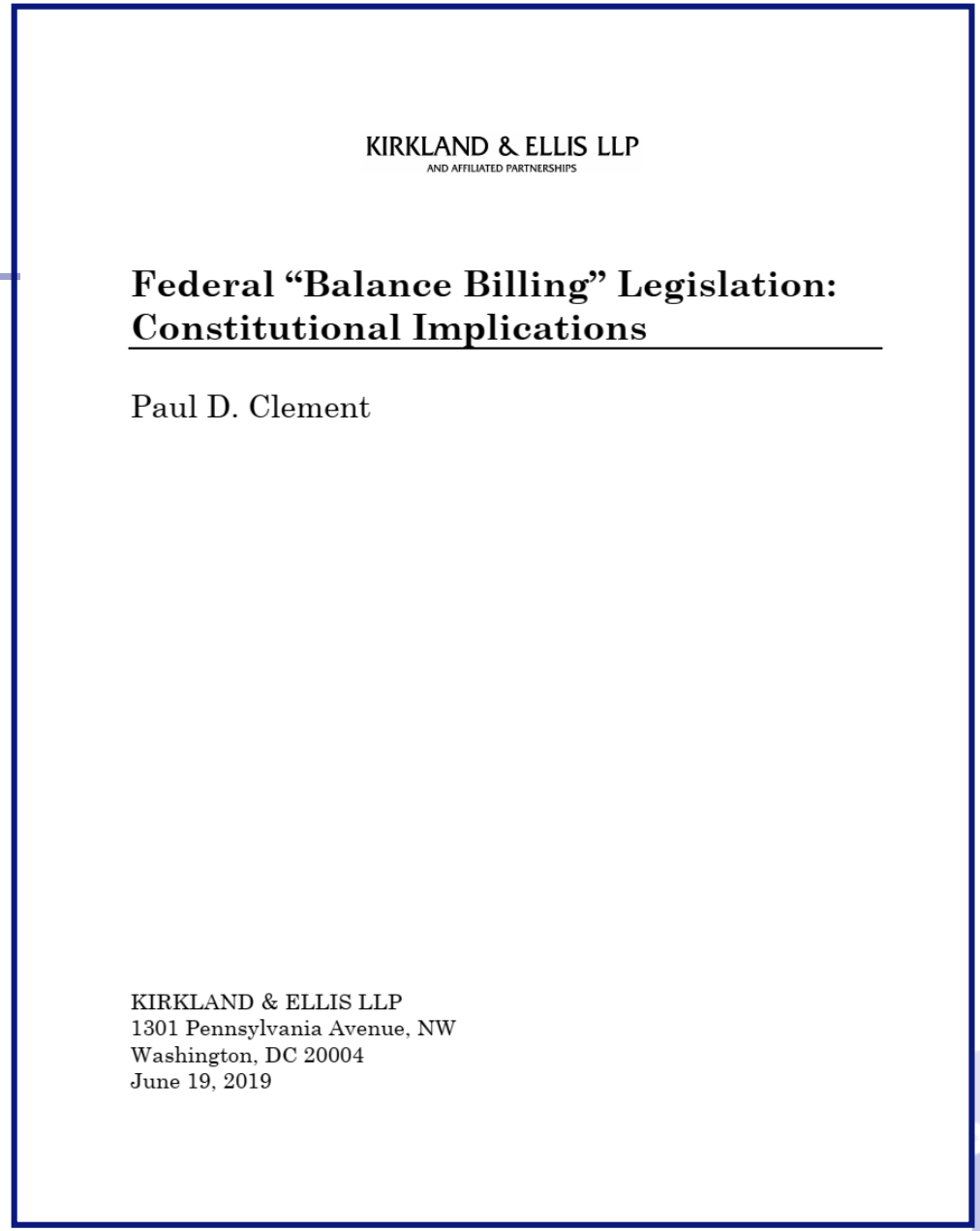
"H.R.3502, Protecting People from Surprise Medical Bills Act"

ASA-Endorsed

1. protects patients from out-of-pocket costs beyond what they would pay if the services were in-network;
2. requires insurers to initially pay the out-of-network provider a "commercially reasonable rate;" and
3. creates a fair, independent dispute resolution process to resolve payment disputes between insurers and physicians. The proposal provides that the arbiter shall take into consideration the 80 percentile of charges from an independent database in resolving the dispute.

Out of Network Payment: Legal Challenge

"In short, federal balance-billing legislation raises multiple constitutional concerns. If Congress proceeds with legislation, it should at least include safeguards that would ameliorate those concerns—namely, by ensuring that out-of-network healthcare providers will have some leverage to insist on receiving adequate payments for their services."



KIRKLAND & ELLIS LLP
AND AFFILIATED PARTNERSHIPS

Federal "Balance Billing" Legislation: Constitutional Implications

Paul D. Clement

KIRKLAND & ELLIS LLP
1301 Pennsylvania Avenue, NW
Washington, DC 20004
June 19, 2019

ASA Advocacy - *2019 Agenda*

Economic Strategic Planning Initiative

- **ASA Economic Strategic Planning Initiative**
  - All economic issues impacting the sustainability of private and academic practices
    - Medicare Payments
      - MACRA – MIPS and APMs
      - Conversion Factor Issues
      - Medicare Advantage
    - Care Delivery Models
    - Medicare for All Implications

ASA Advocacy - *2019 Agenda*

Medicare for All

- Medicare/Medicaid–Based Reforms
  - Public Option
  - Medicare for All
  - Medicare Buy-In
  - Medicaid Buy-In
  - Care Delivery Models

Rep. Pramila Jayapal (D-WA-7)
Chair, Progressive Caucus
Chair, Medicare for All Caucus
Founder, Medicare for All PAC

Caution: Federal AND State Issue

ASA Advocacy - *2019 Agenda*

Perioperative
Brain Health Initiative
American Society of **Anesthesiologists**™

- ASA urges support for the NIH and NIA in their work on this important public health issue.
- The stress of surgery and effects of anesthesia place ***older patients at risk for delirium and post-operative cognitive disorders.***
- These complications results in billions of dollars in additional health care costs.
- The National Institutes of Health (NIH), including the National Institute of Aging (NIA), are supporting efforts to address cognitive or brain function issues that may arise in older patients as a result of the surgical experience.

Lee Fleisher, M.D., Chair, ASA Brain Health Initiative

ASA Advocacy - *2019 Agenda*

Resident Physician Debt Relief

- **ASA has endorsed the H.R. 1554, the "Resident Education Deferred Interest Act" (REDI Act). The bill would allow borrowers to qualify for interest-free deferment on their loans while serving in a medical internship or residency program.**
- The cost of graduate-level medical education is substantial for physicians in training. Medical student debt can exceed $250,000.
- Physicians in residency can qualify to have their payments halted during residency through deferment or forbearance processes.
- The loans continue to accrue interest that accumulates to the overall loan balance.
- Providing debt relief allows physicians to more readily open practices in underserved areas or to enter faculty or research position.
-

Legislative Conference 2019


Rep. Kim Schrier, M.D. (D-WA)


Rep. Frank Pallone (D-NJ), Chairman
House Energy & Commerce Committee

Sen. Ted Cruz (R-TX)

Sen. Maggie Hassan (D-NH)

Rep. Andy Harris, M.D. (R-MD)

Legislative Conference

Can J Anesth/J Can Anesth
https://doi.org/10.1007/s12630-018-1111-5

SPECIAL ARTICLE

World Health Organization-World Federation of Societies of Anaesthesiologists (WHO-WFSA) International Standards for a Safe Practice of Anesthesia

Normes internationales pour une pratique sécuritaire de l'anesthésie de l'Organisation mondiale de la santé et de la Fédération mondiale des sociétés d'anesthésiologie (OMS-FMSA)

Adrian W. Gelb, MBChB, FRCPC · Wayne W. Morriss, MBChB, FANZCA · Walter Johnson, MD · Alan F. Merry, MBChB, FANZCA, FFPMANZCA, FRCA on behalf of the International Standards for a Safe Practice of Anesthesia Workgroup

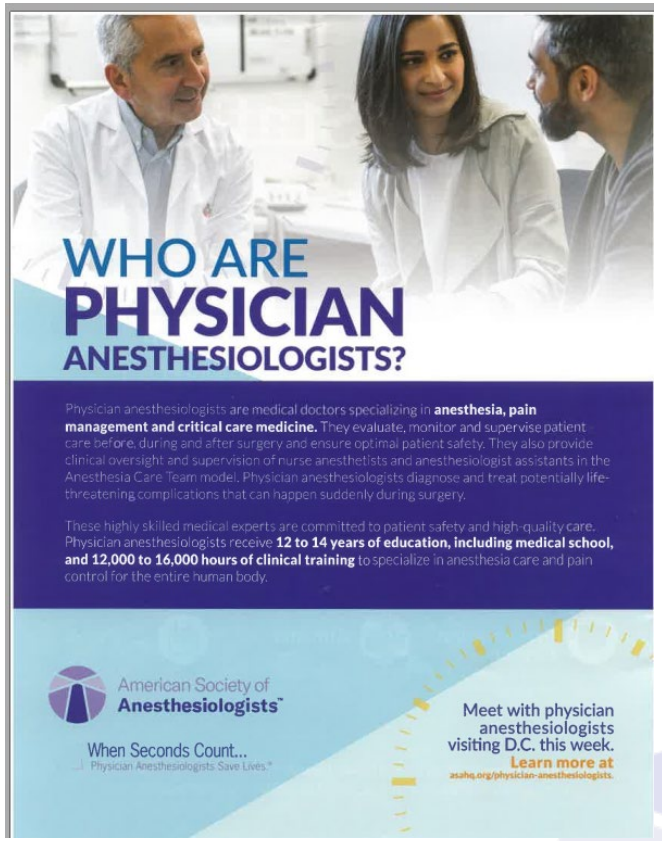
Received: 7 December 2017 / Revised: 21 February 2018 / Accepted: 22 February 2018

Professional Status

Anesthesia is a vital component of basic healthcare and requires appropriate resources. Anesthesia is inherently complex and potentially very hazardous, and its safe provision requires a high level of expertise in medical diagnosis, pharmacology, physiology, and anatomy, as well as considerable practical skill. Therefore, the WFSA views anesthesiology as a medical practice. Wherever and whenever possible, anesthesia should be provided, led, or overseen by an anesthesiologist **(HIGHLY RECOMMENDED)**. When anesthesia is provided by non-anesthesiologists, these providers should be directed and supervised by anesthesiologists, in accordance with their level of training and skill. When there are no anesthesiologists at a local level, leadership should be provided by the most qualified individual. Policies and guidelines consistent with this document should be developed at a local, regional, or national level by a team of anesthesia providers led by an anesthesiologist.

Handout

Handout



Full-Page Ad

Drug Shortages

- Drug shortages have exploded
  - Production disruptions
  - Foreign manufacturers are reluctant to ramp up production
  - New generics take a long time to get FDA approval
- Sterile injectables
  - Injectable opioids
  - Local anesthetics

- Previous efforts not permanent
  - Food and Drug Administration Safety and Innovation Act (FDASIA) of 2012
  - Food and Drug Administration (FDA), Office of Drug Shortage Efforts

Tackling Drug Shortages

- ASA and the American College of Emergency Physicians (ACEP) partnered to get Congressional sign-on letters sent to the FDA
  - House letter-107 signatories
  - Senate letter- 31 signatories

- Thereafter, Commissioner Gottlieb announced a new drug shortages task force to address the problem
  - Multiple stakeholder listening sessions followed; ASA participated
  - ASA attended the Task Force public meeting at the end of November and provided comments
  - The Task Force will submit a report to Congress in 2019

- ASA, with partners, convened a summit at the Washington, D.C. office in September 2018 to examine this issue from a new perspective: Drug Shortages as a Matter of National Security: Improving the Resilience of the Nation's Healthcare Critical Infrastructure
  - ASA shared recommendations from the Summit with the FDA Drug Shortages Task Force

Co-Convener of the Drug Shortage Summit

September 20, 2018: Drug Shortages Summit Recommendations

Drug Shortages as a Matter of National Security: Improving the Resilience of the Nation's Healthcare Critical Infrastructure

Recommendations focus on:

- Enhancing communication across the entire drug supply chain
- Streamlining regulations to incentivize increased manufacturing production
- A GAO study to examine all aspects of the drug supply chain
- Require federal government authorities with jurisdiction over national security to conduct an analysis of domestic drug and medical device manufacturing capability and capacity for critic product to assess whether a threat to national security exists
- Develop incentives for manufacturers to have contingency or redundancy production plans

Get Involved in ASA's Efforts

- ASA Drug Shortage Registry
  - On ASAHQ.org
  - Data shared with other registries, Congress and the FDA Drug Shortage Office

Make Your Voice Heard!

- Contact and educate:
  - Legislators
  - Hospital administrators
  - Surgeons and referring physicians
  - Friends and family
- Tell your When Seconds Count® story
  - Download toolkit resources from the website
  - Get involved with social media

Education Resources

American Society of Anesthesiologists™

asahq.org

Be at the top of your game with ASA Education

ACE

Challenge your knowledge of anesthesia fundamentals

- Clinical focus with many real-life scenarios
- Refreshes your memory on essential topics while keeping you updated on changing guidelines
- Choice of format: available in print or for mobile device/Web
- 60 AMA PRA Category 1 Credits™ per annual subscription (30 per issue)
- High-quality images
- Can be completed on-the-go and at your own pace
- References listed for further learning, with links to full-text Anesthesiology® articles

Be at the top of your game with ASA Education

SEE

Translating emerging anesthesia knowledge for your daily practice

- Content aggregated from approximately 30 international medical journals to streamline your learning
- Summaries of studies that can impact and improve your current practice
- 60 AMA PRA Category 1 Credits™ per annual subscription (30 per issue)
- Choice of format: available in print or for mobile device/Web
- Can be completed on-the-go and at your own pace
- References listed for further learning, with links to full-text Anesthesiology articles

ASA Simulation Products

Anesthesia **SimSTAT**
TRAUMA | ROBOTIC SURGERY | PACU | L&D | APPENDECTOMY

Anesthesia SimSTAT

- Virtual patients with unique, realistic diseases and based on physiologic models that respond appropriately to clinical interactions.
- A full complement of interactive anesthesia-related equipment, and monitors with live physiologic data and waveform tracings.
- Complete tracking of learners' actions, providing formative performance feedback, and identifying strengths, weaknesses and areas of improvement.

ASA Simulation Products

Anesthesia **SimSTAT**
TRAUMA | ROBOTIC SURGERY | PACU | L&D | APPENDECTOMY

Five Anesthesia SimSTAT courses

- Trauma, Appendectomy, Robotic Surgery, PACU, and L&D.
  - PACU – *Coming next month*
  - L&D – *Coming July 2019*

- Each course awards 5 MOCA 2.0® Part IV points and 5 AMA PRA Category 1 Credits™ (ABA approved as Patient-Safety CME)

- ABA diplomates can complete all five courses to earn five years' worth of MOCA 2.0® Part IV credit (25 points)

ASA Simulation Education Network

- Simulation Education Network (SEN) is a network of ASA-endorsed simulation programs held in centers across the country to deliver training to anesthesiologists.
  - 54 centers around the country, including University of Virginia, University of Maryland, Duke University, and Wake Forest University.
- Courses are designed to realistically recreate challenging clinical cases to allow participants to problem-solve in a manner that is similar to actual clinical experience.
- ABA diplomates can earn 25 MOCA 2.0® Part IV points (five years' worth) by attending a simulation for MOCA course at an ASA SEN-endorsed Simulation Center.

Scientific & Clinical Information

American Society of
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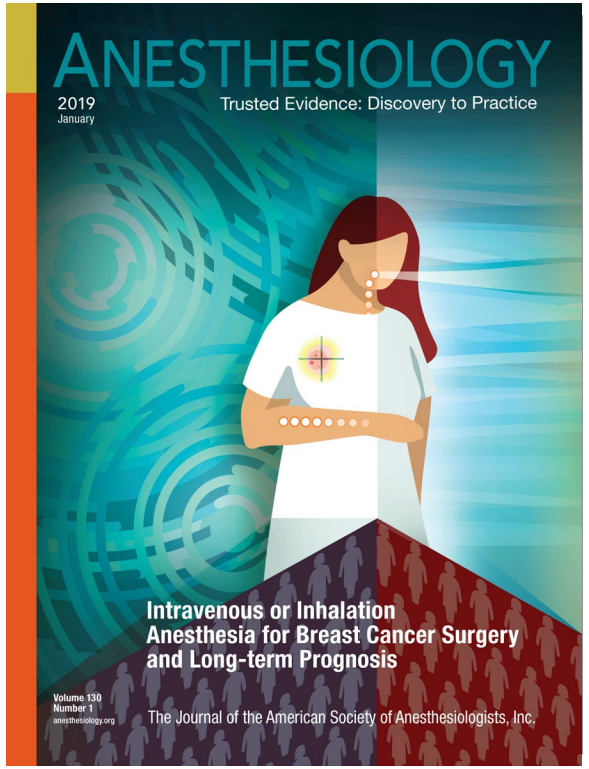
Anesthesiology®

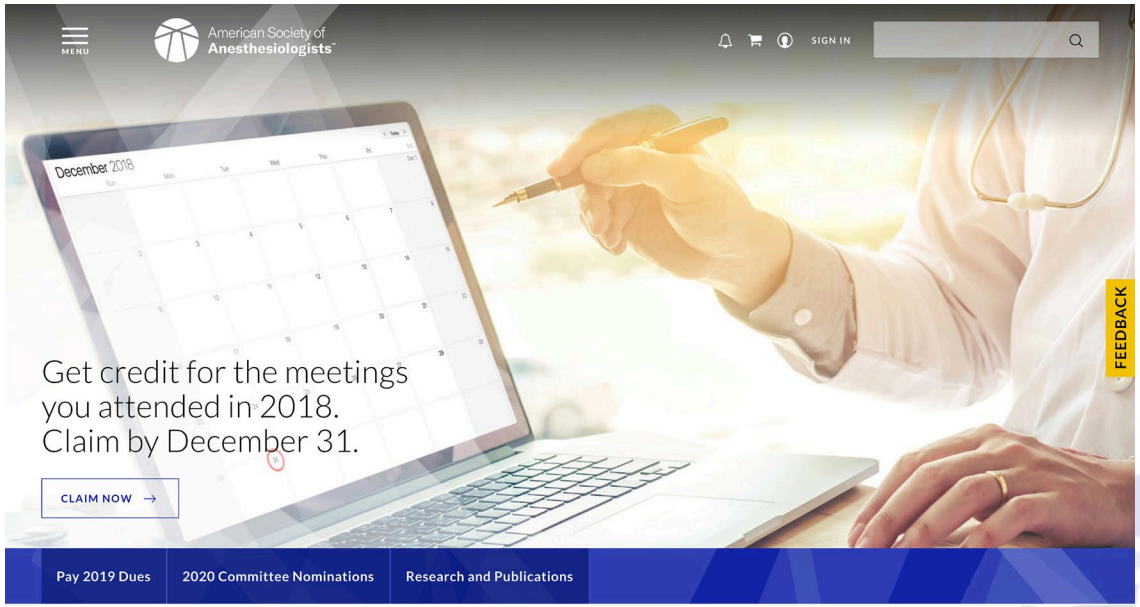
- The official peer-reviewed journal of the ASA
- The premier peer-reviewed journal in the specialty
  - Impact Factor of 6.424 in 2018
  - #1 in anesthesia and pain category
  - Highest Impact Factor in Journal's history
  - Impact Factor not be-all-and-end-all measure of success, but as Editor-in-Chief Dr. Evan Kharasch says, "if you are going to be ranked, it is nice to be #1."
- The #1 most-used ASA member benefit, with a 73% usage rate
- ***Trusted Evidence: Discovery to Practice***

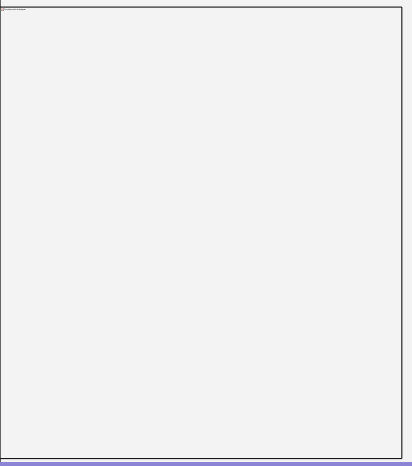


Other Clinical Resources

Among the top 10 most-used ASA member resources:

- ASA Monitor
- Standards, Guidelines, Statements and Practice Parameters
- Online CME courses
- Live meetings
- Coming soon: Clinical Decision Support Tools





KEYNOTE SPEAKER

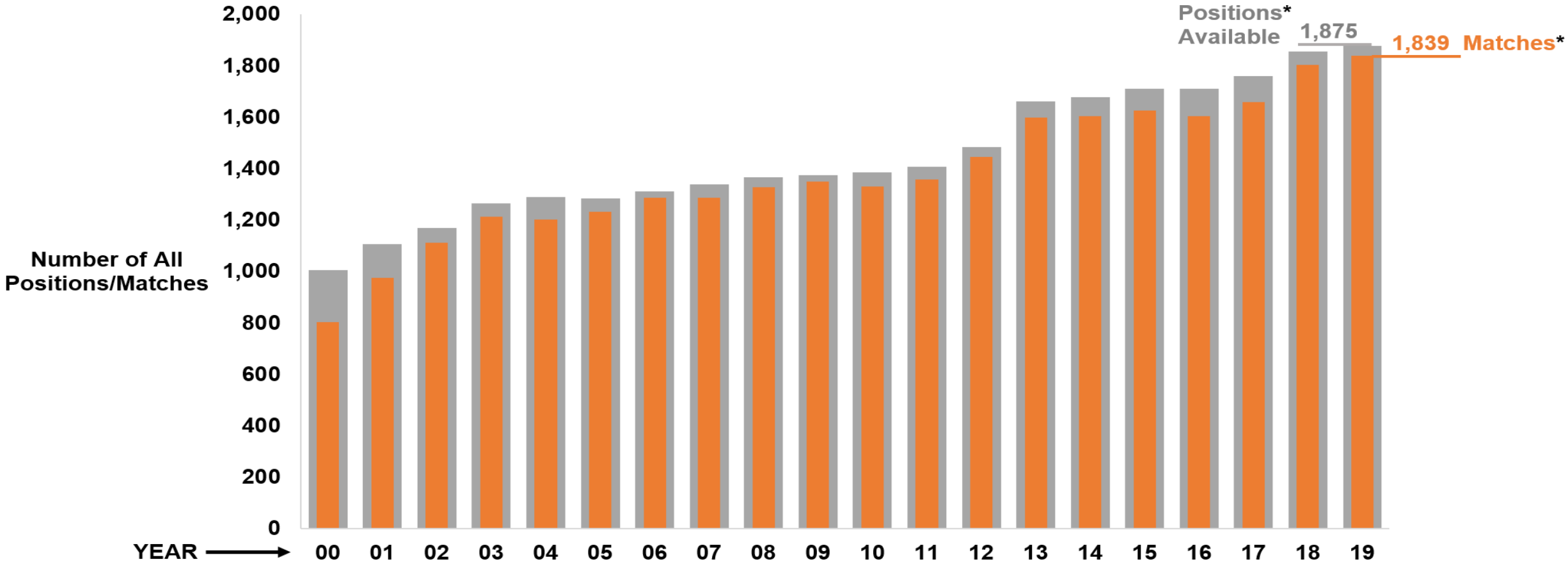
Abraham Verghese, M.D., MACP

ASA's Research Resources

- Center for Anesthesia Workforce Studies (CAWS)
  - Four national datasets to estimate supply
  - Resource center: Trends in supply, compensation and education
  - Anesthesia-related physician group practices
  - Oversight by the AH CAWR[1]
- Peer-reviewed articles
  - Anesthesia opt-out policy (4)
  - Physician group concentration
  - Billing modifier QZ
  - Perioperative Surgical Home
  - Anesthesia Care Team
- ASA 2018 ANESTHESIA ALMANAC

[1]ASA established the Ad Hoc Committee on Anesthesia Workforce Research (AH CAWR) in Jan 2018 to identify, prioritize and review workforce-related projects undertaken by ASA's CAWS.

Figure 1: Anesthesiology Positions Available Compared to Total Anesthesiology Candidates Matched*, 2000-2019

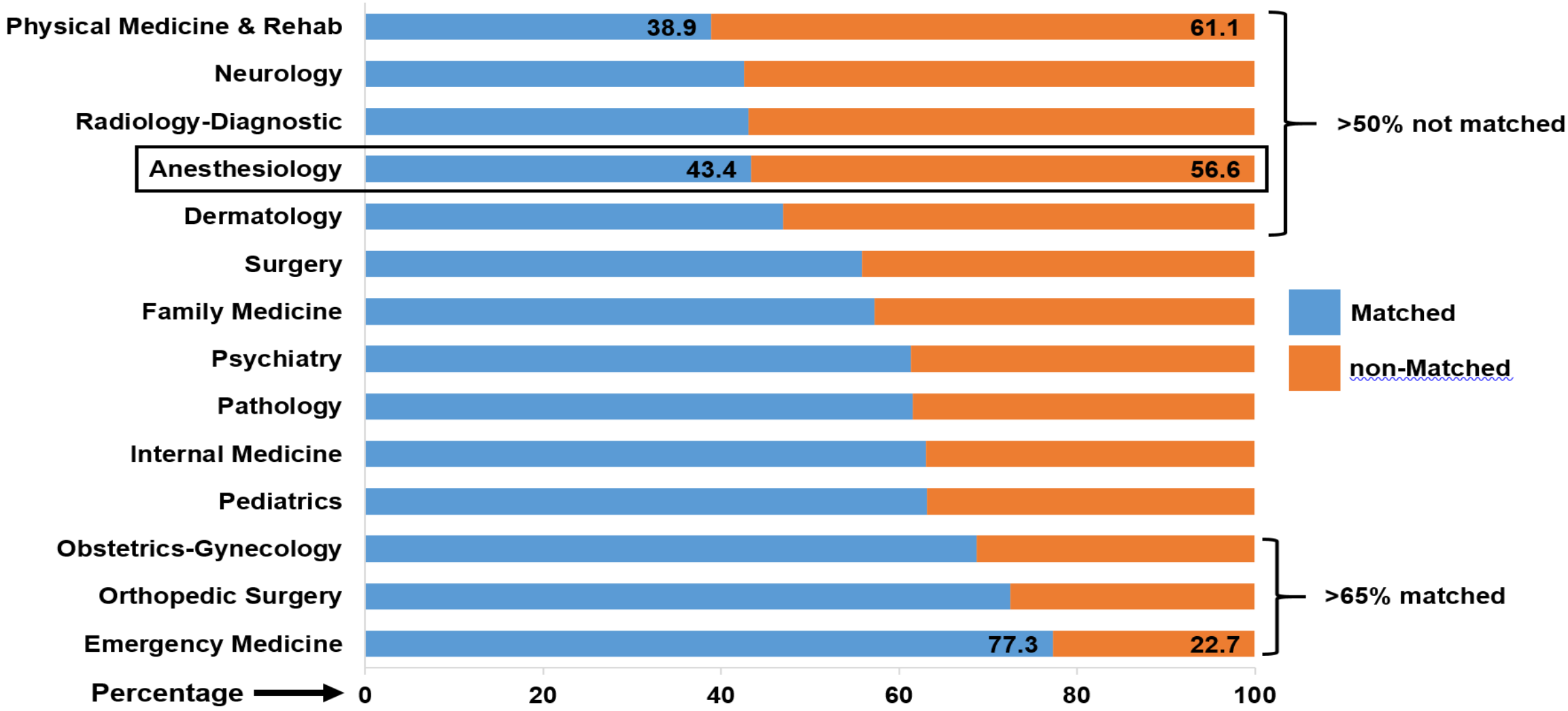


Source: 20 years of reports (2000 to 2019) from: National Resident Matching Program, Results and Data: Main Residency Match®. National Resident Matching Program, Washington, D.C.

Represents NRMP designated specialty programs in: Anesthesiology, Emergency Medicine-Anesthesiology, Medicine-Anesthesiology and Pediatrics-Anesthesiology.

*Positions and matches include PGY-1, PGY-2, and from 2014 to 2019, Physician (R) programs.

Figure 1: Percentage of Matched versus non-Matched Applicants* in Selected Specialties, 2019



Source: 2019 National Resident Matching Program, Results and Data: Main Residency Match®. National Resident Matching Program, Washington, D.C.

*If applicable, applicants and matches include PGY-1, PGY-2, and Physician (R) programs.

Professional & Career Resources

American Society of
Anesthesiologists™

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Professional Resources

- ASA continues to grow its roster of benefits, products and services aimed at improving your professional performance
  - Practice Management resources
  - Quality & Registry products
  - Group Practice Solutions

USP General Chapter <797> *Pharmaceutical Compounding – Sterile Preparations*

Reprinted from USP 42—NF 37

1.2 Administration

For the purposes of this chapter, administration means the direct application of a sterile medication to a single patient by injecting, infusing, or otherwise providing a sterile medication in its final form. Administration of medication is out of the scope of this chapter. Standard precautions such as the Centers for Disease Control and Prevention's (CDC's) safe injection practices apply to administration.

1.3 Immediate Use CSPs

Compounding of CSPs for direct and immediate administration to a patient is not subject to the requirements for Category 1 or Category 2 CSPs when all of the following are met:

1. Aseptic processes are followed and written procedures are in place to minimize the potential for contact with nonsterile surfaces, introduction of particulate matter or biological fluids, and mix-ups with other conventionally manufactured products or CSPs.
2. The preparation is performed in accordance with evidence-based information for physical and chemical compatibility of the drugs (e.g., FDA-approved labeling, stability studies).
3. The preparation involves not more than 3 different sterile products.
4. Any unused starting component from a single-dose container must be discarded after preparation for the individual patient is complete. Single-dose containers must not be used for more than 1 patient.
5. Administration begins within 4 hours following the start of preparation. If administration has not begun within 4 hours following the start of preparation, it must be promptly, appropriately, and safely discarded.
6. Unless administered by the person who prepared it or administration is witnessed by the preparer, the CSP must be labeled with the names and amounts of all active ingredients, the name or initials of the person who prepared the preparation, and the exact 4-hour time period within which administration must begin.

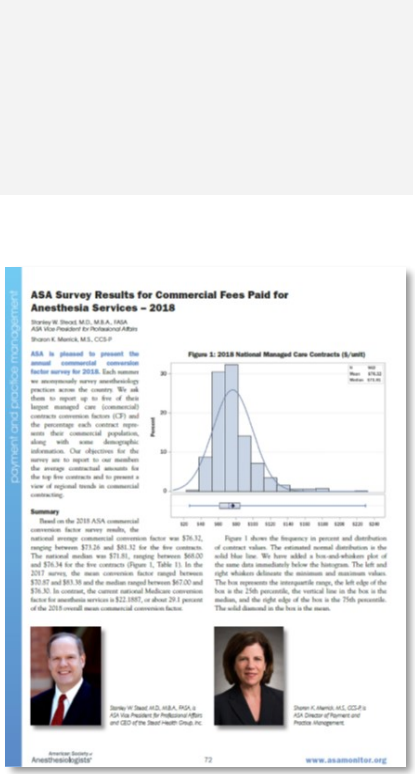
1.4 Preparation Per Approved Labeling

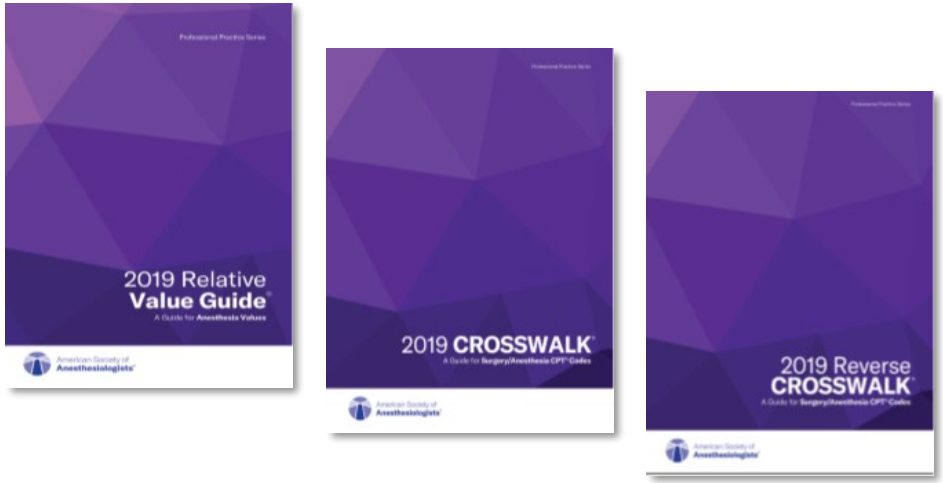
Compounding does not include mixing, reconstituting, or other such acts that are performed in accordance with directions contained in approved labeling provided by the product's manufacturer and other manufacturer directions consistent with that labeling [21 USC 353a (e)].

Preparing a conventionally manufactured sterile product in accordance with the directions in the manufacturer's approved labeling is out of scope of this chapter only if:

1. The product is prepared as a single dose for an individual patient, and
2. The approved labeling includes information for the diluent, the resultant strength, the container closure system, and storage time.

Payment and Practice Management: *Tools and Resources*





American Society of Anesthesiologists™

Timely Topics

Payment and Practice Management

Career Resources

- Additionally, ASA is ramping up its portfolio of benefits, products and services to help you reach your career goals
  - New non-clinical “soft skills” training modules for resident programs and others
  - ASA-ACHE Physician Leadership Development Collaborative
    - Partnership with ACHE
    - ASA courses count toward FACHE if member is also in ACHE
  - Advanced cohort added to our Executive Physician Leadership Program with Northwestern University’s Kellogg School of Management
    - 4-day program for physician leaders who have completed the introductory program or who are already in senior executive positions
    - Launches in 2019
  - ASA adding wellness resources to ASAHQ.org
  - New Career Center on ASAHQ.org

Anesthesiology Career Center

Leadership Development Pathway

The Leadership Development Pathway provides anesthesiologists an opportunity to expand their knowledge in focused areas of leadership development. The pathway provides guidance on specific competencies needed for each phase of leadership development from inspiring to transformational leader.

Select a section of the pathway to learn more about the recommended competencies and resources.

Section Focus

Aspiring Leaders - This section provides, physicians beginning their leadership journey, essentials of effective leadership with the understanding that awareness of self is required to be an effective leader.

Questions?
M.Peterson@asahq.org

World Youth Sailing Championships, Corpus Christi, Texas, July 2018

Q & A

Thank you!!

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