



# New World, New Opportunities

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I'm sure for all of us, this past ASA year was two years – BC and AC: Before Covid and After Covid. We could not have imagined how disruptive it would be to our personal lives, our professional lives, and all of society, in the U.S. and around the world. Especially in the U.S., we were unprepared for managing a health pandemic. The initial surge taxed our health care system capabilities for intensive care, our traditional supply chains, and the sufficiency of our workforce. This past year, ASA was here to help its members through COVID.

What lessons have we learned? It has become clear that we're not going to have "recovery" from a "crisis," but instead, it will be ongoing disease, with repeating flares. Now, we have a better idea how to be prepared for a COVID environment. We've learned that success needs regional health care-wide cooperation so we have sufficient facility capacity, supplies, and personnel. We've learned the virus can cause chronic multisystem disease. We've learned to watch out for health care worker well-being, including our trainees. All of these have real implications for how our practices and ASA plan for 2021.

This crisis has been an opportunity for change for the good, too. With this pandemic, we have developed intersociety collaborations that simply were not there before. ASA has been working together with AORN, AHA, ASHP, and ACS – health care professionals uniting as never before, and a great beginning for future progress. The second good outcome of the pandemic is it has shown how valuable anesthesiology and ASA are to the public good. Our profession has gained wide respect in the media for what we've done. We've shown we provide expert physician care in critical care medicine, pain medicine, and the OR. We've worked with government to solve COVID needs. We've led to protect the safety of all anesthesia clinicians, with joint statements particularly about PPE. These gains in public recognition will advance all our advocacy messages.

As luck would have it, this was also ASA's year for a major rewrite of our three-year strategic plan. In that framework, ASA needs to address the many health care and economic forces that have been with us for years and are still in play, pandemic or not.



For anesthesiology and ASA, patient safety is always #1. A major pillar of our advocacy efforts for '20-21 is to ensure that a physician anesthesiologist is involved in the care of every patient. *Every* patient deserves the best, *every* time, *everywhere* they get care! In this next year, we will continue to work to advance national and state policies supporting physician-led, team-based care. We will continue to fight attempts by nonphysician providers when they claim they have equal education and training. We will be especially vigilant

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about the temporary physician supervision waivers that were enacted under the guise of “COVID pandemic responses.” These ill-considered expansions of scope must end when the declared health emergencies end.

Policy work isn't enough. We will need everyone's engagement on our advocacy initiatives. We need to continue actively

demonstrating the value of physician anesthesiologists, to every patient and potential patient, regulator and lawmaker. We have to engage more of our membership and engage members more actively in this critical work. We need to establish better personal connections with our state and federal officials. And we *all* need to contribute to state PACs and ASAPAC, and personally encourage others to do so. It is up to us. And we will succeed.

The other key strategic initiative for 2021 is to define anesthesiology's place in the evolution of U.S. health care. This is our economic advocacy. This year, we will continue to develop and execute the Economic Strategic Plan Initiative. The major components of this are fourfold:

1. Finding a way to mitigate the “33% problem” that anesthesia care has with Medicare payment;
2. Ensuring ASA is ready for any possible Medicare expansion or Medicare-based “public option”;
3. Advancing ASA-endorsed solutions to surprise medical bills that put the problem back where it belongs, with the insurers and their inadequate networks; and
4. Strengthening resources so anesthesiologists can better participate in alternative payment models.

We should and will advocate for appropriate payment for the life-protecting and life-saving work we do.

For our specialty to be the best that it can be, research and scientific discovery has to be a key strategic initiative. Research is what defines us as a physician specialty. We need to foster research at all levels – basic, translational and clinical sciences – that will advance



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knowledge in anesthesiology as broadly as possible, and to share that information widely. ASA needs to support the community of anesthesiologist researchers, especially our early-career researchers. We also have our Perioperative Brain Health Initiative, which is an important scientific and public health outreach.

Our second, major thrust for the upcoming year is a re-envisioned approach to member engagement. ASA understands that the pandemic has caused serious economic hardship for some of you. We are committed to providing the highest value for your ASA membership. We will develop and deliver on member value propositions that address members' needs at all stages of their careers, for individuals and groups. We have to take a focused look at the needs of residents, to get and keep them engaged in the excitement of belonging to our professional family. We have to take a focused look at the needs of early-career practice, to support that difficult transition into the professional and personal responsibilities of working life. ASA needs to support the state component societies, our subspecialty organizations, and our foundations, because together we *are* the membership of ASA.

For all ASA's advocacy priorities this year, we need to consider the impact of health care disparities. Within our specialty, and highlighted by COVID, we need to find ways to support equal pay and career opportunities for all our members.

Our next 2021 focus is on educational resources. ASA engages our members at all stages of their careers with education, so we need a broad range of offerings to match members' interests and needs. We have some excellent education now, especially our ACE and SEE programs and our best-selling SimSTAT portfolio. Of course, we need to do better, with more learning that is point-of-care and accessible, using new digital learning technologies. In particular, we are planning to develop a stronger educational presence with our resident members.

Directly related is the next area of focus: expanded emphasis on leadership and professional development. ASA needs to broaden the concept of leadership to include all levels of leadership, within ASA and in our practices. To do this successfully, we need to promote education in leadership and practice management, for all of us, beginner to expert, incorporating diversity, equity, and inclusion. Leadership education has to begin as a core component of resident education, and on to education for our active practitioners, and to our ACHE collaboration and executive leadership programs.

We already know ASA is facing one major challenge, and that will be financial. The projected budget for 2021 has a \$3.3 million operating budget deficit, primarily due to loss of typical annual meeting revenue. We'll also be watching member renewals. ASA's finances team has cut expenses substantially in several areas, and we will review and adjust the budget quarterly. We thank our related organizations, FAER, WLM, and APSF for agreeing to take less ASA funding support this year.

In addition to addressing the important, immediate challenges, ASA needs a framework for our future. I believe our future should be built on what anesthesiologists always do well – a future of innovation and leadership. I look to your ideas on how we might implement that. Here are some thoughts: Health care is continuing to move to integrated, consolidated delivery systems – anesthesiologists should take more leadership roles in our facilities, health care systems, and in government, so that the physician perspective is better heard. Health care is moving more complex surgery to noninvasive, even ambulatory settings. We should innovate and lead as the expert physicians who bring patients safely through that complex care, as the experts in specialized preoperative assessment – highlighted by COVID – and in total perioperative care. Technology has always been our domain. We can innovate new technologies to improve our practice and improve health care. We surely can advance anesthesiology research innovation that will lead to the medical breakthroughs of our future.

ASA has many challenges ahead of us in 2021, some we expect and many that have yet to materialize. Finances will be tight. Nonetheless, together, we will meet those challenges, and our ASA will thrive. We know to remain focused on our core values – Patient Safety, Physician-led Care and Scientific Discovery. We will innovate and lead. And always, thereby, Advance the Practice and Secure the Future. ■

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