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Omicron: Back to Square 1.1

Richard Simoneaux

As of today (December 7, 2021), there are only 55 confirmed cases of the Omicron variant in the United States (asamonitor.pub/3sQOpXg; asamonitor.pub/333NA8m). By the time you read this column, the Omicron variant will have eclipsed Delta as the dominant variant of SARS-CoV-2. The reason for this gloomy prediction is that it took just eight weeks for Omicron to eclipse the Delta variant in South Africa. Omicron is now quickly spreading throughout the world (Figure 1). We aren’t exactly back to square 1, thanks to vaccines and therapeutics; however, it appears we are heading back to square 1.1.

This was expected

In a July paper in Scientific Reports, Rella et al. modeled the relationships between the rates of transmission for SARS-CoV-2 and the potential emergence of vaccine-resistant strains (Sci Rep 2021:11:15729). The most striking finding was counterintuitive: The highest risk for the establishment of a vaccine-resistant viral strain is when “a large fraction of the population has already been vaccinated but the transmission is not...” (Continued on page 6)

Why ASA Community Is My Go-To for Questions That Matter

Jennifer R. Root, MD, FASA

As a young physician in the late 1990s, I found myself in a very small town with just two partners covering a small community hospital, far from the sense of community I had enjoyed as a resident in a large academic center. The internet was just getting started at the time, and I recall wishing I could reach out via this new resource to experts within the many sub-specialties of anesthesiology for insights and input on certain complex cases. Surely, I thought, this new “world wide web” could facilitate the timely sharing of information to help improve the care and safety of our patients... couldn’t it?

Fast forward to today and the comparatively many opportunities for anesthesiologists to connect online. On the downside, and in contrast to in-person professional gatherings, social media platforms such as Reddit and Twitter can be a bit of Wild West in terms of information sharing. Enter the new ASA Community, a private discussion forum designed to provide a safe space for questions that matter. (Continued on page 9)

Reflections on an Exemplary Career and Life

Paul Pomerantz, FACHE

On Sunday morning, November 28, Chris Wehking, ASA’s Business Events Strategy Executive, passed away following a long battle with cancer, surrounded by his loving wife and daughters. You’ve read about Chris in the ASA President’s Monday Morning Outreach messages and in press releases. But in this column, I wanted to share some personal reflections...

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exclusively for ASA members. Just a year and a half post-launch, nearly four in five ASA members rate this online resource as helpful to their practice.*

We now have a private members-only online platform for sharing information, experiences, and documents covering topics like patient care challenges, departmental policy, ERAS protocols, advocacy issues, care team management, and many more. Thousands of anesthesiologists across the country are reading daily and weekly digests of community activity and

“The anesthesia community is muted at work. Having a venue for candid and frank discussions has been great. Overall, the discussion board has been a great addition to the ASA landscape.”

– ASA Community Member*

actively participating in conversations that help move our issues forward in a meaningful way.

What makes ASA Community different from – and an improvement on – other online spaces? First, all members must agree to the community’s code of conduct as a condition of participation, and those guidelines are enforced by full-time moderation staff. The goal is to encourage the free flow of ideas in a respectful way that enriches our profession and improves understanding and growth for all who participate.

Second, the community also serves as ASA’s Member Directory, meaning that it’s easy to identify and connect with other members who share common interests. Third, the community platform does allow for anonymous posting in certain situations, as some topics can be sensitive. While members are encouraged to sign their names to posts whenever possible, there is value in supporting candid discussion around thorny issues. (In an effort to ensure the constructive use of this feature, all anonymous posts are subject to moderation.)

This community makes me feel free to share my thoughts without feeling judged. Best way to grow in my practice. Thanks!

– ASA Community Member*

textualize those who are sharing their insights and expertise. This provides accountability to the information and gives a distinctly higher level of authenticity to the information shared. For example, when I posted a question regarding an issue at my ambulatory center, leaders at other ASCs and fellow specialty-trained pediatric anesthesiologists shared their own experiences and equipped me with the knowledge and tools to help me understand how my facility could do things better. Being able to “consider the source” had just as much of an impact as the content of conversation.

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“I recently used information from a discussion featured on the ASA Community site to back up my group’s decision to not do VBACs at our small hospital when we were approached by our administration. Our endeavor was successful. Thank you!”

– ASA Community Member*

Over time, this community of ideas has, for me, become a third pillar of support for education within our specialty, alongside residency training and continuing education. So the next time you have a question about a patient, procedure, or policy, don’t spend valuable time reinventing the wheel. Consider visiting ASA Community to benefit from the full breadth of knowledge and experience of our 55,000+ membership. I have found our members to be incredibly generous with their thoughts and ideas – so much so that even an old dog like me has learned several new tricks. ■

Are You Successfully Navigating the No Surprises Act?

The No Surprises Act, one of ASA’s top advocacy priorities over the past two years, has been in effect since January 1 and is having an impact on the billing practices of anesthesiologists and other physicians who provide life-saving care to the widest variety of patients. Of particular concern is the independent dispute resolution (IDR) process rule that opens the door for insurance companies to create artificially low benchmark payments, narrow provider networks, and reduce access to care. ASA, the American College of Emergency Physicians, and the American College of Radiology brought a lawsuit against the federal government on December 22, 2021, charging that the No Surprises Act will harm patients and their access to care. The following is a brief compendium of facts and resources for ASA members on the No Surprises Act.

**Background:**
- Effective since January 1, 2022
- Insurers required to cover out-of-network claims
- Balance billing of patient is banned
- Patient’s cost-sharing limited to in-network cost-sharing amounts
- Insurers must pay out-of-network claims with an initial payment that the insurer “reasonably intends to be payment in full…”
- 30-day negotiation period available for physicians to seek more accurate payment
- IDR online portal available to physicians should negotiation period fail

**Need to know:**
- If your state has its own surprise bill law that would supersede the federal law
- The process and rigorous timeline for successfully navigating the IDR process
- The law’s “Good Faith [Cost] Estimate” requirements and process for the self-pay and uninsured patients

**Where to get information:**
ASA compiles a continuously updated collection of Surprise Billing Resources on our website at asahq.org/advocating-for-you/payment-progress/surprise-billing-resources:
- Official federal government FAQs and guidance
- ASA resources, including information about the society’s lawsuit against the federal government
- American Medical Association resources