A Look Back at Top ASA Monitor Articles from 2021

As the new-look ASA Monitor heads into its second year (we moved to our large-format design in July of 2020), we’re keeping a close eye on how ASA members are engaging with the publication, what content they’re engaging with, and how we can keep improving so that we consistently live up to our vision of being “The leading source for perioperative health care news.”

After compiling user data from the ASA Monitor and our social media sources, we’ve generated a list of the most-viewed content from 2021. We were impressed (and encouraged) by the diversity of articles that Monitor readers are seeking out. This data is invaluable to us as we consider editorial content in 2022 and beyond, and we hope you’ll be interested to see what your colleagues are reading and reacting to. So without further ado, here is a brief recap and some samples of ASA Monitor top content from 2021.

Unsurprisingly, COVID-related content dominated the list of top-50 accessed articles. Almost half (24 of top 50) were on COVID; six of those 24 were on COVID vaccines. Other popular COVID-related topics included burnout and physician well-being.

Throughout the year, we maintained a directory of all our COVID articles online in our ASA Monitor Collection: COVID-19 section, giving you easy access to these timely and important documents. For those who might have missed them the first time, we have excerpted the individual most-accessed articles, COVID or otherwise, below:

1. ‘Hello. I Am Steve Shafer, Your Anesthesiologist’
   Steven L. Shafer, MD
   August 2021
   Given the profound implications of the title “doctor” to a patient, any introduction of a non-physician to a patient as “Doctor Jones” is beyond comprehension. It is inconceivable that a Doctor of Biochemistry would put on a white coat, drape a stethoscope around his or her neck, and introduce himself or herself to a patient as “Doctor Jones.” Patients have an absolute right to know who is interviewing them, who is examining them, and who is caring for them. If it is “Doctor Jones,” then Doctor Jones better be a physician. . . Many schools of nursing offer doctoral degrees, typically a “Doctor of Nursing Practice.” Nursing is every bit as worthy of study and advanced training as medicine, biology, or any intellectual discipline. With proper accreditation, nurses should have every opportunity to receive advanced training to further their discipline. However, possessing a doctoral degree requires nuance in the clinical setting. Just as my medical school classmates would never introduce themselves to a patient as “Doctor Jones” based on a doctoral degree in biochemistry, a Doctor of Nursing Practice must never introduce himself or herself to a patient as “Doctor Jones.” This is not to disparage either the individual or the training. Rather, it is because when you tell a patient you are a “doctor,” you are unambiguously implying that you are a physician. You are defining for the patient your training and skills. You are respecting the patient’s right to know. You are establishing the doctor-patient relationship, enshrined decades of law, and centuries of medical practice. Of course, I expect to see “DNFP” on the name badge, just as many badges list “MD, PhD.” Education is to be celebrated!
   Read the full article at
   asamonitor.pub/3H2n4XG.

2. The Evolving Armamentarium of COVID-19 Therapeutics
   Uday Jain, BSEE, MD, PhD, FASA
   January 2021
   Multiple repositories have been created for the vast scientific outpouring of COVID-19 research. The NIH/PubMed created LitCovid, which currently indexes 69,724 publications (as of November 12) (asamonitor.pub/3lkeGIB), and the Infectious Diseases Society of America (asamonitor.pub/38xCPYD). Comprehensive lists of therapeutics and vaccines for COVID-19 have been curated by the Milken Institute (asamonitor.pub/3eJMpsI), Genetic Engineering & Biotechnology News (asamonitor.pub/3ikeGBH), and the Infectious Diseases Society of America (asamonitor.pub/35g8EmR). This review is based on the treatment guidelines put forward by the NIH (asamonitor.pub/3yshSGXg).
   Read the full article at
   asamonitor.pub/3eJMpsI.

3. ASA Survey Results: Commercial Fees Paid for Anesthesia Services – 2021
   Stanley W. Stead, MD, MBA, FASA; Sharon K. Merrick, MS, CCS-P
   October 2021
   ASA is pleased to present the annual commercial conversion factor survey for 2021. Each summer we survey anesthesiology practices across the country. We ask them to report up to five of their largest managed care (commercial) contract conversion factors (CF) and the percentage each contract represents of their commercial population, along with some demographic information. Our objectives for the survey are to report to our members the average contractual amounts for the top five contracts and to present a view of regional trends in commercial contracting. Our sample size for
this year’s survey was slightly less than last year but still represents a significant portion of U.S. practicing anesthesiologists, nurse anesthetists, and AAs. We were pleased to have respondents report across a broad geographic basis, 47 states and D.C., allowing us to provide detailed regional responses. The number of practices reporting allowed us to report state-specific data from 18 states. Most practices included complete demographic information, and we are hopeful that this trend will continue and all respondents will supply complete information in future surveys.

Read the full article at asamonitor.pub/3szrz15.

### 4. How Hospital Revenue Woes Threaten Anesthesiology Practice
Karen S. Sibert, MD, FASA
June 2021

There was a time, at the peak of the pandemic, when many of us believed that anesthesiologists finally would get the public recognition and respect we’ve earned—at a painful price—for our front-line work in airway management and critical care.

Some anesthesiologists like Ajit Rai, MD, a pain medicine specialist in Fresno, California, even boarded flights to New York last spring to help hospitals overrun with critically ill COVID patients. News reports nationwide celebrated these physicians as “health care heroes.”

That was then.

Today, hospitals are struggling to maintain their financial stability in the face of the revenue hit they took in 2020 when elective case volumes plummeted. Total knee and hip replacements were down by 53% and 42%, respectively, compared with 2019 numbers, and even cardiac catheterization cases were 24% fewer. At least 47 hospitals closed or declared bankruptcy in 2020, with more likely to follow.

The American Hospital Association estimates that hospital revenue in 2021 could be down anywhere from $53 billion to $122 billion from pre-pandemic levels. Hospitals are still dealing with supply chain and labor market disruption, paying premium prices for traveling ICU nurses, and facing the high cost of treating resource-intensive COVID patients.

When a hospital is desperate to stay afloat, administrators are going to look anywhere they can for ways to cut costs. Subsidies to anesthesiology groups are in their crosshairs.

Read the full article at asamonitor.pub/3jECHOs.

### 5. Newer Airway Devices Should Not Cause Deskilling From Direct Laryngoscopy
Uday Jain, MD, PhD, FASA
March 2021

As technology and its skillful use advance, older techniques fall into disuse. Over time, this leads to deskilling in older techniques. Newer technologies may not be as widely available as the older ones, even within the United States. Newer technologies are often unavailable in international locations. As anesthesiologists are expected to provide emergency care in all locations, at least within their own country, they need to avoid deskilling in widely available older techniques.

In the past, direct laryngoscopy was the only widely available technique for intubation. The ability to perform difficult endotracheal intubation utilizing DL was a highly coveted skill among anesthesiologists. This also led to the development of various laryngoscope blades that had the potential to improve the success of intubation. In the last two decades, there has been an explosive growth of equipment designed to aid airway management. Most of these devices utilize a video camera to view the larynx from inside or outside the endotracheal tube.

Read the full article at asamonitor.pub/3frWJjeu.

### 2020 Still Resonates
Although the vast majority of top content was published in 2021, several of our most highly accessed articles were published in 2020—a testament to the continued relevance of these topics to our readership. Our most popular article in 2021 was a 2020 Committee News article from our Committee on Young Physicians:

**Asian Americans: The Overrepresented Minority?: Dissembling the ‘Model Minority’ Myth**
Corrina J. Yu, MD, FASA
July 2020

Imagine the following real-life scenarios:

**Scenario 1:** “You smell like soy sauce!” my kidney transplant patient exclaimed. Several hours later, he insisted, “No, really, you smell like soy sauce! I want to eat your coat off!” I had eaten a meatball submarine sandwich with marinara sauce and provolone earlier.

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**Scenario 2:** Another patient inquired before her colonoscopy, “Are you related to Dr. Kim?” I responded, “No, Dr. Kim is Korean American. I am Taiwanese American.” “Isn’t that the same thing?” she pressed. “Well, your English is really good,” she said, despite my attempt to explain that I was born in Minnesota. Uff da!

**Scenario 3:** After discovering my husband was Chinese American, a well-intentioned coworker and friend told me, “It’s good you married your own kind.”

**Scenario 4:** “You people brought the virus. Go back to China.” (asamonitor.pub/2YU4UrA). The recent labeling of the SARS-CoV-2 virus as the “Chinese virus” (asamonitor.pub/2xRc5m3) has fueled outrage and acts of physical violence toward Asian Americans during the COVID-19 pandemic (asamonitor.pub/2xRc5m3).

Ironically, findings from a study showed that most New York coronavirus cases came from Europe (medRxiv 2020).

The scenarios above illustrate the need to address conscious and unconscious biases toward Asian Americans as one homogenous group of foreigners. One of the biases that continues to plague Asian Americans today is the concept of the “model minority.” It was first described in a 1966 New York Times article highlighting the relative success in assimilation of Japanese American immigrants (asamonitor.pub/2SRyPP). This model minority myth perpetuates today with “generalizations based on surface-level analysis at the expense of more-refined and nuanced investigation” (asamonitor.pub/2W7MyY). My investigation reveals that in medicine, we focus on underrepresented minorities, which excludes Asian Americans as a group because we have become the overrepresented minority. However, we need to understand three systemic issues that continue to impact Asian Americans. First, Asian Americans are overrepresented in medicine in part because of immigration laws enacted in the past century. Second, Asian Americans are overrepresented due to generalized categorizations that lead us to overlook differences between ethnic groups and omit underrepresented Asian Americans. Third, Asian Americans are underrepresented in leadership positions, which affects their voice, visibility, and acceptance into American culture and organizations.

Read the full article at asamonitor.pub/3Eu4urQ.

Other high-profile 2020 pieces included:
- Caring for the Provider Who Cares Strategies for Physician Wellness During COVID-19 Times (asamonitor.pub/3HLtFZ)
- COVID-19 Pandemic and the Digital Revolution (asamonitor.pub/3JmcvAT)
- Update on COVID-19 Vaccine Development (asamonitor.pub/3HuB01Y)
- A RAS and Bradykinin-Mediated Mechanism for COVID-19 (asamonitor.pub/32Hxyp)
- Quantifying Costs and Demonstrating Value of Enhanced Recovery After Surgery (asamonitor.pub/3xSmz2N)

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Social Media
2021 also saw the launch of the Monitor's dedicated social media accounts. ASA's overall social media initiatives are growing by the day, so be sure you're following along on Facebook and Twitter to stay up to speed. Here are some of the most popular posts related to the Monitor.

Top Facebook posts:

Read the article at asamonitor.pub/3H7nCvD.

Top Twitter posts:


Image courtesy of AANP, Jan 2021

Top Facebook posts:


#PatientSafety

Aggressive | Get me the #$@&* rapid infuser!
Command | Bring the rapid infuser in the OR now
Suggestion | Let's get the rapid infuser
Question | Should we set up the rapid infuser?
Preference | I think it would be a good idea to start transfusing now
Hint | Wow that's a lot of blood in the suction canister

Read the article at asamonitor.pub/3Fq6SPQ.

Top Twitter posts:

Your Patient’s Brain: Physical #Exercise #Prehabilitation and #Postoperative Brain Health

@RealMilesBerger from @UNC_Anesthesia and Dr. Daniel Cole share how #anesthesiologists can improve health care value and promote #BrainHealth.

ow.ly/NrH350F59kn

Read the article at asamonitor.pub/3RkNfn.