

# Advancing Patient Care from Inside Corporate Partner Organizations

Deborah Greif

**A**s an organization dedicated to improving patient care, ASA must collaborate with partners who understand and value the profession. Fortunately, the win-win relationships we develop with Industry Partners like Medtronic are enhanced by the clinicians who work on the other side of the relationship.

“As an anesthesiologist working for a large medical device company, I bring clinical expertise and a unique perspective to this side of the relationship,” said Karen A. Phillips, MD, FCA, MBA, Chief Medical Officer, Respiratory Interventions OU at Medtronic. “I’m as dedicated to patient care as I was at the bedside. The work and scale are different, but the goals are the same.”

Like the society and our members, these clinicians are focused on advancing patient care. “Patient safety is priority 1 through 10. Everything we do is about keeping patients safe in the ICU, the OR, and everywhere in between,” said Sam Ajizian, MD, Chief Medical Officer, Patient Monitoring, and VP for Clinical Research and Medical Science, Patient Monitoring and Respiratory Interventions at Medtronic. “I have set aside my stethoscope to work on improving patient safety through the use of technology and collaboration.”

Clinicians working within the ranks of our ASA corporate partners play unique internal roles. From listening and learning

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Karen A. Phillips, MD, FCA, MBA

to educating internal and external audiences and collaborating with partners like ASA, the role of these physicians underlines the dedication of corporate partners to understanding the needs of the anesthesiology community.

Sometimes, their roles are translational. They translate what is happening in markets and why and educate internal stakeholders about basics like patient cohorts, use cases, workflow, and more. Having that clinical expertise is a must. Let’s face it, no matter how sleek and fabulous a device is, if it doesn’t solve a real problem and work in a real setting, it’s not advancing patient care. So having experts who understand clinician workflow, their day-to-day challenges and frustrations, and the impact of long calls and product shortages is essential if products are to be calibrated to meet real-world needs.



Sam Ajizian, MD

These clinicians also understand and advocate for education. “Internal education adds richness to a production line, providing purpose, which is, after all, why we are here,” Dr. Phillips said. Her point is well taken. Human resource challenges, especially in the wake of COVID-19, have made it more important than ever that clinicians have easy access to meaningful educational material and to human partners who can answer questions and make feedback actionable. Technology moves fast. So for clinicians to realize the true benefit and value of technology, it must be paired with education.

But just as an anesthesiologist can’t care for patients alone, clinicians working with our corporate partners recognize the value of learning from, and sharing with, ASA and our members. “We can’t operate business in a vacuum when tak-

ing care of patients,” Dr. Ajizian said. “We need the voice of the customer from a variety of entry points: leaders of health systems, payers, nursing, physicians, and, importantly, societies like ASA.” This informational give and take gives corporate partners a sounding board for ideas and innovations they can shape into meaningful strategies connected to real-time inputs. It helps them pressure test assumptions, understand where there are gaps to fill, and flesh out a better understanding of issues such as burnout, workflow, and other soft nonproduct device information they don’t have direct access to. Conversely, ASA gains a better understanding from corporate partners about solutions being advanced and can take advantage of enhanced resources so we’re better able to advance our goals.

ASA leadership and members also gain more willing, informed listeners inside the industry who share our goals, needs, and challenges. “This isn’t just about us speaking as clinicians with internal stakeholders,” Dr. Phillips said. “We need relationships, like the partnership with ASA. For us, active listening is vital. We require real-world medical input to do our jobs well. Our positions are an aspect of that, but we can’t do it alone. We need to hear and amplify clinicians’ voices to advance the best products. It’s a hand-in-glove relationship.”

Our corporate partners want to get it right. Employing anesthesiologists and other clinicians who understand our important role is one way organizations like Medtronic work to do just that. ■



**ASA News**

## Nominations for Distinguished Service Award

**T**he Distinguished Service Award (DSA) may be given to an ASA member for outstanding clinical, educational, or scientific achievement, or contribution to the specialty and/or exemplary service to the society. The House of Delegates (HOD) has established policies governing the selection of a recipient. Procedures for the

submission of nominations and selection of a candidate for 2023 will be as follows:

Any member of ASA or a component society may submit the names of individuals for consideration for this award. No ASA officer shall be eligible for selection. Nominations must be submitted on the nomination form, which is available for download at [asahq.org/about-asa/asa-awards-](http://asahq.org/about-asa/asa-awards-)

and-programs/distinguished-service-award. Completed nomination forms and a current CV for the nominee should be submitted by May 15 to [governance@asahq.org](mailto:governance@asahq.org) (to the attention of Beverly K. Philip, MD, FACA, FASA, chair of the Committee on Distinguished Service Award).

The committee will review the names of nominees submitted and recommend

to the HOD the name of no more than one candidate. Should the committee select a candidate to enter into nomination in the HOD, the name of the candidate shall not be disclosed until placed in nomination before the HOD. Final selection of the DSA recipient shall be made by the HOD by ballot and shall require a two-thirds vote of those seated. ■