Be the Solution
Sell Your C-Suite on the Value and Leadership of Anesthesiologists

American Society of Anesthesiologists

Physician Anesthesiologists Made for This Moment

Toolkit
As an anesthesiologist, you are uniquely trained for the critical moments in health care—in the operating room, delivery room, intensive care unit, pain clinic, and the outpatient setting. Yet many of you acknowledge facing an uphill battle in positioning yourselves as leaders in hospitals and health systems and promoting your value with the C-suite.

While quality anesthesia is key to the success of the hospital or health system and its reputation, quality anesthesia care is implicitly expected by health care executives. They may not perceive you as leaders or revenue generators, but as service providers, and may fail to recognize how necessary you are to keeping the surgery department running. That’s why it’s critically important for you to **be the solution** and sell your C-suite on the specialty’s importance beyond the expected benchmark of providing quality anesthesia by highlighting the value and leadership you bring to the hospital and health system.

ASA’s Committee on Communications has guided the development of Be the Solution: Sell Your C-Suite on the Value and Leadership of Anesthesiologists. The program is part of the **Made for This Moment** campaign and provides you with the information and resources—inform ed by a team of anesthesiologists who are health care executives themselves—to champion the specialty and patient-centered, physician-led anesthesia care. **The toolkit includes:**

- Overview of the health care executive’s role and influence over preserving physician-led care
- Actionable steps and tips to successfully engage with health care executives
- Talking points
- Resources and backgrounder materials to help anesthesiologists promote their expertise regarding the following timely topics:
  - Cost of care and the institution’s financial health
  - Innovation in health care during COVID-19
  - Equity of care

The toolkit will be updated on an ongoing basis to provide you with additional resources on topics that will help you build relationships and maintain ongoing engagement with your health care executives.
# TABLE OF CONTENTS

**Understanding Health Care Executives’ Roles and Influence over Preserving Physician-Led Anesthesia Care** ................................................................. 4

**Five Action Steps — Engage with Health Care Executives:**

- Become familiar with your hospital’s and health system’s goals and identify how you and your anesthesia colleagues can partner to be part of the solution.................................................................................................................................................................................................................................................. 5
- Identify health care executives’ most pressing needs and issues................................................................................................................................. 5
- Establish and maintain a dialogue with health care executives and become part of the decision-making team................................................................................ 7
- Partner with surgeons and other providers................................................................................................................................................................................. 7
- Commit to greater involvement in patient care............................................................................................................................................................. 7

**Talking Points — Highlight Your Value and Leadership** ................................................................................................................................. 8

**Resources on Hot Topics for ASA Members:**

- Controlling Costs and Maximizing Your Institution’s Financial Health................................................................................................................................. 9
  *Backgrounder for Health Care Executives* ........................................................................................................................................................................ 11

- Innovation and Leadership During COVID-19........................................................................................................................................................................ 12
  *Backgrounder for Health Care Executives* ........................................................................................................................................................................ 14

- Addressing Health Equity............................................................................................................................................................................................. 15
  *Backgrounder for Health Care Executives* ........................................................................................................................................................................ 17

---

*Made for This Moment | Be the Solution: Sell Your C-Suite on the Value and Leadership of Anesthesiologists*
You safeguard patients, drive innovation, advocate for patient safety and quality care, and provide leadership through a pandemic. Yet, many health care executives may not recognize your value. They know you are leaders of anesthesia care but many generally believe that substituting a nurse for a physician improves access to care and reduces costs without impacting quality of care or patient outcomes. However, they have a different perspective when it comes to themselves or their family members.

According to ASA’s 2019 survey:

- **11 of 31** health care executives expressed “no preference” between an anesthesiologist and a nurse to diagnose and treat complications during a procedure.

- **69%** of health care executives expressed a personal preference (“for yourself or a family member”) to have an anesthesiologist over a nurse.

This Toolkit can help you build on their clear personal preference and increase awareness of anesthesiology’s value to the hospital and health system overall by positioning yourself as a leader and partner of administrators within your institution.

<table>
<thead>
<tr>
<th>Ongoing engagement with your health care executives does not need to be hard. Below are actionable steps you can take beginning today.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td>5</td>
</tr>
</tbody>
</table>
Engage with Health Care Executives

Five Action Steps

1. Become familiar with your hospital’s and health system’s goals and identify how you and your anesthesia colleagues can partner to be part of the solution
   - Review the mission, vision, and values of the hospital and health system to ensure you understand its core purpose and organizational decisions.
   - Review the strategic plan.
     - If you haven't seen it, ask your health care executives for a copy, indicating your interest in becoming more involved with the hospital’s and health system’s mission, growth, and future. At the very least, health care executives should share access to the top three or four goals.
   - Determine where the anesthesiology department aligns with the mission, vision, and values and strategic plan to guide conversations where you can demonstrate you are a good partner in helping the hospital and health system achieve its goals.
   - While reviewing the strategic plan, mission, vision, and values, identify opportunities to partner with your hospital and health system to meet its goals, and:
     - Commit the resources and time to achieve them
     - Identify who in your practice will take the time to focus on working with health care executives (e.g., one person 100% of the time, five people 20% of the time, etc.)
   - Learn what type of quality improvement (QI) program your hospital and health system uses (e.g., Lean Six Sigma or Rapid-Cycle Improvement) and what that means. Find out who leads the quality improvement program and what it entails to assess where the anesthesiology department can play a role. Dashboards typically are reported every quarter.
     - Review ASA resources describing the various QI plans
   - Become familiar with the quality measures and metrics that are most important to your hospital, for example, the most recent Value-Based Purchasing Program scores your hospital received or their Star-Rating. Determine your department’s quality metrics to help the hospital improve and/or maintain those scores.

2. Identify health care executives’ most pressing needs and issues
   Most health care executives are not trained as health care providers, and among those who are, very few are physicians. They run the hospital or health system as a service business and are very concerned with the bottom line. Additionally, they have many stakeholders to answer to and will be most open to listening to those who help them achieve their goals.
With that in mind:

- Recognize that surgery and procedures are the hospital’s and health system’s major income generators and can’t happen without anesthesiologists who play a vital role in ensuring patients’ health and safety before, during, and after procedures. Anesthesiologists have a major impact on operating room efficiency, case cancellation, and length of stay.

- Communicate that you want to be part of the solution with a can-do attitude and let it be known you are the person to call who can be counted on to get things done, by asking:
  - “What can our group do to help this institution?”
  - “Is there something we could/should be doing?”

- Emphasize that research shows patients expect and want anesthesia provided by a physician.

- Help health care executives address their priorities—and highlight your role in ensuring efficiency so as many surgeries and procedures are being done as safely as possible.

- Demonstrate the value of physician-led anesthesia care, including via Perioperative Surgical Home (PSH) and Enhanced Recovery After Surgery (ERAS) programs:
  - Provide published research showing the benefits of PSH and ERAS (see “Resources for ASA Members: Controlling Costs and Maximizing Your Institution’s Financial Health” section for more details and resources)
  - Collect and report your outcomes on a regular basis
  - Expand into additional service lines if you provide PSH/ERAS

- Share with your health care executives how anesthesiologists can help improve CMS Hospital Star Ratings, which include a variety of measures across five areas of quality into a single star rating for each hospital. Anesthesia impacts all five areas in the Star Rating Measures:
  - Mortality - weight 22%
  - Safety of Care - weight 22%
  - Readmission - weight 22%
  - Patient Experience - weight 22%
  - Timely and Effective Care - weight 12%

- Ask your health care system for access to patient satisfaction scores/surveys such as Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS), which are a key pillar of the hospital’s ranking (and therefore payment rates). It is important for the anesthesia group to also independently survey patients’ experiences with the anesthesiologist (anesthesia specific patient experience surveys available with AQI’s Quality Concierge service) to show your patient interactions contribute to higher HCAHPS scores. Review the surveys and:
  - Assess where you can improve
  - Collect anecdotes that apply to anesthesiologists and the anesthesia experience and share them
  - Create a document showing outcomes that include anesthesia as proof of value

- Track your outcomes, determine where improvements can be made, and put in processes to improve those outcomes. Share your findings with health care executives to demonstrate your value and show your commitment to improving patient care. Examples of Processes Improvements may include:
  - Safety
  - Prehabilitation
  - Sedation service
  - Pain management
  - New ways to create revenue by:
    > Being flexible and not insisting on specific equipment and medications if less-expensive versions are just as effective
    > Helping hospitals retain the patients that must remain at the hospital for care/surgery or hospital’s outpatient facility vs. going to an independent ambulatory surgery center by utilizing PSH/ERAS protocols
3. Establish and maintain a dialogue with health care executives and become part of the decision-making team

- Get to know your health care executives, including chief executive officer (CEO), chief operating officer (COO), chief medical informatics officer (CMIO), chief medical officer (CMO), chief financial officer (CFO), chief nursing officer (CNO), chief of surgery, operating room charge nurse, etc. and make sure they know you.
- Engage with them regularly, at least quarterly but ideally more often. Get started by:
  - Sharing your cell phone number or pager number
  - Making yourself available for anything they need
  - Setting up meetings to offer your expertise and proposing improvement initiatives (in-person meetings are preferable to email), and during the meeting, be sure to describe your vital role throughout the perioperative care process, including ensuring patient safety when sedation and anesthesia are provided
  - Engaging with health care executives in the hallway to provide informal updates
  - Volunteering for hospital and health system governance and committees, including:
    - Leading the code teams, ICU, ultrasound training, etc.
  - Confirming the anesthesia department has a dashboard of key performance indicators
  - Ensuring that health care executives quickly engage with behavioral issues of colleagues
  - Following up after proposing ideas/asking questions by:
    - Getting involved outside of the hospital and health system where you may interact with health care executives in the community (this is particularly valuable at small and mid-sized hospitals)
    - Showing up at fundraising events
    - Collaborating with health care executives when they are meeting with legislators and developing your own relationships with legislators that health care executives can also rely on

4. Partner with surgeons and other providers

- Identify high-volume and high-margin surgeons (i.e. orthopedic, cardiothoracic, and neurosurgery) and other providers with whom you can partner. Outline how you can help them improve patient care and outcomes and:
  - Don’t forget other medical specialists, including electrophysiologists, interventional cardiologists, interventional radiologists, gastroenterologists, etc.
  - Communicate that you can help them avoid costly same-day surgery cancellations by doing preoperative assessments to identify issues well before the surgery, particularly for patients with comorbid conditions who require complex care
  - Be available to pre- and post-op nurses to answer questions, avoid complications, and nip problems in the bud
  - Be mindful of and adapt to different surgeons and their needs and preferences
  - Be present and listen—don’t focus on your phone or device, but be an active participant as part of the team

5. Commit to greater involvement in patient care

- Fully engage with patients during preoperative assessment and during all stages of care to ensure that patient and physician expectations regarding anesthesia and recovery are aligned.
Highlight Your Value and Leadership

Talking Points

The following talking points are a good starting point to help you introduce your value and leadership to health care executives and can be used in combination with the other resources included in this toolkit to keep the conversation going:

• As an anesthesiologist, I’m the leader of the anesthesia care team that delivers anesthesia and perioperative care to patients. I ensure patient safety by responding to critical moments and emergencies in surgery. My colleagues and I also have stepped up to the challenges and demands that the pandemic has placed on our hospital and health care system.

• Without anesthesia, surgeries and procedures would not be possible. Physician-led anesthesia care keeps patients safe, improves outcomes, reduces risks, controls costs, and protects the hospital’s bottom line and health system’s reputation. As a leader of the anesthesia care team, I ensure cross team collaboration and surgical efficiency for the institution, improving room turnaround times and decreasing length of stay and readmissions. I’ve heard from the surgeons I work with and the patients I treat that they want anesthesiologists involved in their care.

• Can I share some more details on the role anesthesiologists play and how our leadership, expertise, and innovation can continue to help you?
Resources on Hot Topics for ASA Members

Controlling costs and maximizing your institution’s financial health is a topic many health care executives are concerned about. This toolkit includes a backgrounder you can share in a meeting with health care executives to provide details on the role anesthesiologists can play to help improve your hospital’s bottom line. The backgrounder provides detailed information and can be used as resource for your meeting.

Here are some talking points to help you introduce this issue:

- I recognize you are regularly held accountable for patient outcomes while at the same time pressured to cut costs and improve efficiencies. But I also understand you cannot jeopardize quality of patient care and safety. Anesthesiologists can play an important role in helping you control costs while maximizing our institution’s financial health. Working in a care team enhances efficiencies in surgical care, resulting in better patient and caregiver experiences.
- Physician led-anesthesia care saves lives and reduces complications. I also control costs by reducing unnecessary testing, same-day cancellations, operating room emergencies, and surgical complications. Anesthesiologists are leaders in perioperative care and can assess and improve quality of care.
- Can I share some more details on how we can help do this?

“Get involved in one of the main strategic goals of the hospital. The easiest way is to create and lead a Perioperative Surgical Home (PSH) or Enhanced Recovery After Surgery (ERAS) committee. This was my path. I was on the several small committees at my hospital for 17–18 years and was the President of my group but never took on a larger hospital role. I attended ASA’s Practice Management in 2014 and was inspired by PSH. I put together a committee and ultimately a pathway to achieve a PSH for total joint replacement.

We launched about 1 1/2 years before the Comprehensive Care for Joint Replacement (CJR) program. We were enormously successful with CJR largely because we had a PSH in place a year in advance. We now have an ERAS committee for cardiac surgery, have revisited our committee on ERAS for colorectal surgery and are considering an ERAS committee for spine procedures.” — Steven Schulman, MD, MHA, FASA, President, New York Cardiovascular Anesthesiologists, P.C., Associate Medical Director, St. Francis Hospital

In addition to these talking points, following are some additional resources you might find helpful:

- PSH:
  - How to Talk with Your C-suite About Implementing a Perioperative Surgical Home (PSH) Pilot into your Facility: https://www.asahq.org/psh/learningcollaborative/learningcollaborative2020/c-suite
• **Quality Initiatives**: If your group doesn’t already, consider reporting to a registry to track and act upon your quality data.
  
  – Quality 101: [https://www.asahq.org/macra/quality101](https://www.asahq.org/macra/quality101)
  
  
  – Learning From Others: A Case Report from the Anesthesia Incident Reporting System: [https://pubs.asahq.org/monitor/article/84/7/14/108581/Learning-From-Others-A-Case-Report-from-the](https://pubs.asahq.org/monitor/article/84/7/14/108581/Learning-From-Others-A-Case-Report-from-the)
  
  – Demonstrate Your Value: Choose the Right NACOR® Service Level: [https://www.asahq.org/macra/quality101/demonstrate](https://www.asahq.org/macra/quality101/demonstrate)
  
  – Podcasts:
    
    > Dr. Tim Clement — Building a QI Program and Getting Buy-in: [https://www.asahq.org/podcasts/central-line/episode-twenty-seven](https://www.asahq.org/podcasts/central-line/episode-twenty-seven)
    
    
    
    > Dr. Grant Lynde — Quality Improvement: [https://www.asahq.org/podcasts/central-line/episode-seventeen](https://www.asahq.org/podcasts/central-line/episode-seventeen)

“The biggest value that an anesthesiologist brings to an institution is the fact that we interface and work with all different teams across the institution, putting us in a unique position to know and see who is providing quality care across the organization and who’s not. You can talk about the efficiencies that you’ve helped create as an anesthesia department, decreasing turnover times, improving the care in the OR. You can share with the CMO that you’re an influential physician working on the total cost of care as you improve outcomes to the patient, from 30 days before they come into the hospital to 30 days after they leave the hospital. You’re not just an anesthesiologist working in the OR.” — Mike Schweitzer, MD, MBA, President, SH+, LLC
As a health care executive, you are increasingly under pressure to improve patient outcomes while simultaneously cutting costs. It’s a balancing act, as the pressure to reduce costs cannot jeopardize quality and safety. As essential providers in the care team, anesthesiologists are the proven leaders in safe and effective care throughout the perioperative care process. Their extensive education and training keep patients safe, improve patient outcomes, reduce the risk of complications, and control costs—all of which help ensure quality, protect your hospital’s reputation, and maximize its financial health as well as improve the patient and caregiver experience. Here’s how anesthesiologists and physician-led anesthesia care make a difference.

Save lives and reduce complications.

The presence of an anesthesiologist prevented 6.6 deaths per 1,000 patients in which an anesthesia-related or surgical complication occurred, according to an independently funded analysis of Medicare data of more than 190,000 surgeries.1

The odds of admission to the hospital or death (unexpected disposition) were 80% higher when a nurse anesthetist administered care rather than an anesthesiologist, according to an independently funded analysis of a national survey of more than 2.4 million outpatient surgeries.2

Anesthesiologist-led care significantly reduced costs compared to the nurse model: medically related surgical cancellations were reduced by 88%, medical consultation requests were reduced by 75%, and cost of laboratory tests were reduced by 59%, according to a review article.3

Control costs by reducing unnecessary testing, same-day cancellations, operating room emergencies, and surgical complications.

When nurses led anesthesia care, surgical care costs were 8.7% higher (about $1,800 per surgery), according to an analysis of Nationwide Inpatient Sample data that compared surgical costs in three opt-out states to three states that require physician-led care. Further, patients did not have increased access to surgical care and anesthesia in opt-out states.4

Physician-led anesthesia care reduces mortality and saves costs ranging from $4,410 to $38,778 for each year of life saved compared to the nurse-led model, according to a cost-benefit analysis that used survey data based on anesthesia reimbursement and published outcome studies.5

Anesthesiologist-led care significantly reduced costs compared to the nurse model: medically related surgical cancellations were reduced by 88%, medical consultation requests were reduced by 75%, and cost of laboratory tests were reduced by 59%, according to a review article.3

Infections rates were reduced by 75%, and cost of laboratory tests were reduced by 59%, according to an analysis of Medicare data of more than 190,000 surgeries.1

Medicare, Medicaid, and most third-party insurers pay the same fees for anesthesia whether a nurse anesthetist or anesthesiologist administers it. Allowing nurses to administer anesthesia without supervision does not save money. It is dangerous and misleading to position salary differences, reduced education costs, or fewer required years of education as advantages to the health care system. Those important differences in education and training are why the nation’s highest-ranking hospitals provide physician-led anesthesia care.

Cost savings

Decreases in:

- Readmission rates
- Surgical complications
- Surgical infection rates
- Total anesthesia equivalents prescribed to patients
- Parent satisfaction survey scores
- Length of stay
- Direct costs
- Indirect costs
- Total financial savings

Assess and improve the quality of care.

Lifesaving system, the Anesthesia Incentive Program (AIP), in the United States. AIP is a national program that collects data to develop learning and improvement programs based on their colleagues’ experiences. It encourages reporting from any clinician who can improve outcomes for patients.

Anesthesiologists bring to a health care institution is our broad spectrum of care, expertise, and service. There’s no other specialty that touches so many aspects of an institution’s core mission and their revenue-generating capability. Whether it’s surgeries, outpatient centers, diagnostic imaging, anesthesiologists and the care they deliver impact very much the bottom line.” — Brad Butler, MD, FASA, Physic Executive

Maintain cost-efficient, life-saving care.

Learn more here

Citations:

Here are some talking points to help you introduce this issue to your health care executives:

- When the pressures of your already demanding role were magnified tenfold during COVID-19, anesthesiologists joined forces with you, other administrators, and specialists to collaborate, innovate, and use every available resource to care for patients.

- Many of the solutions and strategies used to manage COVID-19 patients in 2020 are hospital procedures today.

- Can I share more details on the roles anesthesiologists played during the pandemic and how our leadership and innovation can continue to help you?
In addition to these talking points, following are some additional resources you might find helpful:

- Resilience During a Crisis: You and Your Team. Key Opinion Leaders Roundtable White Paper: https://www.asahq.org/shop-asa/e020z00w04
- COVID Activated Emergency Scaling of Anesthesiology Responsibilities (CAESAR) developed in collaboration with the Society of Critical Care Anesthesiologists (SOCCA), the Society of Critical Care Medicine (SCCM), and the Anesthesia Patient Safety Foundation (APSF): https://www.asahq.org/in-the-spotlight/coronavirus-covid-19-information/caesar
- ASA, AHA COVID-19 ‘lessons learned’ article series in AHA Today that provides case studies of how anesthesiologists and members of the C-suite worked together:

“There are a number of things we've learned that we didn't understand before and innovations we've developed, including how best to take care of COVID-19 patients in the ICU, how to reduce the risk of aerosolization, and the most appropriate ventilator management. These changes have led to huge improvements in care and will remain after the pandemic.”

— Mary Dale Peterson, MD, MHA, MSHCA, FACHE, FASA, ASA Past President, Chief Operating Officer and Executive Vice President, Driscoll Health System
The COVID-19 pandemic put an unprecedented strain on our health care system. You and all health care executives had to quickly pivot to ensure your institution was providing the safest and most effective care based on ever-changing guidance. It was all hands-on-deck, and from the very beginning of the pandemic, anesthesiologists were among the leaders who stepped forward helping to provide life-saving, frontline critical care, established infection prevention protocols that protected their colleagues from infection, and problem-solved the challenges of this public health crisis. Their work has also advanced their institutions beyond the pandemic.

**Innovate to improve care.**
With their proven training, education, and expertise, anesthesiologists are made for these critical moments, whether during a pandemic, a trauma, or a natural disaster. Demonstrating the ability to think clearly in a crisis and a willingness to tackle difficult problems head on and create innovative solutions, anesthesiologists:

- Collaborated with administrators and critical care colleagues to build surge capacity and update emergency preparedness standards.
- Promulgated best practices for personal protective equipment (PPE) use and reuse, including devising creative designs and ways to recycle.
- Built upon Centers for Disease Control and Prevention guidelines for appropriate testing and surveillance protocols for patients receiving surgical, procedural, and diagnostic care.
- Established protocols for intubation, insertion of special catheters, and proning.
- Addressed drug shortages including substituting sedatives when first-line drugs were not available.
- Repurposed their anesthesia gas machines normally used for surgery for use in the ICU when ventilators were in short supply.
- Converted positive pressure operating rooms to negative pressure rooms to reduce aerosolized transmission of the virus.
- Devolved tactics to prevent burnout by addressing the enormous physical toll on providers, including incorporating wellness programs through a variety of formats and forums, such as Zoom meetings, town halls, and online department lounges to allow staff to express their fears and frustrations.
- Shared their experiences, knowledge, and lessons learned with colleagues around the country to improve care as the pandemic evolved, including through ASA-provided and sponsored town halls and educational formats and forums, such as Zoom meetings, town halls, and online department lounges.
- Employed their organization and efficiency skills—used every day to be sure the board runs well and the right beds are available for patients after the pandemic. “— Mary Dale Peterson, MD, MHA, MSHCA, FACHE, FASA, ASA Past President, Chief Operating Officer and Executive Vice President
- Tackled numerous non-anesthesiology roles, including running specialities and departments to address ever-shifting needs and as they arose.
- Forged close partnerships with administrators and other entities to address ever-shifting needs and as they arose.
- Shared their experiences, knowledge, and lessons learned with colleagues around the country to improve care as the pandemic evolved, including through ASA-provided and sponsored town halls and educational formats and forums, such as Zoom meetings, town halls, and online department lounges.
- Many of these solutions have evolved to become standard protocols or methods to treat patients and prevent the spread of COVID-19 to other health care workers.

There are a number of things we’ve learned that we didn’t understand before and innovations we’ve developed, including how best to take care of COVID-19 patients in the ICU, how to reduce the risk of aerosolization and the most appropriate ventilator management. These changes have led to huge improvements in care and will remain after the pandemic.” — Mary Dale Peterson, MD, MHA, MSHCA, FACHE, FASA, ASA Past President, Chief Operating Officer and Executive Vice President

The specialty also advocated and provided expertise to the White House COVID-19 Task Force, the U.S. Food and Drug Administration, and other agencies and groups and continues to do so.

Find out how anesthesiologists can help your institution innovate and lead beyond the pandemic. Learn more here.
Here are some talking points you can use to help your health care executives understand how the important work you do addresses health inequity.

- Health inequity is a multi-faceted problem that will require many initiatives to solve. With our extensive education, training, and expertise, anesthesiologists are the leaders in ensuring safe and high-quality care and excellent outcomes throughout the perioperative process. That level of expertise is particularly vital when managing high-risk patients with comorbidities, which are more common in minority populations, as well as children.
- We also are experts in pain management and lead the way in offering surgery and chronic pain patients effective, opioid-sparing pain management, as well as addressing inequities in pain control among minorities.
- As vital members of the labor and delivery team—managing labor pain and providing emergency care when issues arise during delivery—anesthesiologists are very concerned about maternal mortality, which affects three times as many Black women as white women.
- Can I share some more details on the many ways anesthesiologists can help you reduce disparities in care?

"It's important to put processes and protocols in place to reduce inequitable care. At our institution, there's an automatic trigger if the nurse indicates that blood loss after vaginal delivery has hit 500. As soon as it is entered, it goes off to a pager that the anesthesiologist floor leader is carrying and they go by and make a visit. We do a lot more visits than necessary as a result and nine times out of 10 it's unnecessary, but you need to do that to catch the 10th one."

— Sunil Eappen, MD, Interim President, Brigham Health; Senior Vice President, Medical Affairs; Chief Medical Officer
Addressing Health Equity
Resources on Hot Topics for ASA Members

In addition to these talking points, following are some additional resources you might find helpful:

- **Health Equity**
  - Diversity in Anesthesia — Empowering Shifts with Dr. Wright: [https://www.asahq.org/podcasts/central-line/episode-twenty-three](https://www.asahq.org/podcasts/central-line/episode-twenty-three)

- **Maternal Mortality**
  - Physician Anesthesiologists and Maternal Mortality — 7 Things You and Your Institution Can Do to Save Women's Lives: [https://www.anesthesiologynews.com/download/Maternal_ANSE1019_WM.pdf](https://www.anesthesiologynews.com/download/Maternal_ANSE1019_WM.pdf)
  - Eliminating Racial Disparities in Maternal and Infant Mortality: [https://www.americanprogress.org/issues/women/reports/2019/05/02/469186/eliminating-racial-disparities-maternal-infant-mortality/](https://www.americanprogress.org/issues/women/reports/2019/05/02/469186/eliminating-racial-disparities-maternal-infant-mortality/)

“A patient may need surgery after a car accident for a broken leg and the emergency room physician refers them to the orthopedic surgeon, who schedules them for surgery to fix the leg. During the preoperative visit, the anesthesiologist can identify if the patient has other conditions that have gone untreated and can refer the patient to a cardiologist or internist who can provide the necessary care.” – Crystal Wright, MD, FASA, ASA Chair, Committee on Professional Diversity, Associate Professor in the Department of Anesthesiology and Perioperative Medicine, University of Texas MD Anderson Cancer Center
Anesthesiologist Leadership and Expertise Foundational to Ensuring Quality Care for All Patients

Ensuring your institution provides equitable health care is a critical priority for health care executives. It can be a challenge, but anesthesiologists can play a vital role in helping you lead initiatives to safeguard access to quality care for all.

Provide physician-led anesthesia leadership in perioperative care to foster better outcomes.

Death and complications related to care disproportionately affect minorities and socioeconomically disadvantaged patients. Improving outcomes in these patients starts with ensuring they are receiving physician-led anesthesia care. Access to an anesthesia care team led by an anesthesiologist can help eliminate health care disparities and ensure all patients receive the same standard of care. As the leader in perioperative care, anesthesiologists:

• Provide high-quality preoperative evaluation, appropriate selection of the anesthetic, and adequate monitoring during the surgical period. Anesthesiologists are the safety and quality gatekeepers throughout this process. This expertise is particularly vital:
  • When managing surgical patients with comorbidities such as diabetes and cardiovascular disease, which disproportionately affect minorities.
  • When providing anesthesia care to children, who are at increased risk of breathing problems. Anesthesiologists also have the expertise to manage multi-system inflammatory syndrome in children (MIS-C), a condition that can develop after recovery from COVID-19, and is more likely to affect minorities.
  • Via perioperative screening, identify patients who have undetected or untreated conditions such as diabetes and cardiovascular disease that often disproportionately affect minorities and socioeconomically disadvantaged patients. For example, a patient may break a leg in a car accident and the emergency department physician refers the patient to an orthopedic surgeon who schedules surgery to fix the bone. During the preoperative visit, the anesthesiologist may discover a health issue such as high blood pressure or lung disease. In some cases these patients may not be seeing a primary care physician, and anesthesiologists can collaborate with providers within the system to ensure patients get the ongoing care they need.
  • Developed and continue to lead pathways for improving patient care throughout the perioperative care process, including the Perioperative Surgical Home (PSH) and Enhanced Recovery After Surgery (ERAS). These initiatives are designed to ensure patients have improved surgical outcomes and facilitate coordinated care and effective handoffs so that the patient’s information is shared with the patient’s surgeon, primary care provider or care coordinator, if necessary.
  • Ensure health literacy, including by addressing cultural competencies and language barriers to help surgery patients fully understand their anesthesia plan and the procedure. For example, when a surgical patient does not speak English, anesthesiologists arrange to ensure a translator of the same ethnicity (who is competent in medical terminology) is present during preoperative consultations. Anesthesia departments at some hospitals create videos in English and other languages (according to their patient population) patients can watch before and after surgery to help them fully understand the perioperative process.

Ensure quality care for all. Learn more here


It’s important to put processes and protocols in place to reduce inequitable care. At our institution, there’s an automatic trigger if the nurse indicates that blood loss after vaginal delivery has hit 500. As soon as it is entered, it goes off to a pager that the anesthesiologist floor leader is carrying and they go by and make a visit. We do a lot more visits than necessary as a result and nine times out of 10 it’s unnecessary, but you need to do that to catch the 10th one.”

– Sunil Eappen, MD, MBA, Interim President; Senior Vice President, Medical Affairs; Chief Medical Officer
Thank you to ASA’s Committee on Communications, Crystal Wright, MD, FASA, ASA Chair, Committee on Professional Diversity, Associate Professor in the Department of Anesthesiology and Perioperative Medicine, University of Texas MD Anderson Cancer Center, and members of the Be the Solution: Sell Your C-Suite on the Value and Leadership of Anesthesiologists Working Group—anesthesiologists who are health care executives themselves—whose valuable insights have helped develop this program. Working Group members include:

**Brad Butler, MD, FASA**  
Physician Executive and President, Big Country County Medical Center

**Sunil Eappen, MD, MBA**  
Interim President, Brigham Health; Senior Vice President, Medical Affairs; Chief Medical Officer

**Mary Dale Peterson, MD, MHA, MSHCA, FACHE, FASA**  
ASA Past President, Chief Operating Officer and Executive Vice President, Driscoll Health System

**Steven Schulman, MD, MHA, FASA**  
President, New York Cardiovascular Anesthesiologists, P.C., Associate Medical Director, St. Francis Hospital

**Mike Schweitzer, MD, MBA**  
President, SH+, LLC