

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

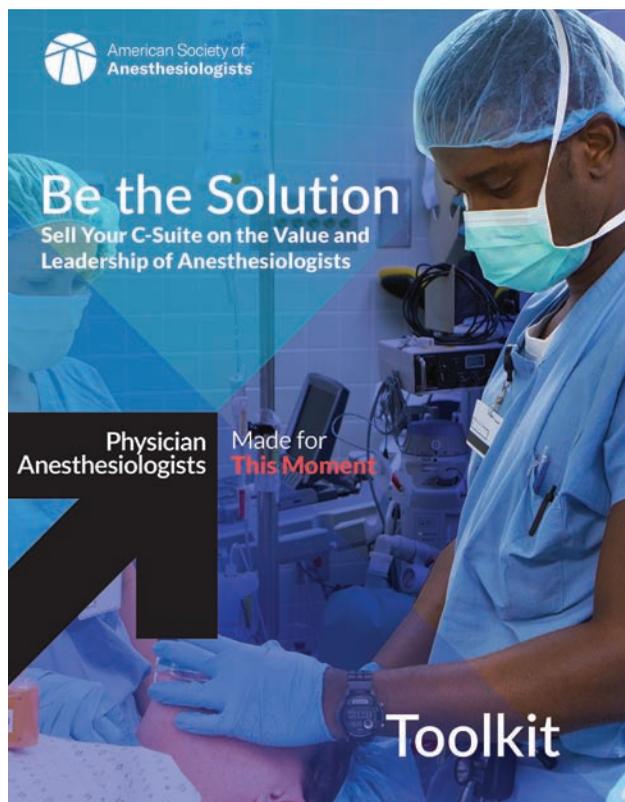
Theresa Hill, MSJ

As an anesthesiologist, you are uniquely trained for the critical moments in health care – in the OR, 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. In a *Monitor* article published last August, ASA Committee on Communications (COC) Chair Adam Striker, MD, provided a sneak peek at a new ASA initiative – Be the Solution – to demonstrate your value to your health care executives.

“Developed by a working group of anesthesiologists who are health care executives themselves, the Be the Solution toolkit includes simple action steps you can take today to engage with your hospital or health system leaders. It also includes resources on topics important to them: controlling costs and maximizing the institution’s financial health, innovation and leadership during COVID-19, and addressing health equity.”

The initiative is vital because many health care executives do not recognize the specialty’s impact on the hospital and health system. According to a 2019 ASA

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survey, 11 of 31 health care executives expressed “no preference” between an anesthesiologist and a nurse to diagnose and treat complications during a procedure. Yet 69% expressed a personal preference for themselves or a family member to have an anesthesiologist over a nurse. Be the Solution provides tools and guidance for you to champion the specialty and patient-centered, physician-led anesthesia care.

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Engage with health care executives in 5 steps

Health care executives often take anesthesiologists for granted and don’t fully understand or appreciate the specialty. Here are five action steps you can use to educate and engage:

- **Know your hospital or health system:** Become familiar with your hospital or health system’s mission, vision, val-

ues, strategic plan, and quality improvement system to determine where anesthesiology aligns and can assist.

“It’s important to understand what the strategic initiative of the hospital is and quality initiatives you can engage in that are important to the C-suite,” said Steven Schulman, MD, MHA, FASA, a member of the working group. “When you demonstrate that you’ve shown leadership on a project and you’re successful in accomplishing a goal, you’re going to start getting attention,” said Dr. Schulman, who is also President of New York Cardiovascular

Anesthesiologists, P.C. and Associate Medical Director at St. Francis Hospital.

- **Determine the system’s most pressing needs:** As most health care executives are not providers, their top needs are usually focused on the business of running the hospital or health system. Call attention to the many ways anesthesiology helps them provide value-based care, such as Perioperative Surgical Home (PSH) and enhanced recovery after surgery (ERAS) programs, and note that anesthesiology can help with CMS Hospital Quality Star Ratings, including by tracking your outcomes and working to improve them.
- **Develop a relationship with the C-suite:** Get to know your health care executives and engage with them regularly, from setting up meetings to volunteering for governance committees.
- **Partner with surgeons and other providers:** Connect with high-volume surgeons to explain how you can partner with them to improve patient care, such as noting how they can avoid costly same-day surgery cancellations when you identify health issues in people who require complex care.
- **Commit to patient care:** Be sure to fully engage with patients during pre-operative assessment and other visits to ensure you are aligned regarding expectations.

Talking points to highlight your value and leadership

As you remind executives of your value and leadership, keep several talking points in mind, including:

- Emphasizing that, as an anesthesiologist, you ensure patient safety by responding to critical moments and emergencies during surgery.
- Reminding them that surgeries and procedures would not be possible without anesthesia and that physician-led anesthesia care keeps patients safe, improves outcomes, controls costs, and protects the hospital or health system’s bottom line and reputation.
- Asking to share more details on the role anesthesiologists play in safe and effective care.

“One of the biggest advantages anesthesiologists bring to the institution is our broad spectrum of care, expertise, and service, whether surgeries, outpatient centers, or diagnostic imaging,” said Brad Butler, MD, FASA, a member of the working group and Physician Executive and President of Big Country County Medical Center. “The care we deliver very much impacts the bottom line, and there’s no other specialty that touches on so many aspects of the institution’s core mission and revenue-generating capability.”

Hot topics and resources to address them

The toolkit includes extensive resources to help members engage with health care executives on three hot topics: controlling costs and maximizing the institution’s financial health, leveraging innovation and leadership during COVID-19, and addressing health equity. Each section includes a link to a two-page backgrounder that can be downloaded and printed out to bring to meetings with executives as leave-behinds. Suggested talking points and insights from working group members also are available on each of these topics.

- **Controlling Costs and Maximizing Your Institution’s Financial Health:** Costs and finances are a top concern of health care executives, and you can use these materials to explain how anesthesiology can help improve the bottom line by controlling costs, generating revenue, and improving outcomes.
- “Talk about the efficiencies you’ve helped create as an anesthesiology department, decreasing turnover times, and improving care in the OR,” said

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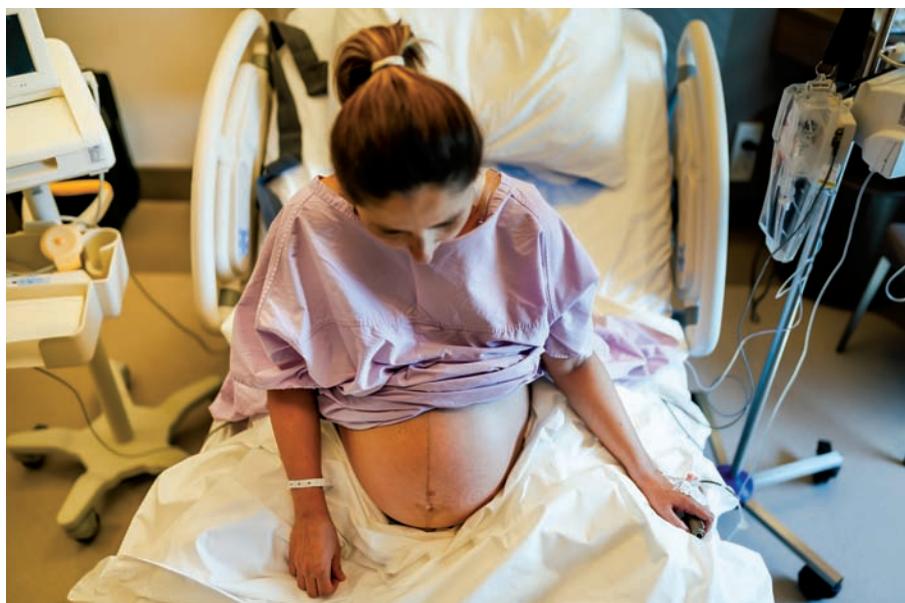
Levels of Maternal Care: The Anesthesiologist's Role in Reducing Maternal Mortality

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Walking into the PACU following an appendectomy on a Saturday afternoon, the on-call obstetrician pages you about a pregnant patient in the ED. You work at a 50-bed hospital in a mountain town that provides basic obstetric services but has no ICU and a limited blood bank. The patient is a 32-year-old G1P0 healthy woman at 29 weeks gestation who was hiking when she felt lightheaded and generally unwell. In the ED, her blood pressure is 190/100, she has protein in her urine and mildly elevated LFTs, and is complaining of a headache. She is diagnosed with preeclampsia with severe features, and you have concerns about progression to HELLP syndrome.

You and the obstetrician quickly determine that the patient needs transfer to a facility with a higher level of care for both maternal and fetal indications. You work together to manage her blood pressure; the headache resolves with BP control to the 150s/90s and magnesium therapy. You call the anesthesia team at the receiving hospital and give a brief handoff about the patient as you anticipate their obstetrics team may move toward delivery upon patient arrival.

Maternal mortality and severe maternal morbidity have increased in the United States over the past two to three decades



([asamonitor.pub/39bIjeh](https://pubs.asahq.org/monitor/article-pdf/33/7/33/67/180220220700-0-00020); [asamonitor.pub/3FzKZy8](https://pubs.asahq.org/monitor/article-pdf/33/7/33/67/180220220700-0-00020)). These outcomes also have profound disparities, with non-Hispanic Black women having a significantly higher maternal mortality ratio than non-Hispanic white women (*Obstet Gynecol* 2017;130:366-73). One unified strategy to improve outcomes for all pregnant women and eliminate disparities among racial and ethnic groups is the implementation of regionalized maternal care systems, similar to the well-established system of neonatal levels of care. Levels of Maternal Care have been developed by the

American College of Obstetricians and Gynecologists (ACOG) and the Society for Maternal-Fetal Medicine (*Obstet Gynecol* 2019;134:883). As of January 2022, institutions can voluntarily obtain a Maternal Levels of Care verification from The Joint Commission.

The Levels of Maternal Care range from Levels 1-4. There are many criteria for each level, which include equipment, laboratory and blood bank capabilities, radiologic and critical care facilities, and availability of various health care providers. The Table summarizes the re-



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quirements for type and availability of anesthesia care providers. Detailed criteria can be found in ACOG's Levels of

Be the Solution

Continued from previous page

Mike Schweitzer, MD, MBA, President of SH+, LLC, and a member of the working group. "Tell them about the work you're doing, the PSH, or ERAS and that you are in an influential position to decrease total cost of care as you work to improve outcomes of patients from 30 days before they come in the hospital to 30 days after they leave the hospital."

• **Leveraging Innovation and Leadership During COVID-19:** Anesthesiologists have been on the front lines of treating COVID-19 patients from the earliest days of the pandemic, pivoting from providing an-

esthesia for surgeries and procedures to intubating patients, innovating solutions to new problems, and collaborating with administrators and other specialists to address the challenges. The materials highlight that many of the solutions and strategies used to manage COVID-19 patients are standard procedure today and how the specialty is made for moments of crisis and can help lead health care institutions through them.

• "Anesthesiologists have been critical leaders during COVID, whether repurposing ICU beds in the OR or turning anesthesia gas machines into ventilators," said Mary Dale Peterson, MD, MHA, MSHCA, FACHE, FASA, a member of the working group, ASA

Immediate Past President, and Chief Operating Officer and Executive Vice President of Driscoll Health System. "People who are creative and innovative and not afraid of technology or trying to make it work better for the health system. I think that is something unique to anesthesiologists."

- **Ensuring Quality Care for All:** As medical doctors with deep experience in perioperative and maternal care, and with a unique role in the health care system, you can highlight how anesthesiologists are in a strong position to help hospitals close gaps in patient outcomes related to race, geography, and other factors.
- "Anesthesiologists can play a really important role in the perioperative

space, particularly where it's impacted by health inequities or social determinants of health," said Sunil Eappen, MD, MBA, a member of the working group and Brigham Health Senior Vice President, Medical Affairs, and Chief Medical Officer. "For example, when you see a patient who may not have a primary care physician, you can rely on the anesthesiologist to play a larger role in the care of that patient, both before and after surgery."

Visit asahq.org/member-center/made-forthismoment-executives-toolkit to learn more about Be the Solution and all its resources. You can watch a webinar on the initiative as well as videos on the three hot topics from working group members. ■