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- CMS Finalizes the Conditions of Participation Burden Reduction Rule
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- ASA and Stakeholders Urge DEA to Consider Drug Shortages while Setting Controlled Substances Quotas
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- Are You Using the New Medicare Beneficiary Identifier?
- Timely Topics in Payment and Practice Management
  - Anesthesia Payment Basics Series: #4 Physical Status (Sept. 2019)
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  - Anesthesia Payment Basics Series: #1 Codes and Modifiers (June 2019)

Public Relations Update
- American Society of Anesthesiologists names Mary Dale Peterson, M.D., FASA, new president
- Randall M. Clark, M.D., FASA, elected first vice president of the American Society of Anesthesiologists
- American Society of Anesthesiologists honors Mark A. Warner, M.D., with its Distinguished Service Award
- ASA Commends Inter-agency Drug Shortages Task Force Report
- American Society of Anesthesiologists and CAE Healthcare Launch Next Generation in Virtual Simulation Training with Anesthesia SimSTAT
- Healthcare Groups Applaud New Legislation to Address Drug Shortages
- American Society of Anesthesiologists Named Among America’s Healthiest Companies

Upcoming Events
- Professional Development: The Practice of Anesthesiology 2019 (Dec 5-6)
- Executive Physician Leadership Program I (Dec 6-8)
- Practice Management 2020 (Jan 17-19)
- Simulation Education Network Summit 2020 (Mar 12-14)
- Legislative Conference 2020 (May 11-13)
January 8, 2020

To the CSSA Membership:

Happy New Year! It has been a great privilege to serve you for the past two years as the president of the CSSA. With advocacy as one of the important messages I have promoted, I hope to see a strong turnout for our 2020 CSSA Winter Meeting. Manuel Bonilla, Chief Advocacy Officer of the American Society of Anesthesiologists, will be addressing our membership at Wallingford’s Library Wine Bar and Bistro. His efforts on behalf our profession as Physician Anesthesiologists has been unsurpassed, providing insight and guidance on the many issues and challenges we have faced on the political front. These currently include surprise medical billing, scope-of-practice issues, misleading nomenclature (i.e. “nurse anesthesiologists”), and Medicare reimbursement.

Hopefully through inspiration from Mr. Bonilla’s address, the CSSA can increase their participation at this year’s Legislative Session. From May 11-13, 2020 in Washington, D.C., the ASA in holds this annual conference. I strongly encourage all who are interested to contact me about partaking in this three-day meeting. New faces are enthusiastically welcomed, including residents and junior attendings from different practice environments.

Later in May, the CSSA is also planning our Spring Meeting, which serves as a resident game show challenge and our annual business meeting. The agenda includes updates to the Bylaws of our state society and the election of officers, so either attendance or a proxy vote is very important. Look for upcoming emails about this and other meetings.

I hope to see you all at CSSA events, and I invite any interested individuals to get more involved with the CSSA. There are opportunities in many aspects of our component society: organizing meetings and activities, contacting state and federal legislators, becoming a delegate to the ASA, or writing for the newsletter, just to name a few things.

Thank you for your continued support.
Letter From the Editor

Happy new year from the CSSA Executive Board! We’d like to thank everyone for their participation in all of the 2019 events, including the annual meeting highlighting POCUS that was recently held at the Delamar Hotel in West Hartford on September 28, 2019. We strive to continue advocating for our specialty, increase membership and expand the CSSA Executive Board. Please find information regarding joining the CSSA executive board at the end of the CT section of the newsletter. There you can also find information on upcoming events to stay involved in CSSA.

Since this is a forum to advocate for our specialty, I believe it is very important that we all prepare for Physician Anesthesiologists Week, which is coming up Jan. 26 – Feb. 1, 2020! The sixth annual Physician Anesthesiologists Week is your chance to alert
When Seconds Count™ website

policymakers, the media and the public that when seconds count, physician anesthesiologists save lives. We need all physician anesthesiologists to help make our voices heard on critical issues and advocate for our specialty and our patients. I’ve included the entire ASA’s Physician Anesthesiologists Week 2020 Toolkit to help CT anesthesiologists get involved! If you need additional resources to prepare for Physician Anesthesiologist week please visit the ASA website at asahq.org.

In addition to advocating for our specialty at the national level, another purpose of this publication is to share local clinical, research and event updates with the Anesthesiology community in Connecticut. In this edition of the newsletter I wanted to highlight some of the contributions from our own CT based Anesthesiology residents and attendings, including poster presentations at conferences and publications. Going forward, I would like to make these sections a staple in the newsletter, however; to do so I will need help from our CSSA community. If you would like to share a colleagues or your Anesthesiology presentations and/or publications with the CSSA community please send a copy of the poster and/or the citation information to alexa.ray.clement@gmail.com so that it can be featured in an upcoming edition.

If you have any other input or would like to make any other contributions to the newsletter please feel free to email me at the above listed email address. I hope to continue to highlight our communities achievements and share important information from the local and national Anesthesiology communities.

Sincerely,
Alexa Clement, D.O.

CSSA Legislative Update

December 4, 2019

The 2020 Legislative Session
Next year, 2020, is the second year of a 2-year legislative session. The second year of the two-year session is often referred to as the ‘short session,” which will convene on February 5, and will adjourn on May 6. 2020 is also an election year and every member of the Connecticut General Assembly along with all the constitutional officers are up for re-election. There are 151 Members of the House of Representatives and 36 Senators and both chambers have a democratic majority.

Issues of Interest
The legislature is expected to revisit legislation that did not make it to the finish line in the 2019 legislative session. Potential issues in 2020 that would be of particular interest to members of the CSSA are: the healthcare reform legislation; a repeal of
surprise billing legislation and results of proceedings of a taskforce on high deductible health plans.

During the 2019 legislative session legislation was introduced creating a public option for health insurance. Included in an amendment by the Chairs of the Insurance Committee on a public option bill in the last 2 weeks of the legislative session was a proposal to create an organization modeled on the Massachusetts Health Policy Commission that would set benchmark pricing or payment models to control costs in the health care system.

The amendment swept hospitals, surgical centers, clinics and physician organizations into a definition of a “Health Care Entity” and created a process whereby health care entity cost drivers in the system are subject to a public hearing process. Additionally, determined cost drivers were required to develop a performance improvement plan if the cost associated with the services rendered exceeded the established benchmark in a certain area. The legislation passed the House but failed to pass the Senate prior to adjournment.

The Insurance Committee held an informational forum in November to look at various proposals to reform the healthcare system including the benchmarking process. The informational forum will be the basis for crafting legislation in 2020, which will likely include a reinsurance component and drug importation from Canada.

Legislation was introduced in the 2019 legislative session (SB 905) to repeal current statute that requires reimbursement of services rendered by a physician to a patient who is out-of-network in an emergency medical situation. The efforts were spearheaded by the insurance industry to roll-back patient and physician protections relating to surprise billing. This legislation failed to pass in 2019 and may be reintroduced in 2020.

Legislation from 2019, SB 42, which did pass into law created a high deductible health plan task force to study such plans and their impact on Connecticut residents. The task force has been meeting since the conclusion of the 2019 legislative session and is required to report its findings to the Insurance and Real Estate Committee by February 1, 2020. The task force, among other issues is required to review payment models where physicians receive reimbursement for services rendered from a health carrier versus the patient. The final report of the taskforce will likely serve as a basis for legislation in 2020.

CSSA will continue to monitor and speak-out on legislation impacting our profession at the State Capitol. However, we need your help in reaching-out to state legislators in Hartford. If you are interested in speaking with your state legislators about the impact their efforts have on anesthesia please contact Earl Bueno at earl_bueno@hotmail.com.
Connecticut Anesthesia Work Force Solution

Connecticut like many areas of the country struggles with finding enough staff to cover its anesthesia service line demands. A simple internet search will show just how bad the situation has become with job postings for both physicians and CRNA’s swelling month in month out. Signing bonuses in the tens of thousands of dollars, tuition reimbursement, attractive work schedules, no nights or weekends. Anything and everything is being offered to help practices, academic, private or corporate, recruit labor to cover their sites of services. The cost of this labor shortage has salaries for CRNAS that easily eclipse those of many physicians in primary care.

I am not an economist, and I am not against paying for talent, but most people know when it comes to the cost of a product it is always a supply and demand issue. High demand and low supply are an equation for increasing costs. We know our demand for services will continue to increase with newer and newer procedures being carried out beyond the borders of our operating rooms. In the face of a stagnant or decreasing workforce and greater demand there is only one way for labor costs to go and that is up.

The other side of this is that most of the anesthesia care delivery in our country is delivered by an anesthesia care team which includes the physician anesthesiologist in charge and a CAA or a CRNA working together as a team on a team. This is called the anesthesia care team model, which is supported by the American Society of Anesthesiologists. A CAA is a Certified Anesthesiologist Assistant and a CRNA is a Certified Registered Nurse Anesthetist. Each class of providers have equal job descriptions and duties, and both are recognized by the federal government for reimbursement.

The problem we have in Connecticut and 33 other states is that the CRNA community has a monopoly on the anesthesia care team. Every other physician in the country has a choice to work with a PA or an APRN. In Connecticut the anesthesiologist can only work with an APRN (CRNA). The CRNA community in Connecticut and other states where CAA do not enjoy practice rights have no interest of having their monopoly disrupted and will go out of their way to protect that monopoly. It is exactly this monopoly, which the CRNA community has on the anesthesia care team in Connecticut that is the driver of increased service line costs. The product in this case is a talented provider trained in the field of anesthesiology that is a CAA or a CRNA. When only one of the two providers (or products) exist in the market the monopoly exists in that market for that product.

Some very simple workforce demand planning and talent development strategies would and could easily reduce our labor supply deficit and break up the monopoly the
CRNAs have here in Connecticut and 33 other states. It has been carried out before with great success in the 17 states that CAA enjoy practice rights.

As we add choices to the market supply goes up, competition for jobs goes up, and as is always the case quality goes up, i.e. practices can hire the best talent available because there will be competition for jobs.

We finally have a real driver to reduce the cost of healthcare and improve both access to care and quality.

So, the question is how do we increase the number of providers who can work on the Anesthesia care team? Should we continue to poach RNs from ICUs and remove them from the healthcare system for three years to train them as CRNAS and drive up the costs of services by supporting a monopoly? Should we develop a new supply chain with a well-documented track record of talent and safety who can be used interchangeably with a CRNA?

The answer is simple. If you choose to be dependent on a single source of labor for the services you need to provide you will inevitably face service line disruptions and escalating costs. Dependency on any supplier for the goods or services you need to carry out your efforts or practice is never a winning strategy.

If you want to increase quality and reduce your dependency on a single provider on the anesthesia care team you need to train a different provider and introduce competition, it’s that simple.

The current log jam on to production side of the equation is the training of CAA students. The more CAA students we train the more talent we develop, the greater supply we have and the better choices we get when selecting talented providers to help us on the anesthesia care team. If you currently train CRNA students, you should immediately open an equal number of CAA student training spots.

This is not complex math; this is simply a supply demand issue that has a very basic solution. We need to introduce competition. Anesthesiologists should develop the talent they need with the education, training and licensing of Certified Anesthesiologist Assistants in Connecticut and all fifty states. It is never easy to break up a monopoly, but the benefits will far outweigh the effort.

Tommy Verdone MD
Chief Operating Officer
Connecticut Anesthesiology Consultants
Brief Summary of the Medical Student House of Delegates at the ASA Conference

The medical student HOD met for three hours on Sunday, October 20th as part of the ANESTHESIOLOGY annual meeting. The meeting began with individual updates from outgoing governing council members. Over the past year, much was accomplished, including expansion of the resident/medical student mentor and mentee program and the development of a podcast focused on anesthesiologists with unique involvement in different aspects of medicine including quality improvement and global health. There was an initiative started to create more social media involvement which President Stacia Griebahn will continue to pursue. Dr. Jerome Adams, MD, MPH and Surgeon General of the United States, made a guest appearance at the Medical Student HOD and spoke with attendees about the path to his current position, and his focus on substance use, removing the stigma associated with addiction, and the opioid crisis.

Three medical schools were recognized for the success of their respective Anesthesia Interest Groups, and awarded $500 each for the continued advancement of their group.

A keynote panel with Dr. Saddawi-Konefka, MD, MBA, anesthesiology residency program director at MGH, Dr. Jed Wolpaw, MD, MBA, anesthesiology residency program director at Johns Hopkins University and Dr. Soban Umar, MD, PhD of UCLA was held, and each panel member spoke on their experience with dual degrees.

Outgoing officers of the current governing council were recognized, and a new governing council was elected.

The meeting was a professional and educational success for all involved!

Alice DiFrancesco, MSIV, UConn School of Medicine

CT Anesthesiology Resident Presentations at the ASA Conference

Below you will find copies of the posters presented by CT Anesthesiology Residents at the annual 2019 ASA Conference in Orlando, FL. Any CT based presentations at conferences can be submitted to alexa.ray.clement@gmail.com to be featured in upcoming newsletters.
A Case of Flu Induced Acute Severe Respiratory Failure Requiring Venovenous ECMO Support Complicated by Fatal Hemorrhagic Stroke

Lauren Clement DO,1 Dharmodaran Panipathan MD,2 Jason A. Gluck DO1
1Department of Anesthesiology, University of Connecticut, Farmington CT
2Department of Anesthesiology, Hartford Hospital, Hartford CT

INTRODUCTION

Extracorporeal membrane oxygenation (ECMO) is a useful therapeutic intervention for acute, severe, reversible cardiac or respiratory failure. Indications for ECMO are growing but may include severe acute respiratory distress syndrome (ARDS) & cardiogenic shock. ECMO improves mortality in ARDS patients, with studies showing a mortality of 51% in ECMO-treated ARDS patients versus a 55% mortality in ARDS patients not treated with ECMO.4 Although practitioners view ECMO as life-saving, complications are not infrequent & may include renal failure, coagulopathy, sepsis, liver dysfunction, & cerebral ischemia. Acute ischemic & hemorrhagic strokes are serious neurological complications associated with ECMO therapy. Notably, increasing patient mortality & morbidity rates, we report a patient requiring ECMO for severe bilateral ARDS with subsequent hemorrhagic injury.

CASE REPORT

31 YO with a past of HTN & asthma who was transferred from an outside hospital for ECMO consideration due to severe ARDS with a P/F ratio of 48 in the setting of influenza & rapid respiratory deterioration. Patient was febrile & tachycardic. Physical exam revealed bilateral crackles & rales. Head CT showed diffuse edema with decreased sulcal and cisternal spaces.

Fig. 1 CT head showing diffuse edema and decreased sulcal and cisternal spaces.

We reported admittance with normal international normalized ratio (INR) and PTT. Our patient was started on intubation with a high inspires oxygen therapy. The patient was started on dexamethasone 4 mg intravenously to decrease the risk of hemorrhagic transformation. Our patient was monitored closely to evaluate for signs of neurological deterioration.

DISCUSSION

ECMO use has increased dramatically by about 60% from 2010 to 2013 & can be a life-saving therapeutic intervention. ECMO, however, does not come without risks. Neurological complications are noted to be a significant risk associated with ECMO use. Specifically, a study from 2011 to 2013 explored a 10% risk of hemorrhagic transformation with ECMO (p5: AB5, stroke 4%) and 61% (p5: H2B0), stroke specifically may be a challenge to diagnose as a high percentage of these patients are intubated & paralyzed in the ICU, thereby limiting neurological findings. Stroke on clinical examination. Mortality in patients with an ischemic stroke on ECMO is noted to be approximately 40%, whereas the mortality rate in patients with ECMO & hemorrhagic stroke is approximately 70%.

REFERENCES

3. Cuff Leaks in the ICU: Etiology, Management and Complications. Sagar K. Patel, DO, Thomas C. Mott, MD. Hartford Hospital, Department of Anesthesiology, Hartford, CT.
4. University of Connecticut, Department of Anesthesiology, Farmington, CT.

Table 1: Differential diagnosis of a "Cuff Leak"

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Description</th>
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<tbody>
<tr>
<td>Drug perforation</td>
<td>Cuff perforation due to drug leakage into the trachea</td>
</tr>
<tr>
<td>Intra-abdominal slip</td>
<td>Cuff perforation due to intra-abdominal slip</td>
</tr>
<tr>
<td>Extracorporeal slip</td>
<td>Cuff perforation due to extracorporeal slip</td>
</tr>
<tr>
<td>Tracheal slip</td>
<td>Cuff perforation due to tracheal slip</td>
</tr>
<tr>
<td>Intra-thoracic slip</td>
<td>Cuff perforation due to intra-thoracic slip</td>
</tr>
<tr>
<td>Cuff leak</td>
<td>Cuff perforation due to cuff leak</td>
</tr>
</tbody>
</table>

Table 2: A proposed grading system for partial cuff leaks

<table>
<thead>
<tr>
<th>Grading System</th>
<th>Description</th>
<th>Percent of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade 1</td>
<td>Minimal cuff leak</td>
<td>5-10%</td>
</tr>
<tr>
<td>Grade 2</td>
<td>Moderate cuff leak</td>
<td>10-30%</td>
</tr>
<tr>
<td>Grade 3</td>
<td>Severe cuff leak</td>
<td>30-50%</td>
</tr>
</tbody>
</table>

Table 3: A proposed scoring system for partial cuff leaks

<table>
<thead>
<tr>
<th>Scoring System</th>
<th>Description</th>
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<tbody>
<tr>
<td>Grade 1</td>
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<td>1</td>
</tr>
<tr>
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<td>Moderate cuff leak</td>
<td>2</td>
</tr>
<tr>
<td>Grade 3</td>
<td>Severe cuff leak</td>
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</tbody>
</table>

Table 4: A proposed grading system for complete cuff leaks

<table>
<thead>
<tr>
<th>Grading System</th>
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<tr>
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<td>Severe cuff leak</td>
<td>30-50%</td>
</tr>
<tr>
<td>Grade 4</td>
<td>Complete cuff leak</td>
<td>&gt;50%</td>
</tr>
</tbody>
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Table 5: A proposed grading system for complete cuff leaks

<table>
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</tr>
<tr>
<td>Grade 4</td>
<td>Complete cuff leak</td>
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Table 6: A proposed grading system for complete cuff leaks

<table>
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</table>

Table 7: A proposed grading system for complete cuff leaks

<table>
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</tr>
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</tr>
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</table>

Table 8: A proposed grading system for complete cuff leaks

<table>
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<td>3</td>
</tr>
<tr>
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<td>Complete cuff leak</td>
<td>4</td>
</tr>
</tbody>
</table>

To learn more about anesthesiology and the importance of patient-centered, physician-led anesthesia care, please visit ASA's When Seconds Count™ website. © 2019 American Society of Anesthesiologists.
A Case Of Airway Management In Patient With Palatal Obstructer
Harsh R. Shah, D.O.¹; Thomas Martin, M.D.², Dhamodaran Palaniappan, M.D.²
¹Department of Anesthesiology, Hartford Hospital, Hartford, CT
²University of Connecticut, Hartford Hospital, Hartford CT

INTRODUCTION
Acute airway management is one of the most common emergent situations in anesthesia, requiring a quick and decisive approach. This case report describes the challenges and solutions encountered in managing an airway obstruction caused by a palatal obstructer.

CASE:
A 49-year-old male with a history of diabetes mellitus 21 years ago, obstructive sleep apnea, and polycystic kidney disease was admitted for emergent hemodialysis. Preoperative evaluation revealed a significant airway obstruction due to a palatal obstructer.

AIRWAY MANAGEMENT
A multidisciplinary approach was taken to address the airway obstruction. After failed attempts at tracheal intubation, a decision was made to perform a partial mandibular advancement to create a virtual airway. This was followed by the placement of a laryngeal mask airway (LMA) to establish an effective airway.

DISCUSSION
The key points of this case study include the role of multidisciplinary collaboration in managing complex airway issues and the effective use of advanced airway devices. The case demonstrates the importance of rapid decision-making in critical situations.

REFERENCES

A Case of PEA Arrest After Elective Cardiopversion
Mario Flores MD, MBA, Dhamodaran Palaniappan MD,²
¹Department of Anesthesiology, Hartford Hospital, Hartford, CT
²University of Connecticut, Hartford Hospital, Hartford CT

INTRODUCTION
Arrhythmias are common in patients undergoing cardiac procedures. Cardiopversion is a common and effective treatment for arrhythmias, but the risk of complications, including asystole, must be considered.

CASE REPORT
A 64-year-old male with a history of hypertension, CAD, and obesity was scheduled for elective cardioversion. Prior to the procedure, he was found to have an atrial fibrillation with a heart rate of 150 bpm. Despite several attempts at cardioversion, he remained in atrial fibrillation. After a brief period of asystole, the patient was resuscitated successfully.

DISCUSSION
The case highlights the importance of monitoring during cardioversion and the need for prompt intervention in case of complications. It also underscores the importance of having a well-trained cardioversion team and a protocol for managing complications during cardioversion.

REFERENCES

To learn more about anesthesia and the importance of patient-centered, physician-led anesthesia care, please visit ASA’s When Seconds Count™ website. © 2019 American Society of Anesthesiologists.
Connecticut Based Anesthesiology Publications

The following is NOT a comprehensive list of Connecticut Based Publications from the past year, however; instead reflects the respondents to an email regarding featuring CT based publications. Going forward we will highlight recent Connecticut based publications in every edition of the CSSA Newsletter. If you would like to share a colleagues or your Anesthesiology publications with the CSSA community please send the citation information to alexa.ray.clement@gmail.com so that it can be featured in an upcoming edition.


Dexamethasone Sodium Phosphate via Thoracic Paravertebral Blockade. Cureus. 11. 10.7759/cureus.6085.

- Li, Jinlei & Li, Lili & Zhang, Xiaoliang & Li, Cong & He, Dong & Zhang, Jian & Duan, Chenxia & Perese, Francisco & Burzynski, Andrew & Wu, Christopher & Dai, Feng & Xue, Yun. (2019). Paravertebral Block with Compound Betamethasone in Laparoscopic Cholecystectomy: A Double-blind Randomized Controlled Trial. Cureus. 11. 10.7759/cureus.6023.


### Physician Anesthesiologist Week

The following information is provided by the ASA’s Physician Anesthesiologists Week 2020 Toolkit.

The sixth annual Physician Anesthesiologists Week is your chance to alert policymakers, the media and the public that when seconds count, physician anesthesiologists save lives. We need all physician anesthesiologists to help make our voices heard on critical issues and advocate for our specialty and our patients. This year’s initiative incorporates the theme “More than Meets the Eye” to alert the public, C-suite executives, policymakers and the media to the important work physician anesthesiologists do every day to care for their patients. To support the theme,
new materials to use with the media and legislators empower the public to recognize the signs of an overdose from drugs or alcohol poisoning and how to respond in a medical emergency, including carrying naloxone, the lifesaving treatment for opioid overdose. The materials also highlight the role physician anesthesiologists have in improving access to this medication.

To assist you, ASA has developed a comprehensive toolkit with instructions so that you can:

- **Set up meetings with legislators at the state capital or district office.** Advocate for your patients and your ASA colleagues in one-on-one meetings with influential state-level legislators and staff, using tips for scheduling face time and staying on point. Also check with your State Component Society on its advocacy efforts and see if you can help coordinate proclamation requests or participate in group lobbying opportunities. Activities will vary from state to state. Connect with your State Component Society leaders to learn more.

- **Showcase your expertise.** Invite policymakers and the media to tour your hospital and see your specialty in action. A sample tour agenda and key messages are provided.

- **Contact the media.** Increase awareness of the role physician anesthesiologists have in ending opioid abuse, through the use of alternative pain management options, and empower the public to recognize the signs of an overdose and how to respond in a medical emergency, including carrying naloxone, by conducting outreach, sending materials and offering interviews with local media, using sample materials and talking points.

- **Spread the word online.** Use the #PhysAnesWk20 hashtag and ASA’s social media messages to sound off this week about the specialty of anesthesiology, and post the Physician Anesthesiologists Week customizable web banner on your website.

- **Connect with colleagues and the community.** Make this week an occasion to gather physician anesthesiologists, patient advocates and others from the community in “lunch and learns,” networking events, health fairs and other functions to raise awareness of the specialty. PowerPoint presentations on preparing for surgery and on your role to help stem opioid abuse and educate the public on what they need to know about pain management and opioids, including how to recognize an overdose and respond in a medical emergency, are available for download at asahq.org/paw.

- **Share your patient stories.** Visit asahq.org/whensecondscount to share your When Seconds Count stories.

If you have any questions, please contact Theresa Hill (847) 268-9246, t.hill@asahq.org or LaSandra Cooper (847) 268-9106, l.cooper@asahq.org.

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State Capital and District Office Meetings
You can advocate for your patients and your specialty in one-on-one meetings with influential lawmakers and staff. These legislators work for the people and need to hear from constituents like you. Physician Anesthesiologists Week provides a perfect opportunity for all ASA members to educate lawmakers about the importance of patient-centered, physician-led care and your expertise as a pain medicine specialist addressing opioid abuse, the importance that the public understand signs of overdose, and the need to expand access to naloxone.

You’ll need to plan your meeting well in advance. Contact the legislator’s office by late December to request a meeting the week of Jan. 26 – Feb. 1, 2020. Since legislators often have hectic schedules, the more flexible you are, the more likely you will be able to schedule a visit.

Keep in mind that meeting with staff members can be just as valuable and productive as meeting with the legislator, as they have more time to spend with constituents and become familiar with the issues. Most of them know the issues inside and out – and are responsible for distilling information for their boss.

Meeting Tips

- **Plan ahead.**
  - Have a detailed plan for discussing the importance of patient-centered, physician-led care, the opioid epidemic and what ASA is doing to help combat it, and any other topics key to your State Component Society and ASA, such as recently enacted or pending state-level legislation or regulations related to scope of practice. Make sure your information is up to date and, if possible, provide staff members with it in advance.
  - Know the lawmakers you are meeting. Learn their committees, professional backgrounds (i.e., whether they are nurses), and whether they have supported or opposed bills of interest to the profession.

- **Keep it small.** There is safety in numbers, but you do not want to bring such a large group that your message gets distorted by having "too many messengers." Since space is very limited in legislator offices, expect to meet in a small lobby or conference room, or perhaps even a hallway or the cafeteria. Five people is a manageable size for small legislative offices.

- **Bring the experts.** Always try to identify co-presenters who have special expertise (e.g., a nurse anesthetist-turned-physician anesthesiologist who can personally discuss scope of practice issues or a pain medicine specialist who can discuss alternative options for opioids), and make sure your delegation represents a cross-section of the specialty.

- **Pay attention.** The legislator may have additional information on the subject matter that interests you, so take note of useful insights and facts.

- **Make your point.** Legislators are besieged with advocates for countless groups and causes. They may try to keep the conversation general, talking about everything except what you want to talk about. Be prepared to politely direct the conversation to the topic of protecting patient safety and physician-led care or the efforts the specialty is making to mitigate the opioid epidemic and raise awareness of signs of overdose and the importance of access to naloxone.
• **Avoid medical jargon.** Technical language can confuse legislators and staff members and dilute your point. It is always best to make your case in lay terms.

• **Be brief.** Be prepared for a hectic meeting. Your legislator or staffer will probably have several other meetings scheduled, so convey your message clearly and concisely.

• **Get personal.** It is easier to drive home a point and make a memorable impression with your personal experiences than generalizations. Invite your legislator to tour your hospital (see Site Visit Scheduling) to learn more.

• **Tell your personal WSC story.** Tell a When Seconds Count story of when you made a split-second, life-saving decision or helped a chronic pain patient find relief (see Making Your Messages Resonate with WSC Stories).

• **Remain positive.** The goal is to begin and maintain a relationship. Unless the relationship already exists with lawmakers, expect that they may not immediately support your request. There also is a chance the office has or is supporting an opposing position. Remain positive throughout your meeting and prepare to discuss again with the lawmaker in the near future – hopefully during a hospital tour.

• **Leave materials behind.** Bring a limited amount of material to leave behind for the policymaker and staff to refer to later. Available opioid and physician-led care background materials include:
  o Patient-Centered, Physician-Led Anesthesia Care Brochure
  o Education and Training Infographic
  o Opioids Fact Sheet
  o Opioid Overdose Resuscitation Guide
  o Frequently Asked Questions
  o Infographic on the Breadth and Depth of the Specialty – coming soon

• **Follow up.** Thank the legislator and staff for seeing you, and follow up with a letter or email that reemphasizes your points and directs them to the Policymakers section of the WSC website for more information. Send the ASA Washington D.C. office a copy of any correspondence you send.

Email to Schedule Legislator Meeting

Use the template email below or follow this link to send this message to your state lawmaker’s scheduler through the ASA Grassroots Network website.

Dear (NAME OF LEGISLATOR):

I am writing to request a meeting with you in recognition of Physician Anesthesiologists Week, Jan. 26 – Feb. 1, 2020, to discuss the role our specialty plays in providing your constituents and all patients with safe, high-quality care.

Despite advances in medicine and patient safety, surgery and anesthesia are inherently dangerous and physician anesthesiologists protect patients when seconds count. There’s more
than meets the eye when it comes to our specialty. A physician anesthesiologist’s education and training can mean the difference between life and death when a medical complication occurs, and our expertise extends beyond the operating room to helping patients manage pain of all kinds.

Physician anesthesiologists advocate for policies that promote access to safe and effective pain management and have a significant interest in reducing the misuse, abuse and diversion of opioids and other legal and illegal substances that may lead to unintended deaths. It’s estimated that nearly 200 people in the U.S. die every day from overdose related to drugs or alcohol poisoning with opioids responsible for the majority of overdoses, according to the Centers for Disease Control and Prevention. Yet, people may not recognize the signs of an overdose nor realize how to respond to these medical emergencies, including administering naloxone in cases of opioid overdose. In support of the U.S. Surgeon General’s advisory on naloxone, physician anesthesiologists believe anyone who is or knows someone at risk for opioid overdose should carry the medication and support policies that promote access to it.

I would appreciate the opportunity for a brief meeting with you on this issue at your earliest convenience. Please feel free to contact me if you have any questions or require any additional information.

Sincerely,

(YOUR NAME), (DESIGNATION AND AFFILIATION)
(YOUR CONTACT INFORMATION ex. EMAIL, PHONE NUMBER)

Legislator Meeting Talking Points

These talking points for legislative meetings on the importance of patient-centered, physician-led care and the opioid abuse epidemic can be tailored to address proposed legislation anticipated in your state.

- Physician anesthesiologists are highly skilled medical experts committed to patient safety and high-quality care who have the education and training to make critical decisions when seconds count.

- There’s more than meets the eye when it comes to our specialty. We are also pain medicine experts who help patients manage pain safely before, during and after surgery, and chronically usually regarded as pain lasting longer than 90 days.

- Opioids had become the go-to pain reliever for everything from back aches and injuries to post-surgical and chronic pain. In 2017, more than 190 million prescriptions were written for opioids. While they can be an effective pain management option, chronic opioid use can lead to prescription drug abuse and sadly, every day 130 people die from opioid overdoses, according to the Centers for Disease Control and Prevention.

- Signs of an opioid overdose include slow, shallow breathing; extreme sleepiness; inability to talk or unconsciousness; blue or grayish skin color; dark lips and fingernails; and snoring or gurgling sounds. Anyone who suspects an overdose should call 911 for emergency medical care.
• Naloxone is a lifesaving medication available as an injection or nasal spray to reverse an opioid overdose. Access to naloxone is expanding on a state-by-state basis. Naloxone can be prescribed by a physician, is often carried by police officers and emergency medical responders, and is increasingly available over the counter at some pharmacies.

• ASA supports policies that promote access to naloxone and to safe and effective pain care and has a significant interest in reducing the misuse, abuse, and diversion of opioid medications that have led to unintended deaths.

• Physician anesthesiologists develop safe and effective pain management plans focused on a wide range of non-opioid treatments including other prescription and over-the-counter medications; nondrug remedies such as massages and acupuncture; and high-tech treatments using radio waves and electrical signals.

• ASA also opposes any policies that eliminate patient-centered, physician-led anesthesia care. Removing physician supervision from anesthesia in surgery lowers the standard of care and jeopardizes patients’ lives.

• Learn more at asahq.org.

• (Tell a When Seconds Count story of when you made a split-second, life-saving decision or used opioid alternatives to alleviate a patient’s pain – see Make Your Messages Resonate with WSC Stories)

Join ASA Team 535

Want to take your advocacy to the next level? This Physician Anesthesiologists Week, commit to joining ASA Team 535, our effort to build relationships with members of Congress, and watch the Advocacy Modules to learn how to be more involved.

Making Your Messages Resonate With When Seconds Count Stories
More than any data, research or study, stories demonstrate the importance of patient-centered, physician-led care in a memorable way that resonates with legislators. Storytelling is one of the oldest forms of communication, used to help convey complex topics, evoke emotion and inspire people to take action.

All ASA members have stories of lives they saved and how their education and training made a dramatic difference in patient outcomes. Whether diagnosing an underlying health condition during pre-surgical screenings, relieving suffering for chronic pain patients or stepping in when a routine procedure becomes an emergency, these stories support key messages and highlight how the specialty’s involvement can mean the difference between life and death.

Make sure your story supports key messages, and keep these key elements in mind:

- **Include the five key storytelling elements:** Who (the characters), what (the plot), when/where (the setting), why (context) and a positive ending.

- **Be visual.** Using descriptive words will help paint a vivid picture for your audience. “A little boy who loved baseball so much he wanted to bring his mitt into the operating room” is far more descriptive than just “a little boy.”

- **Avoid jargon and big words.** Remember your audience’s knowledge about your topic is limited. Try to avoid using clinical terms they may not understand; tell a story as you would to an 8-year-old.

- **Be passionate.** Storytelling is most effective when you elicit emotion. Delivering your story in a passionate way allows you to connect with people on a deeper level, humanizing the medical specialty while building credibility.

- **Keep it short.** Brevity is better. Practice telling your story in one to two minutes.
Visit https://www.asahq.org/whensecondscount/stories/ to see ASA members and patients tell their stories. Then develop your own story, practice it out loud, refine it, share it with colleagues and friends and use it in your meeting. You also can submit it on the WSC website, tell it to other policymakers or share it with a hospital administrator.

**Site Visit Scheduling**

You can showcase your expertise by inviting policymakers and even the media to tour your hospital or institution and see your medical specialty in action.

Here are some tips on how to schedule a visit:

- **Obtain approval.** Before inviting a legislator or the media, contact your facility's administration and public relations staff to discuss the advantages a site visit provides for the facility as well as its physicians and patients.

- **Be flexible.** The site visit can be adjusted to meet the time limitations of the facility and the legislators. Generally, four hours is sufficient for legislators to see physician anesthesiologists in action—meeting with patients, reviewing medical records, developing an anesthesia plan, consulting with other physicians on staff, conducting rounds, administering anesthesia and caring for patients. Even with more limited time, legislators can gain an understanding of anesthesiology if the visit is planned thoughtfully.

- **Keep it legal.** Be sure to comply with all federal and state laws, HIPAA privacy rules and facility bylaws. Ask your facility to provide release forms for patients, physicians and staff participating in the visit. Follow the particular policies and procedures that the hospital has in place. Work with your facility’s public relations department to obtain all required releases and clearances from participants.
• **Choose a host.** Select one physician anesthesiologist to serve as the spokesperson on the day of the event who is well prepared to discuss the role of the physician anesthesiologist in overall patient care. The chair of the Department of Anesthesiology at the participating facility or a senior member of the anesthesiology staff who has participated in ASA’s Leadership Spokesperson Training Program would be excellent hosts.

• **Extend invitations.** Extend a personal invitation to your legislator to participate in the site visit and invite the legislator’s key health aide to join you. Work with your facility’s public relations department to invite reporters to cover the site visit, and inform legislators of these invitations. Most will be pleased to have press coverage and may assist in publicizing the event.

## During the Site Visit:

### Introduction
- Begin the program with an introduction by the participating physician anesthesiologists and an overview of what the visit will include.
- Review site visit guidelines. These may include:
  - Maintain respect for patient confidentiality. Ask legislators and other participants not to discuss any patients by name and to limit discussion of cases to the site visit forums. Legislators and other participants also must agree to respect the patient’s right to refuse their presence during exams, consultations or treatments.
  - Follow the schedule. Failure to do so can cause delays in surgeries and other procedures.
  - Don’t use your participation in the program to promote yourself personally or to boost your practice.
  - Introduce the legislator to the participating patients to establish a comfortable environment for everyone.

### Activities
Follow an agenda for the visit that includes:
- Having the legislator follow your daily routine, which may include rounds, surgical anesthesia, emergency care and administrative work.
- Encouraging open discussion and questions.
- Meeting with anesthesia patients and telling WSC stories of other patients.
- Debriefing at the end of the tour to recap the day and summarize key issues.

### Issues Discussion
- Take every opportunity to discuss the issues important to advocating for patient-centered, physician-led care, as well as promoting access to safe and effective pain care, but don’t try to force the legislator to commit to a position on your issues.
- Use specific procedures or patient interactions to highlight issues such as physician involvement in preoperative evaluations, the anesthesia plan, the most demanding portions of procedures and postoperative recovery, including pain management and alternative treatments to opioids.
- A physician anesthesiologist should accompany the legislator at all times and encourage discussion regarding the day’s events. This may be conducted as a one-on-one session between the host physician anesthesiologist and the legislator, or it may be a group discussion with available members of the anesthesia department.

To learn more about anesthesia and the importance of patient-centered, physician-led anesthesia care, please visit ASA’s [When Seconds Count™ website](http://www.asahq.org/whensecondscount). © 2019 American Society of Anesthesiologists.
Follow-Up
- Send a thank-you note to the legislator, other participants and physicians who participated in the program. Direct them to the Policymakers section on the WSC website for more information.
- Send the legislator copies of any photographs or press clippings about his or her participation in the program.

Media Outreach

Working with print, broadcast and online media reporters and outlets is an effective way to reach a large audience with messages about the importance of physician-led care and the role physician anesthesiologists play in providing safe, high-quality patient care before, during and after surgery. This year, we are educating consumers about your role in helping to end opioid abuse and empowering the public to recognize signs of an overdose from drugs or alcohol poisoning and how to respond in a medical emergency, including carrying naloxone.

Here are some tips for contacting media representatives in your community and how to work with reporters, editors and producers once you get their attention.

When to Contact the Media

The goal of your media outreach is to garner attention during, or in the weeks following, Physician Anesthesiologists Week (Jan. 26 – Feb. 1, 2020). You’ll want to give reporters time to consider your story idea and prepare coverage, so outreach should start on or before January 13. If you’d like to send a letter to the editor to a local newspaper about Physician Anesthesiologists Week, send it by January 13 to allow ample time for consideration.
How to Contact the Media

Often the simplest and most effective way to contact media representatives is to pick up the phone and call. However, even if you do call, most contacts will ask that you send additional information by email.

Calling the media: It’s important to be prepared with a brief, compelling “pitch” explaining your news in less than 30 seconds, or about 100 words.

For example, a phone pitch for Physician Anesthesiologists Week might look like this:

• Hello, my name is (STATE YOUR NAME). I’m a physician anesthesiologist here in (HOMETOWN or PRACTICE LOCATION ex: Chicago). An informed patient is an empowered patient and I’d love the chance to tell your (READERS/LISTENERS/VIEWERS) about my commitment to ending opioid abuse and empowering the public to recognize the signs of any overdose and how to respond in a medical emergency, including carrying naloxone for opioids. Next week is Physician Anesthesiologists Week, which is a great time to share this vital information with the public.

Emailing the media: After making the call, you may need to follow up with additional information. There are certain types of materials media representatives find useful:

• News release. As the name suggests, a news release should announce news.

• Pitch letter. These letters are often emails used to interest a reporter in doing a story. Pitch letters may be emailed if a reporter can’t be reached by phone, or as a follow-up to emphasize the main points of the pitch in writing.

Often these materials are used in combination or they may be supplemented with a fact sheet or a background document that provides additional information on a topic.

Media materials, including a template news release (please note news release is coming soon), a template pitch letter, a template letter to the editor and talking points, are included at the end of this section.

Choosing Contacts

When reaching out to the media, it’s important to contact the most appropriate people. For example:

• For events: Contact calendar editors (if you are trying to generate attendance), community news directors, public service directors and the assignment desk.

• For feature or human-interest stories: Contact feature editors, health writers and producers.

• To comment on an issue or story in the news: Contact editorial page editors and the letters to the editor point person.
Depending on the type of news you have, develop an appropriate media contact list including reporters, editors and broadcast producers that you plan to contact about your story idea. To develop your media list, first use the internet to identify local:

- Daily newspapers
- Weekly community newspapers
- Television stations, including specific news, talk and community affairs programs
- Radio stations, including specific news, talk and community affairs programs
- Online publications that cover consumer health and your specific topic

Next, call each of the media outlets on your list to obtain the names of the news editor, medical or health reporter, feature reporter, public service director, program hosts and any others who might be interested in stories about opioids and pain management as well as Physician Anesthesiologists Week.

You also can reach out to the online editors of local newspapers, television and radio stations. Media outlets usually have staff dedicated to preparing information and stories for their websites or blogs, so be sure to include them as contacts.

**Building Media Relationships**

As you work with media representatives, you begin to build relationships with reporters, editors and producers that can help generate coverage on an ongoing basis. Here are some things you can do to establish a good working relationship:

- Provide information in a timely fashion.
- Read their articles and watch their segments so you can mention something you liked when you talk with them.
- Send an email, write a letter or submit a blog entry about a story they published/aired.
- If they report on your story, send a hand-written thank-you note.

**General Interview Tips**

- **THE MOST IMPORTANT THING YOU CAN DO:** Select your primary messages. Have one to three main points that you want the audience to remember. Write them down. These are your talking points.

- **Emphasize your messages.** Reporters and consumers won't know what's important unless you tell them “This is very important.” “Let me emphasize this point.” “If there's one thing people should remember it is...”. The more often you make your point, the better it will be remembered.

- **Think: What are the questions likely to be asked?** Reporters will generally start by asking, "What is this all about?" and then want to know why their audience should care. Be prepared to answer the WHO, WHAT, WHERE, WHEN, WHY and HOW of a subject. To get an idea of what a reporter will ask, discuss your topic with a friend or neighbor who doesn't know much about the subject.
• **Be brief and use simple language instead of jargon or big words.** Don't try to educate. There isn't time in most media stories, so keep it simple and concise. Talk on a middle-grammar school level.

• **Treat the interview like a living room conversation.** Be yourself. Be personable. Smile. Tell stories. Do all the things you would do if you were conversing with a friend.

• **Remember, there is no such thing as “off the record.”** Do not say anything you do not want to see in print, online or hear on the air. Period. This applies both before and after the interview.

• **Watch how you say it.** Reporters look for colorful, interesting language, so if you are glib, silly, outrageous, surprising, etc., you can expect that comment to be used. You also can work this to your advantage but need to be careful so that your message is still conveyed appropriately and you are not taken out of context.

• **You have more control over the interview than you think.** How you answer each question can direct the conversation. If you don’t know the answer to a question, simply say, “I don’t have the answer, but what I do know is this...” and bridge back to your main message. Also, if you don’t have the answer, let the reporter know that as well as that you will look into it and get back to the reporter with the answer.

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**Template Pitch Letter**

Dear *(JOURNALIST NAME)*,

The power to save a life isn’t just in the hands of physicians or first responders. When it comes to overdose from drugs or alcohol, there are steps everyone can take to react quickly and make a difference in the life of a loved one or stranger.

Tragically, every day nearly 200 people die from an overdose of drugs or from alcohol poisoning, with opioids responsible for the majority. During Physician Anesthesiologists Week (Jan. 26-Feb. 1), the American Society of Anesthesiologists (ASA) is empowering the public to recognize the signs of an overdose and know how to respond in these medical emergencies, including carrying naloxone, the lifesaving medication for opioid overdose.

There’s more to my specialty than meets the eye. As a physician anesthesiologist at *(NAME OF INSTITUTION)*, I can provide your *(READERS/VIEWERS/LISTENERS)* with the information they need to identify an overdose and take action to save a life. I’ll call you shortly to see if we can arrange an interview, or feel free to call me. In the meantime, please review the news release below (embargoed for Jan. 26) that summarizes this important information.

Thanks for your consideration,

*(YOUR NAME)*, *(DESIGNATION AND AFFILIATION)* *(YOUR CONTACT INFORMATION ex. EMAIL, PHONE NUMBER)*

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**Letter to the Editor Tips**

- **Be brief and use simple language instead of jargon or big words.** Don't try to educate. There isn't time in most media stories, so keep it simple and concise. Talk on a middle-grammar school level.

- **Treat the interview like a living room conversation.** Be yourself. Be personable. Smile. Tell stories. Do all the things you would do if you were conversing with a friend.

- **Remember, there is no such thing as “off the record.”** Do not say anything you do not want to see in print, online or hear on the air. Period. This applies both before and after the interview.

- **Watch how you say it.** Reporters look for colorful, interesting language, so if you are glib, silly, outrageous, surprising, etc., you can expect that comment to be used. You also can work this to your advantage but need to be careful so that your message is still conveyed appropriately and you are not taken out of context.

- **You have more control over the interview than you think.** How you answer each question can direct the conversation. If you don’t know the answer to a question, simply say, “I don’t have the answer, but what I do know is this...” and bridge back to your main message. Also, if you don’t have the answer, let the reporter know that as well as that you will look into it and get back to the reporter with the answer.
As a local leader working to promote patient safety, you offer a valuable perspective on community health issues. Tap the power of your experience and credentials to help shape public discourse about physician-led care and educate the public on what they need to know about pain management, opioids and overdose prevention. A letter to the editor can be an effective tool for voicing your opinion.

Letters to the editor are one of the most widely read sections of the newspaper. They not only provide an opportunity to state your views but also can influence future coverage. Here are some tips for getting your letter to the editor published:

- **Check the submission guidelines** for the publication. This information is typically found in the Opinion section and specifies the length, format and how to submit a letter.
- **Be clear and concise.** Keep your letters brief and to your point. Almost all letters that are published are less than 200 words.
- **Use short, punchy sentences.** This makes it easier for the reader to follow your thinking and easier for the editor to cut your letter if necessary - and it’s better to have an edited version of your letter printed than nothing at all.

Other Tips:

- **Send letters to weekly community newspapers, too.** Smaller papers receive fewer letters, so the chances of your letter running are better.
- **Be sure to include your contact information.** Many newspapers will print letters to the editor only after calling authors to verify their identity and address. Newspapers will not give out that information and will usually print only your name and city should your letter be published.

**Template Letter-to-the-Editor**

Dear Editor:

Nearly 200 people in the U.S. die every day from overdose related to drugs or alcohol poisoning, with opioids responsible for the majority of overdoses, according to the Centers for Disease Control and Prevention.

Overdose deaths are tragic, but there are steps everyone can take to save a life. During Physician Anesthesiologists Week, Jan. 27 – Feb. 2, the American Society of Anesthesiologists (ASA) is urging the public to learn more about the signs of overdose, and what to do if someone is experiencing one.

Many people do not recognize the signs of an overdose which can include slow and shallow breathing, extreme sleepiness, inability to talk or unconsciousness, blue or gray skin color with dark lips and fingernails, snoring or gurgling sounds, vomiting and seizures. If you suspect any type of overdose, call 911 for emergency medical care. In cases of a suspected opioid overdose, naloxone, a lifesaving medication available as an injection or nasal spray, can reverse an overdose. It can be prescribed by a physician and often is carried by police officers and emergency medical responders. Additionally, it’s increasingly available over the counter at some pharmacies.

Learn more today and arm yourself to save a life by visiting asahq.org/WhenSecondsCount.

To learn more about anesthesia and the importance of patient-centered, physician-led anesthesia care, please visit ASA’s [When Seconds Count™ website](http://asahq.org). © 2019 American Society of Anesthesiologists.
Op-Ed Tips

Op-eds (short for “opposite the editorial page”) are similar to letters to the editor but they are typically longer and are often written by a person who is an expert on a particular subject, or is known for having a strong opinion or interesting perspective. As a physician anesthesiologist and a member of ASA, you are in a good position to submit one.

To get your op-ed published:

• **Tailor your submission.** Media outlets often require exclusives and won’t publish op-eds that have been submitted to or appeared in other outlets. Use your own background or experience to make the op-ed your own and share your thoughts about the importance of patient safety and physician-led care and the role you play in ending opioid abuse and educating the public on what they need to know about pain management, opioids and overdose prevention.

• **Review samples and guidelines.** Read op-eds in the publication you’re submitting to get an idea of style, format and length. You may note that op-eds often relate people stories. You’ll also see that most pieces present a strong opinion. Also visit the publication’s website for the preferred word count and submission instructions.

• **Don’t delay.** While letters to the editor are usually printed quickly, an op-ed may take longer so you won’t want to miss the window of time when it’s relevant. For an op-ed to have a good chance to appear in conjunction with Physician Anesthesiologists Week, aim to submit it no later than January 6.

A sample is not provided for an op-ed because the narrative essay should really convey your opinion on an issue. The op-ed can include the media talking points about opioids but also allows for a little more space to include tailored information that highlights your personal voice. If you can share a personal experience or relate a personal story of how your skills and training made the difference when seconds counted, the opinion piece will be even stronger.

Media Talking Points

• It’s estimated that nearly 200 people in the U.S. die every day from overdose related to drugs or alcohol poisoning, with opioids responsible for the majority of overdoses, according to the Centers for Disease Control and Prevention.

• People may not recognize the signs of an overdose which can include slow and shallow breathing, extreme sleepiness, inability to talk or unconsciousness, blue or gray skin color with dark lips and fingernails, snoring or gurgling sounds, vomiting and seizures. If you suspect any type of overdose, call 911 for emergency medical care.

• During Physician Anesthesiologists Week - More Than Meets the Eye, Jan. 26-Feb. 1, the American Society of Anesthesiologists (ASA) wants to empower the public to recognize the signs of an overdose and how to respond to these medical emergencies, including administering naloxone in cases of opioid overdose.
Naloxone can rapidly reverse the effects of an opioid overdose and physician anesthesiologists play a critical role in improving access to this lifesaving treatment. In support of the U.S. Surgeon General's advisory on naloxone, physician anesthesiologists believe that anyone who is or knows someone at risk for opioid overdose should carry the medication.

The specialty also is involved in scientific research and is at the forefront of developing, implementing and using opioid alternatives that include a combination of medications and other interventional techniques and approaches such as meditation, massage and biofeedback to combat the epidemic.

Visit asahq.org/WhenSecondsCount to learn more.

Spread the Word Online

To spread the word online, post the Physician Anesthesiologists Week customizable web banner on your website. To do so, download the Physician Anesthesiologists Week banner and send it to your webmaster or public relations staff.

To add the Physician Anesthesiologists Week customizable web banner into a social media post, open the visual mode of the WordPress editor, place your cursor where you would like the image to appear, and click the “Add Media” icon directly above the editor which will open your Media Library. If you had not previously placed the banner there, drag and drop the banner image into the Media Library and select it. You will be able to edit the image’s settings before inserting it onto the page, including alt text.
Physician Anesthesiologists Week
JANUARY 26 – FEBRUARY 1, 2020

There's more to our specialty than meets the eye.

Physician anesthesiologists ensure the safe, high-quality care patients deserve.

#PhysAnesWk20

To learn more about anesthesia and the importance of patient-centered, physician-led anesthesia care, please visit ASA’s When Seconds Count™ website. © 2019 American Society of Anesthesiologists.
Many Thanks to our Governor @PhilBryantMS for taking time out to speak with us and for recognizing the importance of Physician-Led Anesthesia Care. @ASALifeline @MSMA1 #PhysAnesWk19

Happy Physician Anesthesiologists Week! #PhysAnesWk19 #VandyDreamTeam @VUMC_Anes @ASALifeline
You can tweet and post messages and photos about the specialty leading up to and especially during Physician Anesthesiologists Week, Jan. 26 – Feb. 1, 2020. Posting daily or even weekly helps spread the word about the important role physician anesthesiologists have and increases the specialty’s visibility.

Use the suggested tactics below on your social media platforms throughout the week. If you don’t use social media, follow our basic instructions for signing up.

**Twitter**

**Sample Messages for the Week**

- Shallow breathing, sleepiness, confusion, inability to talk: these are all signs of an overdose. Save a life today. Learn the signs of overdose from drugs or alcohol and how to respond quickly in these medical emergencies during #PhysAnesWk20
- #DidYouKnow: Physician anesthesiologists care for patients before, during and after surgery? #PhysAnesWk20
- Having #surgery? Find out who will be administering your anesthesia. Ask to meet with a physician anesthesiologist. #PhysAnesWk20
- It’s natural to be nervous before #surgery & #anesthesia. Physician anesthesiologists can help put your mind at ease. #PhysAnesWk20

**Engaging with Elected Officials**

Any time during Physician Anesthesiologists Week 2020, tweet your local elected officials using the hashtag #PhysAnesWk20 to encourage them to advocate for patient safety and physician-led care.


**Facebook**

**Sample Messages for the Week**

- The power to save a life isn’t just in the hands of physicians or first responders. When it comes to overdose from drugs or alcohol, there are steps everyone can take to react quickly and make a difference in the life of a loved one or stranger. During Physician Anesthesiologists Week 2020, learn more about the signs of overdose and how to respond to these emergencies, including carrying and administering naloxone, a lifesaving medication that can reverse an opioid overdose: [http://bit.ly/WhenSecondsCount](http://bit.ly/WhenSecondsCount) #PhysAnesWk20
- Americans place a high value on the quality of their health care, and surveys have shown most prefer physicians to be in charge of their care. As a physician anesthesiologist, high-quality patient care matters above all. This week is Physician Anesthesiologists Week. Learn more about the importance of patient safety today: [http://bit.ly/WhenSecondsCount](http://bit.ly/WhenSecondsCount) #PhysAnesWk20

To learn more about anesthesia and the importance of patient-centered, physician-led anesthesia care, please visit ASA’s [When Seconds Count™ website](http://www.asahq.org/WhenSecondsCount). © 2019 American Society of Anesthesiologists.
• The @American Society of Anesthesiologists is hosting #PhysAnesWk20. Delivering the highest-quality and safest patient-centered anesthesia care matters above all. Learn more about the risks related to surgery and anesthesia and what you can do to reduce them. http://bit.ly/WhenSecondsCount
• Are you having surgery or a procedure soon? Learn more today about preparing for surgery and the importance of having a physician anesthesiologist leading your anesthesia care team. #PhysAnesWk20 http://bit.ly/WhenSecondsCount

Posts with Photos

According to research on social media usage, Facebook posts with photos receive 120 percent more engagement (likes, comments and shares) than posts without images. During Physician Anesthesiologists Week, post photos of yourself and your colleagues, a “throwback” from your residency, or photos from meetings that you have led at your institution, at a conference or with an elected official. You can also use the specially designed Physician Anesthesiologists Week social media graphics available for download here. Make sure your post includes the hashtag #PhysAnesWk20.

Don’t Know Where to Start?

Use the following guide to get up and running on social media before Physician Anesthesiologists Week begins in January.

Twitter Basics

First steps:
• Set up an account at www.twitter.com
  o Choose a username.
  o Add a short bio.
  o Add a photo.
  o Add a cover photo, which you can download here.
• Send out your first tweet to establish a presence.
• Start following organizations/individuals.

**#1 Rule of Twitter:**
All tweets must be less than 280 characters.

**Replies:**
Use the Reply arrow located to the right of any tweet. This will bring up the @ symbol, plus the writer’s username, in your Tweet Box. Use this space to reply directly to what was said. This connects your response to the tweet and lets the writer and all followers know exactly what you are responding to.

**Mentions:**
If you want to mention someone, talk about someone or tweet to someone, use the @ symbol plus their username, e.g., @ASALifeline is hosting #PhysAnesWk20 beginning Jan. 26 – can’t wait!

**Hashtags:**
If you want people to find your tweets when they are using the search function, create a hashtag using the # symbol plus a keyword. For this week, please use the hashtag #PhysAnesWk20.

**Who to Follow:**
There are millions of accounts to follow on Twitter. We suggest you follow the individuals and organizations related to anesthesia and broaden your search to influencers and groups related to health care and policy.

**Facebook Basics**

**First steps:**
• Set up an account at [https://www.facebook.com/](https://www.facebook.com/).
• Set your privacy settings.
• Find Friends.
• Join a regional network.
• Edit your profile.
• Add a profile picture.
• Add a cover photo, which you can download here.
• Publish your first post to get your profile started.

**Tagging:**
If you want to tag someone in a post, use the @ symbol plus their name on Facebook. Their name will populate from a drop-down menu, e.g., @American Society of Anesthesiologists is hosting Physician Anesthesiologists Week 2020 – can’t wait!

You can also tag people directly from photos by clicking on the photo and then “tag photo.”

**Hashtags:**
If you want people to find your posts when they are using the search function, create a hashtag using the # symbol plus a keyword. For this week, please use the hashtag #PhysAnesWk20.

**Who to Like:**
There are millions of pages to “like” on Facebook. Search for organizations of interest to you, and look for groups related to health care and anesthesiology. And be sure to like American Society of Anesthesiologists®.

Instagram Basics

First steps:
- Download Instagram through your smartphone’s app store.
- Sign up for a user name.
- Find users to follow.
- Edit your profile.
- Add a bio picture.
- Publish your first post to get your profile started.

Tagging:
If you want to tag someone in a post, use the @ symbol plus their name on Instagram. Their name will populate from a drop-down menu, e.g., Here I am at @ASA_HQ #ANES19 from October. Proud of my specialty and happy to celebrate #PhysAnesWk20!

Hashtags:
If you want people to find your posts when they are using the search function, create a hashtag using the # symbol plus a keyword. For this week, please use the hashtag #PhysAnesWk20.

Who to Like:
There are millions of users to “follow” on Instagram. Search for organizations of interest to you, and look for groups related to health care and anesthesiology. And be sure to follow @ASA_HQ!

Engaging with Others:
The best way to show your support for Instagram posts is to “double tap” the photo to add a like. Alternatively, you can tap the heart symbol in the lower left corner of the post. You can comment on pictures, too.

Community Outreach
You can connect with colleagues and the community to raise awareness of the specialty and physician-led care and the role physician anesthesiologists play in ending opioid abuse and educating the public on what they need to know about pain management and opioids, including how to recognize an overdose and respond in a medical emergency. This type of outreach provides an opportunity to deliver personal, high-impact messages that can make a strong impression.

Many communities have organizations that sponsor events tailor-made for this type of outreach – from distributing information to delivering presentations. This may be done in conjunction with events sponsored by your local hospital, schools and universities, major employers and health and sports clubs.

Some potential ideas include:

- A “lunch and learn” networking event for your hospital colleagues.
- A health fair booth featuring information on opioid abuse and information about the signs of an overdose from drugs or alcohol poisoning, and how to respond in a medical emergency, including carrying naloxone.
- A presentation for grammar school children on becoming a physician anesthesiologist or for high school students on opioids and the signs of overdose from drugs or alcohol.
- A presentation on labor and delivery pain relief options at childbirth classes.

Anesthesia Infographics you can use during Physician Anesthesiologist Week include:

Additional images can be found here:
Physician Anesthesiologists Week

Did you know?

In the 1980s, anesthesiology was the first medical specialty to champion patient safety.

6 out of 10 Americans are unaware that physician anesthesiologists are physicians.
- Even fewer are aware how they save lives when emergencies arise.

Physician anesthesiologists have up to 14 years of education and 12,000 to 16,000 hours of clinical training.

There are 3 main types of anesthesia:
General, Regional, Local.

Anesthesia awareness only occurs in 1-2 out of every 10,000 medical procedures involving anesthesia.

Physician anesthesiologists specialize in pain medicine.
- Chronic pain affects more than 100 million American adults.

Physician anesthesiologists are experts in controlling labor pain.
- 6 out of 10 women use epidurals to block pain during labor.

Physician anesthesiologists are critical care physicians and first on the scene in the event of trauma.
- Among voters, 88% prefer physicians in the event of an emergency.
- The presence of a physician anesthesiologist prevented 6.9 excess deaths per 1,000 cases in which an anesthesia or surgical complication occurred.

Physician anesthesiologists are the leaders of the Perioperative Surgical Home – taking care of patients before, during and after surgery.
- Benefits of PSH:
  • Decrease in pharmacy costs
  • Decrease in overall costs
  • Reduction in length of stay
  • Increase in percentage of patients going home rather than to a skilled nursing facility
  • Decrease in readmission rates

To learn more about anesthesia and the importance of patient-centered, physician-led anesthesia care, please visit ASA’s When Seconds Count™ website. © 2019 American Society of Anesthesiologists.
Call for Nominations

We are now accepting nominations for positions within the CSSA Executive Board. By serving the CSSA membership, you will play an integral role in representing the interests of physician anesthesiologists in Connecticut. Self-nominations are welcome, and we look forward to your nomination. If you are interested, please inquire and/or complete the nomination form that will be available at the next CSSA meeting on January 30, 2020.

Upcoming Connecticut Events

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
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<tbody>
<tr>
<td>Jan. 26 – Feb. 1, 2020</td>
<td>Physician Anesthesiologist Week</td>
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<tr>
<td>January 30, 2020 6pm</td>
<td>CSSA Winter Meeting, Library Wine Bar and Bistro, Wallingford, CT</td>
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<td>February 8, 2020</td>
<td>Airway on Demand Course</td>
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<td>Yale, New Haven, CT</td>
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<td>May 11-13, 2020</td>
<td>ASA Legislative Session</td>
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<td>May 2020 (TBD)</td>
<td>Resident challenge (name of event, venue TBD); annual business meeting</td>
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<td>Sept 2020 (TBD)</td>
<td>Annual CSSA Meeting</td>
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<tr>
<td>October 3-7, 2020</td>
<td>Anesthesiology 2020 Annual Meeting</td>
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<td>Washington, D.C.</td>
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Mississippi Governor Denies Nurse Anesthetist Supervision Opt-Out Request

On September 3, 2019, Mississippi Governor Phil Bryant (R) protected Mississippi patient safety and denied a request that the State of Mississippi “opt-out” of the federal supervision requirements for nurse anesthetists. The governor agreed with numerous medical organizations that opting-out would not be in the best interests of patient safety and would be inconsistent with state law. The American Society of Anesthesiologists (ASA) worked closely with the Mississippi Society of Anesthesiologists and the Mississippi State Medical Association to strongly urge the governor to protect Mississippi patients and oppose an opt-out in Mississippi.

In July, Governor Bryant issued a fourteen day comment period to the state’s boards of medicine and nursing seeking input on whether to opt-out. The September 3 letter referenced the “nearly one thousand pieces of correspondence received” on the issue. The Mississippi State Board of Medical Licensure, American Society of Anesthesiologists, Mississippi Society of Anesthesiologists, Mississippi State Medical Association, American College of Surgeons, American College of Emergency Physicians, American Psychiatric Association, American Society of Plastic Surgeons, American Medical Association, American Osteopathic Associations, and many other organizations and members of the public sent letters of opposition to the governor on this critical patient safety matter. ASA also thanks Mississippi State Medical Association Executive Director and ASA member Claude Brunson, M.D., FASA for his leadership in coordinating medicine’s response.

Governor Bryant’s letter:

- Highlighted that the opt-out would not be consistent with existing state law and would not be in the best interests of the citizens of Mississippi.
- “Deferred to the judgment and experience of the expert physician boards and associations on matters of public health and safety.”
- Stated that the plain meaning of “collaborative/consultative relationship” would appear to be coextensive with supervision.”
- Noted that multitude of boards and physician organizations unanimously opposed opt-out on the basis that it would not be in the best interest of citizens.

45 states plus the District of Columbia require some level of physician involvement during anesthesia care. In 2001, the Bush Administration published a final rule regarding the Medicare and Medicaid anesthesia Conditions of Participation (COP) for hospitals, critical access hospitals (CAHs) and ambulatory surgical centers (ASCs). The rule retains the current requirement for physician supervision of nurse anesthetists,
but allows state governors to opt out of this requirement under certain circumstances. Physician anesthesiologists strongly oppose gubernatorial opt-outs as a matter of patient safety. Removing physician supervision from anesthesia in surgery lowers the standard of care and jeopardizes patients’ lives. The World Health Organization’s (WHO) standards for anesthesia “highly recommend” that anesthesia should be provided, led, or overseen by an anesthesiologist.

ASA applauds Governor Bryant for his protection of Mississippi patients and MSA’s members’ impressive grassroots efforts on this patient safety initiative.

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Texas AG Affirms: Texas is Not an Independent Practice State
On September 5, 2019, Texas Attorney General Ken Paxton issued a written opinion stating nurse anesthetists do not have independent practice authority in Texas.

The Opinion (Attorney General Opinion KP-0266) addressed regulatory authority over the administration of anesthesia when delegated by a physician to a nurse anesthetist. Attorney general opinions provide written interpretations of existing law.

The Opinion addresses the following questions from the Texas Medical Board:

- Is providing anesthesia the practice of medicine?
- Does the Texas Medical Board possess regulatory authority over a physician’s decision to delegate the providing and administration of anesthesia to a certified registered nurse anesthetist?
- Does a certified registered nurse anesthetist have independent authority to administer anesthesia without delegation by a physician?

Under Texas law, nurse anesthetists practice pursuant to written protocols or authorization developed with a physician when providing medical aspects of care. A physician may delegate to a nurse anesthetist “the ordering of drugs and devices necessary for the nurse anesthetist to administer an anesthetic or an anesthesia-related service ordered by the physician.” This includes selecting, obtaining and administering such drugs.

Addressing whether providing anesthesia constitutes the practice of medicine, the Attorney General recognized that overlapping can occur between the scopes of practice of regulated professions. When nurse anesthetists administer anesthesia under the delegation of a licensed physician, the act would fall within the practice of nursing and not medicine. The Opinion affirmed that the medical board has authority over a physician’s decision to delegate the administration of anesthesia to a nurse anesthetist. Finally, the Opinion addressed whether a nurse anesthetist could
administer anesthesia without delegation by a physician. Texas law includes within “professional nursing” the administration of anesthesia if delegated by a physician. Texas law does not include within nursing scope of practice “medical diagnosis or the prescription of therapeutic or corrective measures.” As such, the Opinion states nurse anesthetists lack authority to administer anesthesia unless delegated by a physician.

The Opinion supports Texas Medical Board guidance on the question of whether nurse anesthetists are authorized to practice independent of physician delegation and supervision. According to the medical board: “No, neither the Medical Practice Act, nor the Nursing Practice Act, authorize independent practice by a CRNA. Since the selection and administration of anesthesia is a medical act, CRNAs must be properly delegated this act and practice under the supervision of a physician. CRNA’s administering anesthesia without proper delegation and supervision from a physician would be liable for the unlicensed practice of medicine.” See also: AG Opinion Reaffirms No Independent Practice of Anesthesia by CRNAs in Texas.

ASA applauds Attorney General Paxton’s guidance on this important subject. In 1999, then-Attorney General John Cornyn issued an Opinion that addressed similar questions submitted from the Texas Nursing Board (Attorney General Opinion JC-0117). While the laws governing physician delegation of anesthesia administration to nurse anesthetists have not changed significantly, lawmakers, the public, and lawmakers in other states considering testimony from Texas nurse anesthetists benefit from a current review of the physician involvement requirements which unequivocally state nurse anesthetists do not and cannot practice independently in the state of Texas.

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ASA Applauds New Hampshire Medical Board’s Prohibition of Medical Title Manipulation
The American Society of Anesthesiologists (ASA) commends the New Hampshire Board of Medicine’s unanimous vote to prohibit the use of the term “anesthesiologist” unless licensed by the board of medicine.

This patient safety decision comes shortly after lawmakers in Florida prefilled legislation to similarly prohibit the manipulation of the title anesthesiologist, which confuses patients and the public. The New Hampshire Society of Anesthesiologists and the New Hampshire Medical Society worked diligently to protect the public from New Hampshire nurse anesthetists using misleading and manipulated medical titles. “Patients deserve to know the medical education and licensure of the professional providing their care,” said ASA President Mary Dale Peterson, M.D., MSHCA, FACHE, FASA. “ASA adamantly opposes any effort to confuse or mislead patients through the manipulation of medical titles. We are pleased the New Hampshire Board of Medicine put patients ahead of the political maneuvering of some individuals.”
Earlier this year in New Hampshire, the Board of Nursing released a position statement authorizing use of the optional descriptors “nurse anesthesiologist” and “certified registered nurse anesthesiologist.” The board action occurred without any formal rules process or public comment period. Since that time, the New Hampshire Society of Anesthesiologists, New Hampshire Medical Society, ASA, and American Medical Association have strongly opposed the nursing board’s action and urged it to rescind its inappropriate position statement.

ASA congratulates the New Hampshire Board of Medicine on its efforts to protect patients and the public.

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Texas Medical Board Proposes New Delegating Physician Rule Based on Recent AG Opinion

The Texas Medical Board (TMB) recently proposed regulations clarifying language relating to the roles and responsibilities of the delegating physician and nurse anesthetist. Interested members may submit comments on this important effort to ensure patient safety, by December 8, 2019. This clarifying language is a direct result of the recent Attorney General opinion on this topic. In his September 5 opinion, Attorney General Ken Paxton made it clear that nurse anesthetists in Texas do not have independent practice authority and as such, nurse anesthetists lack authority to administer anesthesia unless delegated by a physician. Click here to view ASA’s Washington Alert on this issue.

To further clarify regulatory language based on this opinion, the Texas Medical Board proposed regulations which include the following important changes:

- The proposed rule states nurse anesthetists do not possess independent authority to administer anesthesia without physician delegation.
- The proposed rule prohibits a physician from delegating their medical authority to a non-physician, if such delegation would authorize the non-physician to exercise independent medical judgment or treatment.
- The proposed rule clarifies that physician supervision is required for procedures and ordering of drugs and devices delegated to nurse anesthetists.
- The proposed rule states if a physician and nurse anesthetist have a prescriptive authority agreement, the terms and conditions of that agreement will control the provision of the delegated anesthesia or anesthesia-related services.
- The proposed rule states that the delegating physician is required to make an assessment of the patient to determine that delegation of anesthesia care can be done properly and safely and that such delegation is a reasonable, sound medical judgment.

A full draft of the proposed rule may be viewed here. The deadline for the Texas Medical Board to receive comments on this language is December 8, 2019.
Those members wishing to ensure strong patient safety focused language in Texas are encouraged to submit comments to the TMB in support of these changes. It is vital that physician leaders on the Medical Board hear from other physicians, colleagues, family and friends in support of these important changes that seek to protect patients. Please click here to send a comment.

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ASA Urges Idaho Board of Nursing to Condemn Medical Title Manipulation

On October 9, the American Society of Anesthesiologists (ASA) strongly urged the Idaho Board of Nursing to demonstrate its commitment to patient safety and deny the use of the descriptor or title “nurse anesthesiologist.” The Idaho Board of Nursing released its October 10-11 meeting agenda on October 8, which included an action item entitled “certified nurse anesthesiologist” rule / position statement.

ASA submitted a formal comment on this proposal, which called on health professional boards to explicitly condemn this type of deliberate attempt to confuse patients. ASA also encouraged the Idaho Board of Nursing to immediately adopt a position statement urging nurse anesthetists to use only the descriptors that align with state statute, their nursing license, education and training, and national board certification such as “nurse anesthetist” or “certified registered nurse anesthetist.”

ASA’s letter to the Idaho Board of Nursing included the following patient-focused concerns with the term/descriptor:

- No federal or state statute or regulation recognizes nurse anesthetists as anesthesiologists or authorizes the use of the title “nurse anesthesiologist.”
- These misleading terms will confuse patients and lead to individuals arguing their consent to care was inappropriately obtained through the use or manipulation of medical titles.
- These terms are confusing to the public and the patients that physician anesthesiologists serve in operating rooms and other settings throughout the country.

An anesthesiologist is universally understood to be a physician. Physician anesthesiologists receive 12 to 14 years of education, including medical school, and 12,000 to 16,000 hours of clinical training to specialize in anesthesia care and pain control with the necessary knowledge to understand and treat the entire human body. Nurse anesthetists, on the other hand, receive only half of this education and training and one-fifth of the clinical hours. Nurse anesthetists are nationally certified as Certified Registered Nurse Anesthetists (CRNA) by the National Board of Certification and Recertification for Nurse Anesthetists and are licensed by states as such.
ASA is supportive of the anesthesia and sedation services provided by nurse anesthetists working within the Anesthesia Care Team that are commensurate with their nursing education and training. To learn more about physician anesthesiologists and patient-centered care visit https://www.asahq.org/whensecondscount/.

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Governor Appoints ASA Member Perrin Jones, M.D. to North Carolina House of Representatives
On September 25, Governor Roy Cooper (D) appointed ASA member Perrin Jones, M.D. to the North Carolina House of Representatives. Rep. Jones’ appointment followed his September 23 election by the North Carolina Pitt County Republican Party Executive Committee to fill a vacancy in the North Carolina House of Representatives. The position was vacated by U.S. Representative Greg Murphy, a urologist, when he was elected to the 3rd Congressional District in a recent special election. Under North Carolina law, the Governor was required now to appoint Dr. Jones to Rep. Murphy’s former 9th District North Carolina House seat.

Dr. Jones is a past president of the North Carolina Society of Anesthesiologists. A longtime member of ASA, he presently serves as an Alternate Delegate to the House of Delegates. Dr. Jones is a graduate of the Bowman Gray School of Medicine at Wake Forest University. Dr. Jones completed his anesthesiology residency at Dartmouth-Hitchcock Medical Center.

Congratulations to Dr. Jones!

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Nova Southeastern University Announces New AA Program
Nova Southeastern University (NSU) has announced it will open a third Anesthesiologist Assistant training program in Jacksonville, Florida in May 2020. NSU has had a presence in the Jacksonville area for more than 40 years, and since 2003, has developed a Regional Campus there. NSU’s new AA program will consist of a $3 million state-of-the-art facility, including two fully functioning operating rooms with high fidelity simulation, an extensive regional anesthesia laboratory, a preoperative/postoperative lab, and 2 exam rooms.
Applications for admission will be accepted beginning October, 2019, for the 30-seat class.

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ASA Launches Continuing Education Product for Anesthesiologist Assistants

With assistance from the National Commission for Certification of Anesthesiologist Assistants (NCCAA) and the American Academy of Anesthesiologist Assistants® (AAAA), ASA has launched a new continuing education program specifically for certified anesthesiologist assistants (CAAs).

Called ACE-CAA, the new program is composed of carefully curated content from ASA’s best-selling ACE program, which focuses on established knowledge in anesthesiology. ACE-CAA content has been selected for its relevance to the CAA profession, and reviews an extensive scope of topics such as anesthesia techniques, obstetrics, hematology, pharmacology, trauma and patient safety.

Available online and on ASA’s My Learning app, the program provides CAAs with up to 40 continuing education credits. For more information about the program, please visit ACE-CAA.

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