virginia society of anesthesiologists

UPDATE

www.vsahq.org

WINTER 2022: **EDUCATE, ADVOCATE, PARTICIPATE**

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Introducing our new Issue Editor, Lyn Wells

By Brooke Albright-Trainer, MD, FASA
Editor, VSA Update

Lynda Wells, MD, is an Associate Professor of Anesthesiology and Pediatrics at the UVA Health System, Charlottesville. She is a pediatric anesthesiologist with a special interest in pediatric pain medicine.

Issue Editor
Lynda Wells, MD, FRCA

Dr. Wells is a past-president of the VSA, currently serves as a delegate for VA in the ASA House of Delegates, and sits on the ASA Committee for Physician Health and Wellbeing. She has engaged in advocacy for medicine and the specialty of anesthesiology for over 25 years.

She is a regular contributor to the ASA and VSA PACs. By her own admission, Dr. Wells is not a political animal and finds engaging with legislators very uncomfortable. However, she accepts that in order to shape her own destiny she must engage in the process as it exists, always hoping to change things for the better.

Dr. Wells got started by following the advice of Woody Allen – "90% of life is showing up". She showed up and look what happened!

Feature Article

Time to Rise Up

By Craig Stopa, MD
President-Elect, Virginia Society of Anesthesiologists
Vice President and Partner, Atlantic Anesthesia, Inc.
Associate Professor, Eastern Virginia Medical School

Dr. Craig Stopa

Whether you know it or not, or like it or not, the future of our practices will be determined in the coming months. Our specialty is at the proverbial fork in the road.

The high road will lead us to continued growth and ensure that we continue to provide the high-quality care our patients deserve. The low road will lead us to an uncertain future for both our practices and our patients.

How can we make certain that we take the high road and avoid going down the low road? The answer to that is advocacy.

The two issues of greatest import to our practices in the immediate future are labor shortages and balance billing legislation. While serving at the "tip of the spear" during the most significant pandemic of our generation, we continue to be called upon to perform an increasing number of anesthetics with the same or fewer personnel.

One of the primary reasons for this increased demand in our services is the understanding by hospital administrators and referring physicians that we bring added value to the care of their patients. Despite this bit of paradoxical good news, the demand has risen while the supply has become stagnant. This is a recipe for disaster, one that will lead to provider burnout and possibly lower quality care.

This current labor shortage is not just local or regional, it is state and nation-wide. It is not just affecting academic or private practices, but all practices. It does not involve

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Inside This Edition:

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The ***VSA Update*** newsletter is the publication of the Virginia Society of Anesthesiologists, Inc. It is published quarterly. The VSA encourages physicians to submit announcements of changes in professional status including name changes, mergers, retirements, and additions to their groups, as well as notices of illness or death. Anecdotes of experiences with carriers, hospital administration, patient complaints, or risk management issues may be useful to share with your colleagues. Editorial comment in italics may, on occasion, accompany articles. Letters to the editor, news and comments are welcome and should be directed to: Brooke Trainer, MD • brooke@vsahq.org.

SAVE THE DATES

NEW!

ANNUAL MEMBERSHIP MEETING NOW VIRTUAL

Due to the current COVID surge, the Annual Membership meeting will now be virtual.

Monday, January 24, 2022
6:00 pm
The Zoom link will be sent to VSA members.

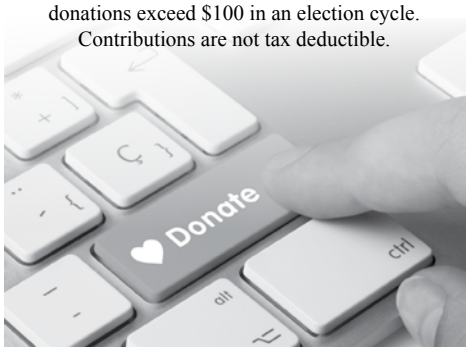
MSV WHITECOATS ON CALL LOBBY DAY

January 25, 2022

Donate to the VaSAPAC

Your contributions make a difference!

Federal and State law require VaSAPAC to use its best efforts to collect and report the name, mailing address, and name of employer of individuals whose donations exceed $100 in an election cycle. Contributions are not tax deductible.



President's Message

We Cannot Succeed Without Your Support

By Marie Sankaran Raval, MD
President, VSA

Dr. Marie Sankaran Raval

Anesthesiologists remain at the forefront of the COVID-19 pandemic. We are the physicians who care for the sickest COVID patients in the intensive care units and operating rooms. We may be called at a moment's notice to intubate in the hospital wards or emergency rooms. As such, it is our job to ensure that the world knows what we do and that we are valuable.

We are fortunate to have the ASAPAC, the largest physician led political action committee in the United States. Through it, we advocate for our specialty on Capitol Hill.

The ASAPAC gives us a voice in federal elections as we support candidates who show a strong commitment to patient safety and quality of care. Federal policies are important to our specialty when they affect access to care, payment, the regulatory environment in which we practice and the scope of practice of non-physician providers. Thus, it is vital we support our PAC to retain the high quality and safety in Anesthesia care that our patients deserve.

The ASAPAC has had amazing success over the past few years advocating for our specialty. Notably, the ASAPAC successfully lobbied the Veteran's Administration to preserve anesthesiologist-led care through the "Safe VA Care" Initiative. Unfortunately, during the pandemic, anesthesia care delivery was modified from a physician led care-team model to a nurse only model. Please urge your lawmakers to advocate for a return to the higher standard of care for our veterans.

The ASAPAC has also worked tirelessly on legislation to address Surprise Medical Bills. In December 2020, Congress passed the No Surprises Act. This creates an Independent Dispute Resolution (IDR) Process to address billing issues and protect patients from surprise medical bills. As in the Virginia state bill, all stakeholders are to be equitably represented.

ASAPAC
American Society of Anesthesiologists®

> *Working together allows us to demonstrate to our hospital administrations and colleagues the value we add to the care of our patients.*

Unfortunately, in its implementation, this has not happened. The process is no longer independent or equitable. The implemented law favors insurance companies, and the "independent" arbiter has been directed to assign the insurer's median in-network rate as the appropriate out of network payment.

The ASAPAC sent a letter to the Biden administration and is working with members of the House of Representatives in an effort to reverse this error and assure fair implementation of the No Surprises Act. ASA-member grassroots members sent over 1,500 messages to Congressional members to garner support.

Here in Virginia, we appreciate your support of our VSAPAC, which has also worked tirelessly statewide to address Surprise Medical Bills and scope of practice issues. Working together allows us to demonstrate to our hospital administrations and colleagues the value we add to the care of our patients.

I hope as you read through this issue, you will see how other members are involved in our Society and be encouraged to participate, however you are able.

I also urge you to reach out to me at marie.sankaranraval@vcuhealth.org with any comments or suggestions.

Without your continued support, our endeavors will not succeed. Thank you for all you do.

What Do Mentorship, Membership, and Marketing Have to Do With the Hippocratic Oath?

By Brooke Albright-Trainer, MD, FASA
Editor, VSA Update

Dr. Brooke Albright-Trainer

The need to nurture and protect your professional family is no different to the need to do this for your personal one. Both require your attention and prioritization. If neglected, or worse abandoned, the profession of medicine, and with it the specialty of anesthesiology, will slowly decline.

The vacuum created by this apathy will be filled by more tenacious but not necessarily more qualified providers. The quality of care our patients and families receive will be degraded.

The theme of this VSA newsletter issue is, "Educate, Advocate, Participate." It is meant to serve as a reminder to anesthesiologists that we ALL must play our part in maintaining and protecting our profession. Being an anesthesiologist is not just about administering anesthesia, it is about being an integral member of a larger professional "family" and community.

Upon graduation from medical school, every physician swore to maintain the Hippocratic Oath. Recall the first sentence:

I do solemnly swear, by whatever I hold most sacred, that I will be loyal to the profession of medicine and just and generous to its members.

Per the Hippocratic Oath, a physician's first duty is to their professional community. Intentionally written, this commitment is meant to ensure the growth and survival of the medical profession. Just as we all have an obligation to provide for and nurture our personal families, so we also have a responsibility to do the same for our professional family.

Each of us must seek ways to nurture the House of Medicine. Though not comprehensive, I've outlined a few simple ways we can give back to our professional community.

1. Mentorship

Recalling the words of Dr. Eugene Braunwald, who during his career made unprecedented contributions to the theory and practice of medicine, foremost in cardiovascular research and clinical cardiology, he strongly believed mentoring residents and medical students was his single most important job in life, equating raising his "academic children" to raising his own children.

When asked about his greatest achievement in medicine, he did not mention any of his distinguished awards, accolades, scientific discoveries, or leadership titles. Instead, Dr. Braunwald, a huge advocate of resident education, is quoted saying, "Our major contributions to science are not found in the work that we do, but instead reside in the people in whom we influence."

Dr. Braunwald believed that through mentoring and educating the next generation of physicians, he was carving his legacy and becoming "immortal".

If teaching does not align with your interests or capabilities, then alas, there are other ways to fulfil the oath we all once took. Mentorship is more than just educating residents and students. Mentorship also means encouraging our colleagues and professional peers to become involved in, advocate for, and participate in the specialty of anesthesiology. Being a mentor means nurturing our professional family the same as we do our own families.

Family members are like branches on a tree, growing in different directions, with roots grounded to keep us as one, which in order to survive, must be constantly watered and nurtured.

2. Membership

To strengthen and protect our specialty requires commitment, dedication, and sacrifice. Another way to accomplish this is through membership and active participation in our professional organizations and societies.

Being active in organized medicine allows physicians to remain apprised of issues in their medical community, and ready to engage when the need arises. Though you may not be interested in policy or politics, it is important to understand how they affect you, your patients, and your practice.

In reality, the practice of medicine is dependent on state and federal laws. Unfortunately, the political and regulatory aspects of medicine are not taught in medical school and must be learned through experience, mentorship, and involvement in our professional societies.

In order to preserve the integrity of our specialty, and ensure its survival, we must encourage and help each other to stay up to date on current medical evidence, evolving political landscapes, and be ready to advocate for our patients, profession, and each other. The good news is that becoming a member of your professional society is easy and the choices of meetings in which to participate are plentiful – it simply requires your time, attention, and prioritization.

Taking "membership" a step further, there is a need for physicians to work behind the scenes to engage stakeholders and build lasting relationships with legislators. This ensures our family has a network of resources we can call upon to advocate for our patients and our profession's future.

You will see your efforts pay off when the time comes for a critical political decision to be made. Legislators are people too, and ultimately, they trust those with whom they have built a relationship. Just as you might learn who your neighbors are so you know whom to call upon for help watching over your home while you are out of town, so you should also learn the politicians you will call upon for help protecting your "house of

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Editor's Message, *from page 4*

medicine".

3. Marketing

Marketing oneself in anesthesiology may sound strange at first, especially if you consider yourself to be a "service" employee rather than a "producer" employee. After all, it's the surgeons recruiting patients to their practice, right? But what if patients understood the vital importance of an anesthesiologist's involvement in their surgical care – would they seek out only surgeons who work with anesthesiologists, and avoid those who work exclusively with nurse anesthetists?

In Virginia, the answer is YES. An independently conducted research survey of voting Virginians found that 88% of respondents would be willing to drive to another facility to ensure a physician anesthesiologist was involved in their anesthesia care.

Further supporting evidence from this survey revealed the more information respondents received about the difference in education and training between physician anesthesiologists and nurse anesthetists, the greater their support for having a physician anesthesiologist supervise or administer anesthesia for major surgeries.

When patients are informed, they are empowered to make decisions in their own best interest, including the desire to have an Anesthesiologist involved in their anesthesia care. This fact supports the need for us to continue educating and informing our patients about who we are, and why we are best suited to care for them – in other words, marketing ourselves to our patients!

Marketing ourselves to patients means intentionally educating them about our services, effectively communicating our role, and thereby promoting how we add value to their care.

The conversation begins with establishing a clear physician-patient relationship, developing their trust, and building their confidence. This is essential in all aspects of healthcare and even more critical for anesthesiologists who have limited time to build relationships with patients. This makes every interaction we have, no matter how short, an important opportunity.

Taking advantage of these opportunities to market yourself, and effectively communicate with your patients, can enhance patient experiences, as well as increase public awareness of our specialty. The ASA's Committee on Communications has created an excellent resource tool titled, "Enhancing Patient Communications", which can provide you with resources to enhance your patient experiences.

The tips and communication tactics outlined in the program help patients to remember you as the physician leading their anesthesia care and recognize the care you provide throughout the perioperative process.

To locate this tool, scan the QR code or find more information at: https://www.asahq.org/member-center/patient-communications-toolkit

Mentorship, membership, and marketing ourselves to patients are just a few examples of ways Physician Anesthesiologists can nurture and protect our professional family. Just as we prioritize our personal family, so must we pay attention to nurturing, maintaining, and protecting our professional one.

I'd love to share my personal version of a common metaphor for you all to consider. It illustrates how families are closely interrelated yet require constant attention to survive. The original reads, "Family, like branches in a tree, we all grow in different directions, yet our roots remain as one."

My version: "FAMILY MEMBERS ARE LIKE BRANCHES ON A TREE, GROWING IN DIFFERENT DIRECTIONS, WITH ROOTS GROUNDED TO KEEP US AS ONE, WHICH IN ORDER TO SURVIVE, MUST BE CONSTANTLY WATERED AND NURTURED."

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- National Survey Research Group, State of Virginia Survey Research Report, October 2021

Time to Rise Up, *from page 1*

only physicians or advanced practice professionals but every type of anesthesia provider.

What can we do? We need to advocate for more providers (both physicians and advanced practice), larger graduating classes in the training programs, and for hospitals to become more involved by aggressively lobbying for the state-wide and national policies that will positively affect these trends. If we fail to act immediately on these issues, we risk not only the success of our practices, but the survival of our specialty as we know it.

Balance billing legislation is not only a threat to our practice but also our patients. In the not so distant past, our Virginia lawmakers and providers came together and put forth a fair process for balance billing. This process gave equal footing to both providers and insurance companies with regard to negotiations and mitigation. Unfortunately, this was not the end to balance billing legislation. It has now moved from the state level to the federal level.

Recently, Congress passed the "No Surprise Act," a law that was equally fair and similar to the one previously passed in Virginia. However, the federal agencies charged with turning the law into regulations did not follow the letter of the law. What has been generated is grossly one-sided in favor of the insurance companies, hindering our ability to negotiate fair payments and protect ourselves from unscrupulous negotiation techniques.

What must we do? We need to familiarize ourselves with the law and regulations as our ASA President, Dr. Randall Clark, recently wrote and we must also contact our legislators. We need to make sure our voices are heard and that legislators understand the value that we bring to patient care.

In closing, our patients deserve that we, as a profession, ensure these two important issues are addressed. We have to act collectively but must also be individually accountable. We cannot sit on the sidelines and assume that our physician leaders will tackle these issues for us.

Only by taking these necessary actions can you ensure that our specialty travels the high road and avoids the low road. You have earned this right, now rise up.

The ANESTHESIOLOGY 2021 Annual Meeting Recap

By Casey Dowling, DO, FASA
Treasurer/Delegate, VSA
Anesthesiologist, Winchester Anesthesiologists, Inc.

Dr. Casey Dowling

VSA members at Anesthesiology 2021

It was my great pleasure to represent anesthesiologists from the Commonwealth of Virginia in the American Society of Anesthesiologists House of Delegates during the Anesthesiology 2021 meeting held in San Diego, California.

I must say, it was amazing to be back in person. As I'm sure you are aware, last year's governance meeting was held virtually due to the COVID pandemic. Although the virtual platform worked well to deliver content, and the Speaker and Vice Speaker of the House did an exemplary job of attempting to moderate the participation of several hundred anesthesiologists, it was not ideal. This year there were no such frustrations.

The ASA made great efforts to make this event as COVID safe as possible. They chose the vendor, CLEAR, to verify proof of vaccination and everyday wellness checks. Mandatory mask wearing, and no congregate eating or drinking was also part of the plan. And this plan worked! Every state and voting entity within the ASA was represented and out of a possible 430 delegates, more than 350 were present in person at both House Sessions.

Healthy, in person discussions between the gathered delegates, alternate delegates, and directors about the reports submitted by the many wonderful committees of the ASA, was stimulating and productive. I am always filled with pride when I see physician anesthesiologists spend so much time and effort working on quality of care for our patients, safety in our workplace, managing our professional society, and of course, advocating for our profession.

I want to highlight just a few of our accomplishments this year:

A new ASA Committee on Environmental Health was created. The roster, mission, and charge are now under development. This has been a great passion for many of our members and I am looking forward to its council.

The Statement on Lactation by Anesthesia Clinicians was accepted unanimously. This was another area of passion for many of our members and their work was rewarded.

See the statement at https://www.asahq.org/standards-and-guidelines/statement-on-lactation-among-anesthesia-clinicians.

And lastly, the Committee on Standards and Practice Parameters changed its name to the Committee of Practice Parameters. This committee has always been a vital resource to all anesthesiologists. Under its new name, the committee released an updated Difficult Airway Algorithm. It will be published in the January issue of *Anesthesiology* but can be viewed on line now at https://pubs.asahq.org/anesthesiology/article/doi/10.1097/ALN.0000000000004002/117915/2022-American-Society-of-Anesthesiologists.

I can't speak about the ASA governance meeting without speaking about advocacy. Advocacy is a huge part of the role of the ASA. The ASA annual meeting in October coincides with the start of the ASAPAC fiscal year and is a great venue for kick starting the annual donation campaign. The threats to our patient's safety, and to physician led anesthesia care are constant and unrelenting. Remember, if you are not at the table, you are on the menu. Ensure safe anesthesia is at the table by donating to the ASA and VSA PACs. Even a little bit helps.

Attending the ASA annual meeting always motivates me to do more for my profession. I urge you to become more involved in the amazing organization that is the American Society of Anesthesiologists. Apply to be on a committee, the real work is done at that level. Or apply to be an Alternate Delegate. This is a great way to join in the governance. The link shows what the House of Delegates does. https://www.asahq.org/member-center/governance-resources.

Not ready for this level of commitment? Don't worry. Everyone can respond to requests to contact their elected representatives regarding decisions affecting the practice of anesthesiology, everyone can engage at a local level, everyone can make a PAC contribution. The ASA should not be a faceless organization to practicing anesthesiologists. It is our association, made up of us. We are the ASA.

Medical Society of Virginia Annual Meeting Recap

By Jeffrey Green, MD, FASA
Immediate Past President, VSA

Dr. Jeffrey A. Green
VSA Immediate Past President

On October 23, the Medical Society of Virginia's House of Delegates (MSV HOD) met virtually at the 2021 MSV Annual Meeting. The MSV HOD is where policy decisions are made. These decisions serve as the foundation for the MSV's advocacy work.

Delegates are selected to represent physicians and their positions on issues before the HOD. Any active MSV member can apply to be a delegate. Delegates are selected to represent local medical societies, specialty societies, or their MSV district. Delegates discuss and vote on issues brought forward by resolutions.

As the VSA Delegate, I was honored to represent the interests of anesthesiologists in our state medical society. To begin, new president Mohit Nanda, MD, an ophthalmologist from Charlottesville, was installed. The agenda for his presidency focuses on physician wellness, protecting the sanctity of the patient-physician relationship from outside interests, and upholding MSV's overall goal to make Virginia the best place to practice medicine and receive care. Harry Gewanter, MD, a pediatric rheumatologist from Richmond, was appointed as president-elect.

Many resolutions put forth by the reference committees were considered. A complete list of the actions passed by the MSV HOD can be found at https://www.msv.org/msv-annual-meeting.

Of interest to anesthesiologists, the VSA supported a resolution put forth by members of the Virginia Dermatology Society to strengthen truth in advertising language for physicians. We were pleased that the house of delegates approved the resolution to amend the MSV policy on use of the title "Doctor" to include the phrase "the Medical Society of Virginia supports protecting patients against false advertising of board certification or practitioners who falsely hold themselves out as a board-certified specialist."

The MSV HOD recognized various physicians with their "Salute to Service" awards. A complete list of honorees is at https://www.msv.org/salute (Scan QR code).

Finally, the VSA is fortunate to have anesthesiologists representing our interests at the American Medical Association. Claudette Dalton, MD, and Alice Coombs, MD, serve on the MSV delegation to the AMA. Many VSA members are actively involved in the MSV including several Board members and officers.

I would encourage you to attend the 2022 MSV Annual Meeting and consider serving as a delegate for your area. You too can be a part of shaping future policy in Virginia.

The Arts

By Jaikumar Rangappa, MD, LTC, DABA, FACA
Retired US Army
Hampton, VA

Forget all the unpleasant past,
Hope a future is a happy blast,
Nothing in life does ever last,
Make it the best, slow or fast.
Better to give than to receive,
Be very honest, don't deceive,
With family and friends heave,
Be patient, in love & peace live.

Communicate with friend and foe,
Do forgive and compassion show,
In prayer and meditation do flow,
Sincerely with the Lord can grow.
Moods will be happy for a mile,
If you are cheerful and smile,
Do live free without any fear,
Wish you all, Happy New Year.
May the Gods give you the best,
In much contentedness do rest.

SPA 35th Annual Meeting Recap

By Lynda Wells, MD, FRCA
Issue Editor
UVA Health Systems
Charlottesville, VA

Lynda Wells, MD, FRCA
Issue Editor

"Welcome to the 35th SPA Annual Meeting, our first hybrid meeting combining virtual talks from around the world and in-person sessions from San Diego.

It has been a tumultuous year for so many of us, both professionally and at home. The impact of COVID-19 cannot be overestimated, but we appear to be beginning to return to a more familiar world.

The theme for this meeting is 'Recovery'. I very much hope that this is not a premature title, only time will tell at this stage, but I wanted to embrace the optimism that effective vaccines have brought to my hospital and community. This meeting was designed to acknowledge the pandemic, identify lessons from our profession and society's broader response to it, while also looking beyond COVID and into other topics that are current and important."

So wrote Dr. James Peyton, program chair, in his introduction to this fall's Society for Pediatric Anesthesia (SPA) Annual Meeting. Now that time has passed, I believe the title and theme for the meeting were spot on.

Meetings are planned over a year in advance, so it is incredible to attend one where every topic is relevant and fresh and presented by a superb physician or expert in their field. The educational experience could not have been better.

Attending in person was amazing. Nothing compares with hanging out with longstanding friends after two years waiting. Appropriate precautions for Covid-19 protection were taken and everyone felt relaxed, safe and cared for. There was an underlying current of joy, compassion and appreciation that underpinned the entire meeting.

> *Attending in person was amazing. Nothing compares with hanging out with longstanding friends after two years waiting.*

Somehow, those present acknowledged and accepted each other as who we are in unspoken and deeply connected ways. Well-being at its best!

The meeting followed its usual format of early morning PBLD sessions (all virtual) followed by lectures with 'question and answer' sessions (hybrid). The opening lecture provided an overview of the history of pandemics starting with John Snow and the Broad Street pump cholera epidemic.

Unsurprisingly, human behavior has not changed over the past 200 years despite scientific advances in explaining and managing these events. Next was a presentation and discussion on data publication in peer-reviewed and non-peer reviewed journals, with reference to the "politicization" of data and its consequences for the practice of medicine.

Our role in the creation of guidelines for Covid-19 protocols was acknowledged. A fundamental appreciation of how human behavior, knowledge, technical skills, decision-making, infrastructures and hierarchies interact is essential. These attributes and their interactions were discussed particularly as they underpin the creation of all successful management systems.

The traumatic effects of the pandemic were presented from a variety of perspectives. The impact on child development and education, the impact on families and communities, and the impact on healthcare providers were all discussed. The latter was explored further in a presentation on second and third victim effects which was followed by a presentation of practical coping strategies. Fatigue and how to fare best with "new" work patterns, staffing shortages, and other challenges and frustrations arising from the pandemic received specific attention.

I mentioned joy in my opening paragraph. Eugenie Heitmiller, MD, a pediatric cardiac anesthesiologist, was awarded the SPA Myron Yaster Lifetime Achievement Award by Dr. Yaster.

They know each other well as faculty colleagues, fellow sojourners in advocacy for pediatric anesthesia, and lasting friends. There was joy. Rather than make speeches, the organizers arranged for Dr. Tiffany Frazee to interview Dr. Heitmiller in a "fireside" chat format.

They sat in armchairs on the dais and talked about Dr. Heitmiller's career. The conversation began with how Drs. Heitmiller and Frazee first met. Dr. Heitmiller recalled that after giving a very dense talk on the physiology of congenital heart disease and anesthesia Dr. Frazee stepped up to the microphone to ask a question.

She was taken off guard when she heard, "Where did you get your boots?". Somehow, within moments, Dr. Frazee was on the platform beside her trying them on. This made a lasting impression on Dr. H. In honor of the occasion, Dr. Frazee chose to wear a pair of hot pink satin, ultra-high stiletto heeled shoes.

These moments of whimsy and humanity only heightened our appreciation for the wonderful journey this strong, talented, intelligent, resourceful, compassionate female physician has made in the company of other amazing male and female colleagues and mentors. Her legacy lives on in the physicians and students she has mentored…and in her choices of footwear.

As I said at the beginning, the 35th SPA Annual Meeting could not have been better. The organizers for the 36th SPA annual meeting have a tough act to follow. I encourage you to attend next year in New Orleans. It will be worth it.

2021 Virginia Election Recap

By Lauren Schmitt
Commonwealth Strategy Group

The November 2, 2021, Virginia elections resulted in a sweeping upset, with Republicans capturing all three statewide offices and the House of Delegates majority.

Virginia's "off-off year" statewide and legislative elections feature the Governor, Lieutenant Governor, Attorney General, and 100 seats in the House of Delegates on the ballot. Turnout is usually relatively low, though the 2019 and 2017 elections saw turnout increase dramatically, leading to Democratic unified control of state government in 2019 for the first time in a generation.

This year, with Democratic President Biden in office after former Republican President Trump, in a political environment generally perceived as unfriendly to Democrats at both the national and state levels, the elections were highly competitive. 91 of 100 House seats were contested. Final polls showed a tossup for the gubernatorial race between former Governor Terry McAuliffe (D) and political newcomer Glenn Youngkin (R), with Youngkin having clear momentum going into Election Day. Statewide and House elections broke fundraising records and drew national attention.

Control of the governorship and House of Delegates was at stake. Turnout was higher than in 2019 across the board, especially in Republican areas. Below is a breakdown of the statewide and House of Delegates races, followed by a preview of what to expect for next year's legislative session.

Statewide Races

Governor. Republican Glenn Youngkin defeated former Democratic Governor Terry McAuliffe by a little over 2 points. Third party candidate Princess Blanding garnered less than a point. McAuliffe left office in 2017 after his first term. Governors are not allowed to serve successive terms in Virginia. Youngkin is a political newcomer, a former CEO of the private equity, asset management, and financial services firm, The Carlyle Group.

Lt. Governor. Republican Winsome Sears defeated Democrat Hala Ayala by less than two points. Ayala vacated her Northern

Virginia House seat to run for Lt. Governor. Sears is a former Delegate from the Norfolk and Virginia Beach area. As Lt. Governor, she will be the first Black woman elected to statewide office in Virginia.

Attorney General. Republican Jason Miyares defeated Democratic incumbent Mark Herring, who was running for a third term as Attorney General, by 1 point. A Cuban American, Miyares leaves his current Virginia Beach-based seat in the House of Delegates to become the first Latino elected to statewide office in Virginia.

House of Delegates

After taking control of the House of Delegates in 2019, Democrats defended their 55-45 majority on Election Day. The legislative district maps are the ones drawn by the former Republican majority, with about 20 districts affected by the 2019 court-ordered redistricting that made several more Democratic.

Republicans needed to flip 6 seats to capture the majority. As of this report, Republicans have flipped 7 seats, many narrowly but not in automatic recount territory. However, votes continue to be counted and candidates may request a recount if the margin is less than a point.

Incumbents Who Lost (7):
Lashrecse Aird – District 63
Alex Askew – District 85
Josh Cole – District 28
Nancy Guy – District 83
Christ Hurst – District 11
Martha Mugler – District 91
Roz Tyler – District 75

Expected 2022 Partisan Composition: 52 Republicans, 48 Democrats

Current Minority Leader Todd Gilbert appears poised to become Speaker of the House, replacing Speaker Eileen Filler-Corn. Other senior House Republican members have expressed interest in the Speakership in the past, and leadership challenges are not uncommon.

2022 Outlook

With Republicans now slated to gain control of the Governor's office and House of Delegates, we can expect a major shift in policy priorities from these arms of state government. Governor-Elect Youngkin campaigned on local education and parents' rights issues, curbing COVID-19 masking and vaccination requirements, pro-business economic and jobs policies, lowering taxes--including eliminating the grocery tax and suspending the gas tax, crime and safety, government efficiency, and regulatory reform.

Before the new Governor takes office, outgoing Democratic Governor Ralph Northam will present his administration's final full budget to the General Assembly in December, for them to amend in the upcoming legislation session. The Senate of Virginia is still under narrow 21-19 seat Democratic control, with newly elected Republican Lt. Governor Sears wielding the tie-breaking vote next year.

VSA Priorities

As always, health care continues to be a hot topic at the legislature. Here are just some of the issues we anticipate VSA will be working on in the upcoming General Assembly session:

- Protecting scope of practice
- Maintaining the current law regarding a cap on medical malpractice monetary awards
- Increasing Medicaid reimbursement for physicians

The 2022 legislative session begins on January 12th and is scheduled to adjourn March 12th. VSA will keep you updated on these issues and how you can advocate to your legislators. Stay tuned!

Looking Back on My Campaign for Delegate

By Ben Moses, MD
Assistant Professor of Anesthesiology
University of Virginia, Charlottesville, VA

Dr. Ben Moses

In July of 2020 I decided to run for the Virginia House of Delegates. In August I declared my candidacy, and over the next fifteen months ran what proved to be the most organized and successful attempt to unseat a 10-year incumbent in rural central Virginia in the last decade. I didn't win the election, but I want to share my story and encourage others to consider running as well.

I served in the US Army for more than a decade, subsequently training as an anesthesiologist-intensivist and working at a state hospital. I have spent my entire adult life in service to my country and my community. I've tackled challenging situations, faced life and death on a daily basis, and spent countless hours engaged in the pursuit of academic excellence as a learner and a teacher.

The last year has shown me that all the knowledge and experience that makes me a safe physician anesthesiologist and trusted colleague, is also what made me an excellent political candidate. It proved to me that we all have opportunities, outside the walls of the hospital, to make a difference.

I knew very little about running for office; luckily one of my closest supporters and confidantes had just run for office in my district and offered me some granular and useful insights.

To run in the Commonwealth, it helps to be able to raise money, but I had no idea where to turn. Initially I reached out to my closest family members and some close friends. Once I'd raised enough money, I hired an experienced staffer to guide me through the rest of the process.

Here in Virginia, just in case you're a new resident, we have elections every year – federal elections on even years, state elections on odd years – so to start learning the ropes, I volunteered on a Congressional campaign for a few weeks in September and October leading up to the 2020 elections.

Dr. Ben Moses at a campaign event

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I met a number of people working on that campaign who were locals, others who were regionally affiliated, and many who came to Virginia from somewhere else, to work on the campaign. One of the staffers and I got to talking. He was very interested in my background and my intention run for office. I hired him as my first campaign manager the week after Election Day 2020.

With a manager on board, I finally had someone to show me the ropes, and I followed his lead explicitly. We drove around my district on evenings and weekends, meeting community leaders and stakeholders, county party chairs and volunteer organizers, and he started putting together a list of consultants for the campaign.

It is truly remarkable how many people it takes to run a fully staffed campaign for a state House race. Moreover, the number of people who make their living year after year working on campaigns at every level in every state and locality is astonishing, and nearly all of them are under 30.

Driving from one end of the district to the other, multiple times a week, gave me the opportunity to take in parts of Virginia that I had never seen before – breathtaking to be honest – and to ponder the ways in which my fellow Virginians and I differed, as well as the ways in which we are alike.

I didn't grow up in rural central Virginia. I don't farm, I don't hunt, and I don't have a well. But I have kids who I want to see grow up in a safe environment. I have my own healthcare needs and, at times, have struggled to have them met. My wife and I have struggled for years to maintain con-

Continued on page 11

sistent childcare. I need durable broadband internet to do my job and for my kids to do their homework. The ways I need support from my state government, and the ways I hoped to support my neighbors as a legislator, were not so disparate.

December was about meeting stakeholders and trying to get a sense of the district, both geographically and demographically. January was about finding a new campaign manager after the first one left to work on a statewide primary. As unsettling as that was, I came to learn how common it is, especially early on, and especially as a first-time candidate.

In February, we prioritized hiring a finance director and sought broader support and recognition in the form of endorsements from organizations that shared my priorities. Every one of these endorsements required a questionnaire to be filled out, and I am forever grateful that my campaign manager did the majority of the heavy lifting on that front, coming to me to clarify details or verify my position on one policy or another.

March was the first time I had a specific and challenging fundraising goal. The opportunity to report a much greater gain than any had achieved before in my district drew attention from the statewide party to a race that had previously been considered non-competitive.

Spring brought opportunities to go out and meet people in person, outdoors and socially distanced, and really start to dig into the issues that mattered. I met with small groups, at community centers, schools, city parks, and courtyards, doing my very best to listen first.

We were able to hire a field director to integrate the person-to-person connections needed to execute our campaign plan. My team developed a robust field program and started actively recruiting volunteers – again, the number of people it takes to fully staff a campaign is remarkable – to whom I am forever indebted for their commitment and dedication, and dogged support of the democratic process.

As spring turned to summer, we started contacting voters individually, knocking on their doors and calling them on the phone.

> *Not until jumping in last year, actually running hard for a state legislative office, did it dawn on me how well-prepared I was to run, and how vitally important it is for you to run too.*

"Hi, my name is Dr. Ben Moses, I'm an Army veteran and an ICU physician, and I'm running for the House of Delegates. Can I take a minute to talk with you about this year's election?"

I continued working full time at my academic job in the ICU and OR by day and hitting the phone or the streets for a few hours every night. (If you thought residency was hard. Imagine replacing all of your reading time with 25-30 hours a week of voter outreach and fundraising phone calls).

Weekends were spent driving all over the district to meet people, participate in community activities, volunteer at food banks, and later in the race, go to churches.

I met so many people during this time who projected a supreme amount of confidence in my suitability as a candidate, far more than I felt. Community organizers, volunteers, consultants, friends and family, all lifting me up on a daily basis, pouring energy into my campaign.

It was unnerving to go from a job that I know well, that I execute at a very high level, to one where I was the novice, taking cues from people half my age. Certainly, by the end of the campaign there were fewer firsts, but for the majority of the 15 months I was running for office, I encountered new experiences, with their new demands and expectations, regularly. I described the learning curve to a colleague as being a bit like graduate school, drinking from a firehose, without the classrooms, and only one test at the very end.

As summer turned to fall, I found it necessary to dedicate more and more time to the campaign, and for the last month or so before the election I took a leave of absence from clinical work to focus exclusively on the race.

As clumsily as I had balanced the day job with the campaign up to that point, my days seemed to get even busier with only the race controlling my schedule. For the last six weeks, my team and I worked essentially seven days a week, 10 to 16 hours a day. It was grueling. It was exhausting. It was exhilarating. And it was important.

Not too many people wake up one day and decide to run for office. In all fairness, I had kicked around the idea for the better part of the last two decades, only as a passing curiosity, a fascination with the unknown and poorly understood world of legislating and political discourse. Not until jumping in last year, actually running hard for a state legislative office, did it dawn on me how well-prepared I was to run, and how vitally important it is for you to run too.

We are consultant anesthesiologists, we care about safety first, we synthesize an enormous amount of data in a very short amount of time and make critical decisions that save lives. We interface with every specialty in the hospital and with every walk of life. We are responsible for managing demanding tasks and understanding the long-term ramifications of our actions on our patients, their families, and ourselves. Through our clinical work, our research, our education, and our advocacy, we prove every day that, as physician anesthesiologists, we are committed to people no matter what.

Since the election I have been asked by dozens, if not hundreds, of folks if I am going to run for office again. I don't know the answer, and I'm giving myself time to figure that out. In the meantime, I'm pouring myself more fully into the facets of my daily life, thankful for the opportunities I have to continue to work for positive change.

My wife, Emily, also a full-time academic physician, deserves all the credit for keeping my campaign, and me, afloat. This reflection is dedicated with deepest gratitude to her, and to all the partners out there who see the best in us and push us to be our best.

The Addiction Crisis: How Making Addiction Treatment Part of Our Healthcare System Can Save Lives

By Anna McKean, MBA
CEO, Master Center for Addiction Medicine


Anna McKean, MBA

The recent shocking increase in drug overdose deaths – 100,000 from April 2020-April 2021 according to the Center for Disease Control and Prevention (CDC) - demonstrates that as a society, we have not made significant progress in treating the disease of addiction. One could rationalize this trend by arguing that overdose (OD) deaths, which increased by 28.5% in the US, and 35.5% in Virginia, were brought on by the COVID-19 pandemic.

I would argue that the truth is more complicated—our healthcare system does not adequately address the disease of addiction. Specifically, it fails to provide compassionate, easily accessible, evidence-based care to those suffering from substance use disorder (SUD).

To address this deficiency, in 2016, Dr. Sherman Master, a leading addiction psychiatrist, and Dr. Jimmy Thompson, an internal medicine physician boarded in addiction medicine, created a treatment model for addiction that was easily accessible, yet effective in treating SUD. This new model of care, at what was then the Virginia Center for Addiction Medicine, provided SUD patients with personalized multimodal, multidisciplinary, team-based treatment, incorporating medical stabilization, psychiatric evaluation and treatment, and therapeutic and peer support. That same year the Center was re-named the Master Center for Addiction Medicine.

Today, the Master Center treats more than 900 active patients through three offices in Richmond, Hampton, and Gloucester. Our staff includes 60 team members, many in long-term recovery themselves, who are passionate about helping SUD patients engage in treatment and long-term recovery.

As we grow, one of our biggest challenges and opportunities is integrating SUD treatment into mainstream healthcare. We have found that most hospital systems and physicians' practices do not possess the training or resources needed to identify, treat, and refer SUD patients.

> *I would argue that the truth is more complicated—our healthcare system does not adequately address the disease of addiction. Specifically, it fails to provide compassionate, easily accessible, evidence-based care to those suffering from substance use disorder (SUD).*

This is a significant challenge we believe we can impact, despite our relatively small size.

The Master Center's mission emphasizes outreach and advocacy as essential tools to engage and educate stakeholders on the importance of SUD treatment. Significant investments of time and resources have been made to educate stakeholders on SUD treatment and how their organizations can help connect those suffering from SUD with treatment. We have identified and nurtured relationships in our community with hospitals, physicians' practices, law enforcement, elected officials, employers, and the recovery community. Over the last year, we have invested in a team of five outreach coordinators to work with these stakeholders and partners.

The executive team at the Master Center is ideally situated to direct outreach and advocacy efforts. Our founder and chief medical officer, Dr. Thompson, is president of the Virginia Chapter of the Society for Addiction Medicine (https://vasam.net/), a professional medical society that advocates for addiction policy that is guided by the latest science and best practices in addiction prevention, treatment, remission, and recovery.

VASAM advocates for evidence-based, physician-led addiction treatment and serves to support the specialty of addiction medicine. Membership has grown signifi-

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cantly in the last five years, and VASAM's annual conference last month engaged more than 150 participants, including addiction medicine providers and a wide variety of stakeholders from primary care, community services boards, hospitals, local law enforcement, probation officers, sober living, and health plans.

Dr. Thompson was recently appointed by Governor Northam to serve on Virginia's Opioid Abatement Authority established by Senate Bill 1469. This will administer more than $500M in funds from opioid settlements, judgements, verdicts and other court orders or related agreements. The fund will be used to provide grants and loans to Virginia agencies and localities for the purpose of treating, preventing and reducing opioid use disorder (OUD).

Dr. Thompson's appointment was supported by the Medical Society of Virginia and VASAM, so a physician with significant experience in treating patients suffering from SUD and OUD would have a voice in how these funds are used.

I joined the Master Center as full-time CEO in 2019 after serving as an advisor for two years. Prior to this, I held executive leadership roles in two early-stage healthcare companies and had developed relationships and partnerships throughout Virginia's healthcare system.

Although a relative newcomer to addiction medicine, I can understand and communicate the importance of addiction treatment to external partners who may not be familiar with addiction medicine. I am active in the community through my service on the Virginia Health Information board of directors, and as co-chair of the Hospital Integration committee for the Central Virginia Overdose Working Group (CVWOG), a multi-stakeholder group working to bring together efforts to combat the Opioid crisis.

I also lead a team at the Master Center that is advising Henrico County on the development of a residential drug and alcohol detoxification facility to provide treatment to their citizens.

The Master Center has identified the two most important stakeholders in medicine who can help SUD patients find treatment as hospitals and primary care.

We have been working with partners in each of these important areas over the past few years and have made progress through

> *While statistics on the incidence of drug OD and untreated SUD are sobering, there is reason for hope. Recognizing addiction medicine as an important medical specialty, worthy of compensation and resources, will allow SUD treatment to become part of our healthcare system to the benefit of patients, physicians, and our communities.*

offering education and assistance with coordinating ongoing care. A key component of our strategy has been adjusting our schedule to allow for referrals within a 24-48 hour window.

Hospital Emergency Departments (EDs) are often the first place a patient experiencing an alcohol or drug-related health crisis will go for help. However, many EDs are understaffed or lack the expertise to help patients experiencing an SUD emergency with next steps after initial medical stabilization. This is particularly true for opioid OD patients.

According to Dr. Mark Rosenburg, president of the American College of Emergency Physicians, "Emergency physicians have always been able to treat overdose, but we did not have the tools to treat addiction or the dependency…only one third of patients get medications for opioid use disorder in the emergency department."

He goes on to point out that drug overdose patients discharged from the hospital without treatment are one hundred times more likely to die within the year of a drug OD.

For hospitals, and particularly EDs, drug ODs and alcohol withdrawal syndrome (AWS) are occurring increasingly frequently while capacity and training remain limited. For opioid OD patients, immediate treatment with suboxone to treat opioid withdrawal symptoms followed by a referral to outpatient Medicated Assisted Treatment (MAT) reduces the burden on the ED from repeated OD visits (www.bridgetotreatment.org).

Dr. Brandon Wills, an ED physician at VCU, recently initiated phase 1 of an ED Bridge Program by increasing the number of ED physicians with buprenorphine X-waivers, from 2 to more than 30, and requiring a 24-hour telehealth follow-up visit to enroll the patient in ongoing outpatient addiction treatment. So far, the results are impressive with 40% of OD patients enrolling in OUD treatment programs.

Virginia's Hospital EDs may soon be under a statewide mandate to implement a process for referring OD patients to treatment programs.

In its 2021 Spring session, the Virginia General Assembly passed House Bill 2300. This requires any hospital with an ED that is currently regulated by the State Board of Health to establish a protocol for the treatment and discharge of individuals experiencing a substance-use-related emergency.

A working group, convened by the Departments of Health and Health Professions, is tasked with developing recommendations for best practices in the treatment and discharge of patients in the ED. Once implemented, this mandate should improve the likelihood of OD patients being referred for treatment.

In addition to treating OD patients, the ED is a common first point of contact for individuals with complications of alcohol use disorder. Alcohol-related visits increased by 61% from 2006-2014 and outpaced the rate of increase in overall ED visits. The Master Center has partnered with hospitals to provide alcohol detoxification on an outpatient basis for less severe AWS. At the Master Center, these patients can access additional resources for ongoing treatment and recovery including psychiatry, therapy, and peer support.

Primary Care offers another great opportunity to identify and engage patients with SUD prior to an acute event. The Master Center is currently engaged with a primary care Accountable Care Organization (ACO) to educate their providers on the identification of SUD and tips on how to discuss treatment options with patients with SUD.

We also provide an easy and coordinated

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way for providers to refer patients to the Master Center. Our peer recovery specialists are available to the ACO providers and patients to answer questions about starting treatment for SUD. Future plans include identifying and quantifying outcomes and savings generated by initiating treatment for SUD in the ACO.

Integration of SUD treatment pathways for hospitals and primary care is an important first step in increasing the number of patients engaged in treatment. The Substance Abuse and Mental Health Services Administration (SAMHSA) estimated in 2015 that 20.8 million people over the age of 12 years met the criteria for SUD. While scientific evidence shows that SUD can be treated successfully, achieving recurrence rates no higher than other chronic diseases such as diabetes, only 1 in 10 people with SUD receives treatment specific to their disease.

While statistics on the incidence of drug OD and untreated SUD are sobering, there is reason for hope. Recognizing addiction medicine as an important medical specialty, worthy of compensation and resources, will allow SUD treatment to become part of our healthcare system to the benefit of patients, physicians, and our communities.

Brief Bio: Anna McKean, MBA

Anna serves as Chief Executive Officer at the Master Center for Addiction Medicine, an innovative outpatient addiction treatment center that combines evidence-based medical and behavioral health therapies. Since 2017, she has worked with the founder and Chief Medical Officer to develop Master Center's unique treatment model into a financially sustainable and scalable healthcare business to allow for continued growth into new markets.

Under her leadership, Master Center has become the leading addiction treatment center in central and eastern Virginia with locations in Richmond, Gloucester, and Hampton, Virginia. She can be reached at amckean@mastercenter.com.

Further reading and sources

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Editorial Comment

The editors of this newsletter thank Ms. McKean for her article describing the work of her non-profit organization established to improve the lives of people with SUD.

I would like to use this opportunity to call the House of Medicine to action to create an environment of prevention. SUD is a chronic, incurable disease. It can only be treated into remission (recovery) – not cured.

Although treatment is essential and woefully lacking in the current healthcare infrastructure, prevention is equally necessary and even less present. So, what are the barriers to prevention?

Failure to acknowledge reality and intervene by medical need rather than legal definition. By legal definition, SUD can only occur in adults because substances of abuse are not "allowed" in children. Medically, it is known that children as young as nine years old abuse substances.

This is borne out by the SAMHSA data quoted by Ms. McKean which documents substance use in people aged 12 and older. Thus, for prevention to be effective it must happen before the age of 12 years…and be directed at parents, families, and communities.

Taboos must be broken to allow professionals in medicine, healthcare, and education to approach these problems openly and constructively. Resources for prevention and accessible, affordable, provider reimbursed, early treatment (waiting for 6 – 9 years to get treatment on one's 18th birthday is a long time) tailored to the physiological and developmental needs of children and adolescents, with complementary treatment and support for and by their families, are essential.

A comprehensive nationwide mental health infrastructure is required. That may be too high to reach at present, but the "opioid crisis" has caught the imaginations of the public and legislators alike. Funds are forthcoming.

Let's use the current momentum to achieve quality care for a subset of the mentally ill – those with SUD. A comprehensive, nationwide addiction medicine infrastructure for neonates through to centenarians may be achieved with realistic, evidence-led, community-based interventions.

It's not as simple as withholding opioids in the OR, but for millions of our fellow Americans and our own families, it is worth the effort.

Become a Contributor to the *VSA Update*

Please send your story or feature ideas about your colleagues, your practices, or issues facing anesthesiologists to

Brooke Trainer, MD, *VSA Update* Editor
at brooke@vsahq.org

Alice Coombs, MD, MPA, Appointed Chair of VCU Department of Anesthesiology

By Peter F. Buckley, MD, DFAPA
Dean, Virginia Commonwealth University


Dr. Alice Coombs

It is my pleasure to announce that following a competitive national search, Alice A. Tolbert Coombs, MD, MPA, has been appointed chair of the Department of Anesthesiology, beginning Aug. 16, 2021. Dr. Coombs joined the department four years ago, serving as medical director of VCU–Vibra Critical Care Medicine Group before becoming interim chair of the department in July 2020.

Prior to joining our School of Medicine, Dr. Coombs, a fellow of the American College of Chest Physicians, was chair of the Department of Anesthesia and Critical Care Medicine at South Shore Hospital (an affiliate of Brigham and Women's Hospital). She also served as medical director of the Surgical Intensive Care Unit at Tufts University New England Medical Center.

Dr. Coombs received her Doctor of Medicine degree from the University of Los Angeles School of Medicine and completed her residency training at the Massachusetts General Hospital in internal medicine and anesthesiology. Following fellowships in critical care medicine at Massachusetts General Hospital and cardiothoracic anesthesia at Tufts Medical Center, she practiced in Massachusetts for more than 30 years.

In 2010, Dr. Coombs was elected president of the Massachusetts Medical Society, owner and publisher of the New England Journal of Medicine.

Dr. Coombs also holds a master's degree in public administration from the Harvard John F. Kennedy School of Government with a focus on health care policy, leadership and negotiations. Throughout her career, she has gained extensive experience in public policy, receiving the Massachusetts Medical Society's Henry Ingersoll Bowditch Award for Excellence in Public Health in 2005. This award is given to a physician who demonstrates creativity, commendable citizenship, initiative, innovation and leadership in the public health and advocacy fields.

With a passion for serving minority and vulnerable populations, Dr. Coombs participated in the American Medical Association's Commission to End Racial and Ethnic Healthcare Disparities for more than 10 years, serving as chair and vice chair of the Workforce Diversity Committee and spearheading the development of the Health Care Diversity Educational Toolkit.

Dr. Coombs also was a driving force behind the AMA's Doctors Back to School Program, which brings physicians into elementary, middle and high schools across the country to introduce young men and women, particularly in minority communities, to health care careers. She was elected to the AMA's Council on Medical Services in June 2019.

Locally, Dr. Coombs serves on the Board of Directors for VCU Health System, Board of Trustees for the Richmond Academy of Medicine and Board of Directors for the Medical Society of Virginia. Additionally, Dr. Coombs is a member of the Medical Society of Virginia's health equity workgroup and the society's delegation to the American Medical Association.

Our thanks go to the search committee, chaired by Dr. Patrick Nana-Sinkam and Dr. Larry DiNardo, and to all in the department who provided feedback in selecting the new permanent chair. As permanent chair, Dr. Coombs is committed to creating a new collaborative leadership model that will ensure collective input to meet all aspects of the department's academic mission.

Please join me in congratulating Dr. Coombs on her new permanent role.

Encourage Your Practice Administrators to Join VSA

The VSA encourages your practice administrators to join! We have two options:

1 If 90% or more of a group's physician anesthesiologists are VSA Active members in good standing and all members will be on a single group bill, the annual dues are FREE for your practice administrator.

2 If less than 90% of a group's physician anesthesiologists are ASA Active members in good standing, or the group does not participate in group dues billing, the annual dues are $75.00.

To have your practice administrator join, go to: https://www.asahq.org/member-center/join-asa/educational

- On this page, click on the category you're interested in – in this case, its: Anesthesia Practice Administrators and Executives – Educational Member
- Click on the + sign next to the title
- The box that opens, will contain full details and the membership rate(s)

Icosapent Ethyl (Vascepa) for the Treatment of Symptoms Associated with SARS-CoV-2

By Lianne Ryan, AB[1]; Zuby Syed, MD[2]; and Jonathan P. Eskander, MD, MBA[3]
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**VSA Editorial Disclaimer: This article has not been peer-reviewed prior to publication in this newsletter.*

Introduction

Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) is the pathogen responsible for the coronavirus disease 2019 (COVID-19) [1]. The present options for course of treatment are still limited. Some patients range from requiring intensive care unit (ICU) treatment, intubation, and ventilation.

As the COVID-19 pandemic has progressed, there have been increasing reports of prolonged effects after acute COVID-19. The term "long haulers" has been used to describe patients who have developed post-acute COVID-19 syndrome. This is characterized by persistent symptoms and/or delayed or long-term complications beyond four weeks from the onset of symptoms [1].

However, Vascepa has been used in the case trials presented below to study and be able to understand how to minimize the effects of treating COVID-19 symptoms in patients as a preventative measure as well as for post-viral symptom treatment.

Vascepa, which contains icosapent ethyl (IPE), is used for the treatment of persistent hypertriglyceridemia. It has been proven to reduce cardiovascular risk and have anti-inflammatory effects [3]. The mechanism to which the drug reduced cardiovascular risk is unclear. There is however, evidence of a suggested mechanism [4]. This claim can also be supported by data from the Evaluation of the Effect of Two Doses of AMR101 (Ethyl Icosapentate) on Fasting Serum Triglyceride Levels in Patients With Persistent High Triglyceride Levels (≥ 200 mg/dL and < 500 mg/dL). Despite Statin Therapy (ANCHOR; NCT01047501) and the Multi-Center, Placebo-Controlled, Randomized, Double-Blind, 12-week study with an open-label Extension (MARINE; NCT01047683) trials, both indicated a reduction in inflammatory markers in patients undergoing treatment with IPE [5-7].

There has also been evidence that shows people taking cholesterol-lowering drugs may fare better than others recovering from Covid-19. This study discusses why the virus relies on cholesterol to get past the protective cell membrane [8]. In order to contract Covid-19, the

SARS-CoV-2 virus must enter people's cells. This may be done through the help of a chaperone, in this case cholesterol. Without the aid of cholesterol, the virus would not be able to breach the cell's protective lipid barrier. The mechanism of action responsible for this hypothesis is unclear so far. However, the discovery and implications are critical to further understand and develop methods to prevent and treat and minimize symptoms of Covid-19.

Lastly, research studying how Covid-19 may impact brain function and the nervous system has been conducted. A study that focuses on how Covid-19 increases the risk, severity, pace, and progression of neurodegenerative diseases, such as Alzheimer's, has helped to elucidate the impact of brain function [9].

The mechanism of action shows that the virus is able to bind to cell receptors called ACE2. These receptors are highly congregated around the olfactory bulb of the brain which is responsible for people's sense of smell. These olfactory receptors are susceptible to viral invasion and are most targeted by Covid-19.

Additionally, the olfactory bulb connects with the brain's hippocampus, which is known to be responsible for short term memory. This may help explain why memory loss or cognitive impairment is one of the symptoms associated with Covid-19 infection. It may also explain why Vascepa is able to provide neuroprotection and improve the symptoms of Covid-19 patients. In this case study we present the use of Vascepa in two patients and report their recovery.

Case Report

There were two patients who were infected with Covid-19, a 38 year-old Asian woman (Patient #1) and a 40 year-old Asian man (Patient #2). Both patients were exposed to an infected person on December 26, 2020, and symptoms started on December 30. Both patient's symptoms included cycles of fever, chills, muscle aches, nasal congestion, and cough.

Patient #1's medical history is unremarkable. She began taking Vascepa in addition to vitamin supplements, on December 31, 2020, a day after symptom day 1. She then lost her sense of smell and taste on January 3, 2021.

Continued on page 17

Patient #2 had a medical history of obesity, diabetes and hypertension. He had been taking 4gm of icosapent ethyl (Vascepa) daily for the past 18 months. He, unlike her, never lost his sense of smell and taste and had a less severe cough and nasal congestion.

Both patients were asymptomatic starting January 7, 2021, and patient #1's taste had started reappearing. She recovered her sense of smell five days later on January 12, 2021. Both patients are now fully recovered and have returned to their usual state of health.

Overall, Patient #2 never lost his sense of smell or taste and had presented with more mild symptoms than that of the other patient. Patient #1 was able to fully recover, but had more of a significant illness with troubling symptoms and a longer recovery period. Her sense of smell and taste began to recover within four days of losing it and she made a complete recovery after eight days.

Ultimately both patients recovered fully within two weeks being diagnosed with Covid-19 and treated with Vascepa.

Discussion

This case report presented two patients with significantly different health histories. They had both been exposed to Covid-19 in the same manner and developed symptoms on the same timeline as each other. However, one patient had been taking Vascepa previously for anti-inflammatory measures, whereas the other patient had not. They both were able to recover through the use of Vascepa.

In one case, the patient with a significantly worse health history, developed less symptoms and suffered less overall due to the preemptive use of Vascepa. The other patient was significantly healthier overall but had only started taking Vascepa for Covid-19 and had developed worse symptoms, such as loss of smell and taste, and had an overall longer recovery period than that of her husband. These moderate Covid-19 cases resemble previous case reports with patients that were also treated with Vascepa. They also show similar results and improved recovery times.

The study mentioned above, the IPE Reduction of Cardiovascular Events with EPA-Intervention (REDUCE-IT; NCT1492361) trial was performed to understand the cardiovascular disease risk reduction. It showed that Vascepa mechanisms include an anti-inflammatory effect and was supported by evidence in the ANCHOR and MARINE trials which had been designed to analyze the triglyceride-lowering activity of IPE [6].

Further investigation in larger groups of patients taking Vascepa to treat Covid-19 will likely contribute further to our understanding of the underlying mechanism of action.

Conclusions

Though anecdotal, this report demonstrates new evidence of using Vascepa as a treatment for Covid-19 symptoms in patients. Further research is required to explore both the efficacy and mechanism of action of Vascepa as a treatment for Covid-19.

The purpose of this case presentation is to demonstrate and report on a successful treatment of Covid-19 through the use of Vascepa in two patients in hope to continue investigating more patients.

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ANESTHESIOLOGY From a Student's Perspective, and Why it is Worth Attending

By Joseph Dean, MS
Virginia Commonwealth University


Joseph Dean

This year was my first time attending the ANESTHESIOLOGY annual meeting, but it certainly won't be my last.

Attending the meeting as a student, and especially as a VSA student delegate, provides incredible value through amazing networking opportunities, excellent material for my resume, and the opportunity to attend lectures from leaders in the field of anesthesiology. The cherry on top… I got to explore an exciting new city and made new friends with whom I still keep in touch!

Before the Conference

The week prior to the conference I was already reaping the benefits of registration through free attendance at the annual virtual 'Meet and Greet' featuring "booths" of residents and program directors (PDs) from over 125 programs across the country. The day before the conference, I arrived at my hotel, one of several reserved by the ASA for conference attendees, and took the opportunity to explore San Diego before attending the medical student Happy Hour.

The Happy Hour was well attended by medical students from all over the country, ranging from M2s. There were free drinks and catered hors d'oeuvres served by hotel staff. It was a great way to meet my future colleagues. Later we went out to celebrate the night.

At the Conference

On Saturday I woke up early to meet with some of the students that I had met the night before. We attended lectures tailored to medical students, ranging from the "The ABCs of Anesthesiology," a course where PDs from programs like Henry Ford and Johns Hopkins presented and quizzed the attendees on end tidal CO2, EKGs, and different acute care situations, to "How to Shine on a Virtual Interview" hosted by residents and PDs. Each lecture provided excellent material to learn prior to your anesthesia rotation or as a CA-1 in the future. After each lecture the presenters made themselves available to the students to answer any questions they might have (more facetime).

> *The ANESTHESIOLOGY annual meeting is a must for all medical students interested in a career in anesthesiology. The networking opportunities, incredible learning experiences, and great advocacy experiences are invaluable.*

As part of the VSA student delegation, and as a student member of the VSA, I attended the VSA member luncheon and learned about state affairs, recent accomplishments, and plans for the coming year. I met current residents of Virginia programs, which was invaluable as a current applicant. I had the chance to glean information about individual programs, and get real face to face time with residents instead of being a stranger in the application cycle.

Further, for those interested in advocacy, having a personal relationship with active members of the VSA is an excellent way to be involved down the road.

After lunch I attended an excellent lecture on diversity, which was not only informative, but has helped me frame interview questions related to the topic during this interview season!

Later I visited the exhibition hall and checked out some of the poster presentations by other students, another excellent reason to attend the conference. Sunday was the big day for this newsletters theme participate. I attended the ASA House of Delegates (HOD) meeting, and voted in the medical student component of the ASA HOD. The ASA HOD divides its business between four reference committees: Scientific, Professional, Financial, and Administrative affairs.

The VSA delegation divided into groups to attend each one to advocate for our state's goals and priorities. Unfortunately, due to clerkship responsibilities, I flew home on Sunday night and missed the more clinically focused lectures and in-person resident 'Meet and Greet'.

Takeaways

The ANESTHESIOLOGY annual meeting is a must for all medical students interested in a career in anesthesiology. The networking opportunities, incredible learning experiences, and great advocacy experiences are invaluable. The conference provides a unique mini-rotation in advocacy and professionalism unlike any other medical school rotations.

I have been able to use my experiences at this conference as a talking point at interviews and form instant connections with both residents and PDs. As a VSA student delegate, I was eligible for a VSA student delegate stipend which made attending the conference quite affordable and much easier. I will definitely be attending the ASA annual meeting as often as possible throughout my residency for professional growth and to continue my passion for advocacy.

I am grateful to have had this opportunity to serve my fellow medical students interested in anesthesiology.

ANESTHESIOLOGY from a Resident's Perspective

By Peter Cooper, MD, CA-2
UVA Health Systems
Charlottesville, VA


Dr. Peter Cooper

Just as the airplane's wheels touched down, the excitement sent a shiver up my spine. This year was the first I'd been afforded time to attend the annual meeting of the American Society of Anesthesiologists, the first time I'd been to San Diego, my first in-person meeting at the Resident House of Delegates, and my first opportunity to serve on the Scientific Reference Committee for the ASA House of Delegates. On Sunday, October 10, I made my way through the crowds in the Convention Center heading to the Resident House of Delegates (HOD) and incidentally ran into colleagues I hadn't seen since medical school. The intense energy, enthusiasm, and small talk amongst everyone, delayed the session start briefly.

The meeting commenced with ordinary business necessities that recapped the previous year. But what excited me most was the focus on resident wellness initiatives. These were front-and-center for much of our session, at least from my perspective.

In the words of Henry David Thoreau, "When any real progress is made, we unlearned and learn anew what we thought we knew before."

I believe resident wellness may be one of the most important issues for sustainability in our profession—for burnout prevention, mental health during residency and after, better patient care, and leaving behind the antiquated idea that the only way we can be good at our jobs is to be zombies during training, and beaten down by a healthcare business model that takes advantage of the absence of a supportive infrastructure to deny meaningful self-advocacy.

> *"I've realized how vital advocacy is to the evolution of anesthesiology practice within the larger landscape of healthcare. I am hopeful that I can play a part in advancing the interests of anesthesiologists on the state and national levels, joining such a large group of talented people already on this mission."*

I am currently a CA-2 resident at the UVA Health System in Charlottesville, VA. As soon as I started my intern year at UVA Hospital, I started looking for ways to network. I was fortunate to attend a few Virginia Society of Anesthesiologists meetings, including the 2019 VSA conference in Richmond, VA. It was there that I better appreciated not only the work that others have done to secure our careers and futures, but also the burden of that torch that will be passed on to my generation of trainees.

Advocating for our profession has drawn my attention more and more--I've realized how vital advocacy is to the evolution of anesthesiology practice within the larger landscape of healthcare. I am hopeful that I can play a part in advancing the interests of anesthesiologists on the state and national levels, joining such a large group of talented people already on this mission.

I am in the United States Air Force and have committed four years post-residency to military service. I am really looking forward to this experience! My current career interest is in pain medicine but there is plenty of time before having to make a decision.

Chronic Pain is a field that has experienced massive change within the past decade and will likely continue to see huge advancements and exciting innovations in the way it is practiced in the near future.

My wife is a physician here at UVA too. I am incredibly proud that she has already matched into a Forensic Pathology fellowship at the University of New Mexico. Our interest in, and travels to, wine regions led me to start a resident Wine Club. It has provided a great social venue and relaxed environment for all of us to enjoy this year. My wife and I have no idea where we will end up, but we do love the Northwest (full of wonderful wine regions)!

As I reflect on the ASA annual meeting, I am encouraged and hopeful as we strive for a better future. The global pandemic undeniably impacted healthcare at large and presented our industry with challenges not seen before. These highlighted areas for improvement and simultaneously revealed the passion we all have for medicine.

We have made strides in resident protections over the last decades, but there is still room for progress. Further advances may require rethinking aspects of medical education such as the novice's perspective, unencumbered by biases and dogma.

I was happy to see that resident well-being was a primary concern of each of the candidates seeking election to leadership positions in the upcoming Resident HOD. Progress will continue to be incumbent on all of us as we transition from trainee to mentorship roles in the specialty to which we have all committed our lives and livelihoods.

The future is bright and full of unknowns. I am excited to see the impact we, as anesthesiologists, will have on patient care and within our communities.

ASA Committee Member Recognition

As we start the new governance year, let us acknowledge those members from the Virginia component that have been selected for a 2022 ASA committee or editorial board appointment. Please feel free to reach out to congratulate them and/or recognize them within your component.

Committee	First Name	Last Name	Position
Committee On Physician Well-Being	Deborah	Barron	Adjunct
Committee on Professional Development	Allison	Bechtel	Member
Committee On Women Anesthesiologists	Allison	Bechtel	Adjunct
Educational Track Subcommittee on Cardiac Anesthesia	Allison	Bechtel	Member
Committee on Governmental Affairs	Nicole	Cabell	Adjunct
Committee on Specialty Societies	Nina	Deutsch	Member
Abstract Review Subcommittee on Regional Anesthesia and Acute Pain	Sabrina	Dhillon	Member
Abstract Review Subcommittee on Clinical Neurosciences	Lauren	Dunn	Member
Abstract Review Subcommittee on Perioperative Medicine	Lauren	Dunn	Member
Committee On Physician Well-Being	Lauren	Dunn	Adjunct
Committee On Women Anesthesiologists	Lauren	Dunn	Adjunct
Abstract Review Subcommittee on Outcomes and Database Research	Katherine	Forkin	Member
Committee on Patient Blood Management	Katherine	Forkin	Adjunct
Committee on Transplant Anesthesia	Katherine	Forkin	Member
Committee On Women Anesthesiologists	Katherine	Forkin	Adjunct
Committee on Administrative Affairs	Jeffrey	Green	Member
Committee on Professional Liability	Jeffrey	Green	Adjunct
Editorial Board for Anesthesia Patient Safety Program (APS)	Jeffrey	Green	Member
Committee on Pain Medicine	Lynn	Kohan	Adjunct
Educational Track Subcommittee on Pain Medicine	Lynn	Kohan	Member
Editorial Board for Simulation-Based Training	Keith	Littlewood	Member
Editorial Board for Point of Care Ultrasound	William	Manson	Member
Committee on Expert Witness Testimony Review	John	McNeil	Adjunct
Committee on Professional Liability	John	McNeil	Adjunct
Abstract Review Subcommittee on Clinical Neurosciences	Bhiken	Naik	Member
Committee on Neuroanesthesia	Bhiken	Naik	Adjunct
Educational Track Subcommittee on Neuro Anesthesia	Bhiken	Naik	Member
Abstract Review Subcommittee on Clinical Circulation	Nirvik	Pal	Member
Committee on Ambulatory Surgical Care	Milly	Rambhia	Adjunct
Committee on Cardiovascular and Thoracic Anesthesia	Jacob	Raphael	Adjunct
Committee on Patient Blood Management	Jacob	Raphael	Adjunct
Educational Track Subcommittee on Cardiac Anesthesia	Jacob	Raphael	Member
Committee on Professional Diversity	Marie	Sankaran Raval	Adjunct
Committee On Women Anesthesiologists	Marie	Sankaran Raval	Adjunct
Abstract Review Subcommittee on Ambulatory Anesthesia	Ashley	Shilling	Member
Committee on Ambulatory Surgical Care	Ashley	Shilling	Adjunct

Continued on page 21

Committee Member Recognition, *from page 20*

Committee on Regional Anesthesia and Acute Pain Medicine	Ashley	Shilling	Member
Educational Track Subcommittee on Ambulatory Anesthesia	Ashley	Shilling	Member
Educational Track Subcommittee on Regional Anesthesia and Acute Pain	Ashley	Shilling	Member
Abstract Review Subcommittee on Perioperative Medicine	BobbieJean	Sweitzer	Vice Chair
Committee on Ambulatory Surgical Care	BobbieJean	Sweitzer	Adjunct
Committee on Specialty Societies	BobbieJean	Sweitzer	Member
Educational Track Subcommittee on Perioperative Medicine	BobbieJean	Sweitzer	Member
Committee on Anesthesia Care Team	Brooke	Trainer	Member
Committee on Communications	Brooke	Trainer	Member
Committee on Patient Safety and Education	Brooke	Trainer	Member
Committee on Uniformed Services and Veterans' Affairs	Brooke	Trainer	Member
Committee On Physician Well-Being	Lynda	Wells	Member

Become of Fellow of the ASA

The Fellow of the American Society of Anesthesiologists® designation was established to recognize exemplary anesthesiologists for their positive influence on the profession.

Demonstrate your commitment to the highest level of patient care and professional excellence with this designation. Share your achievements with the association and the community. Pursue your FASA designation today.

Congratulations to our current VSA members who have earned the FASA designation:

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BobbieJean Sweitzer, MD, FASA
Bryan Alexander Currie, DO, FASA
Michael Deardeuff, MD, FASA

Dr. Buckley Leaving VCU for Tennessee

Dear Colleagues-Friends,

Dr. Peter F. Buckley

It is with great appreciation and – certainly mixed emotions – that I am letting you know that I will be leaving VCU and relinquishing the cherished roles of dean of the VCU School of Medicine and executive vice president for medical affairs for VCU Health System in February 2022.

I have accepted a new position as chancellor for the health sciences at the University of Tennessee in Memphis. I expect we will share our plans for the interim period and search in the next few weeks.

I feel very privileged to have this opportunity to pursue this next phase of my career

in Memphis at the University of Tennessee. This simply would not have been possible without the support that has been afforded to me by each of you and all of VCU as well as our communities throughout the Commonwealth.

The past five years working at our institution and being part of Richmond's wonderful community has been immensely fulfilling and brought great joy to Leonie and me. We thank you so very sincerely for your friendship and support.

Please know that I will remain always grateful and ever enthusiastic about VCU's great future.

Respectfully and with best wishes,

Peter F. Buckley, MD
Dean, VCU School of Medicine
Executive Vice President for Medical Affairs
VCU Health System

Spring Edition Preview

Anesthesia in the News: Proceed with Caution – Or Proceed at Your Peril

Ethics, Law, and the Business of Medicine

By Judith Jurin Semo

Judith Jurin Semo

Exclusive contracts with hospitals and ASCs. Non-competes with anesthesiologists. No-poaching clauses in anesthesia group-hospital agreements. "Everyone" has them. Of course, they're permissible, right?

Well, maybe not. Stay tuned for an

article in the spring issue on enforcement action alleging that an anesthesia group used exclusive contracts with facilities and non-competes with its anesthesiologists to dominate the local market, and other legal action challenging no-poaching clauses in anesthesia group-hospital agreements.

Anesthesia is in the news on the fraud and abuse front, as well. Many anesthesia groups have lost business to competitors that provide free drugs, supplies, equipment, and staff to ASCs and offices in exchange for exclusive contracts.

ASCs and their physician owners insist that their legal counsel have "okayed" the arrangements, while counsel for the anesthesia practices have strongly advised against them.

The coming article will report on a $28 million settlement by two anesthesia groups, an anesthesiologist, several ASCs, and their physician-owners that serves as a stark reminder of the very high stakes associated with risky arrangements.

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If you have an opinion about something you've read in the *VSA Update*, or about an issue in the field of anesthesiology or pain medicine, please consider writing a letter to the editor.

We prefer letters fewer than 200 words, and they must include the writer's full name, email address and telephone number. Anonymous letters and letters written under pseudonyms will not be considered for publication.

Writers should disclose any personal or financial interest in the subject matter of their letters.

Please send letters to
Dr. Brooke Albright-Trainer,
VSA Update Editor
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