virginia society of anesthesiologists

UPDATE

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SUMMER 2023: **LIFE BEYOND ANESTHESIOLOGY**

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President's Message

Summertime, Summertime, Sum, Sum, Summer Review

By Craig Stopa, MD
VSA President
ASA Delegate
President, Atlantic Anesthesia Inc.

Dr. Craig Stopa

In my first letter of the year, I wrote about three main topics: workforce shortages, balance billing, and Medicare/Medicaid payment cuts. Unsurprisingly, these issues still exist; therefore, I would like to give an update on all three.

Workforce Shortages

This topic is the most mentioned when I talk to colleagues across the Commonwealth. The biggest point I try to get across is that this problem has been caused not by anesthesiologists or our practices, but by issues outside of our control, and that the shortage is a national problem.

Therefore, I was glad to know that this issue is currently being discussed at the national level. Recently, the American College of Healthcare Executives (ACHE) Congress on Healthcare Leadership met in March. During this meeting, health executives shared their observations and agreed that the shortages are straining both the health system and providers.

Also, the Senate HELP (Health, Education, Labor, Pension) Committee sent a request to ASA for information and

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Feature Article

Life Beyond Anesthesiology: Retirement

By Paul Rein, DO

Is it really time to retire? Didn't I just finish my residency? It seemed like yesterday that I was looking at an Anesthesiologist at the ASA meeting that was still practicing our specialty at age 75, thinking that isn't going to be me. So here I am at age 77 (really?), in my version of retirement. What is my version of retirement?

First let's talk about the definition of retirement as defined by Merriam-Webster;"withdrawn from one's position or occupation: having concluded one's working or professional career".

Certainly in my lifetime, people have equated retirement beginning at age 65. Why 65? In 1935 when President Roosevelt created social security, one became eligible to receive social security money at age 65. FDR was brilliant because in 1935, the average white male lived to be 61, white female 65, and blacks lower than both those numbers. Thus, the average person wouldn't ever become eligible for social security. Now the average American lives 15-20 years more than that. The life led by people now is substantially different than back in the Great Depression, when social security was created.

Let me say my definition of retirement is different than Merriam-Webster's. My idea of retirement is being able to do what you want to do, with minimum financial obliga-

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Inside This Edition: LIFE BEYOND ANESTHESIOLOGY

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vsa virginia society of anesthesiologists UPDATE

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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

VSA POCUS WORKSHOP
September 16-17, 2023
Hotel Roanoke & Conference Center
Roanoke, VA
See back cover for more details!

MSV 2023 ANNUAL MEETING
October 13 – 15, 2023
Hilton Norfolk the Main
Norfolk, VA

ASA 2023 ANNUAL MEETING
October 13 - 17, 2023
San Francisco, CA

VSA MEMBERSHIP MEETING LUNCHEON
Saturday, October 14, 2023
Marriott Marquis
San Francisco, CA

President's Message, *from page 1*

recommendations due to concerns about healthcare workforce issues. While I view this as promising, I will again stress, take care of yourself so that you can take care of your patients.

Balance Billing/No Surprises Act

The U.S. Department of Health and Human Services recently released new data. This data highlighted the difficulties of the No Surprises Act. The first year was characterized by a large volume of disputes, substantial complexity in determining whether disputes were eligible for the federal process, and ongoing technical and operational improvements to the federal IDR process.

The numbers are as follows: 334,828 disputes were initiated, 122,781 (over 33%) of those had their eligibility challenged, 106,615 were closed, payment was rendered in 42,158 (~13%), and the initiating party (physicians) prevailed in 29,932 (71%).

The ASA continues to work to correct this process through regulatory, legal, and legislative means. A recent Monday Morning Outreach included a link to the U.S Department of Health and Human Services report. I encourage you to take a look as it is an astounding summary about the failings of this Act.

Medicare/Medicaid Payments

This past April, the House introduced bill HR2474. The bill replaces the separate conversion factors for qualifying APM participants and other physicians with a single conversion factor and provides for an update that is equal to the annual percentage increase in the Medicare Economic Index, beginning in 2024.

The Medicare Economic Index is a specialized index that is generally used to determine allowed charges for physician services based on annual price changes. The bill has been referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means. If passed, there would be an annual increase of Medicare payments to physicians. Stay tuned.

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Having grown up in New Orleans, I start looking forward to summer in the Tidewater Region as soon as the calendar switches over. The weather, energy, events, and activities are fabulous.

As you also revel in your summertime adventures and vacations, please be safe and make sure to read the newsletter. I hope you enjoy the stories from our fantastic physicians of the Commonwealth.

Again, always feel free to reach out to me with any questions, concerns, or comments, and thank you for all that you do!

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tions to anyone or anything else but yourself and significant other. Yes, today to be PC, I have to say significant other. Before I tell you what I do, I think it so important to get to that stage of "minimum financial obligations."

When I graduated from medical school, I owed $25,000, the equivalent of $170,000 in 2023 dollars. I began my medical career as an old-fashioned general practitioner. My first year in my office I earned $50,000. What I did with that money was pay off all my loans, and the cost of the practice, while living in a 1-bedroom apartment. Thus, my education was paid for after one year. My education was paid for quickly and I tried to use that philosophy for the rest of my life: MINIMIZE PROLONGED DEBT.

After six years as a GP, I knew it wasn't what I wanted to do for the rest of my life. For some unknown reason I chose anesthesiology, and completely lucked out.

In 1979, when I began a search for a residency, I looked only in the Mid-Atlantic states, because it had a better climate than Detroit. I applied in August of '79 and wanted to start in January of '80. I was accepted to all four programs, with the exception of UNC, who apologized while saying I could start in July. I chose MCV because I knew people in Richmond. Blind luck, as in one year, Anesthesiology became very popular. Whew!

Fast forward to 2010 and the debacle at Riverside Health System and our group. Thirty-two anesthesia providers, nineteen physicians and thirteen CRNA's were rudely introduced into the new and changing world of healthcare. We all left Riverside and many of us, myself included, began to think about our new world, what are we going to do with our lives?

Is it time to "retire" since I'll be 65 in five weeks? Getting away from a hard, but rewarding job instantly got me to think about what I wanted to do with the rest of my life. I was thankful for no more call, but what's next?

Fortunately over the years, I maintained several activities I really enjoyed. While I continued to work at other locations, I said to myself, what do I really want to do for the rest of my life? One thing I always wanted to do was a bicycle ride across the USA.

Fortunately over the years, I maintained several activities I really enjoyed. While I continued to work at other locations, I said to myself, what do I really want to do for the rest of my life? One thing I always wanted to do was a bicycle ride across the USA.

I had done several century rides to raise money for the Leukemia and Lymphoma Society but wanted to do more. I asked my group for the summer off from an ASC I was helping cover, and believe it or not, they said sure. I had already decided to do the ride, and was willing to stop working with them if they said no. My finances were good, including a well-funded retirement plan. I was living alone with my two golden retrievers, had a new girlfriend (yes she eventually became my wife!). So how was I going to do it?

The plan quickly fell into place. I started with a century ride around Lake Tahoe, for LLS. Then down to San Diego to attend a wedding, followed by the start of my cross-country bicycle ride. The ride also was a fundraiser for LLS. I left San Diego, dipping my rear tire in the Pacific and ended in Virginia Beach with my front tire in the Atlantic. I raised $38,000, all donated to charity.

Along the way most hotels gave me a big discount, and some gave me free lodging after I told them what I was doing. I rode 3,700 miles in 57 days, and met amazing people all over the country. I did the trip by myself, which was the best way, as I met so many nice people. To this day I have maintained solo cycling, as it is my peace, my time to relax and think while I ride.

However, that is not all I do in retirement. I enjoy golfing, and despite my age, am pretty decent at it. My wife Linda and I have won the couples championship at Kingsmill twice and I've been senior club champ a few times. In today's world, think about this. There is nothing on Earth that is more equitable than the game of golf. You can be the richest person or the poorest person, the smartest person or the least smartest person, and by the time you get to the 3rd hole on a golf course: y'all say the same thing: "I can't do it." Golf simply doesn't discriminate. It's the hardest thing for anyone to be good.

So, I like to bike ride, I like to play golf, like to go out to dinner and have some wine or vodka. I love to read books, real books in print not those in blue light. But is this all I want to do in retirement? I need more. I also need to use my brain. How the heck do I do this and that?

Well for me, I continue to "work" as an anesthesiologist. I hate to say work because at this time, it's as follows: No weekends, no nights, no call, no holidays, and I make my own schedule. I average two or three days a week. Most of the time it's at Plastic Surgery offices, doing my own cases. Occasionally I work at a Sentara facility, as I maintain being a part-time Sentara Medical Group Anesthesiologist. It's 100% my choice when to work there as I have 1st right of refusal.

What is so good about being an anesthesiologist in "retirement" is all of the above, along with maintaining positive social relationships with the surgeons, the staff, and the patients. It's nice when you can do this and do not really need to do it to pay your bills or save for retirement. It's nice getting the relationship with the patients who are scared about their upcoming procedure, whether it's a tummy tuck, facelift or colonoscopy. All in all, I would classify my retirement work as a positive social relationship.

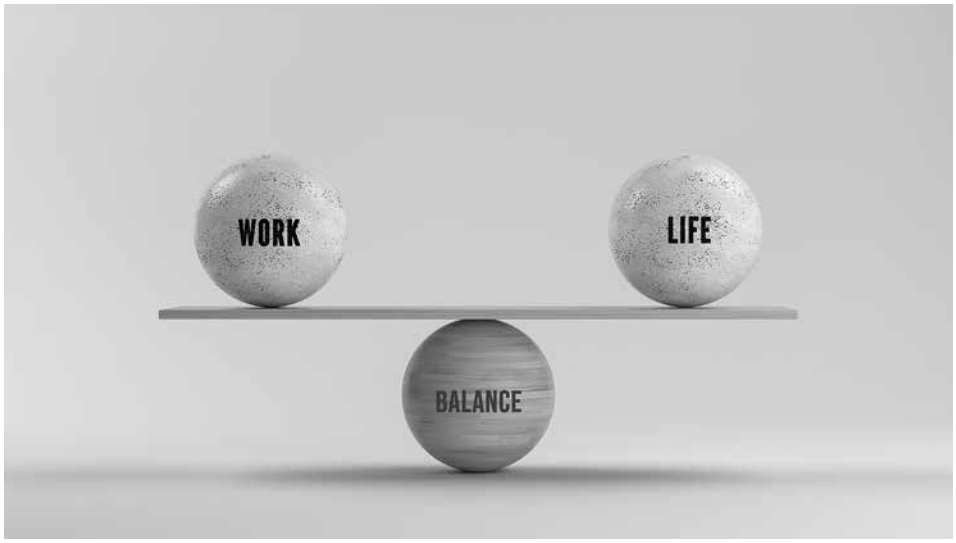
Never forget the three factors that reduce the possibility of dementia: Positive social relationships, a healthy diet, and physical activity. I hopefully have chosen all three.

When will I stop passing gas? I do not know. I do know that a little bit of this and little bit of that in retirement works for me. Think about it.

Work-Life Balance is Critical

By Resnah Minhas
Medical Student, MS4
American University of Antigua, College of Medicine


Resnah Minhas



It is about that time when the sun shines a little brighter and the white coat feels a little warmer than usual. It's summertime. For some people, this means a three-month break complimented by sitting poolside and applying gallons of SPF50 sunscreen. For medical students however, this means we look forward to the cool crisp air in the operating room as we peak over the shoulder of our lovely anesthesiology attendings.

With that said, summertime gives us opportunities to enjoy outdoor activities such as hiking, biking, and/or running. Of course, if you're not a cardio junkie like me, a stroll through the park while enjoying music or a podcast is a rare opportunity to have in the winter.

I know as medical students we probably go to sleep dreaming about our next attempt at intubation, and only in our dreams will we get it completely right on the first try without struggle. It's easy to get wrapped up in pre-meditated stress whether it's due to upcoming residency applications or studying for shelf exams, but during this time it's so important to create a work-life balance to maintain a sustainable mindset.

Contrary to belief, it is possible to enjoy the outdoors and have a healthy lifestyle while being a medical student. Personally, I value the gym to keep my attitude positive and physically healthy after a long day in the hospital.

I always use a car to drive to the gym or to get around the city to run errands. However, it is the perfect time to take advantage of the warmth and to get in the new highly set standard of ten-thousand steps a day. After all, most of the shift we are standing or sitting, and while there are a few who are stair motivated, most opt for the trusty elevator to get around.

> *I understand as a working physician or a full-time medical student, time is really of the essence, especially when it comes to taking care of critically ill patients. However, the time to take for yourself is just as critical and important.*

It is truly fulfilling knowing at the end of your shift, you have an opportunity to take care of yourself after taking care of others. A time like this also encourages you to spend time with your colleagues and family if time permits. Take part in activities that help team building elsewhere such as playing sports at a recreational center or if you have the luxury of living near the beach, getting a game of beach volleyball in the works.

Building strong connections surrounding the workplace can create a better environment inside and outside the hospital. Spending time with your loved ones is also important to give yourself a break from an environment that can go from a steady pace to an emergency state in seconds.

I understand as a working physician or a full-time medical student, time is really of the essence, especially when it comes to taking care of critically ill patients. However, the time to take for yourself is just as critical and important to benefit your schedule.

The essential time I set aside for myself helps me further excel in other hobbies outside of being a medical student. It elevates my mindset and shapes me into the individual I am today.

I hope this helps with finding time and enjoying life beyond anesthesiology, especially as a medical student. Now in the meantime, I'll be getting my steps in.

It's All About Relationships

By Joseph D. Walch, MD, PhD
Partner, Atlantic Anesthesia
Virginia Beach, VA

Two weeks ago my wife and I were in Paris, France celebrating our 20th anniversary. Like many of you, we were out to squeeze the juice out of our experience to the last drop and experience everything Paris had to offer.

The evening of our first night we set out to find a restaurant to eat. Yelp and Google Maps helped with the ratings and reviews. We scrolled through numerous options. Should we go to the restaurant that has three Michelin Stars or the one with 3,571 5-star google reviews and no stars; or the one with the Michelin-starred chef but only 96 google reviews?

What the heck is a Michelin star and what does a tire company have to do with food? A few jokes about road-kill distracted us for a few moments, then we had to look that up too. I guess it was to sell tires by advertising restaurants—who knew? Apparently not us.

After an hour and a half of internet scrolling, we finally chose one and invariably felt somewhat less satisfied with our choice. In the business world this is called Choice Overload Bias with two styles of approaches: the Maximizer who optimizes each decision or the Satisficer (yes that is a word) who merely requires that a choice satisfies the sufficient minimum need or job-to-be-done.

Generally, the maximizer makes higher quality choices, but sometimes can be paralyzed by choice overload and generally is less satisfied and regrets the ultimate choice. Satisficers can still have high thresholds for decision-making but don't focus on making it to the summit of optimization–only a threshold and tend to be more satisfied with their decisions.

For us, the conflicting reviews made things worse. We attempted to optimize our decision, but when faced with uncertain information and a diversity of preferences, we were not very confident we had made the best choice for that evening. More broadly, modern secular society presents us with life-scripts and maps of meaning drawn from divergent epistemologies that often contradict—more on that later.

My wife and my experience choosing a restaurant is perhaps the defining characteristic of our time. The author and community organizer, Pete Davis, called this phenomenon Infinite Browsing Mode in which—above all else—we keep our options open.

This cultural movement is recognized across the sociopolitical spectrum: the Catholic philosopher Charles Taylor called it The Supernova Effect and the Marxist philosopher Zygmunt Bauman had a great descriptive phrase: Liquid Modernity.

For these philosophers we are presented with innumerable options—each one no better than the rest because there is no more script to guide our decisions. We remain like liquid, in a state of flux and freedom of movement. But there's a flipside to the coin: outside institutions and everyone else has become liquid.

Perhaps people and communities will be here tomorrow for us when we return as prodigals, perhaps not. We have greater freedom to enter and exit relationships than ever before, which is great for discovering novel ideas and experiences. However, there is a price to be paid for that novelty. We never really commit to any one identity, place, or community because 1) we want to aggregate to ourselves all the experiences the world has to offer, and 2) we anxiously dread permanently making a wrong decision and becoming stuck.

In return we experience relationship scarcity in a world of ostensible abundance. When we are ready to be connected to others and rooted in community–not living off instagram likes of food pics–we are abandoned by others following the modern consumer model of pursuing "greener pastures".

So, what do we do? We sample a little here and a little there, never fully sitting down at a table at the bistro to chat with our neighbors. The ethos of our time is to aggregate experiences and climb the ladder. Which ladder? Any one will do as long as it is "authentic", and if it isn't who would know? Who would care?

The choices have never been more bountiful and yet we have never been less satisfied. Our freedom has never been so complete and yet so destructive to love and community. The wide variety of identities we can aspire to have never been more numerous and yet elusive, personally crushing, and lead to the exclusion of others in the name of authenticity.

We crave durable satisfaction that isn't based on circumstance. We find ourselves searching for a basis for justice that doesn't turn the advocate into an oppressor and, especially in medicine, we seek relief from shame without resorting to nihilism. The constant poise of hope has been replaced by the twin spoilers: cynicism and skepticism.

Likewise, our capacity to connect and communicate with each other in regular

Continued on page 7

and personal ways has never been easier—and yet we have never been lonelier, youth depression and anxiety have never been greater, and isolation of individuals in society has never been as prevalent as today. Liquid Modernity, instead of satiating, has produced the unquenched thirst of modern life.

Well, that turned dark very quickly. I thought we were talking about nice restaurants in France not unquenchable thirst and Durkheimian anomie?

Let us revisit the purpose of this essay for the answer to these vexing challenges to our humanism: Life outside anesthesiology. The answer to the supernovae, liquid modernity and infinite browsing mode are found in nothing less than self-sacrificial love and deep commitment to our people, our place, and our community.

Back to the life scripts and maps of meaning that modern society presents us. What we do with our life—what we consume, watch, read, play and create—is both informed by and informs our longings and aspirations.

If we aspire to be "the kind of person who loves opera" then we listen to opera and eventually come to appreciate it in deeper and more knowledgeable ways. We seek fulfillment in our life. We seek depth. It is the deep longing that career success alone will fail to satisfy.

The 168 hours in a week are useful units that we have available to us to spend. These time units determine the length of our life. The depth of our life, however, is determined by commitment. But not just any kind of commitment will do. The commitment that leads to meaning, purpose, satisfaction, identity, relief from shame and hope is only found in the self-sacrificial complete commitment to other people.

When I was in medical school, I was privileged to have dinner with a Nobel Prize-winning scientist along with another MD PhD candidate. Both she and I had children in medical school while working through the PhD years, so we were eager to discover any insights this Nobel Prize-winning scientist might offer us, as we were in the nascent stage of our careers.

The topic of family came up, and he admitted that his wife divorced him, his kids hate his guts, and he lived alone in an apartment with one set of silverware.

The Harvard Study of Adult Development has conclusively shown this principle across multiple generations of families: The number one essential factor that most broadly and strongly determines a good life are good relationships based on commitment through times both fun and difficult.

Now, I am sure that if I had asked him early in his career if he was planning on killing his marriage and destroying the relationship he had with his kids he probably would have said "no, of course not". And yet, he ultimately followed a deliberate strategy that ended his marriage and ruined his relationship with his kids.

He seemed to find the trade-off acceptable. My classmate and I were disturbed and worried about what that meant for us. Fortunately–though neither of us have won any Nobel prizes–we have succeeded in having a measure of both personal and career fulfillment. My classmate is currently an associate professor of pathology at Washington University in St. Louis and has a successful marriage and three loving children.

Fulfillment inside anesthesiology starts with the relationships we have committed to outside our career. Everything flows downstream from there.

Back to modern secular scripts of meaning—from an early age we are taught that our value in society is contingent upon us rising through the ranks of the nested systems that form society. We gain mastery in elementary school and then move on through the grades of secondary and then University education. Better grades lead to better job placements.

On our job applications are lofty visions of changing the world order or making an impact on the history of the world. The subtext of our striving is clear: lofty aspirations to improve the world lead to lofty positions in the hierarchy of nested systems. This is how the world measures success.

In pursuit of outside measures of achievement, it is easy to neglect the long-haul relationships closest to us and the community that is local to our daily life. Instead of Tuesday night dinner with family and friends, we decide to invest in strategies that bring immediate and tangible evidence of achievement—because that is the measure of our worth as individuals.

Our family lets us do it because they love us and want to see us succeed. Years of neglect and failure to invest commitment into the relationships closest to us will, like Xerox, Kodak, or any other obsolete companies, slowly die away. I am convinced this is the principal cause of the loneliness epidemic that grips society today resulting in suicide and poor health outcomes.

So, what does "life outside of anesthesiology" look like? It is a life of selfless devotion and careful cultivation of relationships with other people.

The Harvard Study of Adult Development has conclusively shown this principle across multiple generations of families: The number one essential factor that most broadly and strongly determines a good life are good relationships based on commitment through times both fun and difficult. It is the antidote to burnout and the wellspring of resilience.

Now here is our challenge as we finish this newsletter. Presuming you are reading this outside your work as an anesthesiologist, think about someone who is important to you. It could be a spouse, child, friend, coworker, sibling, parent, or anybody. Think about what they might be struggling with or experiencing in their life and think about how grateful you are for them and why. Now think about what you would like to say to them if they were here with you.

Now call them—right now—and tell them what they mean to you. Stop scrolling, stop browsing, pick a restaurant, sit down and just enjoy the satisfaction of commitment and connection. And do it now.

Dr. Fraifield Volunteers at Snowshoe

By Eddy Fraifeld, MD, FASA
Southside Pain Solutions
Danville, VA

I am a volunteer ski patroller in winter and downhill mountain biking patroller spring to fall at Snowshoe Mountain.

The Ski and Bike Patrol at Snowshoe provides challenges for on-scene evaluation, stabilization and safe extrication from the mountain.

Training and coordination of our team results in timely quality care regardless of our challenges with weather or the various terrain conditions.

This last season I got awards for most first on scene and most transports off of the mountains. I also received "Volunteer of the year award" for the entire mountain.

This year we will again be hosting the World Cup Finals for Downhill Mountain Biking and no doubt expect an exciting weekend.

At 67, I'm still keeping busy.

Dr. Fraifield heading downhill as a mountain bike patroller at Snowshoe Mountain

In Memoriam: John F. Butterworth IV, MD

June 9, 2023 - Richmond - BUTTERWORTH, John F. IV, MD, passed away on Friday, June 9, 2023 at VCU Medical Center. He was the son of Margaret Elizabeth "Betty" Hickerson Butterworth of Richmond and the late Dr. John F. Butterworth III, MD.

He is survived by his wife, Pamela Ruble Butterworth of Richmond; two children, Kristin J. Yavorsky (Michael) and Matthew S. Butterworth (Sophia), all of Richmond; two grandchildren, Will and Nicholas Yavorsky of Richmond; two sisters, Ann V. Butterworth of Nashville and Elizabeth B. Stutts of Goochland; three nephews, one niece, two grandnephews, and one grandniece. In addition, he is survived by numerous cousins and their even more numerous offspring.

After he was graduated from Douglas Freeman High School and took his degree from the University of Virginia, he completed medical school at MCV (VCU). He was an intern at UMass Medical Center and a resident, research fellow and faculty member in the Department of Anesthesia of Brigham and Women's Hospital in Boston.

Dr. John Butterworth

As an academic anesthesiologist, he worked for many years at Wake Forest University, later serving as the RK Stoelting Professor and Chairman of the Anesthesia Department at the Indiana University School of Medicine.

Finally, he served as Professor and Chair of Anesthesiology at VCU until his retirement in 2020. Research and scholarship were important to him, and he served on the editorial board of a number of medical journals and authored several textbooks. He served on boards of religious and national, regional and international medical organizations.

Advocacy for patients and their physicians was his lifelong interest, for which he received the Clarence Holland Award from the Medical Society of Virginia. Retirement gave him more time to pursue his several hobbies most notably cycling, fishing, photography and home repair.

John was an optimist who had an insatiable curiosity, sharp intellect and quick wit. His family and friends will miss his wisdom, companionship and generosity of spirit.

Services were held at St. John's Episcopal Church, 2401 E. Broad Street, Richmond, on Saturday, June 24, at 2:30 p.m. A celebration of his life was held on Wednesday, June 28.

In lieu of flowers, the family suggests donations to the James River Foundation or the National Audubon Society.

Published by Winston-Salem Journal on Jun. 14, 2023.

Legislative Update

By Lauren Schmitt
Commonwealth Strategy Group

School is out, the pool is open, and Virginia still doesn't have a budget! You might remember that the legislature adjourned in February but did not complete their work on a final conference budget. The House and Senate could not come to an agreement on how to handle the Governor's proposed tax increases. Instead, they passed a "skinny budget" which only included funding for urgently needed items such as the "rainy day fund" and correcting a financial miscalculation that would have cost schools millions of dollars.

The Chairs of Senate Finance, Senator Barker and Senator Howell, and the Chair of House Appropriations, Delegate Knight, said they will continue to meet and negotiate a regular budget after the primary elections on June 20th. The primary elections just concluded, so hopefully we will see some action soon. Another factor is that both Senators Barker and Howell will not be returning to the Senate. Senator Howell retired and Senator Barker lost his primary election.

One thing to keep in mind is that the legislature does not have to pass a budget in an odd year because they can just use the two-year budget they passed during the 2022 legislative session. If they do negotiate a compromise budget, it then has to go to Governor Youngkin for his amendments or signature. There's a chance that the Governor could amend it if he is not pleased with what the legislature sends him.

The only thing in the budget that majorly impacts VSA is potential language regarding certified anesthesiologist assistants (CAAs). As you know, INOVA introduced legislation this year to licensure CAAs. They ended up striking the bill but indicated they want to try again next year. Instead, they had language put in the proposed Senate budget to start the regulatory process for licensure.

This is essentially to save time, so that if a bill passes next year, they will have already started the administrative procedure at the Department of Health Professions. The Virginia Association of Nurse Anesthetists opposed the bill and also oppose the budget language.

Once we have a final budget, we will let you know if it was included or not. Regardless, we know they are coming back with a bill next year to license CAAs.

> *The general election will be this November and all 140 seats in the legislature are up for re-election. We are in a unique place in Virginia political history, where an unprecedented number of legislators are retiring or not running again.*

The general election will be this November and all 140 seats in the legislature are up for re-election. We are in a unique place in Virginia political history, where an unprecedented number of legislators are retiring or not running again.

Out of the 40 seats in the Senate, 10 Senators have announced they will not seek re-election. Three additional Senators also lost their primary races. There are also several Senators who may lose their election in November due to redistricting. Suffice to say, we'll be working with a very new Senate.

In the House of Delegates, 25 of the 100 Delegates are either not seeking re-election to the House or they are running for the Senate. So, what does this mean for us? The 2024 Virginia General Assembly will include many new faces and look very different than this year. None of the new Senators and Delegates will be familiar with our issues.

In addition, we have lost some of our champions. We will essentially be starting over on this issue and treating it like it hasn't been heard before. This will be an extremely critical time to educate new legislators and build new champions for the physician-led anesthesia care team.

We know that the Virginia Association of Nurse Anesthetists will introduce legislation again in 2024 to remove the supervision requirement an allow for independent practice. Now is the time to educate the new legislators on why they should oppose this proposal and maintain the current law.

With the upcoming elections, now is the time to contribute to our VaSAPAC. And a huge thank you to everyone who has done so already this year! But we still have a lot of work to do and need to raise more funding. A strong and robust PAC will enable us to meet and engage with all of the new and returning legislators. There is a lot on the line!

ASA Legislative Conference: VCU Student Recap

By Mathew Ciurash
Medical Student
Virginia Commonwealth University
Richmond, VA


Mathew Ciurash

The Annual Legislative Meeting serves as a unified voice for anesthesiologists, addressing critical challenges at the national level. This gathering presents a unique opportunity for physicians, residents, and medical students to collaboratively advocate for the future of anesthesiology.

The conference commenced with insightful speeches by field leaders, paving the way for face-to-face interactions with politicians and their staffers who hold the power to shape laws directly impacting the practice of anesthesiologists.

During the conference, our Virginia team had the privilege of meeting with the cabinets of seven House of Representative members and both Virginia Senators. We engaged in informative discussions aimed at enlightening policymakers about crucial aspects of anesthesiology. Our goal was to disseminate essential information and safeguard the field. We emphasized fundamental facts about anesthesiology that are pivotal in shaping legislation.

Notably, it is worth mentioning that nursing lobbyists also held a similar meeting with the same politicians the week before, presenting opposing information to the protective legislation supported by the American Society of Anesthesiologists (ASA). The ASA's presence on Capitol Hill exemplifies the vital behind-the-scenes efforts necessary to preserve anesthesia as a safe and anesthesiologist-led field.

Among the pressing concerns discussed, one of the key issues revolved around the proposed introduction of independent practice for Certified Registered Nurse Anesthetists (CRNAs) within the US Department of Veteran's Affairs (VA). Such a move would inevitably lower the standards of anesthesia care at the VA, jeopardizing the lives of our veterans.

The "CRNA only" model of care is already prohibited in nearly all US states, as numerous studies consistently demonstrate that anesthesiologist-led care yields superior outcomes, universally recognized as the gold standard in the field. It comes as no surprise, given that anesthesiologists undergo 12-14 years of rigorous training and accumulate 12,000-14,000 hours of clinical experience, while CRNAs typically have 6-7 years of training and 2,500 clinical hours.

> *I wholeheartedly encourage everyone who has the opportunity to attend the Legislative Conference in the coming years, supporting fellow anesthesiologists and, in turn, the patients whose lives are directly impacted by these laws.*

If this bill were to pass, it could set a dangerous precedent for healthcare facilities beyond the VA, endangering countless lives across the country. Importantly, the death and complications resulting from such a change would disproportionately affect minority and socioeconomically disadvantaged patients. It is crucial to recognize that their lives are at stake unless these misguided legislations are rectified.

Another critical issue was the support of a robust anesthesiology workforce, given the challenges arising from a shortage of anesthesia professionals. Formal legislation has been introduced to increase the number of residency positions by 14,000.

Currently, the federal government directly controls the number of residency spots available, and the existing funding cap is outdated by over 26 years. This bottleneck effect is becoming increasingly evident, particularly with the exponential rise in surgical procedures. It is imperative to address the growing demand for anesthesia providers before it spirals out of control. Expanding residency positions would effectively tackle this issue and safeguard the future sustainability of the field.

There is also a plan to alleviate the burden of student loan debt by deferring interest payments until a workable wage is earned. Currently, interest begins accruing on loans as soon as medical students take them out, despite their lack of income.

Medical schools across the US discourage students from seeking employment during their medical education, yet loan interest continues to accrue. This places unnecessary stress on students counterproductive to an appropriate learning environment. Even after students enter residency and start earning an income, the average medical student carries an educational debt of $250,000.

Repayments made during residency often fail to cover the constantly growing interest, while students work arduously, dedicating over 80 hours per week to master their field. Consequently, the ASA supports a temporary suspension of student loan interest until after completion of residency, enabling graduates to effectively pay down their crippling debt.

In our legislative meetings, we also addressed a financial aspect specific to anesthesiology, namely the necessity for an annual inflation adjustment to Medicare reimbursement for physicians. While most specialty services receive approximately 80% of the commercial payer rate, anesthesiology reimbursement is significantly lower at around 28%. This discrepancy is primarily due to outdated legislation that fails to address the gap in annual inflation adjustment. To exacerbate matters, physician payment rates have been subjected to a six-year freeze lasting until 2026. These measures undervalue physicians and render repayment rates unsustainable for many practices.

These are just a few of the critical issues we tackled during our time at the conference. The ASA relies on the continued support of its members to allow advocates in the field to devote their time and efforts to ensure a safe and effective work environment in anesthesia.

Personally, participating in the Virginia Society of Anesthesiologists' team at this conference proved to be an enlightening experience, serving as a tangible demonstration of the significance of advocacy. I wholeheartedly encourage everyone who has the opportunity to attend the Legislative Conference in the coming years, supporting fellow anesthesiologists and, in turn, the patients whose lives are directly impacted by these laws. Your attendance could be the difference in the lives of millions.

ASA Legislative Conference: UVA Resident Recap

By Travis Hayden, MD
CA-3
UVA Anesthesiology
Charlottesville, VA


Dr. Travis Hayden

Currently, I'm a PGY-4/CA-3 Resident at UVA, and after graduating this month I will begin a Pain Medicine Fellowship at UTSW in July. This was my first experience at an ASA Legislative event, and it was eye opening to say the least!

Working as a resident in the current era of medicine, the power of advocacy could not be more important for the future for the field of anesthesiology. During my time in DC I had the opportunity to visit congressional staffers and other leaders within the ASA organization. Here I've gathered a few takeaway points from my time at the conference and will also reflect on some aspects I would like to see more focus on within residency training programs.

The problems that we face, like many medical specialties, are best explained by us because we live and breathe the role of patient care daily (literally). Our perspective is crucial to the conversations being held on the Hill, and it was rewarding to find that our opinions were valued by our representatives on a number of issues. They were genuinely appreciative and receptive to the perspective we can provide as physicians who have faced incredible amounts of adversity, especially having worked through the pandemic in arguably the most critical roles.

During my time meeting with congressional staffers, I focused on discussing the importance of maintaining a strong workforce going forward. This included promotion of bills that support expansion of residency slots and student debt relief opportunities, such as withholding interest during training, to encourage more providers to enter our field.

Other discussions included the ongoing support for maintaining the integrity of the Anesthesia Care Team model, led by highly trained physicians (AKA anesthesiologists), to protect the safe and well proven care for Veteran's and others going forward.

Seeing these problems being discussed in a collaborative manner with leaders from all states was a rewarding experience, and it solidified the mantra that we are stronger and more impactful when we can work together.

As physicians in a high-risk and rapidly paced field, we are well adept at solving problems efficiently. In addition, we prove daily that we are dedicated to serving our communities and have the best interests of our patients in mind.

If we can harness that dedication, even on a small scale, and collaborate on crucial issues that threaten both patient safety and level of care, we can make dramatic and lasting improvements. Organized medicine provides a dynamic avenue to make strides in legislative change, an area that unfortunately often lacks the physician perspective leading us vulnerable to misguided decision making from the top.

Given my point in training, as a soon-to-be graduate and budding Pain Fellow, I have a fresh perspective on what I would like to see for training programs of the future. Plainly put, we should promote the importance of organized medicine and being involved even as residents. As our field evolves, we need to be receptive of when and how to advocate in a way to improve, rather than limit, our role in patient care.

Involvement in these roles strengthens the overall message and allows residents a unique opportunity to collaborate with regional and national level physicians in the specialty. This is critical to experience during training, where you might not have recognized the unique issues that exist outside of academic medicine.

Gaining the savvy of how our lawmakers make their decisions is worthwhile, and I think the understanding of this and involvement in this process should be integrated into the training of residency. If we aren't able to advocate for ourselves, we forfeit the opportunity to have an active role in the future of our specialty and in the care that our patients will ultimately receive.

Attending the ASA Legislative Conference and experiencing impactful presentations from leaders within the ASA has reinforced my commitment to advocacy and the future of residency programs. By actively participating in the legislative process and working collectively, we can shape healthcare policies that prioritize patient safety and empower future anesthesiologists to provide the highest quality of care.

Together, we can advocate for meaningful changes that enhance patient outcomes and advance our profession.

Your Opinion Matters

If you have an opinion 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
brooke@vsahq.org.

vsa virginia society of anesthesiologists UPDATE

2023 ASA Legislative Conference Recap

By Martha Kelley MS, CMPE
Administrator, Virginia Anesthesia
CEO, Innovation Management Services

Martha Kelley MS, CMPE

I recently attended my seventh ASA Legislative Conference in Washington, DC. There were over five hundred attendees, one of the largest to date. The attendees included anesthesiologists, residents, CAA's, and a few anesthesia administrators. It is always very exciting and educational; listening to lawmakers, different accomplishments from various state societies, and learning how to share anesthesia issues with Congressional representatives and Senators.

I was able to attend three meetings with two congressional and one senate health aide. Our main focus was SafeVA, keeping the Care Team Model in VA's across the country. This is a battle we won in 2017, but again we are educating lawmakers on the importance of having an anesthesiologist supervising care for our most vulnerable and sickest patients; our veterans.

We also advocated for an annual inflation adjustment to Medicare payments for physicians. We discussed the 33%, now approximately 24%, rule discrepancy of anesthesia Medicare payments to commercial payments and how it affects the ability to sustain appropriate patient care levels in obtaining the human resources necessary to deliver the care recruitment.

Another area of discussion was the ASA support of federal initiatives to build and maintain the workforce of anesthesiologists, to include improving OR efficiencies, expanding GME funding to expand anesthesiology resident slots, and increasing the CAA workforce.

I encourage everyone to get involved by building relationships with your state and federal lawmakers through visits to district offices, networking events, and getting involved with ASA Grassroots endeavors. It takes the entire community to advocate for these extremely important issues.

Photos from the Legislative Conference

Nicole Cabell, CAA; Ron Bank, MD, FASA; Brooke Trainer, MD, FASA; Mathew Ciurash

Marie Sankaran Raval, MD; Ron Bank, MD, FASA; Congressman Bob Good; Zach Elton, MD; Jeff Green, MD, MSHA, FASA

Zach Elton, MD; Travis Hayden, MD; Ron Bank, MD, FASA; Brooke Trainer, MD, FASA; Jeff Green, MD, MSHA, FASA; Martha Kelley, MS, CMPE; Mathew Ciurash

Anesthesia Consultants of Virginia Simulation Workshop

By Joshua Sison, OMS-I
ACOS-MSS Anesthesia Chair
Edward Via College of Osteopathic Medicine-Virginia

Joshua Sison

For the second year following the pandemic, the Anesthesia Consultants of Virginia opened their anesthesiology workshop for medical students at Carilion's Simulation Center.

Once again medical students from Virginia Tech Carilion School of Medicine (VTCSOM), Edward Via College of Osteopathic Medicine (VCOM), and Liberty College of Osteopathic Medicine (LUCOM) came together to learn from practicing attendings and get a chance to practice procedures that an anesthesiologists may use in their daily routine.

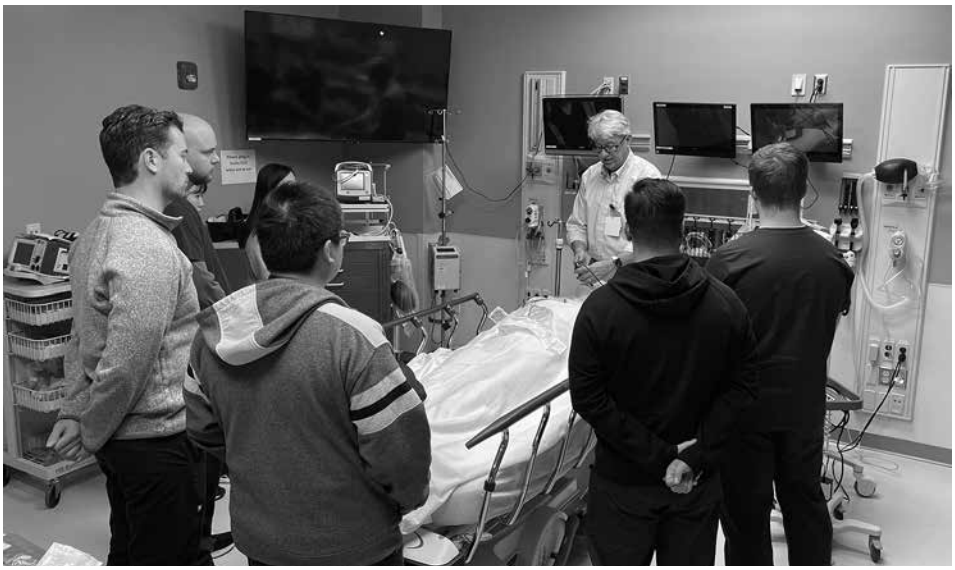
The day began with opening speeches by Dr. Christie Sherman and Dr. Maxine Lee of ACV on the importance of the field of anesthesiology and the results of the most recent residency match.

They led a further discussion on the importance of physician-led anesthesia and the importance of being involved in communication with local and state representatives. Dr. Mike Fowler of the University of Florida joined the workshop via zoom and explained what anesthesiology residency programs are looking for in a competitive applicant.

Following the presentations, multiple groups were organized that allowed students to work with different students from the three schools present. The groups rotated through stations that consisted of central venous access, spinal and epidural blocks, ultrasound-guided brachial plexus blocks, direct laryngoscopy and multiple modalities of indirect laryngoscopy, fiber optic bronchoscopy and emergency cricothyroidotomy.

Students were guided by the faculty of ACV on procedures and further refined skills by being able to work with others of differing experience. The workshop provided students more practice for rotations and more insight on clinical practice.

Students from VCOM



Dr. Neil Macdonald showing different forms of direct and indirect laryngoscopy

Grace Carroll an OMS-I at VCOM-VA said "The anesthesia workshop provided a unique opportunity to observe and practice common techniques that are relevant to the field. The intimate setting of each station allowed us to truly understand why and how each procedure is performed. I really enjoyed being able to ask questions and learn about each physician's preferences and personal experiences. Most medical students don't get the opportunity to practice anesthesia techniques before rotations and residency, so I appreciate every anesthesiologist that took the time to organize and execute this event."

Carilion Clinic's simulation center again proved to be the perfect environment for collaborative learning for the students coming

Continued on page 14

Simulation Workshop, *from page 13*

from SWVA's three medical schools. The simulation center provided state of the art equipment and simulation tools combined with experienced skill from ACV's staff.

"This workshop seems unique in bringing together students from three different medical schools who all have an interest in anesthesiology," said Melissa Leaf, the Anesthesia Student Interest Group President at VTCSOM.

"Having a program director talk to us about what he looks for in residency applicants was invaluable, he covered everything from letters of recommendation to personal statements and research projects. I really enjoyed the ultrasound guided nerve blocks and bronchoscopy stations, getting an early introduction to challenging techniques like these will help us shine during away rotations.

"Everyone really appreciated the time and effort the anesthesiologists put into this event, volunteering their Saturday to share their love of this fascinating profession."

Once every group had rotated through all the stations, the day concluded with students enjoying lunch and being able to sit down and speak with the ACV faculty members about residency, techniques, and their careers.

The students from VTCSOM, VCOM, and LUCOM want to thank Dr. James Crawford, Dr. Maxine Lee, Dr. Ali Kazemi, Dr. Neil Macdonald, Dr. Rob Shafer, and Dr. Christie Sherman who once again organized the workshop.

Dr. Maxine Lee describing intubation using flexible bronchoscope

Dr. James Crawford explaining how to perform spinal and epidural blocks

MSV Update

By Denise Kranich
Senior Director of Development
Richmond, VA

The Medical Society of Virginia Foundation administers many programs to help physicians, PAs, medical students, and residents across Virginia. Some of these programs include SafeHaven™, the Virginia Mental Health Access Program, and the Physician Leadership Institute.

SafeHaven™ is a clinician well-being program that ensures healthcare workers can seek support for burnout, career fatigue, and mental health reasons without the fear of undue repercussions to their medical license.

The Virginia Mental Health Access Program (VMAP), is a statewide initiative that helps healthcare providers take better care of children and adolescents with mental health conditions through provider education and increasing access to child psychiatrists, psychologists, social workers, and care navigators.

The Physician Leadership Institute, (PLI) trains physicians to be transformative, innovative leaders in their workplace, and SYNC is a team-based learning experience that teaches collaboration and leadership through hands-on problem solving.

Each of these programs are vital to supporting physicians, residents, PAs, and medical students, and in turn patients and communities.

To find out more about these programs, please visit https://www.msv.org/foundation/.

Life Beyond Anesthesiology

By Jaikumar Rangappa MD, LTC
Retired Anesthesiologist
Hampton, VA


Dr. Jaikumar Rangappa

Working long and hard for many decades
As an anesthesiologist, age & time fades
Is it not the right time to retire to a new life
With enough savings one can live with no strife.

Years back surgery was exciting with OR crew
With time practice changed with the Covid flu
Saw home as an empty nest as the children flew
To greener pastures with a different view.

The anesthesiologist world had passed
Recalled the patients with Ether gassed
And relieved many in pain and suffering
Before & after surgery with good nursing.

Life appears to be a very big smorgasbord
All can enjoy a wide world & not get bored
The Retired life is the greatest opportunity
To share life stories with all friends and family.

Better to downsize to a simpler life getting old
Help & guide the young to a future they hold
Who are destined with smart ideas to mold
A future world of Robotic anesthesia all told.

A senior citizen world of group exercise and play
Will keep all the retirees healthy in a joyful way
After 50 years of anesthesia practice retired one day
As my mother celebrated 100 years and passed away.

Travelled with friends to Africa, Europe, and Asia
Follow the nonviolent peaceful path of great Buddha
Relieved my aging arthritis with daily Indian Yoga
With five grandkids with sports & music go Gaga.

Care for aging body with a daily walk
Daily Meditate in silence with less talk
Enjoy the beauty all around of Divine
In harmony & peace with or no wine!

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VSA POCUS WORKSHOP

September 16-17, 2023 | Hotel Roanoke & Conference Center

Learn the hands-on techniques needed to allow you to acquire and interpret bedside POCUS in your practice!

- Focused Cardiac Ultrasound
- Lung and Airway Ultrasound
- Gastric Ultrasound
- Focused Abdominal Ultrasound
- Rotating small group instruction will maximize your' hands-on opportunities

On completion, this workshop will also enable the participant to meet the requirements of Part 2 (educational) and some Part 4 (case log) requirements for the ASA's Diagnostic POCUS Certificate Program as well!

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American Society of Anesthesiologists

View the program and register for the meeting from the Mobile Meeting Guide!