

# ASA: Working for You

Linda J. Mason, M.D., FASA | July 28, 2019



American Society of  
**Anesthesiologists™**

[asahq.org](https://www.asahq.org)

# Disclosures & Objectives

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- Nothing to disclose
- Objectives: Participants will learn
  - How ASA is working with members nationally and in the states to address current and emerging opportunities
  - Key trends and challenges facing the specialty in the market, legislature and regulatory, nationally and in the states

# Special “Thank You” to...

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Duluth, GA

# Today's Discussion

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- ASA: Who We Are
- Membership Update
- ASAPAC Update
- Key ASA Initiatives & Programs
- Q & A

# We are ASA: Leaders in Patient Safety

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- **Mission:** Advancing the practice and securing the future
- **Vision:** A world leader improving health through innovation in quality and safety
- **Values:** Patient safety, physician-led care and scientific discovery

## Strategic Pillars

1. Advocacy
2. Quality & Practice Advancement
3. Educational Resources
4. Member Growth & Experience
5. Health Systems Leadership
6. Organizational Excellence
  - a) Internal Operations
  - b) Growth & Business Development

# We are ASA: Supporting You and the Specialty

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Grassroots Network   Standards, Guidelines & Practice Parameters   Live CME Programs

Perioperative Surgical Home   Monday Morning Outreach   Leadership Programs

Networking   Legislative Conference   Public & Professional Awareness

ASAHQ.org   ANESTHESIOLOGY® 2019   Clinical Practice Resources

Online CME Programs   Component Society Support   ASAPAC   ASA Monitor®

State Advocacy   Practice Management Resources   AQI/Registries

Federal Advocacy   Anesthesia SimSTAT   Anesthesiology Today   Anesthesiology® journal

ASA Mobile Apps   Quality Fellow Program   ASAP e-newsletter   Simulation Education Network

ABA Certification Courses   Member Directory   Quality Improvement Resources

# We are ASA: The Core of What We Do

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Advocacy &  
Awareness



Scientific &  
Clinical  
Information



Professional  
& Career  
Resources

# Membership Update

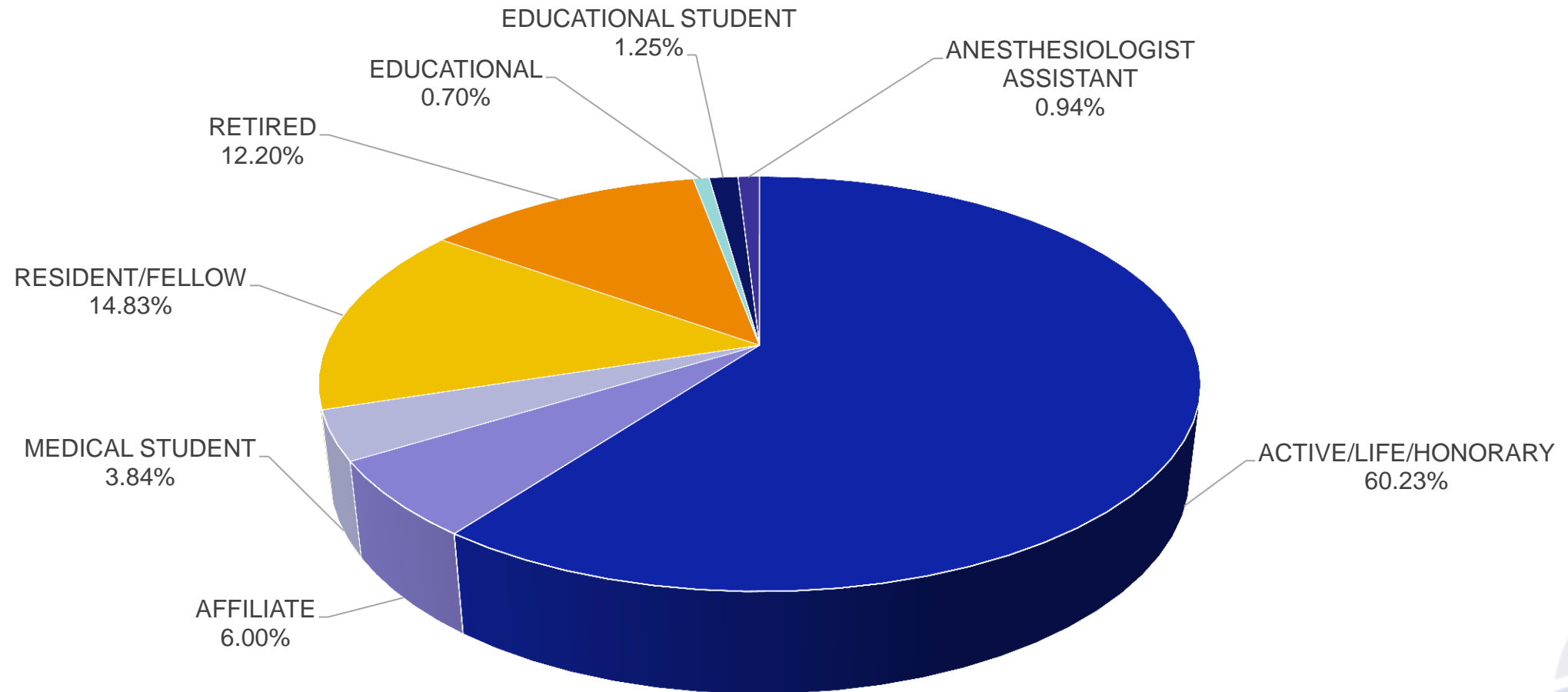


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# ASA Member Distribution



# Areas of Focus for 2019

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## **Continue expanding Anesthesia Practice Administrators & Executive Educational membership**

- Membership grew 130% in 2018 through direct outreach to practice administrators. Most pay no dues as this is a benefit of a group with 90% or more physicians holding Active membership.

## **Continue expanding Anesthesiologist Assistant membership**

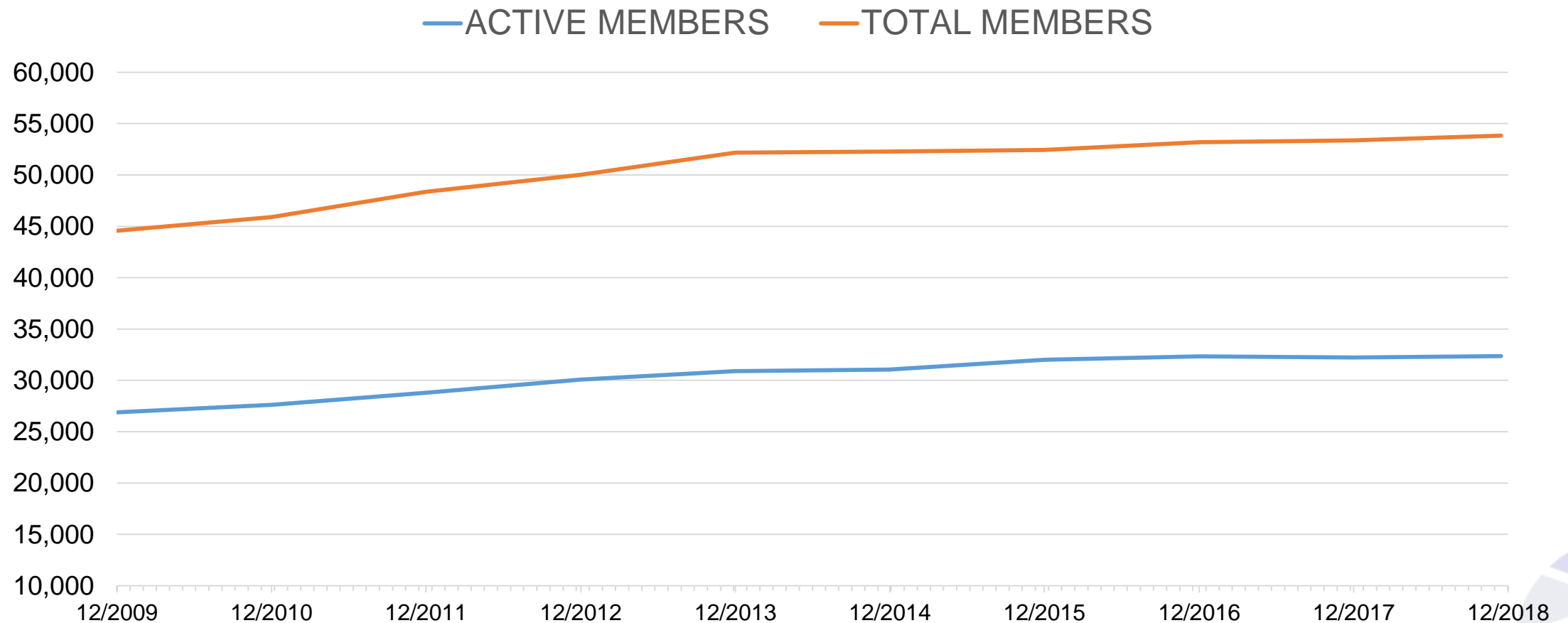
- Membership grew by 9% in 2018 through direct outreach to AAAA members.

## **Continue growth of the FASA program**

- Over 800 Fellows to date



# 10-year ASA Member Counts



# ASAPAC Update



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# Why Contribute? Our Dollars Make a Real Difference

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- Patient safety and quality of care
- Assure physician-led team-based care
- Advocating for scientific discovery, the cornerstone of what we are
- Assuring adequate support and advocacy for education and training the next generation of anesthesiologists
- **The power of unity and combined resources!**

# 2018 Residency Programs at 100%

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- Baylor Scott & White
- Beaumont Health
- Cleveland Clinic Florida
- Emory University
- Geisinger Health System
- Georgetown University
- Indiana University
- Kansas University – Kansas City
- Kansas University – Wichita
- Louisiana University – Shreveport
- Maine Medical Center
- Mayo Clinic Arizona
- Mayo Clinic Florida
- Mayo Clinic Minnesota
- Michigan State University
- Mount Sinai – Miami Beach
- Mount Sinai – New York
- Ochsner Medical Center
- Tulane University
- University of Alabama
- University of Arkansas
- University of Chicago
- University of Colorado
- University of Connecticut
- University of Florida-Jacksonville
- University of Miami
- University of Nebraska
- University of Oklahoma
- University of Pittsburgh Medical Center
- University of Tennessee-Knoxville
- Virginia Commonwealth University
- Virginia Mason
- West Virginia University

# ASA is #1 again for 2018

Organization	Dollar Amount	
American Society of Anesthesiologists PAC	\$2,125,989	
American Dental Association PAC	\$1,307,341	
American Academy of Orthopedic Surgeons PAC	\$1,295,104	
American College of Radiology PAC	\$1,246,956	
American College of Emergency Physicians PAC	\$1,051,425	
American Academy of Dermatologists PAC	\$687,797	
American Academy of Ophthalmology PAC	\$531,237	
American College of Surgeons PAC	\$476,149	
American College of Cardiology PAC	\$369,969	
American Osteopathic Association PAC	\$351,366	
		<b>American Medical Association PAC \$980,964</b>

# ASAPAC FY 2019 Summary (as of June 27, 2019)

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- **7,359** donors
- **\$2,345,369.69** raised (*as of June 27, 2019*)
- **18.3%** participation



# 2019 ASA Committees with 100% Participation

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- Committee on Practice Management
- Committee on Communications
- Committee on Bylaws
- Committee on the Budget
- Committee on the Distinguished Service Award (Grant)
- Committee on Finance
- Committee on Professional Affairs
- Committee on the Delegation to the AMA
- Section on Board Administrative Affairs
- Section on Fiscal Affairs
- Special Board Committee on Expert Witness Testimony Review
- Committee on Governmental Affairs
- Educational Track for Professional Issues Committee
- Committee on Quality Management & Departmental Administration
- Committee on Scientific Affairs
- Committee on Economics
- Committee on Rural Access to Anesthesia Care

# 2019 Day of Contributing

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- June 20, 2019
- Most successful DoC in ASAPAC history
- Raised **\$907,266** from **3,457** donors!

# Advocacy & Awareness



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# Advocacy Update - 2018 Accomplishments

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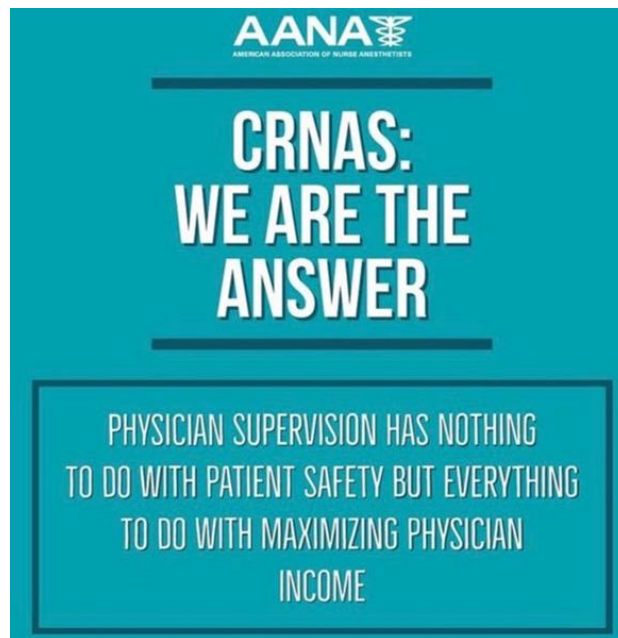
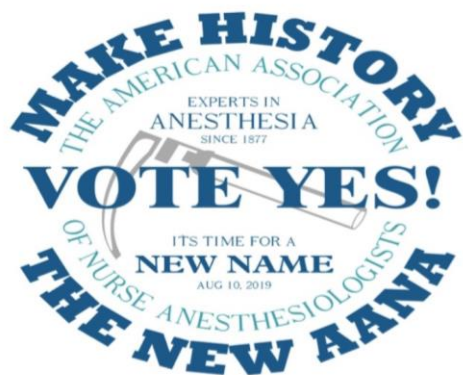
- **Preserving Physician-delivered and Physician-Led Anesthesia Care**
  - No adverse state laws (New York win)/No opt-outs
  - VA APRN Rule
- **Leading Voice in Addressing the Opioid Crisis**
  - Provisions in H.R. 6, the SUPPORT for Patients and Communities Act
  - Recommendations included in the HHS Interagency Task Force on Pain Management Best Practices
  - Premier Inc./ASA joint pilot
  - National RX Drug Abuse and Heroin Summit
- **A Leader in Drug Shortage Solutions**
  - Drug Shortage Summit/Recommendations
  - HHS Task Force on Drug Shortages
  - Member survey
  - First medical specialty on-line drug shortage registry



# AANA Messaging



Florida Association of Nurse Anesthetists (FANA)



222 South Prospect Avenue  
Park Ridge, Illinois 60068-4001  
847.692.7050  
AANA.com

Safe and effective  
anesthesia



for every patient.

## CRNAs: We are the Answer

As advanced practice nurses, Certified Registered Nurse Anesthetists (also recognized by the titles CRNA, nurse anesthetist, Certified Registered Nurse Anesthesiologist, and nurse anesthesiologist) are proud to be part of America's most trusted profession. Patients who require anesthesia for surgery, labor and delivery, emergency care, or pain management know they can count on a CRNA to stay with them throughout their procedure, advocate on their behalf, and provide high-quality, patient-centered care. Likewise, healthcare facilities depend on CRNAs to serve the most patients for the least cost; deliver quality care to rural and other medically underserved areas; and positively impact the nation's growing healthcare cost crisis. CRNAs are the answer to achieving a safer healthcare environment and more cost-efficient healthcare economy.

This document was prepared by the American Association of Nurse Anesthetists (AANA) on behalf of its 53,000 members and the patients they serve to define the increasing role and value of CRNAs and provide an accurate description of anesthesia practice in today's U.S. healthcare system.

### Looking Back

Nurse anesthetists have been the backbone of anesthesia delivery in the United States since the American Civil War. The first U.S. healthcare providers to specialize in anesthesiology, these pioneering nurses introduced a grateful public to a world of previously unimagined healthcare possibilities. Since the late 1800s, anesthesiology has been recognized as the practice of nursing; it wasn't until nearly 50 years later that physicians entered the field and anesthesiology also gained recognition as the practice of medicine. Over the years, despite numerous legal challenges by organized medicine, the courts have consistently upheld the doctrine of anesthesiology as nursing practice. For a timeline of nurse anesthesia history, see <https://www.aana.com/history>.

### Provider Types

CRNAs and physician anesthesiologists are the predominant anesthesia professionals in the United States. Another anesthesia provider type is anesthesiologist assistants (AAs). These healthcare workers serve as assistants to physician anesthesiologists, and by law can only practice under the direct supervision of a physician anesthesiologist.

Anesthesia services are provided the same way by nurses and physicians; in other words, when anesthesia is provided by a CRNA or by a physician anesthesiologist, it is impossible to tell the difference between them. Both CRNAs and physician anesthesiologists provide anesthesia for the same types of surgical and other procedures, in the same types of facilities, for patients young to old; one provider type is not required over the other in any given situation. In fact, most of the hands-on anesthesia patient care in the United States is delivered by CRNAs. Yet, while CRNAs are not required by federal or state law to work with physician anesthesiologists (except in New Jersey, which requires CRNAs to enter into a joint protocol with a physician anesthesiologist), in many healthcare settings CRNAs and physician anesthesiologists work together to provide quality patient care. Landmark research, however, has confirmed that anesthesia is equally safe regardless of whether it is provided by a CRNA working solo, a physician anesthesiologist

# ASA Response

- “Some have asked us to “respond” directly to the AANA. However, I contend that responding to this blatantly unprofessional document is not the answer.”
- “...unlike the authors of the AANA statement,...I have no ill will toward our colleagues.”
- “We will remain focused on where it really matters – the federal and state legislative and regulatory bodies and with the public.”
- “...we and the patients we serve are winning!”



A MESSAGE FROM  
the President  
LINDA J. MASON, M.D., FASA

**ASA President Responds to AANA Statement ‘CRNAs: We are the Answer’**

Many of you read my May 27 Monday Morning Outreach response to the American Association of Nurse Anesthetists’ (AANA’s) newest anti-anesthesiologist, anti-team-based-anesthesia campaign, “[CRNAs: We are the Answer.](#)” It is our fear that this campaign has the potential to undermine productive working relationships and ultimately harm patient safety. We will not let this happen. I am grateful for all your feedback so far.

I want to provide you with some additional information about ASA’s view of this malicious and irresponsible statement. It is my intention that ASA remain focused on where we have been succeeding most in protecting our patients – in the federal and state regulatory and legislative arenas and with our patients themselves.

June 3, 2019

# ASA Successes

- 2019: Pro-active New York State Legislation
- 2019 to date: 8-0 in states
- 2018: New York State Win
- 2017: VA APRN Final Rule
- 2012 to date: No opt-outs

Arkansas Democrat  Gazette

Nurse anesthetist bill fails House vote



SANTA FE   
NEW MEXICAN

LETTERS TO THE EDITOR

Removing physician involvement from anesthesia wrong



# Risks Remain in the States

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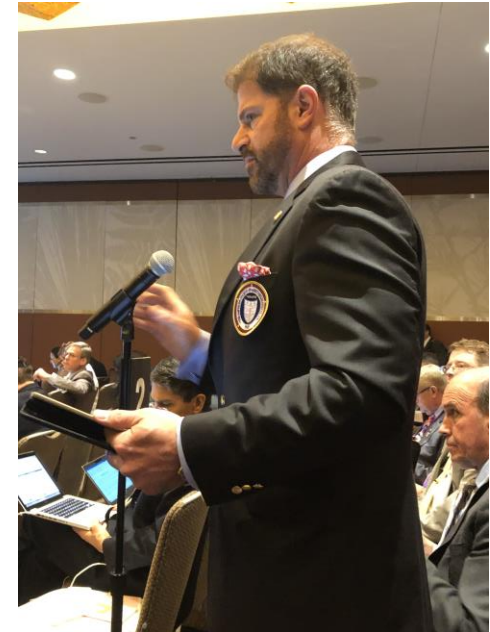




# ASA Advocacy - 2019 Agenda

**“Nurse  
Anesthesiologist”**

- **ASA strongly opposes the use of the term “nurse anesthesiologist.”**
  - Inappropriate, misleading and confusing to patients
- **Working with states facing this issue**
- **Using truth and advertising laws e.g. Texas and TXANA**
- **NHSA to the NH Nursing Board -**
  - “...request the New Hampshire Board of Nursing rescind this policy immediately.”
- **ASA secured enhanced AMA policy in opposition to misleading titles and descriptors.**



Mike Simon, M.D., member of ASA’s delegation to the AMA House of Delegates, gives testimony on the misleading “nurse anesthesiologist” initiative

# POLITICO

## HEALTH CARE

### Congress takes on unexpected medical bills, sparking industry turf war

By RACHEL ROUBEIN and ADAM CANCRYN | 01/29/2019 06:34 PM EST

“A bipartisan fix for surprise medical bills...could be one of the few issues uniting Democrats and Republicans this year...”

“Several groups argue that Medicare reimbursements are insufficient. And they contend insurers would have less incentives to negotiate fair rates and create adequate networks. Groups like the **American Society of Anesthesiologists** and the multispecialty alliance Physicians for Fair Coverage, said they support using an independent database, call Fair Health, as a benchmarking standard.”

# ASA Advocacy - 2019 Agenda

## Out of Network Payment

- **“Benchmarking”** – Payment for out-of-network services set in law to be paid at “mean in-network allowed rates” (as set by insurance companies) or Medicare rates.
- **“In-Network Guarantee”** – Hospital-based physicians required to be in the same network as the hospital. Ex. The anesthesia group is in 5 of the 6 insurance networks served by the hospital. Without the 6<sup>th</sup> insurance company, the group can no longer work at the hospital.
- **“Single Payment” or “Bundle”** – Physicians no longer negotiate with insurers or bill insurers. Only the hospital can negotiate and bill the insurer. The physicians must make payment arrangement with the hospital.
- **Poorly designed “arbitration” models** – An arbitration mechanism is created to address physician and insurance company payment disputes. However, the mechanism is designed to benefit insurers and give them more leverage in the arbitration process.



### “Protecting People from Surprise Medical Bills Act”

## ASA-Endorsed

1. protects patients from out-of-pocket costs beyond what they would pay if the services were in-network;
2. requires insurers to initially pay the out-of-network provider a “commercially reasonable rate;” and
3. creates a fair, independent dispute resolution process to resolve payment disputes between insurers and physicians. The proposal provides that the arbiter shall take into consideration the 80 percentile of charges from an independent database in resolving the dispute.
4. **No Medicare payment benchmark**

# ASA Advocacy - 2019 Agenda

**Medicare  
for All**

- Medicare/Medicaid–Based Reforms
  - Public Option
  - Medicare for All
  - Medicare Buy-In
  - Medicaid Buy-In
  - Care Delivery Models



***Caution: Federal AND State Issue***



**Rep. Pramila Jayapal (D-WA-7)  
Chair, Progressive Caucus  
Chair, Medicare for All Caucus  
Founder, Medicare for All PAC**

# ASA Advocacy - 2019 Agenda

*Economic  
Strategic Planning  
Initiative*

- **ASA Economic Strategic Planning Initiative**
  - All economic issues impacting the sustainability of private and academic practices
    - Medicare Payments
      - ❖ MACRA – MIPS and APMs
      - ❖ Conversion Factor Issues
      - ❖ Medicare Advantage
    - Care Delivery Models
    - Medicare for All Implications



# ASA Advocacy - 2019 Agenda

- ASA urges support for the NIH and NIA in their work on this important public health issue.
- The stress of surgery and effects of anesthesia place ***older patients at risk for delirium and post-operative cognitive disorders.***
- These complications results in billions of dollars in additional health care costs.
- The National Institutes of Health (NIH), including the National Institute of Aging (NIA), are supporting efforts to address cognitive or brain function issues that may arise in older patients as a result of the surgical experience.



**Lee Fleisher, M.D., Chair,  
ASA Brain Health Initiative**

# ASA Advocacy - 2019 Agenda

## Resident Physician Debt Relief

- **ASA has endorsed the H.R. 1554, the “Resident Education Deferred Interest Act” (REDI Act). The bill would allow borrowers to qualify for interest-free deferment on their loans while serving in a medical internship or residency program.**
- The cost of graduate-level medical education is substantial for physicians in training. Medical student debt can exceed \$250,000.
- Physicians in residency can qualify to have their payments halted during residency through deferment or forbearance processes.
- The loans continue to accrue interest that accumulates to the overall loan balance.
- Providing debt relief allows physicians to more readily open practices in underserved areas or to enter faculty or research position.
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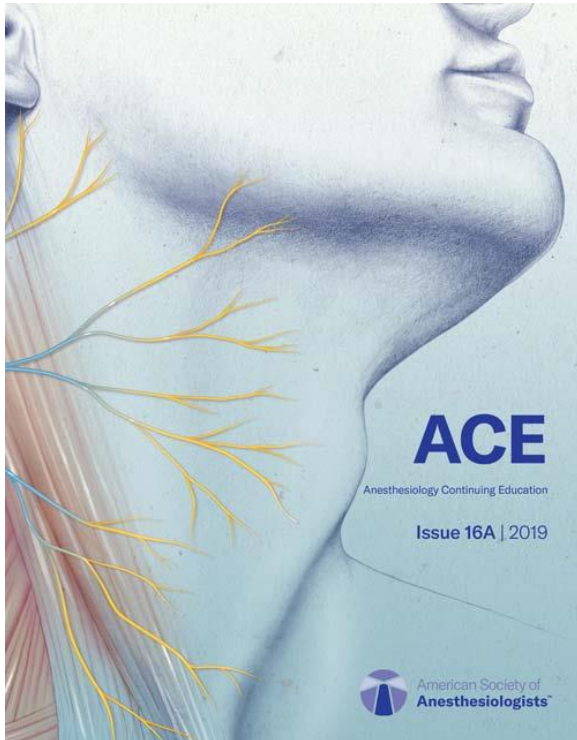
# Education Resources



American Society of  
**Anesthesiologists™**

[asahq.org](https://www.asahq.org)

# Be at the top of your game with ASA Education



## ACE

*Test your knowledge of anesthesia fundamentals*

- Clinical focus with many real-life scenarios
- Refreshes your memory on essential topics while keeping you updated on changing guidelines
- Choice of format: available in print or for mobile device/Web
- 60 *AMA PRA Category 1 Credits*<sup>™</sup> per annual subscription (30 per issue)
- High-quality images
- Can be completed on-the-go and at your own pace
- References listed for further learning, with links to full-text *Anesthesiology*<sup>®</sup> articles

# Be at the top of your game with ASA Education



## SEE

*Translating emerging anesthesia knowledge for your daily practice*

- Content aggregated from approximately 30 international medical journals to streamline your learning
- Summaries of studies that can impact and improve your current practice
- 60 *AMA PRA Category 1 Credits*<sup>™</sup> per annual subscription (30 per issue)
- Choice of format: available in print or for mobile device/Web
- Can be completed on-the-go and at your own pace
- References listed for further learning, with links to full-text *Anesthesiology*<sup>®</sup> articles

# ASA Simulation Products

Anesthesia **SimSTAT**

TRAUMA | ROBOTIC SURGERY | PACU | L&D | APPENDECTOMY

## Anesthesia SimSTAT

- Virtual patients with unique, realistic diseases and based on physiologic models that respond appropriately to clinical interactions.
- A full complement of interactive anesthesia-related equipment, and monitors with live physiologic data and waveform tracings.
- Complete tracking of learners' actions, providing formative performance feedback, and identifying strengths, weaknesses and areas of improvement.

# ASA Simulation Products

## Five Anesthesia SimSTAT courses

- Trauma, Appendectomy, Robotic Surgery, PACU, and L&D.
  - PACU – *Coming June\* 2019*
  - L&D – *Coming July\* 2019*
- Each course awards 5 MOCA 2.0<sup>®</sup> Part IV points and 5 AMA PRA Category 1 Credits<sup>™</sup> (ABA approved as Patient-Safety CME)
- ABA diplomates can complete all five courses to earn five years' worth of MOCA 2.0<sup>®</sup> Part IV credit (25 points)

# ASA Simulation Education Network

- Simulation Education Network (SEN) is a network of ASA-endorsed simulation programs held in centers across the country to deliver training to anesthesiologists.
  - 53 centers around the country, with a center in every US Census Bureau Region and Division
- Courses are designed to realistically recreate challenging clinical cases to allow participants to problem-solve in a manner that is similar to actual clinical experience.
- ABA diplomates can earn 25 MOCA 2.0<sup>®</sup> Part IV points (five years' worth) by attending a simulation for MOCA course at an ASA SEN-endorsed Simulation Center.



# Scientific & Clinical Information



American Society of  
**Anesthesiologists™**

[asahq.org](http://asahq.org)

# Anesthesiology®

- The official peer-reviewed journal of the ASA
- The premier peer-reviewed journal in the specialty
  - Impact Factor of 6.523
  - #1 in anesthesia and pain category
  - Highest Impact Factor in Journal's history
  - Impact Factor not be-all-and-end-all measure of success, but as Editor-in-Chief Dr. Evan Kharasch says, “if you are going to be ranked, it is nice to be #1.”
- The #1 most-used ASA member benefit, with a 73% usage rate
- Original Investigations, July 2017 to June 2018
  - 2/3 clinical science; 1/3 basic science
  - 2/3 perioperative medicine; 1/3 critical care and pain medicine

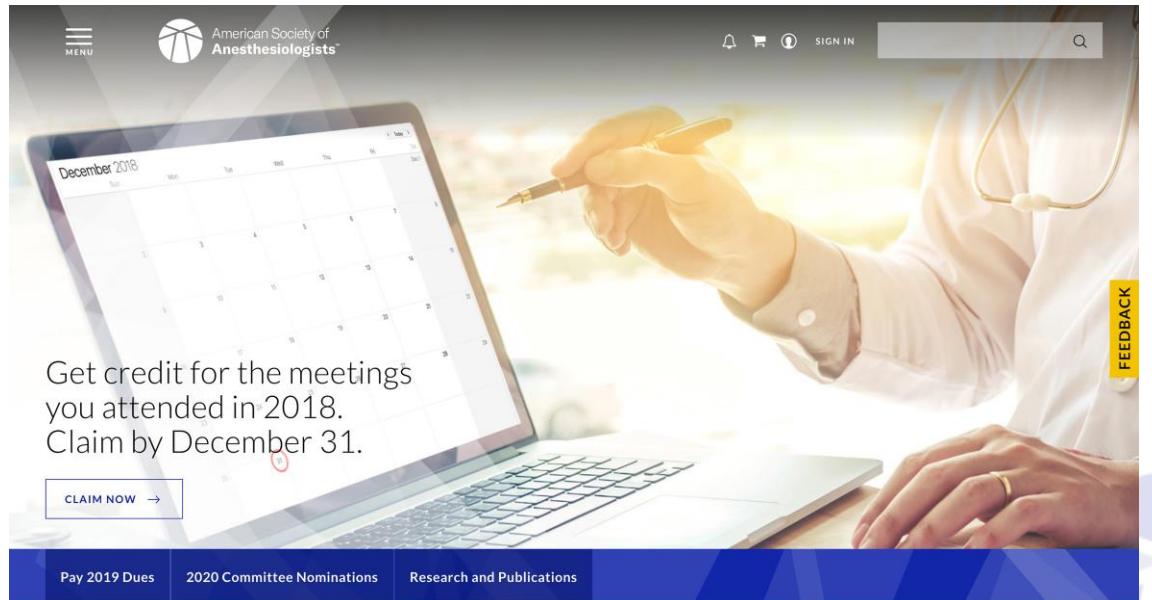


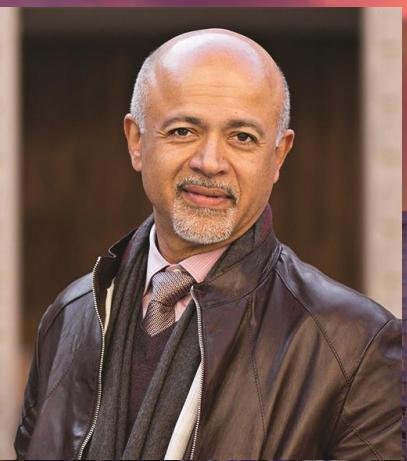


# Other Clinical Resources

## Among the top 10 most-used ASA member resources:

- ASA Monitor
- Standards, Guidelines, Statements and Practice Parameters
- Online CME courses
- Live meetings
- Coming soon: Clinical Decision Support Tools





**KEYNOTE SPEAKER**  
Abraham Verghese, M.D., MACP

# ANESTHESIOLOGY<sup>®</sup> 2019

OCTOBER 19-23 | ORANGE COUNTY CONVENTION CENTER | ORLANDO, FL

# ASA's Research Resources

## — Center for Anesthesia Workforce Studies (CAWS)

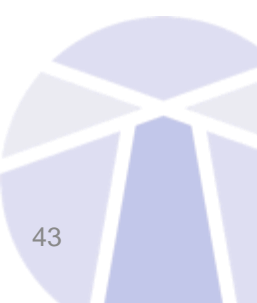
- Four national datasets to estimate supply
- Resource center: Trends in supply, compensation and education
- Anesthesia-related physician group practices
- Oversight by the AH CAWR<sup>1</sup>

## — Peer-reviewed articles

- Anesthesia opt-out policy (4)
- Physician group concentration
- Billing modifier QZ
- Perioperative Surgical Home
- Anesthesia Care Team

## — ASA 2018 ANESTHESIA ALMANAC

<sup>1</sup>ASA established the Ad Hoc Committee on Anesthesia Workforce Research (AH CAWR) in Jan 2018 to identify, prioritize and review workforce-related projects undertaken by ASA's CAWS.



# Professional & Career Resources



American Society of  
**Anesthesiologists™**

[asahq.org](http://asahq.org)

# Professional Resources

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- ASA continues to grow its roster of benefits, products and services aimed at improving your professional performance
  - Practice Management resources
  - Quality & Registry products
  - Group Practice Solutions

# Payment and Practice Management: Advocacy

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of Inspector General

42 CFR Parts 1001 and 1003

RIN 0936-AA10

**Medicare and State Health Care Programs: Fraud and Abuse; Request for Information Regarding the Anti-Kickback Statute and Beneficiary Inducements CMP**

**AGENCY:** Office of Inspector General (OIG), HHS.

**ACTION:** Request for information.

**SUMMARY:** This request for information seeks input from the public on how to address any regulatory provisions that may act as barriers to coordinated care or value-based care.

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

42 CFR Parts 405, 410, 411, 414, 415, 425, and 495

[CMS-1693-F, CMS-1693-IFC, CMS-5522-F3, and CMS-1701-F]

RIN 0938-AT31, 0938-AT13, & 0938-AT45

**Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2019; Medicare Shared Savings Program Requirements; Quality Payment Program; Medicaid Promoting Interoperability Program; Quality Payment Program—Extreme and Uncontrollable Circumstance Policy for the 2019 MIPS Payment Year; Provisions From the Medicare Shared Savings Program—Accountable Care Organizations—Pathways to Success; and Expanding the Use of Telehealth Services for the Treatment of Opioid Use Disorder Under the Substance Use-Disorder Prevention That Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act**

**AGENCY:** Centers for Medicare & Medicaid Services (CMS), HHS.

**ACTION:** Final rules and interim final rule.

**SUMMARY:** This major final rule addresses changes to the Medicare physician fee schedule (PFS) and other Medicare Part B payment policies to

# Payment and Practice Management: Tools and Resources

## PRACTICE MANAGEMENT™ 2020

JANUARY 17-19 | PARIS LAS VEGAS | LAS VEGAS, NV



**ASA Survey Results for Commercial Fees Paid for Anesthesia Services – 2018**

Thomas W. Black III, M.D., MHA, ASA Vice President for Professional Affairs  
Shawn K. Marwick, M.S., CCSFP

ASA is pleased to present the annual commercial anesthesia factor survey for 2018. Each survey we commission across membership practices across the country. We ask them to report up to five of their largest managed care (commercial) contracts (contracted anesthesia fee) and the percentage each contract represents their commercial population, along with some demographic information. Our objectives for the survey are to report on our members' average contractual amounts for the top five contracts and to present a view of regional trends in commercial contracting.

**Summary**

Based on the 2018 ASA commercial anesthesia factor survey results, the national average commercial anesthesia factor was \$76.12, ranging between \$71.26 and \$81.32 for the five contracts. The national median was \$75.81, ranging between \$69.00 and \$76.34 for the five contracts (Figure 1, Table 1). In the 2017 survey, the mean commercial factor ranged between \$72.87 and \$83.38 and the median ranged between \$67.00 and \$76.32. In contrast, the current national median commercial factor for anesthesia services is \$22,580, or about 29.3 percent of the 2018 overall mean commercial anesthesia factor.

**Figure 1: 2018 National Managed Care Contracts (\$/unit)**

Figure 1 shows the frequency in percent and distribution of contract values. The estimated normal distribution is the solid blue line. We have added a box-and-whisker plot of the same data immediately below the histogram. The left and right whiskers delineate the minimum and maximum values. The box represents the interquartile range, the left edge of the box is the 25th percentile, the vertical line in the box is the median, and the right edge of the box is the 75th percentile. The solid diamond in the box is the mean.

**Thomas W. Black III, M.D., MHA, FRCR**  
ASA Vice President for Professional Affairs and CEO of the Steelhead Group, PC

**Shawn K. Marwick, M.S., CCSFP**  
ASA, Director of Payment and Practice Management

72 www.asanet.org



**Timely Topics**  
Payment and Practice Management

# Career Resources

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- Additionally, ASA is ramping up its portfolio of benefits, products and services to help you reach your career goals
  - New non-clinical “soft skills” training modules for resident programs and others
  - ASA-ACHE Physician Leadership Development Collaborative
    - Partnership with ACHE
    - ASA courses count toward FACHE if member is also in ACHE
  - Advanced cohort added to our Executive Physician Leadership Program with Northwestern University’s Kellogg School of Management
    - 4-day program for physician leaders who have completed the introductory program or who are already in senior executive positions
    - Launches in 2019
  - ASA adding wellness resources to ASAHQ.org
  - New Career Center on ASAHQ.org

**Anesthesiology**  
Career Center



# Q & A

Thank you!!



American Society of  
**Anesthesiologists™**

[asahq.org](http://asahq.org)