CSSA – Component Society News

CT State Soc of Anesthesiologists

Winter/Spring 2022

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Letter from the CSSA President

Sivasenthil Arumugam, MD, FASA

Dear CSSA Members,

It is a pleasure to reach out and update you all about various activities of our society and issues facing our specialty, through this newsletter.

Most professional societies have resumed in person meetings and conferences and with appropriate precautions and following the state regulations, we should be able to meet and network in person soon. It is my sincere hope to be able to have in person meetings and educational activities soon. We will continue to keep you informed as we make progress on that front.
We celebrated the Physician Anesthesiologists week from Jan 30 to Feb 5, 2022, with a proclamation from our state Governor's office. The society along with our lobbyists have been busy at the Capitol continuing to engage and explore ways to protect and advance our practice along with patient care & safety. I encourage everyone to contribute your time and effort in supporting these efforts and get involved with the activities of our society.

Our specialty not only has been at the frontline during the pandemic but also faced clinical, administrative, regulatory, and economic challenges. Some of the prominent issues including Medicare payment rate reforms, Surprise medical bills and Safe VA care continue to be issues that needs addressing. We should also be cognizant of high rate of burn-out and focus more on physician wellness to continue to provide the excellent care.
As we are trying to get back to some of the pre-pandemic activities, let us continue to keep our patients safe, be safe and kind to each other.

Letter from the CSSA Editor

Adam Sachs, MD

The future of anesthesia has always been unclear, but since the COVID pandemic started, that future is especially uncertain. Over time, Anesthesiology has seen decreasing profitability, increasing scope of practice issues, declining work staff, technological advances threatening provider relevance, and more hazardous working conditions. In 1986, Eleanor Roosevelt said "tomorrow belongs to those who prepare for it today." With all these potential changes facing our specialty it is imperative future planning occur to effectively safeguard the future of Anesthesiology.

While COVID has resulted in many notable changes, none are more evident than the declining medical work force due to hazardous working conditions, longer hours, burnout, and various other reasons. Since February 2020, nearly 1 in 5 healthcare workers, or 18 percent, have quit their jobs (morning consult poll) and by 2034 there is projected to be a shortage of anywhere between 38,000 to 124,000 physicians (AAMC). While anesthesia providers are not solely responsible for these statistics, employment data clearly indicates the anesthesia workforce is declining.

This all comes amidst a closure of anesthesia training programs nationally, but especially in Connecticut. Currently, there are 2 residency programs (UCONN School of Medicine Anesthesiology Residency and Yale School of Medicine Anesthesiology Residency) and 3 SRNA training programs (Fairfield University and Bridgeport Hospital Nurse Anesthesia Program, Nurse Anesthesia Program of Hartford, and Yale New Haven Hospital School of Nurse Anesthesia). The Quinnipiac University nurse anesthesia program is no longer accepting applicants, and while a master's level Anesthesia Assistant program previously existed, it was met with fierce criticism, especially from CRNAs, and has since

closed. The Anesthesia Assistant program was unable to secure an adequate number of clinical training sites in Connecticut because hospitals and anesthesia groups were unwilling to accept their students.

Unfortunately, anesthesiology has consistently seen decreasing profitability nationwide as reimbursement has not increased proportionately with inflation. According to Richard Menger MD, physician pay from Medicare has increased 11 percent while running a medical practice increased 39 percent over the last 20 years. When inflation is factored in, this equates to a 22% pay cut. On top of this, a further 9.75% Medicare reimbursement cut, (comprised of the expiration of the 2021 3.75% "fix," expiration of a temporary moratorium on the annual 2% Medicare sequester cut, and a 4% cut secondary to the "pay as you go" provisions of the $1.9 trillion American Rescue Plan Act), was expected to go into effect in January of 2022. Luckily, a temporary halt occurred benefiting all anesthesia practices, but particularly private anesthesia groups, who have a decreased ability to absorb significant rate cuts as compared to large hospital systems. In Connecticut, I would like to say that the financial reimbursement for anesthesia services is more beneficial. By contrast, Connecticut's population shift has consistently seen a growing proportion of Medicaid and Medicare patients which do not reimburse for anesthesia services as well as private insurance carriers and is prone to government cuts as outlined above.

The scope of practice issues between anesthesiologists and CRNAs, which have been prominently highlighted in the media, also show no signs of improvement. With an increasing number of states granting CRNAs independent practice and CRNAs rebranding as "nurse anesthesiologists," the anesthesia care team model has been consistently discussed in government and political forums. This is in addition to Veterans Administration turmoil which began after former acting VA "Under Secretary for Health," Richard Stone, M.D. issued a memorandum ("Stone Memo") which sought to change the anesthesia care team model in VA facilities to a CRNA only model. Currently, a "Federal Supremacy Initiative" which attempts to standardize care in VA facilities has the potential to permanently change VA care to a CRNA model because of the "Stone memo."

In addition to all of this, technological advances have led to an ever-increasing array of artificial intelligence possibilities in anesthesia practice. Robotic advances include the da Vinci robot and Magellan robotic systems, which provide robot assisted regional anesthesia, while the Kepler intubation system can be used for airway management. Pharmacological technology includes the "McSleepy," and the iControl-RP anesthesia delivery system, which use the patients EEG to determine anesthetic needs without an anesthesia provider. While none of these technologies have eliminated the need for an anesthesia specialist, it is unclear what long-term ramifications will occur with advancements. According to Mark Ansermino MD, who helped develop the iControl-RP system, "We are convinced the machine can do better than human anesthesiologists." If he is eventually correct, how will this change the anesthesia landscape?

With all these challenges facing the specialty of Anesthesiology, it is easy to become disheartened, but reasons for optimism exist as well. Unfortunately, no magical formula, which if followed, will result in a guaranteed successful future for Anesthesiologists. Luckily however, the current recipe has successfully maintained, and will continue the future success of our specialty, at least for the foreseeable future. I am amazed at the dedication and talent of the Anesthesiologists at the ASA, and more locally at the CSSA, working to advocate for our specialty, and safeguard our future.

Especially important will be to highlight the indispensable nature of Anesthesiologists as perioperative physicians, ICU intensivists and regional/neuraxial anesthesia specialists locally and nationally. Being able to optimize patients preoperative, effectively care for them intraoperatively, and safely transition them postoperatively, is currently, and will continue to be, the mainstay, and advocating strength, of our specialty.

There is no easy solution for the shortage of anesthesia providers, the turmoil between CRNAs and Anesthesiologists, and the reimbursement for anesthesia services. Likely, money, political influence and activism will dictate decisions made and which political agendas are pushed forward. Luckily, the

ASA has been successfully lobbying against potential threats to our specialty for over one hundred years, and it is now even stronger with the creation of the ASAPAC (political division of the ASA). Although, the ASA is well positioned to succeed, it is especially important that every Anesthesiologist get involved so your voice and opinion are heard which can be done by emailing Grassroots@asahq.org.

As I mentioned in a previous article, according to David Zweig's Invisibles: The Power of Anonymous Work in an Age of Relentless Self-Promotion," Anesthesiologists are typically ambivalent towards recognition and feel comfortable choosing a profession, when performed "perfectly," often are forgotten or an afterthought. If we allow ourselves to be forgotten as a specialty though, unfortunately that will likely happen. As uncomfortable as it may seem to anesthesiologists, advocating for our profession, and highlighting our worth to policy makers, healthcare executives, the public, and our patients, is the best way to preserve our future. Let us take actions today that will help create our desired tomorrow!

Update on 2022 CT State Legislative Session

This year, the Connecticut General Assembly convened for a short session to tackle their legislative business. Short sessions, which run from February to May, happen in even numbered years, while long sessions run from January-June in odd numbered years. Despite the timeframe of this year's short session, the Connecticut General Assembly's workload remains the same and they must complete their business in half the amount of time. At this point in the process, committee meetings have about concluded, public hearings have nearly been completed and many committee deadlines have been met or will be met in the coming days. This means, that for a bill to proceed through the process, it would have to have been voted out of the committee before their respected deadline.

After session being cut short in 2020 and a full virtual session in 2021, we are seeing a beginning to a return of normalcy at the Connecticut Capitol for the first time in two years. Speaker of the House Matt Ritter announced masks in the House chamber will be optional when the House of Representatives meets for session. Not only will masks be optional in the chamber, but lobbyists and the public will have access to the 2nd floor of the Capitol only, where House sessions are held. The third floor, where the Senate chamber is located, remains closed. When or if the Senate will follow suit is still unclear, but it remains unlikely they will allow third floor access as we are a month away from SINE DIE on May 4th.

CSSA Priority Bills

Prior Authorization

HB 5447 An Act Concerning Prior Authorization for Health Care Provider Services
Introduced by: Insurance and Real Estate Committee

Bill Purpose: To require the Insurance Department to conduct a study concerning prior authorization issues in the state.

Current Status: Voted out of Committee, Awaiting House Action

We are working with the Insurance Committee and Legislative Leadership to amend the bill to create a more efficient prior authorization process.

High Deductible Health Plans

SB 357 An Act Concerning Copay Accumulator Programs and High Deductible Health Plans
Introduced by: Insurance and Real Estate Committee

Bill Purpose: To specify that certain cost-sharing requirements apply to high deductible health plans to the maximum extent that (1) is permitted by federal law, and (2) and does not disqualify corresponding health or medical savings accounts for federal tax deductions.

Current Status: Voted out of Committee, Awaiting Senate Action

Medicaid Rates
HB 5037 An Act Adjusting the State Budget for the Biennium Ending June 30, 2023.
Introduced by Request of the Governor

The current bill has Medicaid rate increases for mental health services and for OB/GYN services. We are working with the Appropriations Committee leadership to ask for a Medicaid Rate increase for Anesthesiology services as well. It is likely that this process may take multiple budgets cycles to become realized.

Jim Paolino, Principal, Lobbyist
Focus Government Affairs, LLC

Supplementing our workforce with Certified Anesthesiologist Assistants in Connecticut - What Went Wrong?

Thomas Verdone, MD

Certified Anesthesiologist Assistants (CAA) are highly skilled professionals who work under the direction of physician Anesthesiologists as a vital part of the anesthesia care team. They assist in the pre-operative anesthetic planning and intraoperative anesthesia care for patients having routine and complex procedures. CAAs help balance and supplement the preoperative workforce, and actively contribute to increased quality, decreased costs, and improved service line expansion efforts in patient care.

In May of 2013, Connecticut had the great privilege of beginning its efforts to bring Certified Anesthesiologist Assistants into our practice structure, and in August of 2021 that journey ended. The goal was simple; open a program, select the cream of the crop, prepare them didactically and clinically, get them certified, and release them into the workforce supply chain since that is what we desperately need.

Simultaneously we educate as many physicians as possible about the value of having superb clinicians who can serve as a surrogate for a CRNA and get them rowing in the right direction to make the scope of practice rights for CAAs in Connecticut a reality. The first part was supposed to be hard, and the second part was supposed to be easy. I got it backwards.

There have been many studies demonstrating the safety of CAAS on the anesthesia care team and the safety of the anesthesia care team when led by a physician. It is no surprise that CAAS successfully have been working under the direction of anesthesiologists for greater than fifty years and now are currently in seventeen states. Why is Connecticut an outlier?
Why would a state in need of providers fail to develop a workforce? Why would a community of physicians in need of manpower fail to develop the workforce they need? Why would a region of the country, where hundreds of CAAs would gladly move, put establish roots, pay taxes, and proudly help us fight current and future healthcare emergencies fail to materialize?

The answer is twofold. First, a professional society of CAA competitors who do not want CAAs in Connecticut. The AANA and their component societies will consistently lobby against any effort to bring CAAs into nonpractice states and consistently use their formidable political influence to stop it. Simply look up any submitted testimony by the AANA or their surrogates in any region of the country where efforts to add CAAs to the workforce supply chain is occurring.

This leaves our Physician community with only one choice, and by default, the CRNA community with a monopoly on anesthesia care. As you might expect costs for CRNA services have skyrocketed and the supply of providers to deliver care has declined in the face of rising demand.

Second, a weak and feckless physician community that when offered a pathway to develop their own workforce and supplement our quantity and quality of providers demonstrated the courage and spinal strength of warm pudding when confronted with CRNA opposition. In Connecticut, the Physician community simply would not lead and confront the CRNA opposition when the choice to support student training was vital. In the absence of clinical training, you cannot develop a workforce, and student development and program development withers and dies.

The pathway to success is simple, tell everyone in your healthcare setting that you are going to build out a better, stronger workforce and follow the position statements of the American Society of Anesthesiologists and our state component society. Tell everyone who will listen that adding CAA to the state will 1) increase access to care, 2) reduce costs, 3) reduce provider burnout by having more providers to share the burden of call, 4) reduce the need for hospital subsidies to anesthesia departments by reducing labor costs allowing these funds to be redirected for other needs, 5) increase quality of care by increasing competition for jobs, 6) add providers who are experts in acute care physiology having had a medical school education and who have special skills in managing respiratory emergencies which increases our emergency preparedness. The list goes on.

If the Connecticut community of physicians decides it wants CAAs in the state, they could get it done. It is simply a matter of effort and courage to confront the CRNA community. If, clinical training positions are identified you could re-boot a workforce development program in fifteen minutes, but without physician support there is zero chance of success. Zero.

Finally, and the most important reason the physician community should support the addition of CAA to supplement our workforce…fairness. Why in a country as great as ours and in a state as great as ours would we put up geographic barriers for any qualified provider to work? Why would we deny anyone the right to live and work where they choose, serve the citizens in the state they choose, live near their parents and siblings if they choose? It is simply wrong, and it is time to correct this wrong and serve our state simultaneously.

The Society of Cardiac Anesthesiology from Diversity, Equity, and Inclusion Committee

Trevor S. Sutton, MD, MBA, CPE

In April 2021, the Society of Cardiac Anesthesiologists (SCA) initiated a new strategic committee with direct liaison to the executive committee of the board of directors. The SCA Diversity, Equity, and Inclusion (DEI) Committee is comprised of fifteen cardiac anesthesiologists from across the United States, and is led by two chairs (Dr. Sileshi, and Dr. Liang) from Vanderbilt University, with support from the past SCA President (Stanton Shernan, MD), and administrative leaders from both the SCA (Mary Lunn) and from Veritas Association Management (Jim Pavletich and Denise Herdrich). As a SCA DEI Board Committee member, I am pleased to provide an update on the committee's activities in 2021 and will attempt to highlight why the work activities of this committee are germane to all anesthesiologists as well as all members of the CSSA.

The SCA DEI Committee has held monthly meetings since the Spring of 2021 through a virtual video-conferencing format. Our first in-person meeting will be held on May 15, 2022, at the SCA Annual Meeting in Palm Springs, California. The committee initially defined its scope with consideration of work being done by existing SCA board committees as well as consideration for the purview of the SCA executive committee. In the fall, the SCA DEI Committee created the following working groups that provided updates to the entire SCA DEI Committee on alternate months: 1) DEI Charter Statement Working Group; 2) Research Engagement Working Group; 3) Mentorship/Sponsorship Working Group; 4) Demographics and Communications Working Group. I serve as Chair of the Research Engagement Working Group, member of the Charter Statement Working Group, and member of the Demographics and Communications Working Group.

Each working group has identified initiatives that are being reviewed and considered by the SCA Executive Committee for implementation as operational strategies. In an outlined format, I have provided below a summary of several recommendations that are in stages of implementation by the SCA Executive Committee (please note that the Charter Statement below has been approved by the SCA Executive Committee):

- Charter Statement Working group
    - The mission of the SCA DEI Committee is to cultivate and advance diversity, equity, and inclusion in perioperative cardiovascular medicine by promoting increased understanding of unique experiences and perspectives of clinicians, patients, and communities.
    - Goals
        - Characterize the current composition of the SCA membership, the leadership structure, and the training programs and propose stepwise commitment to advance diversity within these groups.

        - Foster evidence-based research on diversity, equity, and inclusion in perioperative cardiovascular medicine, with a specific focus on healthcare equity research.
        - Identify and strengthen partnerships with "pipeline" programs and communities, aiming to increase diversity of the cardiovascular anesthesia workforce. Create and fortify mentorship programs that promote diversity among leaders in cardiovascular anesthesia across all groups that shape the future of perioperative cardiovascular medicine.
        - Nurture and enhance our relationship with the community by actively advocating diversity, inclusion, and understanding through various media platforms.

- Research Engagement Working Group
    - Submitted a proposal to the 2023 SCA Annual Meeting Planning Committee
        - DEI Plenary Session
            - 90-minute session, four panelists, moderator
            - 60-minute Keynote Address
            - DEI abstract and poster submission pathway with award for best abstract/poster
    - Proposed a liaison from the SCA DEI Committee to the SCA Research Committee
    - Proposed a liaison from the SCA DEI Committee to Editorial Review Boards for aligned anesthesia journals
    - Proposed a SCA DEI Mentoring Grant that parallels the ASA Professional Diversity Mentoring Grant

- Demographics and Communications Working Group
    - Proposed that the SCA President (Andrew Shaw, MD - Chair of Anesthesiology at Cleveland Clinic and President of the SCA) dedicate a message on DEI through the SCA newsletter (this was accomplished in most recent SCA newsletter)
    - Proposed a DEI section of the SCA newsletter
    - Proposed engagement of various social media to develop issues concerning DEI for the SCA to include, but not be limited to, SCA DEI podcasts
    - To develop and implement a SCA demographics membership survey

- Mentorship and Sponsorship Committee
    - Support and collaborate with the Women in Cardiothoracic Anesthesia Special Interest group (WICTA) – this is being done
    - Proposed a mentor-mentee pairing system analogous to the program implemented by the American Society of Echocardiography
    - Proposed a mentorship session at the SCA Annual Meeting sponsored by the DEI Committee
    - Proposed engagement of pipeline development programs (medical school and post-graduate levels) to promote interest in cardiovascular and thoracic anesthesiology and create incentives for members of under-represented groups in cardiovascular and thoracic anesthesiology to attend and present at the SCA Annual meeting
    - Establish a SCA DEI speaker database.

In addition to the above, the committee has discussed approaches to implicit bias education at the level of the SCA board and SCA board committee membership. The DEI Committee has also contributed to selection of a symbol that will be implemented at the 2022 SCA Annual Meeting to reflect that the SCA Annual Meeting is a safe space with regard to diversity and inclusion.

In reading this summary, my hope is that you agree that the SCA DEI Committee has been engaged and productive. A question looms, however: "Why should I be interested in this if I am not a cardio-thoracic and vascular anesthesiologists, or if I am not a SCA member?"

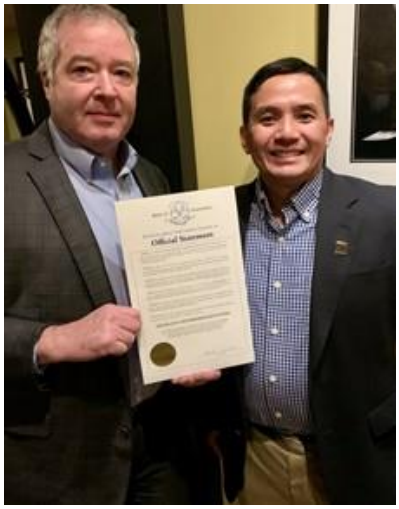
As CSSA members and as anesthesia providers we share an interest in enhancing the present and future of our profession, not only nationally but specifically in Connecticut. Our current and future professional interests are consistently served through strategic alignment with our hospital and university partners to promote ever-improving high quality medical care to all patients through our efforts inside and outside of the procedural areas where we provide anesthesia services. These principals, as you know, are integral to the concept of the perioperative surgical home which has been promoted vigorously by the American Society of Anesthesiologists. Moreover, we share an interest in educating future generations of anesthesia professionals. Residents across all disciplines of medicine, including anesthesiology, have educational requirements focused on diversity, equity, and inclusion through the American College of Graduate Medical Education. Can we authentically support the education of current and future generations of anesthesia residents, and can we successfully incorporate them following this training into employment settings that do not acknowledge, with robust formality, efforts to address diversity, equity, and inclusion? If we are to distinguish ourselves as talent management organizations in an environment challenged by staffing shortages, are we not well served by having strategies that support our abilities to recruit and *retain* individuals with diverse backgrounds and talents from a wide array of geographic regions? Finally, in consideration of our role as members of a component society of the American Society of Anesthesiologists (ASA), do we not have a role to generate regional solutions to national challenges highlighted by the ASA, such as diversity, equity, and inclusion?

I hope that this update has engaged you in thought regarding a subject that is important to the present and future of our profession. I hope that you agree that, in our profession, DEI is more than either a slogan or a statistic for a demographic group. Rather, DEI is a strategy that is fundamentally valuable for our profession to embrace with understanding and commitment. As such, I humbly suggest that DEI is a strategic competency. I look forward to promoting progress in this area and am available to support continued CSSA member awareness of regional and national initiatives related to diversity, equity, and inclusion.

Physician Anesthesiologist Week 2022

January 30 – February 5, 2022

This year, Connecticut State Governor Ned Lamont issued an official statement proclaiming the **"Anesthesia Care Team Model,"** led by Physician Anesthesiologists, as the **"Gold Standard"** in healthcare and reiterated the important role physician anesthesiologists play in patient care and safety.



American Society of Anesthesiologists™

State of Connecticut

QUI TRANSTULIT SUSTINET

By His Excellency Ned Lamont, Governor: an

Official Statement

WHEREAS, Physician anesthesiologists are guardians of patient safety in health care — in the operating room, in the delivery room, in the intensive care unit, in pain management clinics, at the U.S. Department of Veterans Affairs (VA), and on the front lines of the COVID-19 pandemic; and

WHEREAS, the 12 to 14 years of education and 12,000 to 16,000 hours of training physician anesthesiologists receive prepare them to navigate life-and-death moments and help ensure patients receive the highest quality care; and

WHEREAS, Physician anesthesiologists were made for this moment, playing a critical role in keeping patients safe in this state and community – whether caring for COVID-19 patients, managing a crisis during surgery or labor and delivery, or providing pain management; and

WHEREAS, the Anesthesia Care Team model – led by physician anesthesiologists – is widely recognized as the gold standard of care used in all of the nation's top hospitals to protect patients and the nine million Veterans who have served our country; and

WHEREAS, Physician anesthesiologists are recognized leaders who are committed to high quality and safe patient care, educating patients on anesthesia safety and reducing risks of complications before, during, and after surgery; now

THEREFORE, I, Ned Lamont, Governor of the State of Connecticut, do hereby officially proclaim the week of January 30th – February 5th, 2022 as

PHYSICIAN ANESTHESIOLOGISTS WEEK

in the State of Connecticut – and I urge all citizens to join us in recognizing physician anesthesiologists, who serve as critical care specialists working to greatly improve the safety of anesthesia and the well-being of surgical patients, Veterans, and chronic pain patients each day.

Ned Lamont

GOVERNOR

To learn more about anesthesia and the importance of patient-centered, physician-led anesthesia care, please visit ASA's When Seconds Count™ website.

The "Business" of Anesthesia

Thomas, Gedulig, DO

I am grateful to have attended the "ASA Advance 2022: "The Anesthesiology Business Event". I was able to expand my understanding of the essential business aspect of anesthesia, particularly in relation to private practice models. What I found to be especially beneficial was the incorporation of a new resident track at this year's conference. The resident track included topics not often taught or discussed in detail during medical school or reside ed investing and money management, curriculum vitae workshop, contra strategies as well as an overview of operating room efficiency and me

I was surprised to learn that metrics which are often tracked and emp inor effect on operating room efficiency and profitability. Metrics such as first case start time and room turn over time often have minimal effect on operating room efficiency, with the exception being rooms with multiple short duration cases. In contrast metrics such as operating room door to incision time and admission to discharge time may provide more meaningful data. Case cancellations and poor prediction of case length are factors that increase cost and decrease effectiveness.

I would recommend the ASA Advanced Business Conference to anyone who is interested in expanding their understanding of what makes an anesthesia practice successful. I found this conference especially valuable as a resident allowing me to gain understanding of what makes a successful anesthesia practice.

ASA Director's Report

Kenneth Stone, MD

The ASA Board of Directors met over the weekend of March 4 and 5, 2022. This was the second time that the BOD met in person since holding virtual meetings during the pandemic. As in all parts of our lives, we welcome the slow but steady return to life as we knew it. Dr. Earl Bueno attended his first BOD meeting in his role as Alternate Director for Connecticut. I would like to welcome him to this leadership position. I would also like to acknowledge Dr. John Satterfield for his years of service in preceding Dr. Bueno. Dr. Satterfield has assumed the position of ASAPAC Representative for Connecticut and has a seat on the ASAPAC Board. Dr. Satterfield succeeds Dr. Tom Verdone in that role. Thank you to Dr. Verdone for your service. Connecticut traditionally lags in PAC participation compared to other states. I will never pass up a shameless plug for the PAC. If you have not contributed for the current PAC year (begins October 1) then please do so. Log in to the ASA web site and enter "ASAPAC" in the search box.

In a pre-meeting webinar, ASA Chief Advocacy Officer, Manuel Bonilla, reviewed the governmental challenges that we face. Among these are the Veteran's Affairs CRNA practice authority controversy, out of network "surprise billing" guidelines from CMS and updates to the physician fee schedule. These topics are regularly updated by Mr. Bonilla in various forums including the monthly *Monitor* publication and postings on the ASA web site (asahq.org).

The meeting began with an update from the ASA COE, Paul Pomerantz. He provided an overview of ASA activities including current challenges, status of membership, organizational updates, and a review of educational opportunities for members. ASA is disproportionately dependent upon dues revenue as compared to other professional societies and efforts are underway to find supplemental income streams.

ASA financial position is strong despite the pandemic-related challenges. Revenue loss from the annual meeting was offset by insurance coverage for the meeting cancellation in 2020 and increased revenue from CME products which replaced in-person events during the period of reduced travel. Although membership renewals remain strong, ASAPAC contributions are disappointing. Keep in mind that this is an election year and targeted support of Congressional races is important to our interests.

There is a new offering for ASA members called the Leadership Academy. This is a series of four training modules that are designed to teach skills for those who are currently in leadership roles or hope to do so in the future. It is designed for residents, early-career physicians, and established physicians. The first two modules are available through the ASA web site and are free for ASA members. Modules 3 and 4 will have a fee and provide more intensive training and will be released later in 2022.

The Board held an interactive session focusing on diversity, equity, and inclusion. Board members engaged with each other to explore ways to encourage underrepresented groups to assume leadership roles within the organization. These initial efforts will result in actionable initiatives to encourage these communities to enter the profession and become active in governance activities.

The next Board meeting will be held in August in advance of the annual meeting in October in New Orleans. If anyone has concerns or interests that they would like addressed or further clarified, then please feel free to contact myself or Dr. Bueno.

Kenneth Stone, MD
ASA Director, Connecticut