MSA Minnesota Society of Anesthesiologists

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NEWSLETTER

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President's Message

By Ioanna Apostolidou, MD
University of Minnesota
Minneapolis, MN

It has been an honor to serve as President of MSA and as my term comes to an end, I wanted to take the opportunity to reflect on the accomplishments and future goals of our society.

First, I wanted to recognize that this year marks the 70th anniversary of MSA, and it has been and will continue to be a strong association for our profession in Minnesota. I look forward to the association's continued growth and success.

As we all know the opioid crisis is a pubic health emergency at the national and state level. The ASA has been a major player in many national initiatives to find solutions for the opioid crisis through collaboration with other medical and professional organizations and lawmakers. The ongoing opioid crisis lies at the intersection of two major health challenges: (1) addressing the suffering from pain and (2) reducing/eliminating the damage caused from the use of opioid medications. Please join us at our Spring Conference on April 28, 2018 to gain further insight into the opioid epidemic in our state. Top community experts will discuss how this issue is affecting our state and what we can do in our day-to-day practice to decrease opioid use.

2018 is the year of change for physician reimbursement requiring demonstration of metrics in quality, costs and practice improvement initiatives as the new provision of MACRA (Medicare Access and CHIP Reauthorization Act) that will apply to most anesthesiology groups. Establishing a strong quality improvement process in any anesthesia setting is a key to successful participation in the program. ASA recommends designating an anesthesiologist as a "practice champion" who will coordinate staff training, data collection and reporting at the groups participating in the program.

Spring is a season rich in medical conferences, refreshing old knowledge, and generation of new ideas. I would like to highlight a great opportunity to gain more experience in Transthoracic Echocardiography and participate at the Basic FATE (Focus Assessed Transthoracic Echocardiography) workshop offered by the University of Minnesota CME program on April 7, 2018. Ultrasound is routinely incorporated in various areas of our practice such as regional blocks, cardiac anesthesia, ICUs and slowly in other facets of perioperative care. FATE is easily and quickly

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MSA Goes to Wisconsin

By Mark Gujer, MD, FASA
Anesthesia Management Solutions (AMS)
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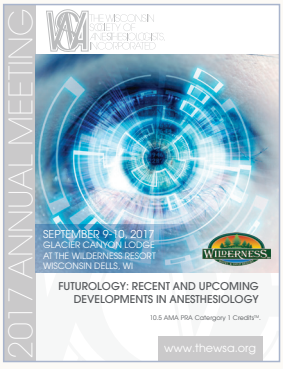
Beginning in 2016, MSA and the Wisconsin Society of Anesthesiologists (WSA) entered into a collaborative education agreement. This agreement allows MSA and WSA members to attend each other's societal education meetings free of charge. Not only that, but since MSA and WSA use the same association management company, signing up for CME as is easy as going to the WSA website and registering in one easy step.

This year the WSA Annual Meeting was a day and a half program, with the opportunity to earn up to 11.25 AMA PRA Category 1 Credit(s)™ and 9 ABA MOCA 2.0 Patient Safety Credit(s). The ability to earn MOCA 2.0 patient safety credits was a huge bonus and what prompted me to head east and rekindle my childhood memories of Wisconsin Dells. For those of you participating on MOCA 2.0, you must complete 20 total hours of patient safety training in each 10 year cycle. These credits are sometimes costly and difficult to arrange making the WSA meeting a real value.

But aside from value and convenience, I found the WSA meeting to be extremely well run with topics that were immediately useful in my practice by speakers that easily held my interest. The facility was fairly priced and provided a conference area that was inviting and comfortable.

Wisconsin Society of Anesthesiologists Annual Meeting
September, 9-10, 2017
Futurology: Recent and Upcoming Developments in Anesthesiology
Glacier Canyon Lodge at the Wilderness Hotel
Wisconsin Dells, Wisconsin



The meeting focused and delivered on the following objectives:

- Demonstrate the anatomy of commonly performed upper extremity, lower extremity, truncal, and neuraxial nerve blocks.
- Employ techniques to limit or potentially eliminate the need for transfusion.
- Recognize new technologies present within the cath lab and management of patients with ventricular assist devices.
- Review the physiology of ECMO and discuss recent uses of ECMO technology for cardiorespiratory support.
- Identify patients who would benefit from PECS block for chest wall surgeries.
- Recognize how bedside TTE could aid in anesthetic management of patients.
- Manage neuromuscular blockade with suggamadex and understand the potential pros and cons its use.
- Describe the anesthetic management of patients with newer implantable pain treating devices.
- Explain the current medical legal issues affecting Wisconsin anesthesiologists.
- Understand what MACRA is and how it affects reimbursement for providers.
- Recognize when techniques utilizing tracheal tube introducers can aid in securing difficult airways.

This was an excellent opportunity to sit down and meet with WSA members during breaks and lunch to share ideas and solutions to those societal issues that we are working though currently.

I found this meeting to be an excellent opportunity to achieve quality CME close to home while capitalizing on the value from my ASA/MSA membership. Between the two MSA meetings each year and the WSA meeting, I was able to log over 20 hours of CME at no cost in 2017.

Mark your calendars, the next WSA annual meeting will be held September 8-9th at the Osthoff Resort in Elkhart Lake, WI.

I highly encourage as may MSA members as possible to take advantage of this great opportunity in 2018 to learn and meet new colleagues from the WSA.

Other ways to obtain MOCA 2.0 patient safety credits can be found on the ABA website. Many can be done online:
http://www.theaba.org/MOCA/About-MOCA-2-0

Legislative Update: APRN Nurse Licensure Compact and a Reminder about Scope of Practice in Minnesota

By Peter Boosalis, MD
Anesthesia Management Solutions (AMS)
Stillwater, MN

Nate Mussell
Lobbyist, Lockridge Grindal Nauen
Minneapolis, MN

Minnesota is fighting a legislative battle similar to several other states around the country over the Advanced Practice Registered Nurse Licensure Compact. In general legislatures have been looking at compacts - including a physician licensure compact which Minnesota passed a few years ago, the enhanced nurse licensure compact and now the APRN licensure compact - as a means to allow more portability of health care across state lines. Compacts have been designed to create more efficient licensing processes to help ease the regulatory burden of multi state licenses. In order for a compact to take effect it must be passed by at least 10 states. However, the APRN compact goes well beyond the traditional compact in also trying to usurp state scope of practice laws. The language in the compact specifically provides that an APRN with a multistate license is **authorized to practice independent of a relationship with a supervising or collaborating physician.** State medical societies along with the anesthesiologists in each state have been pushing back very hard against the efforts to push the APRN compact and we expect that effort to continue in Minnesota. But it will take a concerted effort on behalf of all the members of the Minnesota Society of Anesthesiologists to reach out to their legislators with concerns in order to stop these efforts from moving forward.

With that in mind we have also recently received inquires about Minnesota Statutes and VA and Rules and Regulations regarding the practice of nurse anesthetists without physician clinical oversight or involvement. Many of us are unsure about what to do about statute and rule violations. Members of the MSA have worked hard on the State and Federal level to ensure the safety of our patients by with the retention of physician anesthesiologists as the leaders of the anesthesia practice model. For the benefit of our patients, our efforts should not stop now. We have to ensure that the efforts we have made are not diluted by policy or practices that violate current law. But to do this, we must first understand the statues and rules that help guide the practice of anesthesiology.

To be clear, Minnesota still requires physician involvement in the delivery of anesthesia by nurse anesthetists as is clear from the statue below:

> (b) A registered nurse anesthetist may perform nonsurgical therapies for acute and chronic pain symptoms upon referral and in collaboration with a physician licensed under chapter 147. For purposes of providing nonsurgical therapies for acute and chronic pain symptoms, the registered nurse anesthetist and one or more physicians licensed under chapter 147 must have a mutually agreed upon plan that designates the scope of collaboration necessary for providing nonsurgical therapies to patients with acute and chronic pain. The registered nurse anesthetist must perform the nonsurgical therapies at the same licensed health care facility as the physician.
>
> (c) Notwithstanding section 148.235, for purposes of providing nonsurgical pain therapies for chronic pain symptoms, the registered nurse anesthetist must have a written prescribing agreement with a physician licensed under chapter 147 that defines the delegated responsibilities related to prescribing drugs and therapeutic devices within the scope of the agreement and the practice of the registered nurse anesthetist.

If you clearly identify an institution that is in violation of Minnesota state law, you should start by reporting these violations to the Minnesota Board of Medical Practice as well as the Board of Nursing. A number of issues continue to arise with nurse anesthetists operating fluoroscopy without physician oversight. Again, if you are aware of any of scenarios taking place in the institutions in which you practice, you should communicate with your administrators and submit complaints directly to the Minnesota Department of Health X-Ray division. Questions or comments can be directed to health.xray@state.mn.us.

Similarly, we must fully understand VA rules governing the practice of anesthesiology.

After a long, multi-year fight over proposed changes to APRN practice roles in VA and hundreds of thousands of comments from both sides, VA announced a final rule in December 2016. The rule granted full practice authority or nurse-only models of care to three of the four APRN groups, but specifically excluded nurse anesthetists. This marked an important victory for Veterans and their families. Regrettably, nurse anesthetists continue to look to chip away at VA's rule through their ongoing efforts to remove physician from the anesthesia care team in individual states.

The VA Final Rule specifically outlines the following with respect to delivery of anesthesia care:

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APRN continued from previous page

"4. PROVISION OF ANESTHESIA CARE

The VA system incorporates different types of facilities with differing levels of complexity of anesthetic care. Different models of anesthesiology practice may exist including facilities with only anesthesiologists, facilities with anesthesiologists and nurse anesthetists working in a care team approach, and facilities with nurse anesthetists only. In addition, other team members may include nurse practitioners, biomedical technicians, anesthesiologist assistants (AAs), physicians' assistants, registered nurses, or others as determined locally. Responsibility for care is determined by local policy, but the following minimum standards must be met:

a. **In facilities with both anesthesiologists and nurse anesthetists, care needs to be approached in a team fashion taking into account the education, training, and licensure of all practitioners.**

b. Anesthesia must be practiced at the highest levels of care and quality at all times.

c. While ultimate responsibility for the patient's care during the peri-procedure period rests with the practitioner performing the procedure, the choice of anesthetic technique and treatment of intra-operative physiologic changes rests with the anesthesia practitioner of record, whether it is an anesthesiologist or a nurse anesthetist. In facilities where nurse anesthetists practice and there is no anesthesiologist, responsibility for intra-operative anesthesia choice is determined by the anesthetist. In those cases, as the anesthesia practitioner of record, only the Certified Registered Nurse Anesthetist (CRNA)'s signature is required on the anesthetic record for purposes of authentication.

d. Responsibility for departmental policy rests with the Chief of Anesthesiology, or designee.

e. **Providers must meet the licensure requirements defined in their respective VHA qualification standards. Facilities are reminded that state license scope of practice establishes the maximum breadth of practice allowable for a provider. VHA facilities, based on local needs, may specify privileges or scopes of practice that are narrower than those established in the state licenses."**

With that said, it is imperative that physicians and anesthesiologists practicing at VA facilities in Minnesota and elsewhere around the country remain active in modelling the highest standards of patient care in their local institutions. If you can clearly identify a violation within the VA system please seek guidance from ASA on ways to document and report your findings.

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learned and can be applied in all clinical scenarios – perioperatively, pre- and in hospital, in intensive care or emergency settings. The workshop is a simple and effective roadmap to learn how to perform and interpret echocardiographic findings and put them into the clinical context. There is a pre-workshop learning materials available on line with the registration (www.cme.umn.edu/courses-learning-opportunities/basic-fate-course).

It has been an honor to serve as MSA President and I look forward to the years to come. Even though my term is coming to a close, my active involvement in the MSA will continue. I appreciate all of your hard work to keep the association running smoothly, and I look forward to continuing to work alongside of you. Thank you for all that you do.

Best wishes,

Ioanna Apostolidou, MD
MSA President

MSA 2017 Fall Conference Recap

By Kyle Bohman, MD
Mayo Clinic
Rochester, MN

Anesthesiologists, residents, and medical students from across the state met on Saturday, November 18th in Saint Paul for the Minnesota Society of Anesthesiologists 2017 Fall Conference. With an emphasis on hands-on workshop time, the focus of the 2017 MSA Fall Conference was POCUS (point-of-care-ultrasound). As ultrasound becomes more familiar and the equipment becomes more available, many anesthesiologists are learning how to incorporate this technology into their practice. As many of us learn more about ultrasound, our key questions are how to physically perform the exams and how to interpret the findings.

We had the pleasure of learning from the nationally-recognized expert on POCUS, Dr. Stephen Haskins, an anesthesiologist from the Hospital for Special Surgery in New York. Our local experts on the topic included Drs. Sudarshan Settys, Monica Lupei, and Sonia Jain from the University of Minnesota; and Drs. Devon Aganga, Erica Wittwer, David Barbara, Misty Radosevich, and Shane Gillespie from Mayo Clinic. This generous and knowledgeable group of speakers and workshop facilitators enabled our participants to spend an entire afternoon actively learning and practicing point-of-care ultrasound skills on live models.

The 2017 MSA Fall Conference was an exciting reminder of the steady progress our profession is making the perioperative world. The meeting allowed providers from across the state to network, discuss the evolving perioperative environment and develop practical point-of-care ultrasound skills. We are proud to offer our members these opportunities and we look forward to continuing to engage and inspire our specialty as we head into 2018.

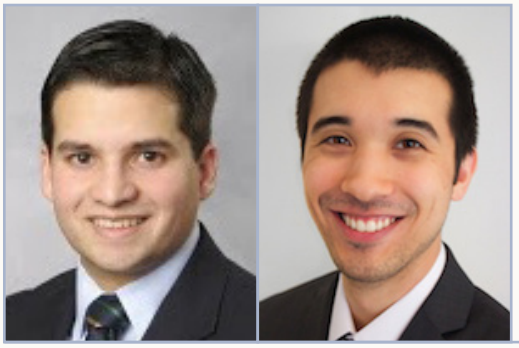
MSA 2018 Spring Conference Preview

By Kyle Bohman, MD
Mayo Clinic
Rochester, MN

The current opioid crisis is of an epidemic scale with over 30,000 overdose deaths involving opioids in the United States in 2016. In Minnesota alone, there was over 1 death per day due to an overdose involving opioids. As Anesthesiologists, we handle and prescribe opioids to the vast majority of patients under our care. With the currently opioid crisis boiling, we need to examine our role in the problem and determine how we can continue to provide the safest care possible for our patients. The Minnesota Society of Anesthesiologists 2018 Spring Conference will be held at an exciting new venue – Radisson Blu at the Mall of America—on April 28th, where we will have a morning program of speakers discussing various perspectives of the opioid crisis and how it will impact us and our patients.

The speakers at the Spring Conference will include an addiction medicine specialist, drug enforcement detective, pharmacist on the Minnesota Department of Health Opioid Taskforce, a legislator, and a pain physician. This broad base of speakers will help to illuminate the issues from various perspectives, so that we can more fully understand the situation and how to actively address it. The Spring Conference will conclude with the MSA Business Meeting and Officer Elections.

The opioid epidemic is now household news, and will inevitably force our society into further action. As Anesthesiologists, relieving our patients' pain and suffering is one of our core goals, and opioids are quite often a key component of our therapy. Thus, it is absolutely crucial that our specialty helps lead the ongoing critical evaluation of perioperative opioids in order to ensure that our core values of patient safety and relief of suffering remain strong.



Resident Corner: University of Minnesota

By Sagar Navare, MD
University of Minnesota
Minneapolis, MN

Lucas Deschenes, MD
University of Minnesota
Minneapolis, MN

As we head towards the end of winter, it is astonishing to consider how quickly another year of residency has passed by and how much has happened in that time. In many ways residency can be a contradiction in terms: same yet different; old yet new. Challenges that once seemed overwhelming suddenly become much simpler; only to have new, imposing ones arise in their place. Anesthesiology is a profession that instills a healthy respect for one's limitations and constantly reminds us the value of collaboration in facing these challenges. Approaching the end of another academic year, it is valuable to reflect on the significant growth in our residency program since last July. The University of Minnesota has made great strides in advancing the quality of clinical experience, increasing academic exposure, and fostering professional engagement amongst our residency program in the past year.

In many ways, the strength of clinical training defines our residency program. Our incoming CA-1s joined us last July after completing a transitional year of training at Hennepin County Medical Center - an experience that continues to be valued for both the clinical experience and for the relationships made with fellow surgical and medical colleagues. As with prior years, the CA-1 class starts clinical anesthesiology training paired with a senior resident for the first few weeks of the summer. This experience not only helps instill good clinical habits with the junior residents, but also fosters leadership amongst the seniors and camaraderie between both.

Meanwhile, our department continues to expand our footprint at the University of Minnesota. Led by our chair Dr. Wall, our attendings and residents are always visible in the Cardiovascular and Surgical Intensive Care Units. The ICU experience continues to benefit our intraoperative training by seeing the clinical influence of decisions made in the operating room on these patients. Similarly, our acute pain service, led by Dr. James Flaherty, continues to grow with both more pediatric regional pain management and greater engagement with our adult trauma service. Following suit, the preoperative clinic transitioned leadership to Dr. Darryl Randle and increased the volume of patients seen in our preoperative assessment clinic and expanded on Early Recovery After Surgery (ERAS) programs to include new ones for complex spine and orthopedic total joint operations. This rapid growth in engagement and clinical exposures not only improves the quality of training for our residents, but also increase the value and visibility of our services throughout the hospital.

Academically, 2017 was a landmark year in a multitude of ways. Under the guidance of Dr. Michael Todd, we set department records for faculty and resident academic activity. All of the CA-1s present at the Midwest Anesthesia Resident Conference which was in Chicago in 2017. Likewise, residents had strong showings at nationally including the ASA, SPA, SCA, ASRA, and SAMBA meetings among others. Resident didactics have been improved by the addition of monthly resident meetings with our program director, Dr. Mojca Konia, for oral board reviews. Likewise, our CA-1s have a strong start to their training with an intensive summer didactic schedule to review the basics of Anesthesiology followed by a ongoing year-long "Miller Club" that values thinking through challenging clinical problems in a small group discussion format. The senior residents have more subspecialty focused academics including journal clubs, ITE keyword based lectures, and an excellent weekly cardiothoracic conference. The cardiac conferences, organized by Dr. Megan Olejniczak, have a heavy emphasis on echocardiography, cardiothoracic pathophysiology, and perioperative management. Simulation continues to be regular fixture in modern Anesthesiology training with faculty led scenarios for residents in different levels of training. All our or residents (and many faculty) complete the FATE (Focus Assessed Transthoracic Echocardiography) course annually anticipating the greater role point-of-care ultrasound will take in the future of Anesthesiology.

While clinical training and academic accomplishments lay the foundation of our future practice, professional development and engagement often define our ultimate success and effectiveness. The University of Minnesota, with our colleagues at Mayo, continues to send a strong Minnesota delegation annually to the ASA legislative conference in Washington D.C. This experience impresses upon residents and faculty alike the leading role Anesthesiologists are taking in the public discourse as advocates for quality, safety, and evidence-based practice in the perioperative setting. Our department continues to expand on leadership development within our residents through some interesting opportunities. Two senior residents annually attend the monthly 'Resident Leadership Academy' wherein they meet with other selected residents across other specialties at UMN to learn about leadership traits, conflict resolution, and engage with leaders in and outside of healthcare on their successes and failures. Likewise, we have a recurring professional development conference with colleagues at the University of Iowa to learn about practical matters pertaining to transitioning out of residency including financial planning, practice

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Resident Corner: Mayo Clinic

By Asha Nookala, MD
Mayo Clinic
Rochester, MN

Layne Bettini, MD, JD, CA-1 ASA/
MSA Representative
Mayo Clinic
Mankota, MN

As we move beyond the halfway point in the academic year, it is a good time to reflect on the progress made in our residency journey. Each class presents its own unique developmental positioning. The CA-1s are finally starting to feel comfortable standing on their own two feet and developing their own unique styles of practicing the art of anesthesia. The CA-2s continue to excel in the subspecialties and begin to focus on fellowships and their future practice. The CA-3s eagerly await the next step of their careers while imparting their knowledge on the junior classes. Despite these tiers presenting different challenges, experiences, and focal points, all classes share the camaraderie inherent in the program and the specialty. For example, we recently enjoyed a brilliant journal club meeting at a local pizzeria where we discussed resident wellness—a conversation that, as you can imagine, sparked lively debate. It was yet another excellent opportunity for the classes to socialize and continue to build a strong sense of community. Grand Rounds and Monday lectures provide us with additional opportunities to stay connected and share tales of our successes and failures, frustrations and triumphs and find comfort in the fact that others have had similar experiences. At these weekly events, we also discuss our interesting and complex cases that we look forward to presenting at the Midwest Anesthesia Residents Conference and other conferences throughout the year. As we turn the corner on this academic year, beads of sweat are starting to form on some brows with the In Training Exam and Board exams fast approaching. We are grateful to have a very supportive faculty committed to teaching and fostering our growth, which in turn serves to allay some of the anxiety that comes with exams, fellowships, and career decisions. We are also grateful for each other and look forward to the lifelong relationships we are currently forging as we navigate this shared experience that is residency.

Winners of first annual ASAPAC Gift Card Giveaway! Left to Right: Nick Will (CA-2), Lance Brandenburg (CA-2), Rochelle Molitor (CA-3), Frederick Ojukwu (CA-1) and Ryan D'Souza (CA-1). Not Pictured: Michele Gaertner (CA-1).

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structures, and emerging trends in the practice of Anesthesiology.

In many ways, the past year has brought significant change to our residency program. However, many of the fundamental aspects of our training continue to be as they have for decades. The transition from the novice CA-1 to the seasoned CA-3 getting ready to graduate happens quickly, but it represents a rite of passage all Anesthesiologists share. Our respect for our own limitations, the invaluable resource of our colleagues, and the primacy of the patient develops through these rites and defines the most noble aspects of our profession. By continuing to push for academic progress, expanding our clinical footprint, and increasing professional engagement; the University of Minnesota residency program will continue to train Anesthesiologists to meet the future demands of our great field.

News from the ASA
All Press Releases Reprinted from asahq.org

ASA Launches MACRA Website

Helping ASA members and anesthesia eligible clinicians meet MACRA reporting requirements is a strategic priority for ASA. To help members better understand Centers for Medicare & Medicaid Services (CMS) requirements and provide ongoing MACRA updates to ensure eligible clinicians are prepared, ASA recently launched a new, dedicated MACRA website. The goal for the site is to become the source of MACRA information for ASA members. ASA members have already been receiving the ASA MACRA Memo, a twice monthly email dedicated to sharing MACRA information. ASA and AQI are excited about these recent efforts and will continue to explore ways to help ASA members navigate the complexity of MACRA.

The new MACRA website can be accessed at www.asahq.org/macra.

Visit the ASA Website, New Look Same Great Information

Physician leaders, colleagues and staff, anesthesia care team members, practice managers, policymakers, media, and others seeking the latest and trusted information on anesthesia care and patient safety are encouraged to visit the recently updated ASA website. ASA continually strives to ensure physicians and the public have access to the best publically available information on the medical practice of anesthesiology. The investment in the updated website will help ensure continued easy access to on-point information. Visit the updated website today at www.asahq.org.

American Society of Anesthesiologists Supports Trump Administrations' Declaration of Opioid Crisis as Public Health Emergency

CHICAGO – The American Society of Anesthesiologists (ASA) today announced its support of President Donald J. Trump's announcement officially declaring the opioid crisis a public health emergency. ASA applauds the president's administration for taking this important step toward addressing drug addiction and opioid overuse and abuse. As pain medicine specialists, physician anesthesiologists are at the forefront of the issue, working with numerous regulatory agencies, health care organizations, and other stakeholders to advance opioid safety. Of particular note, ASA has partnered with the hospitals of Premier Inc. to launch a national opioid safety pilot. The pilot seeks to decrease opioid use during and after surgery as well as at discharge, by employing multimodal therapy, through evidence-based medical practices and patient education.

"Today's announcement will have a lasting effect on physicians and patients, by enabling federal agencies to take whatever steps necessary to address the epidemic, as well as increasing treatment capacity for those with substance abuse disorders," said ASA President James D. Grant, M.D., M.B.A. "The opioid crisis is devastating and affects everyone, rich and poor. It's got to stop, and reducing opioid use during recovery after surgery and providing the necessary treatment people need are a big part of the solution. Physician anesthesiologists are most equipped to understand the intricacy of post-surgical pain and alternative treatment options to best manage this pain rather than relying solely on opioids."

Although the declaration does not provide for any new or additional funding, it will allow for the shifting of resources in existing programs to help address the epidemic. The president also announced a massive advertising campaign against drug use and highlighted the current work federal agencies are already doing, including the Centers for Disease Control and Prevention (CDC), U.S. Food and Drug Administration and Veterans Health Administration.

More than 2 million Americans abuse opioid pain medications. Since 2000, the rate of opioid overdose deaths in the U.S. has increased 200 percent. To help deter future incidents of addiction, ASA collaborated with the CDC on the **Guideline for Prescribing Opioids for Chronic Pain**, which provides recommendations for primary care providers on opioid prescribing, including when to initiate or continue opioids for chronic pain; follow-up and discontinuation; and addresses risk and harm of opioid use. Because of ASA's involvement, the CDC modified the guideline's recommendation on acute pain.

ASA has collaborated with other pain societies, through the **Pain Care Coalition** (PCC) — comprised of the American Academy of Pain Medicine, American Pain Society, and ASA. The coalition works together to support policies to further responsible pain care. Most recently, the PCC submitted comments to the White House Opioid Commission, in response to the commission's interim report.

Taking a unique approach to tackling this epidemic, ASA is partnering with Premier Inc., and its network of hospitals, on a **national opioid safety pilot** to reduce patient harm from opioid misuse, dependence and addiction. The six-month pilot, which began in September, is geared at addressing opioid misuse and abuse, through implementation of evidence-based practices and education provided by ASA physician members, aimed at improving pain management and reducing opioid prescriptions after surgery. This is one way to reduce the number of medications in America's households and prevent them from getting into the wrong hands, a large contributing factor to this epidemic.

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American Society of Anesthesiologists names James D. Grant, M.D., M.B.A., New President

BOSTON – James D. Grant, M.D., M.B.A., chair of the Department of Anesthesiology at Beaumont Hospital-Royal Oak in Michigan, was today named the 100th president of the American Society of Anesthesiologists (ASA), the nation's largest organization of physician anesthesiologists. Dr. Grant assumed office at the ANESTHESIOLOGY® annual meeting in Boston and will serve for one year.

"As the specialty involved in patient care before, during and after surgery, taking care of the sickest and most fragile patients in the intensive care unit and leading pain care programs, physician anesthesiologists are uniquely qualified to understand the intricacies of our nation's complex health care system," said Dr. Grant. "During this upcoming year, we will further execute strategic decisions to drive our health system forward and ensure high quality, low cost, and safe medical care while delivering exceptional patient experiences."

Dr. Grant has held numerous positions in the Society. He has served as treasurer and a member of the ASA Administrative Council. In addition, he has chaired both the ASA Section on Fiscal Affairs and Committee on Executive Compensation. Dr. Grant has been on the ASA Board of Directors since 1999.

A past president of both the Michigan State Medical Society (MSMS) and Michigan Society of Anesthesiologists (MSA), Dr. Grant received the MSA President's Award in 2012 and the MSMS Presidential Citation in 2014. In addition, he served on the Michigan Board of Medicine for seven years and as chair from 2004-2006. Dr. Grant is currently on the Board of Directors of the Anesthesia Foundation, Foundation for Anesthesia Education and Research, and Blue Cross Blue Shield of Michigan. He is an associate examiner of the American Board of Anesthesiology and is chair of the Michigan delegation to the American Medical Association.

"Dr. Grant has an impressive track record of leadership both within ASA and as part of the larger health care system," said ASA Immediate Past President Jeffrey Plagenhoef, M.D. "His passion for leadership education and sense of fiscal responsibility will drive the effort to provide top-notch service to each of our more than 52,000 members."

"We need to further develop and support physician anesthesiologists to lead systems, whether it be health care organizations, regulatory agencies, medical schools, national practices or payors because a specialty that is visionary and proven to be able to disrupt the status quo is best equipped to move the system ahead," Dr. Grant said.

Dr. Grant received a Bachelor of Science from Michigan State University in East Lansing, Doctorate of Medicine from Wayne State University in Detroit and Master of Business Administration from Indiana University Kelley School of Business in Bloomington. He completed his anesthesiology residency at Northwestern University Medical Center in Chicago.

Dr. Grant and his wife, Lisa, a physical medicine and rehabilitation physician, reside in Michigan and have two children, Brendan and Alexandra.