

District Director Reports: September 2009

The district director reports that appear below contain personal views expressed by each director, rather than statements made by or on behalf of CSA.

Edward R. Mariano, M.D.—District 1 (San Diego & Imperial Counties)

As the newly appointed District 1 Director, I started my term by hosting my first District Meeting. We had an excellent turnout, giving members in our area the opportunity to meet each other and discuss issues facing our medical community. In addition, we reviewed the benefits of CSA membership in terms of representation, advocacy, and education. At this particular dinner meeting, we had a presentation on “Advanced Regional Anesthesia Techniques for Postoperative Pain Management,” and the members present at the meeting voted to continue this meeting format two to three times a year.

Despite the tough economic times, expansion and construction at our major medical centers continue. The 279,000-square-foot Patient Care Pavilion at Rady Children’s Hospital is due for completion in 2010. It will include 16 state-of-the-art surgical suites and an expanded postanesthesia care unit at the new Warren Family Surgical Center, a new neonatal intensive care unit featuring private rooms, a designated cardiac care unit, and a new hematology/oncology care center. In Escondido, the final steel beam was placed on Palomar Pomerado Health’s “hospital of the future.” The Palomar Medical Center West project, the first major medical center to be built in North San Diego County in three decades, has already won numerous architectural design awards and should be completed by 2012.

An important public health issue in our District has been the spread of novel H1N1 flu (aka “swine flu”). To date, 735 cases have been confirmed in San Diego County with 12 deaths attributed to this disease. As local schools and hospitals brace for the start of the new academic year, the Centers for Disease Control and Prevention hope to have a vaccine available by fall.

In terms of membership activities, several District 1 members will be participating in the American Society of Anesthesiologists 2010 Annual Meeting Local Arrangements Committee to be held in San Diego (Chair: Edgar D. Canada, M.D., District 1 Member and CSA Past President). Vanessa J. Loland, M.D., was appointed as District 1 Delegate and approved at the 2009 CSA Annual Meeting. Encouraging new membership and filling our open Delegate positions will be important priorities during my term as District Director.

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Stanley D. Brauer, M.D.—District 2 (Mono, Inyo, Riverside & San Bernardino Counties)

New opportunities for anesthesiologists continue to evolve in our district. A new surgicenter with six operating rooms has opened in Beaumont. Beaver Medical Group in Redlands, who has added additional anesthesiologists, is providing the staffing. The project is a joint venture with Beaver and Loma Linda University to service a growing area with many new homes, even through the current housing crisis. The anesthesiology staff at Loma Linda University has grown by adding several of our graduating residents, one from Mount Sinai in New York and one from UC Irvine.

Healthcare reform certainly is center stage, as it is with every other district. One of the “blue dog” democrats, Congressman Joe Baca, had a local healthcare summit with selective individuals. Though several physicians were involved, to the best of my knowledge, there were no anesthesiologists. Congressman Lewis is hosting a more traditional town hall meeting later this week.

Moreno Valley Community Hospital is continuing to evolve into a Kaiser facility. Starting in September, many additional Kaiser physicians will begin staffing the facility. Kaiser anesthesiologists, including District 2 delegate Larry Robinson, M.D., will begin providing the anesthesiology coverage.

John G. Brock-Utne, M.D.—District 4 (Southern San Mateo, Santa Clara, Santa Cruz, San Benito & Monterey Counties)

In July 2009, I was elected to the post of District Director, mainly because I was the only one who volunteered. Let me say, however, that it is a great pleasure for me to be your representative. But my successful tenure as your director will depend largely on you. I need your input, suggestions, and advice so that I can serve you better. I have been helped tremendously already by the CSA office—especially Victoria Pangilinan, Terrie Rowe and Adam Yarbough. The outgoing Director, William W. Feaster, M.D., has also been invaluable with his advice and guidance. I am very lucky to have him as a colleague in the same hospital.

We should all be very grateful to Dr. Feaster for organizing a lecture and reception in August at Parcel 104. At this meeting, Dr. Alex Macario spoke on “Treatment of postoperative and post discharge nausea and vomiting: Improving the quality of anesthesia care.” This meeting was supported by Garrett Lee of Baxter Healthcare. We are very grateful for his commitment to this educational meeting and hope we can call upon him in the future.

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On Monday, August 3, 2009, Dr. Feaster presented to the Department of Anesthesia at Stanford how the “Opt Out” can potentially impact our patients and our practices in California. As I write this, we all await CSA’s decision as to what can, should, or should not be done regarding Governor Arnold Schwarzenegger’s letter to the Centers for Medicare and Medicaid Services exercising his option to exempt the State of California from the Medicare requirement that a CRNA should be supervised by a physician.

We have all enjoyed having Dr. Feaster as our District Director. We thank him for his hard work and dedication to the Society. We will miss him and wish him all the best in his new position as Assistant Treasurer in our organization.

Paul B. Coleman, D.O.—District 5 (Kern, Tulare, Kings, Fresno, Madera, Merced, Mariposa, Stanislaus & Tuolumne Counties)

Stanislaus County supervisors approved \$11.1 million to repay physician training reimbursements and keep the county’s only residency program alive through June 2010. Earlier this year, the Stanislaus Family Residency Program had lost its federal funding in what county officials called an arbitrary decision by the CMS. The CMS determined that an administrative contractor mistakenly approved funding for the residency program for several years after the program moved from the county-owned Stanislaus Medical Center to Doctors Medical Center (DMC) in 1997. The county will repay \$9 million to CMS for funding received over the past eight years. It will also spend \$1.5 million on interim funding for the physician training. The county treasury will loan the money to the county Health Services Agency from a tobacco tax fund. DMC, which shares the cost of training the residents, covered the other half of the \$20 million recouped by the CMS.

Despite efforts by Senator Feinstein (D-CA) and Representative Cardoza (D-Merced), the CMS would not reverse their decision. The loss of federal funding threatens serious harm to a county health system that serves more than 70,000 poor or uninsured patients annually. The 27 residents and 30 physician faculty members practice in the county health clinics, providing care for patients covered by Medi-Cal and the indigent health program. The residents at DMC also treat patients in the emergency room, practice obstetrics, and take care of patients in hospital. The CMS action reversed previous decisions to approve graduate medical education funding for the three-year residency program. CMS or an administrative contractor reviewed the reimbursement requests a number of times over several years and granted approval. CMS officials argued that the Balanced Budget Act of 1997 contained no provisions for funding the program after the closure of the Stanislaus Medical Center. The

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legislation capped the subsidies for physician training programs and placed limits on new programs. The CMS discovered the mistake in 2004 and discussed the issue with the county and DMC for 18 months before making its decision. In the past, the federal reimbursements offset about \$2.7 million of the program's annual costs. The county and DMC equally shared the remaining \$1.5 million in expenses.

Local hospitals have seen a surge in the amount of care they provide free of charge. In Stanislaus County, where unemployment has risen to over 16 percent, hospitals are feeling the effects. Memorial Medical Center in Modesto reported over \$39 million in patient debts in 2008, up from \$31 million in 2007. Free care at Modesto's Doctors Medical Center increased from \$61 million in 2006 to \$81 million in 2008. Turlock's Emanuel Medical Center had \$11.4 million in free care, a figure proportionate to the other hospitals. Emanuel attributed \$24 million in losses to the Medi-Cal and Medicare shortfalls in the past year, a 41 percent increase over previous years.

CSA District 5 members made concerted efforts over the past six months to further relationships with their congressmen during this critical juncture in federal healthcare issues. These efforts included attendance at a fundraiser dinner for Congressman Cardoza (D-Merced) and private luncheons and meetings with Representatives Cardoza and Radanovich (D-Fresno), during which the ASA position on proposed healthcare reform was shared with the congressmen. Both congressmen are key to any federal healthcare legislation, as Representative Radanovich is on the influential House Energy and Commerce Committee and Representative Cardoza is a "Blue Dog" Democrat. CSA District 5 members will continue to build relationships with these congressmen as the healthcare debate progresses.

Steven Younger, M.D. —District 6 (No. San Mateo & San Francisco County)

It should come as no surprise that the overwhelmingly dominant theme in District 6 recently has been healthcare reform. While I'm tempted to opine about the President's plan for a public option for healthcare, I feel neither qualified nor entitled to do so in the presence of such District 6 giants as Tom Cromwell and Steve Goldfien. Tom and Steve recently gave a very informative run-down of previous attempts at creating public healthcare options, and of the current plan as it stands now, and its potential impact on our profession. The meeting took place at CPMC as part of our department's twice-monthly educational series, though as it proceeded, I found myself wishing we were having a district-wide town hall meeting of sorts, so that more district members could benefit from Tom's and Steve's knowledge and experience.

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It goes without saying that all members of the CSA should contact their representatives and senators and attempt to discuss with them how healthcare reform will affect our profession. It's vital that lawmakers understand our collective concern over the impact that poorly thought-out legislation could have on the future of QUALITY HEALTH CARE in California and across the country. Whether you support the plan at this point or oppose it, it is imperative that you let your legislators know that rushing ANY plan through can only result in oversights and mistakes that could permanently and adversely affect our profession and our ability to provide the excellent care we all seek to deliver on a daily basis.

In other district news, I'd like to welcome Drs. Manuel Pardo, Mathew Bertram, Tin-Na Kahn, Heidi Witherell and Mark Grabovac to the rolls as our newest four district delegates, and one alternate delegate respectively, and to thank them for their willingness to serve. In times like these, the importance of participating in professional society activities cannot be overstated. Please encourage your colleagues who are not active in CSA/ASA activities (and their respective PACs) to get involved!

Uday Jain, M.D.—District 7 (Alameda & Contra Costa Counties)

The city of Oakland is included in this district, as well as several industrial and inner city areas. The Kaiser Permanente anesthesiologists constitute a large proportion of District 7 anesthesiologists. District 7 has a high proportion of CSA members. A new Kaiser Foundation Hospital opened in Antioch, which is in the northeast part of the district.

District 7 has held five meetings during the past year. The programs, held on weekday evenings, have included sponsored dinner and academic lecture. In order to be inclusive, we have invited all the anesthesia providers from the entire Bay Area. On March 19, 2009, Christian Apfel, M.D., Ph.D., lectured on Postoperative and Post-Discharge Nausea and Vomiting. This meeting and the dinner, held at the Waterfront Hotel, Oakland, were sponsored by Baxter. The sixth meeting was on July 22, held at the Alameda County Medical Center in Oakland. Gligor Gucev, M.D., from the University of Southern California, Los Angeles, lectured on Ultrasound Guided Regional Anesthesia.

Hospitals in district 7 employ more CRNAs than those in most other districts. Alameda County Medical Center and Kaiser Foundation Hospitals employ a significant number of CRNAs. The relationship between M.D.s and CRNAs appears to be positive. It remains to be seen how Governor Arnold Schwarzenegger's letter to CMS, stating that California is opting out of the

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Medicare requirement that CRNAs be supervised by physicians, leads to changes in our district.

There are no M.D. anesthesiologist training programs in this area. Samuel Merritt College, Oakland, has a CRNA training program, and its students receive clinical training at various District 7 hospitals. M.D. residents in other specialties do anesthesia rotations at the various District 7 hospitals.

One of the problems facing District 7 hospitals is the difficulty in recruiting qualified personnel for perioperative care. There are frequent shortages in the operating room and the post-anesthesia care unit. However, recruitment of qualified anesthesia personnel has not been a problem.

Medi-Cal and other cuts in the new California budget are going to have a significant effect on our district. The recession has reduced the revenues at virtually all the hospitals. San Leandro Hospital is trying to avoid closure. Kaiser has suffered a reduction in enrollment. We are providing excellent care with fewer resources.

Jeffrey Uppington, MBBS—District 8 (Alpine, Calaveras, Amador, Sacramento, San Joaquin, Placer, Yuba, El Dorado, Yolo, Sutter, Nevada, Sierra and East Solano Counties)

The economy, at the state and federal level, dominates the picture in District 8. A number of hospitals have decided to slow down the opening and building of new hospitals or extensions. Kaiser is not opening its new facility in Vacaville for in-patients for two years. It will open its Level 2 Trauma center in South Sacramento, but that seems to be somewhat delayed. Mercy and Sutter have put on hold a number of new building projects. UC Davis Medical Center is funded to open the new Pavilion extension next summer, which has 24 new state-of-the-art operating rooms, a new ER, a new Burn Unit ICU and other ICU beds, with expansions of radiology and invasive cardiology space. Plans to further renovate existing operating rooms are under review.

The other effect of the economy on hospitals is the amount of free care given and the amount of bad debt. The *Sacramento Bee* published these figures for local hospitals for the last academic year and four years before that. (See <http://www.sacbee.com/ourregion/story/2061111-a2060882-t46.html> accessed 8/6/09.) The article (<http://www.sacbee.com/ourregion/story/2061111.html> accessed 8/6/09) enlarged on the graphic. Thus, UC Davis Medical Center last year had a charity bill of \$165.7 million, up from \$96.9 million the year before. Bad debts were \$54.9 million, up from \$38.3 million. For the 2008 calendar year, Sutter Medical Center incurred costs of \$48.9 million and \$12.1 million in charity care and bad debts respectively. The prior year was

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\$44.2 million in charity care, and bad debt was higher at \$18.4 million. Other hospitals had much smaller amounts, and figures for Kaiser were unavailable. All hospitals showed an increase in these figures over the previous five years. This no doubt reflects the increase in patients without (or with inadequate) medical insurance as the jobless rate increases and people lose their employer insurance. The increase in bad debt also reflects the economic state of the region. These sorts of figures are seen across the state, with hospitals of last resort, such as UC Davis Medical Center, bearing the brunt of the costs. Hospitals in California suffered \$973.4 million charity care costs and \$1.2 billion in bad debts. If jobs lag behind any economic recovery, as is predicted, this situation may not improve anytime soon. How this sort of data figures into the discussions going on in Washington is unclear, though on the face of it the cause of Universal Health Care Coverage may be boosted. However, even if this were to occur, it will not solve this sort of problem entirely, since not only will some people remain uncovered (2 percent in Massachusetts at the moment), it is estimated that at least 10 percent of these costs are covering undocumented immigrants, and no one in Washington is even thinking of covering them. With little expansion of hospitals and surgical services, anesthesiology job opportunities in the district are fewer than normal.

All districts with a UC Medical Center will be feeling the pinch of furloughs and salary reductions. The University of California has had a 20 percent reduction in its funding. While furloughs will be affecting the University campuses, the implementation in the Medical Centers is still being worked out. There is a recognition that the Medical Centers cannot reduce clinical services, both for the sake of patients and also because any reduction would reduce the income of the Medical Centers. The Office of the President recognizes the need to maintain clinical services and has given the Medical Centers flexibility in how they achieve the necessary savings.

Jason A. Campagna, M.D., Ph.D.—District 10 (San Luis Obispo, Santa Barbara & Ventura Counties)

The issues in the district remain fairly unchanged from prior reporting periods. The economic downturn continues to affect surgical volumes and case loads for providers here. The nearly \$800 million new Cottage Hospital in Santa Barbara is progressing on schedule and on budget, although the economic concerns in general have affected numerous aspects of financing and outfitting of the new facility. Ventura continues to have issues with coverage for specialty care in the ED, and the northern part of the district is continuing with their efforts to become a level III Trauma Center to complement the level II status of The Cottage System in Santa Barbara. Recruitment and retention of new physicians continues to be a concern in many areas of the district, and Cottage

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is continuing their exploration of the feasibility of creating a foundation that could employ physicians and be used as a tool to aid in recruiting. The final hurdle in Cottage's epic struggle to build low-cost, subsidized housing on the site of the former St. Francis Hospital has finally ended, and construction is slated to begin within months. It is hoped that these condominiums, and the financing offered by the Health System will help address growing caregiver shortages across the region.

Without question, the dual issues of national health care reform and California's recent decision to opt-out of CRNA supervision requirements are on the minds of everyone in this area. All specialties are concerned about the former issue, and many CSA members in Santa Barbara have linked up with doctors from other specialties in an effort to become more engaged in local politics. In August, there was a townhall event that included a panel of physicians from Cottage, among them four anesthesiologists. This panel will field questions from the general population on reform and it was covered in the local newscasts. The situation in Washington is dynamic, and there is palpable anxiety in the District. Members here look forward to updates by the executive committee as to the status of the situation and any potential role members may have in offering assistance.

Samuel H. Wald, M.D.—District 11 (West Los Angeles County [western portion])

At Pacific Alliance Medical Center, the surgical volume is reportedly down approximately 15 percent. As a result there have been budget cuts in the surgery department, resulting in the reduction of staff and time available to schedule elective procedures. Census overall in the hospital is lower as well and there has been reduction in staff as a whole at the hospital on all levels, including administration.

Cedars-Sinai reports that they are taking applications for fellowships in Cardiac Anesthesia, Obstetric Anesthesia, Liver Transplant and Pain Fellowships. The new \$750 million building is planned to contain 26 new operating rooms and will break ground on October 1, 2009, as planned. Surgical volumes continue to increase, and the size of the department keeps growing to keep pace.

At both the UCLA Ronald Reagan Medical Center and the UCLA Santa Monica Hospital, there have been recent increases in hospital census and cases in the operating rooms. The residency program has also completed a transition to a four-year program. For the first time, all matched residents from all three CA-1 through CA-3 years have completed their internship (Clinical Base Year) as

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part of the categorical program in cooperation with the West Los Angeles VA Health Center. The UCLA Departmental Annual Anesthesiology Update for 2009 will be held on campus on Saturday, November 14. For those interested in attending, information may be found at <http://www.anes.ucla.edu/Events,Alumni.htm>.

Paul B. Yost, M.D.—District 13 (Orange County)

On July 22, CSA in the OC held a dinner talk about “Customer Service in Anesthesia.” The Speaker (Jody Locke) and restaurant (Morton’s) were sponsored by Anesthesia Business Consultants. Almost 70 anesthesiologists attended the excellent and thought-provoking presentation. Many of those who attended gained a new perspective on the profession of anesthesiology and learned some techniques for increasing our value and marketability.

In general, surgical volumes throughout Orange County are down. The decrease in volume seems related to the economy, with many surgeons reporting that patients are cancelling or delaying surgery because of loss of employment, loss of insurance coverage, or inability to pay deductibles and out-of-pocket expenses for procedures. Elective plastic surgery cases are down throughout the county. There are also trends in the payer mix at many facilities. Some hospitals are seeing an increase in Medicare patients, and other facilities are seeing a higher percentage of Medi-Cal cases.

Many anesthesiologists throughout Orange County are extremely upset about Health Care Reform, and many have taken political advocacy seriously. One group had greater than 90 percent of its members write letters to congressmen, senators, the head of Health and Human Services, and the President of the United States. Many physician anesthesiologists are also very concerned about the Governor of California “Opting Out” of physician supervision of CRNAs for Medicare. Several doctors sent the Governor personal notes describing the differences between a nurse and a doctor. One physician told the Governor the following: “With the stroke of a pen, behind closed doors, you have placed the patients of California at risk.”

Rima Matevosian, M.D.—District 14 (Northwestern Los Angeles County)

L.A. County has seen many patients hospitalized with H1N1 (swine flu). These cases have been quite virulent.

The economic downturn has been felt in our District. It has been reported to us that several community hospitals have seen a downturn in the number of elective cases.

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The Surgery Centers have been hurt the most, with elective plastic surgery cases reportedly down as much as 50 percent at some centers. At the County Hospitals in our district, we have seen an increase in the number of patients who recently lost their jobs and/or health insurance. This is because the County Hospitals are the safety net for those in need of health care. Decreased property taxes and other revenue to the County has resulted in L.A. County facing a budget shortfall. This will affect all the L.A. County Department of Health Services Hospitals.

By encouraging involvement in our district, several CSA members ran for delegate positions. Our new delegate is Aram Messerlian, M.D. Our new alternate delegates are Stephen Nemeth, M.D., and Jeffrey Keyes, M.D.

We have started to contact the Anesthesiology Departments of the hospitals in our District to better understand their concerns and issues. We will continue this process in order to have a more cohesive district.

Committee Appointments

Active and resident members who are interested in becoming more involved in the CSA and would like to start by serving on a committee need to contact Narendra Trivedi, M.D., President-Elect, at narentrivedi@hotmail.com or the CSA office at 800-345-3691 or csa@csahq.org by December 15, 2009, indicating interest in the following divisions and committees. For more information about the committees and the two divisions, call the CSA office or refer to the CSA Bylaws at http://www.csahq.org/pdf/csa_bylaws.pdf.

Divisions

Educational Programs Division
Legislative and Practice Affairs Division

Standing Committees

Committee on Bylaws
Committee on Finance and Administration
Committee on Peer Review
Committee on Public and Professional Communications

Special Committees

Committee on Physicians Health and Well Being