

ASA Director's Report

2010 ASA August Board Meeting

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ASA Director for California



The Annual Meeting of the ASA Board of Directors (BOD) was held in Chicago on August 21 and 22, 2010. In addition to myself, other CSA members present included President Narendra Trivedi, M.D., Immediate Past President Linda Hertzberg, M.D., Speaker Johnathan Pregler, M.D., Assistant Secretary Christine Doyle, M.D. (who is also Chair of ASA's committee on Electronic Media and Information Technology), Assistant Treasurer William Feaster, M.D., ASA Alternate Director Michael Champeau, M.D., ASA Assistant Secretary Linda Mason, M.D. and ASA Committee On Economics Chair Stan Stead, M.D. Our CEO Barbara Baldwin was also in attendance, as usual, enabling her to have significant face-to-face interactions with ASA staff and attending the CSA Western Caucus, BOD review committees and formal ASA BOD meeting. The participation of our CEO at the ASA BOD meetings does, in my view, provide CSA with an important measure of informed interaction and gives a significant advantage to our CSA staff that the majority of state component societies do not enjoy.

The many reports and action items that made up the Board Handbook for this meeting were divided between the four usual review committees according to the categories of administrative, professional, scientific, and financial affairs, and all were presented for consideration and testimony. The ASA Board's recommendations on these items will be presented to the ASA House of Delegates in October along with those recommendations acted upon at the March interim meeting, and many additional reports not previously presented to the BOD. The HOD may, of course, approve or disapprove the BOD's action on any of these items. Here are some of the issues from the August BOD that may be of interest to CSA members:

- The Administrative Council recommends a Bylaws amendment that would permit the ASA President to lodge a complaint against a member convicted of a felony and such a complaint to be forwarded to the Judicial Council. *Most of us were surprised to hear that there were ASA members in apparent good standing who have serious criminal convictions. This is not a statistic that enhances the public image of our society. Current bylaws require that a complaint against such individuals must be filed by another member in*

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order to initiate a judicial process leading to expulsion from the Society. No one has ever done this!

- The BOD disapproved a recommendation from the New York component society to modify language approved at the March BOD meeting defining how a member is allowed to designate their component society membership. *This is not much of an issue for large western states, but in the Northeast, especially, where people may live in one state and work in a number of others, it can be.*
- The BOD disapproved recommendations from multiple directors, including me and Dr. Champeau, regarding ASA endorsement of Candidates for AMA Offices and Positions. *This arose from widespread concern regarding AMA policy and public statements during the national debate over national healthcare reform. The discussion over this issue has none-the-less raised awareness and recognition of the importance of transparency and trust in the actions of our AMA delegation.*
- The BOD recommends authorization of the Administrative Council (AC) to pursue a plan for site selection and construction of a new building, or an existing building, for a new ASA Executive Office. The HOD will be asked to delegate final authority for selection of a new site or building, purchase, supervision, and negotiation of financing to the AC. This will be subject to a budgetary limitation of \$20 million. *The ASA staff has outgrown its current housing in Park Ridge. An adjacent unimproved property parcel was purchased last year, and a detailed analysis of various alternative uses for this property, and how best to address the need for additional office space for ASA headquarters, has been presented to the BOD. This project will be ongoing.*
- The report of the committee on ethics, which was critical of Dr. Hannenberg's letter to the ABA urging withdrawal of its statement on an ABA diplomat's involvement in criminal executions, was referred back to the committee. *This report contained additional recommendations defining the expertise and qualifications for members of this committee. Testimony was heard that the president-elect should be allowed judgment and latitude in committee appointments.*
- The committee on economics amended the ASA Statement on Reporting Pain Procedures in Conjunction with Anesthesia, in response to reports of payors inappropriately bundling the placement of epidurals and peripheral nerve blocks for postoperative pain control into the payments for surgical anesthesia services, which is contrary to CPT guidance, Correct Coding Initiative (CCI) and Medicare contractors' instructions. Included in the amended language is: "Time for a post surgical pain block that occurs

after induction and prior to emergence does not need to be deducted from reported anesthesia time.”

- The Advisory on Granting Privileges for Deep Sedation to Non-Anesthesiologist Sedation Practitioners, developed by an ad-hoc committee, and based in large part on the CSA guideline, was approved. *This Advisory can be found on the ASA website.*
- The Committee On Occupational Health recommended revision of the ASA Recommendations for Infection Control for the Practice of Anesthesiology, in order to conform to current guidelines from CDC. The BOD amended this revision, and this statement was approved: “Do not administer medications from a syringe to multiple patients, even if the needle or cannula on the syringe is changed. Needles, cannulae, and syringes are sterile, single-use items. Do not reuse for another patient.” *The additional phrase “or to reaccess a medication or solution” was disapproved.*
- The Committee On Pain Medicine recommended revision of the ASA Statement on Anesthetic Care during Interventional Pain Procedures, which was approved by the BOD with the addition that this statement applied to adults. The following sentence was added to this document: “The use of general anesthesia for routine pain procedures is warranted only in unusual circumstances.” *Although this was approved without comment, practices which routinely provide anesthesia for pain procedures should be aware of this language.*

HOLD THESE DATES!

CSA Annual Meeting and Clinical Anesthesia Update May 13-15, 2011

At the Fairmont San Jose in downtown San Jose

Topics include:

- *Management of Massive Hemorrhage in Obstetrics*
- *Joint Commission and CMS-Medication Management and Other Compliance Challenges*
- *Adult Congenital Heart Disease: Meeting the Challenge*
- *Trauma Anesthesia Update*
- *Videolaryngoscopy: Should It Replace Direct Laryngoscopy?*
- *Common Infant Emergencies and Problems: What Do I Need to Know?*

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