As the Wind Blows

ASA Board of Directors Interim Meeting

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The Interim Meeting of the ASA Board of Directors was held at the Westin O'Hare Airport Hotel on March 6-7, 2004. Although record breaking wind gusts of 60-70 miles per hour restricted airplane access to O'Hare Airport and delayed travel for many meeting participants, most attendees to the Board were able to be present. Representing CSA and anesthesiologists in California were CSA President H. Douglas Roberts, M.D., CSA Past President Steven Goldfien, M.D., ASA Alternate Director Kent Garman, M.D., ASA Chair of the Section on Education and Research Patricia Kapur, M.D., and yours truly.

Western Caucus

The Western Caucus was attended by representatives from the states of Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Washington, and Wyoming. One issue which generated considerable discussion was the ramifications of the expected adoption of a four-year residency program in anesthesiology. These anticipated changes in training have been driven by the need to have a defined curriculum in the PGY-1 year, the need to have a longer and more in-depth experience in critical care medicine, as well as the concern about the decreased percentage of residency graduates who have successfully passed the boards. While some programs have established funding for a four-year track, many institutions will find it difficult to find the money to support a four-year residency program.

This year, candidates for ASA office from the Western Caucus will include Candace Kellar, M.D., of New Mexico, who is unopposed in her re-election bid for the office of ASA Speaker, and Charles ("Chuck") Otto, M.D., from the University of Arizona School of Medicine, who is running for Vice-President for Scientific Affairs against Roberta Hines, M.D., from Yale University of School of Medicine and Arnold Berry, M.D. from Emory University School of Medicine in Atlanta. So far, the only individual who has declared his intention for the office of First Vice-President (a.k.a. President-elect-elect) is Mark Lema, M.D., who recently completed a very successful tenure as Editor of the *ASA Newsletter*, and who also wears the title of Alternate Director from New York.

Board Reports

Twenty-nine reports were submitted to the Board for consideration at this meeting. Although there were no critical issues compared to last year at this time, some reports warrant mentioning.

Audible Monitor Tones. In a report from the Anesthesia Patient Safety Foundation, it was revealed that APSF will initiate discussion on the use of audible alarms and beep tones on physiologic monitors, especially pulse oximeters, during all anesthetics. Despite the excess alarming pervasive in some new anesthesia machines, there is concern that there have been adverse events during anesthetics in which alarm systems or oxygen saturation monitors have been silenced. While APSF does not dictate ASA standards for patient care, any strong position on their part would create impetus for the Committee on Standards to consider appropriate additions to existing standards.

Practice Parameters. Under the leadership of former ASA President James Arens, M.D., the Committee on Practice Parameters continues to forge new directions while also conducting revisions of existing practice parameters, guidelines, and advisories. Three new practice parameters are now under development:

- Practice Advisory on Perioperative Management of Patients with Cardiac Rhythm Management Devices
- Practice Alert on Operating Room Fires
- Practice Advisory on Perioperative Management of Obstructive Sleep Apnea

The marketing strategies of a certain manufacturer of a device that uses integrated EEG signals to assess depth of anesthesia remain a concern of ASA leadership. At the time of the ASA Annual Meeting, there was much controversial publicity on television, radio, and in the print media, which used scare tactics to frighten patients about the inordinate risks of awareness under anesthesia. There remains little agreement on the real need for such monitoring devices. Consequently, the Committee has initiated the development of a practice parameter for "Brain Function Monitoring."

Anesthesia Payment Methodology. For most anesthesiologists, the use of "time" has always been an essential component to developing a bill for anesthesia services. The use of "time" for determining anesthesia charges for Medicare patients is encoded in federal law following ASA's successful legislative efforts in the 1980s. However, ASA continues to receive suggestions from other specialties who share representation at the AMA's Relative Value Update

Committee (RUC) that ASA should be fully integrated within the RBRVS system. But to do so would most likely mean eliminating "time" as a major factor in anesthesia reimbursement, and adopting "average time" or flat fees tied to the many thousands of CPT procedural codes. ASA has heretofore resisted any such change. Last year, in a show of good faith to the RUC, the Committee on Economics recommended to the Board that a task force be formulated to consider alternative ways for anesthesia reimbursement. For this reason, a task force has been appointed, chaired by L. Charles Novak, M.D., a former chair of the Committee on Economics. Its initial focus will be to investigate the reasons why anesthesia experienced a substantial decrease of the anesthesia conversion factor from $19.27 to $13.94 when the Medicare Fee Schedule was implemented in 1992. This understanding will help guide deliberations on any suggested changes to anesthesia reimbursement methodologies. A report from the task force is expected in August.

Anesthesiology Continuing Education (ACE). The new continuing education program called ACE is scheduled for its debut in October 2004. Unlike its predecessor, the Self Education and Evaluation Program (SEE) which focuses on cutting-edge knowledge such as is contained in recent scientific journals, the ACE program is focused on standard knowledge. As more practitioners are expected to fulfill the evolving Maintenance of Certification in Anesthesiology (MOCA) requirements, the ACE program is an educational, self-assessment tool designed to achieve that end. Cost to ASA members will be $200.

Annual Meeting Review. Arnold Berry, M.D., presented a summary report of the 2003 Annual Meeting in San Francisco. Registrants for the meeting included 7,593 ASA members, and, with the addition of non-member physicians, guests, and exhibitors, the grand total of attendees was 17,282. Of the 1,946 scientific and clinical abstracts received, 1,565 were accepted, a large percentage of these from other countries. A total of 133 Refresher Course lectures were offered, a 33% increase from 2002. All workshops and most of the PBLD were sold out. Because of the problems with the new registration system, at this year's meeting pre-registered attendees who receive badges and tickets by mail will be able to verify attendance at any time during the meeting. Also in 2004, two subspecialty "tracks" will be offered on Monday and Tuesday: one on Critical Care Medicine and the other on Obstetric Anesthesia.

Presidential Activities. ASA President Roger Litwiller has worked hard to anticipate and solve the inevitable problems that arise each year. His has responded forcefully to the inappropriate marketing techniques by manufacturers of so-called "awareness monitors." Along with President-elect Eugene Sinclair and ASA Executive Director Ronald Bruns, Dr. Litwiller has begun

a series of facilitated meetings with the leadership of the American Association of Nurse Anesthetists. Time will tell whether these discussions are fruitful, but at least a dialogue has begun.

Among the discussions that are ongoing with the Center for Medicare and Medicaid Services (CMS) are: improved reimbursement under Medicare for teaching anesthesiologists to mirror rules that apply to teaching surgeons (full-reimbursement for two concurrent cases); adoption of a statement by CMS on locked carts similar to that negotiated by CSA with the California Department of Health Services (thanks to CSA's Mark Singleton, M.D., for pressing this issue both in California and through the ASA); and elimination of the archaic (CMS) rule that requires a post-operative note within 48 hours by the same physician who administered the anesthetic.

Legislative Issues

The keynote speaker at the afternoon legislative update session was AMA President Donald J. Palmisano, M.D., a vascular surgeon from Louisiana. Attendees quickly learned that Dr. Palmisano is a polished, dynamic, and humorous speaker. His address covered a number of issues, most importantly Medicare reimbursement and the need to change the existing formulation which factors in the GDP; the elements of the prescription drug benefit legislation signed into law last November; patient safety legislation; and the progress (or lack thereof) of attempts in Congress to pass professional liability insurance (PLI) reform. Currently, the Republican leadership in the Senate has been unable to bring a bill to the floor for a vote. Senator Bill Frist, the Majority Leader and a former cardiac surgeon, has even tried to present a "carve-out" bill which would at least provide tort reform for the most vulnerable, high-risk specialty, obstetrics. This, too, has been unsuccessful. While many fingers have been pointed at the Democrats for blocking the progress of PLI reform, the various Senate bills (as well as the original House Bill passed in 2003–HR5) have also contained wide-spread liability protection for pharmaceutical companies, nursing homes, medical equipment manufacturers, and health insurance companies–which makes one wonder what the real intent of the legislation is. It is speculated that the Senate leadership is using this legislative strategy to embarrass the Democrats in an election year. It is interesting that these bills have carved out all physicians except one specialty, and yet they continue to provide broad liability protection to big business. I fear that physicians are being used as the "poster-children" in a bigger political agenda.