

# Winging It at the Westin

## ASA Interim Board Meeting

*By R. Lawrence Sullivan, Jr., M.D., ASA Director California*

The Interim Meeting of the ASA Board of Directors was held at the Westin O'Hare Airport Hotel on Saturday and Sunday, March 5-6, 2005. Although the agenda for the Interim Meeting of the ASA Board usually is light, the board packet seems to have changed with an increased number and length of submitted reports, perhaps a reflection of the expanded Board size. Until a couple of years ago, the ASA Board consisted of 11 officers and 30 directors representing geographically aligned districts of one or more states. Under the restructured format, there are now 12 officers and 55 directors, each director representing one of the 50 states, the District of Columbia, and Puerto Rico as well as one director each from the Resident, Academic, and Uniformed Services Components. While some individuals were concerned about the unwieldy size of the Board, its present makeup has encouraged greater participation from smaller states, and, although the review committees hear more testimony, the work of the Board seems to be as efficient as in the past.

Representing CSA and anesthesiologists in California were CSA President Linda Mason, M.D., CSA President-Elect Edgar Canada, M.D., ASA Alternate Director Kent Garman, M.D., and yours truly. Also in attendance were former CSA President Daniel Cole, M.D., who was recently successful in his election as the Alternate Director from Arizona (where he now lives and practices) and Rebecca Patchin, M.D., a member of the AMA Board of Trustees.

## Morning Session

### Western Caucus

Members of the Western Caucus met early Saturday morning to address caucus business and to review Board reports that might be controversial. The Caucus did approve the establishment of a listserv, hosted by ASA, for all directors, alternate directors, ASA delegates, alternate delegates, and current or former officers from the Western Caucus states.

This year, candidates for ASA office from the Western Caucus will include two individuals who are expected to be uncontested: ASA Vice-President for Scientific Affairs Charles ("Chuck") Otto, M.D., and ASA Assistant Treasurer John Zerwas, M.D. Two of the officer positions will be contested at the Annual Meeting in October. ASA Secretary Peter Hendricks, M.D., will face Jeffrey Apfelbaum, M.D., Chair of the Committee on Quality Assurance and Departmental Administration, for the office of First Vice-President. Meanwhile, three

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individuals have declared their intentions to run for Assistant Secretary: Arthur Boudreaux, M.D., from Alabama, Murray Kalish, M.D., from Maryland, and Timothy Quill, M.D., from New Hampshire.

### **Board Reports**

Of the 41 reports submitted for information or action, some issues warrant being mentioned.

**Standards of Care.** The Committee on Standards of Care, chaired by former CSA President Jack Moore, M.D., presented a revision of the document titled “Basic Standards for Pre-anesthesia Care.” Originally adopted in 1987, the committee’s recommendations were further honed by the Board and will await final approval by the House of Delegates in October. The committee also reported its intention to present new standards addressing audible alarms. Initially proposed by the Anesthesia Patient Safety Foundation (APSF), the two new standards would state:

When the pulse oximeter is utilized, the variable pitch pulse tone and the low threshold alarms must be audible.

When capnography is utilized, the capnograph alarms must be audible.

With a formal recommendation expected for the August ASA Board meeting, member input on this proposal to the Committee on Standards of Care is encouraged.

**Practice Parameters.** The development of practice parameters, guidelines, and advisories entails considerable work involving review of scientific literature, statistical analysis, and expert panel input. Committee Chair (and former ASA President) James Arens, M.D., was commended by the Board for his exhaustive efforts in overseeing this effort. New documents which are expected to be presented to the ASA House of Delegates in October include:

- Practice Guidelines for Perioperative Management of Patients with Obstructive Sleep Apnea (open forum to be held at SAMBA Annual Meeting, May 12, 2005)
- Practice Advisory for Perioperative Blindness Associated with Spine Surgery (open forum to be held at SAMBA Annual Meeting, May 12, 2005)

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- Practice Advisory on Intraoperative Awareness and Brain Functioning Monitoring (open forum to be held at the Association of University Anesthesiologists meeting, April 6, 2005)

Because of the overlapping responsibilities of the Committees on Standards of Care and Practice Parameters, a recommendation from the Vice-President for Professional Affairs, Alexander Hanneberg, M.D., was approved which will eliminate the Committee on Standards of Care and incorporate its duties into a renamed single Committee on Standards and Practice Parameters, thus creating consistency in the development of such documents.

**American Medical Association.** It is a fact that the AMA provides important representation for all physicians at the national level. Many issues transcend specialty concerns, and the AMA is sought out by elected representatives and regulatory officials for input on matters affecting health care and the practice of medicine. ASA is fortunate to have a significant voice in decision making within the AMA through ASA’s delegation of eighteen delegates and alternate delegates as well as through the incomparable Rebecca Patchin, M.D., from Riverside, the first anesthesiologist representing ASA to be elected to the AMA Board of Trustees. **I urge all CSA members who are not already AMA members to join AMA**—it is a wise investment in advocacy and representation, something we can all afford. No one should be getting a free ride!

Within the report from the ASA Delegation to the AMA, two issues were especially important. The first was the successful passage of an ASA sponsored resolution, titled “JCAHO Sentinel Event Alerts,” at the Annual

Meeting of the AMA in December. It addressed a sentinel alert on awareness under anesthesia released by JCAHO last year. Despite objections from JCAHO President Dennis O’Leary, M.D., the AMA House approved the following resolution: “That our AMA ... express its deep concern about the scientific validity and appropriateness of JCAHO’s recent Sentinel Event Alert addressing patient awareness during anesthesia; and ... that Sentinel Event Alerts should not be interpreted to be the equivalent to practice guidelines, given that practice guidelines should be developed and vetted by physician professional organizations. ...” Much of this effort should be credited to former CSA President Steven Goldfien, M.D., who suggested to ASA leaders that support on this issue be sought from AMA. The second issue involves the Drug Enforcement Administration’s announcement in November 2004 that physicians may no longer prescribe Schedule II opioid analgesics for more than one month. The decision will have an

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immense negative impact on many anesthesiologists and other pain medicine practitioners caring for patients with chronic pain. In a strongly worded resolution, AMA expressed its objection to the DEA’s recent rule and will work to correct the situation.

**Graduate Medical Education.** The Residency Review Committee for Anesthesiology has proposed changes to the requirements for the training of anesthesiologists. Essentially, each program would become a fully integrated four-year curriculum with an expanded experience in critical care medicine. Residents would no longer take their PG Y-1 year or internship at another institution prior to the existing three-year program. These changes have raised many economic and logistical issues. A resolution from Gerald Costello, M.D., ASA Director from Indiana, called for the delay of these changes until the full impact can be appreciated. It was coincidentally reported that such a change has not yet been approved by the Accreditation Council for Graduate Medical Education.

**100<sup>th</sup> Anniversary.** The year 2005 represents the 100<sup>th</sup> anniversary of the founding of the ASA through its predecessor, the Long Island Society of Anesthetists. A number of activities and events are planned for this Centennial Celebration including the development of a video on the history of the ASA; the publishing of a book titled “The American Society of Anesthesiologists: A Century of Challenges and Progress”; the distribution of a video news release to national television outlets and pertinent press releases, focusing on advances in patient safety over the past 100 years; the availability of commemorative posters and calendars as well as emblazoned items such as shirts, ties, scarves, mugs, and so forth, which can be found through ASA’s online store at [www.ASAhq.org](http://www.ASAhq.org); and the publication of a special edition of the *ASA Newsletter*. On Monday, October 24, 2005, at the Annual Meeting in New Orleans, there will be a “Centennial Gala” (black tie optional dinner/dance) as well as a separate reception with special entertainment and a 100<sup>th</sup> birthday cake cutting event. The announcement of these events will be included in the Annual Meeting registration information packet which usually is mailed to ASA members in June. The Centennial Gala is expected to be a heavily subscribed event with limited reservations available, so sign up early!

**ASA Distinguished Service Award (DSA).** In response to a resolution presented by your ASA Director and Alternate Director, the Board recommended that the ASA President appoint a committee to “... review the current nominating process for the DSA, including eligibility requirements, and the composition of the Committee on the DSA ...” This resolution stemmed from concerns by many about how ASA selects its DSA recipient each year. While there have been many exceptional individuals recognized by this award in the past, it was unclear

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whether the House of Delegates should be recognizing individuals who have contributed to the Society, or those who have distinguished themselves in the betterment of the specialty of anesthesiology. Additionally, the House of Delegates, which is the body that confers this award, has little input in the vetting process. Using the process by which a single nominee is presented to the ASA House by the Chair of the DSA Committee, there has never been a nominee who was rejected. Currently, the DSA committee consists of the three most recent ASA Past Presidents and the three most recent DSA recipients.

**Federal Locked Cart Rule.** Although California seemed to have resolved the locked cart issue by reaching an understanding with the California Department of Health Services, some hospital surveyors have been invoking federal rules. Thanks to an emergency resolution introduced by CSA Secretary Mark Singleton, M.D., in 2003, ASA staff in Washington, D.C., have worked with officials at the Center for Medicare and Medicaid Services (CMS) to resolve this issue. It is hoped that CMS will soon declare that an operating room is a “secure area,” thus *not* requiring that anesthesia carts be locked or under continuous observation while a patient is transferred to a recovery area.

**Intravenous Catheters.** In a report from the Committee on Pediatric Anesthesia, Randall Clark, M.D., reported on a meeting of his committee with major manufacturers of intravenous catheters. Despite the attempts within some hospitals to eliminate traditional intravenous catheters, there is **no** legal requirement to do so. While so-called safety catheters must be available, hospitals and ambulatory facilities may continue to provide traditional catheters. At the present time, the manufacturers will continue to offer traditional catheters.

### **Afternoon Session**

Controversies about the practice of pain medicine was the initial topic of the afternoon program. Participating in a panel discussion were ASA First Vice-President Mark Lema, M.D., Ph.D., former ASA President John Neeld, M.D., Timothy Deer, M.D., chair of the ASA Committee on Pain Medicine, James Grant, M.D., ASA director from Michigan and President of the Board of Medicine for the state of Michigan, and California neurosurgeon Philip Lippe, M.D., Executive Medical Director for the American Academy of Pain Medicine. Focusing on the future of the practice of pain medicine, discussion covered concerns about adequate reimbursement, scope of practice in light of some CRNAs independently managing chronic pain patients, and proper education and training. Dr. Grant reiterated the problem of many state medical boards having little, if any, control when nurses (CRNAs) are given great latitude in their activities. Dr. Lippe presented his longstanding vision of creating a separate, accredited specialty of pain medicine

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with ABMS certification. Such a program could offer a two-year track following training in another related discipline, or an integrated four-year program following medical school. ASA has always expressed concerns about the lost experiences that anesthesiology residents would endure with such a co-existing pain program.

Ron Szabat, J.D., ASA’s new Director of Governmental Affairs (since the retirement of Michael Scott, J.D., in December 2004) provided the legislative briefing. Of primary concern this year for ASA and AMA is physician reimbursement under Medicare, which is expected to experience a five percent per year reduction in the Medicare conversion factor for each of the next eight years, beginning in 2006! This could result in a 50 percent reduction of physician fees over that period. The problem lies with the Sustainable Growth Rate formula by which physician fees are updated (?downdated) annually using the gross domestic product and the cost of outpatient prescription drugs as key elements in the actuarial equation. Hospital reimbursement adjustments are calculated based on other factors (explaining why salaries for hospital employees have more than kept pace with inflation). Although members of Congress are sympathetic with the plight of doctors, they have not seen a reduction in the number of Medicare participating physicians (there was a two percent increase), and thus do not sense that there is a major problem in access to care. Some members of Congress have suggested that any positive updates should be linked to improvement in outcomes measures, referred to as “Pay for Performance” (P-4-P). Expect to hear more about P-4-P, although I predict that reimbursement will eventually reach a critical level where there will be a massive exodus of physicians from the Medicare program. In anesthesiology, that remains a dilemma as we remain a “captive audience” like other hospital-based specialists.

**May 18-21, 2006  
CSA/UCSD Annual Meeting  
and Anesthesiology Review Course  
Rancho Las Palmas Marriott Resort & Spa  
Rancho Mirage, California**