

Cut to the Chase

The Annual Meeting of the ASA Board of Directors

By R. Lawrence Sullivan, Jr., ASA Director California

While there are no crises currently confronting the ASA, the number and length of reports submitted for consideration at the Annual Meeting of the ASA Board of Directors, which met at the Westin O'Hare Hotel on August 21st and 22nd, seemed to increase significantly again this year. Forewarned of this challenging task, Board members found ways to focus on the key issues at hand. CSA members in attendance representing their specialty colleagues from California included Dr. Linda Mason, CSA President; Dr. Edgar Canada, CSA President-elect; Dr. Kent Garman, ASA Alternate Director; Dr. Patricia Kapur, Chair of the ASA Section on Education and Research; Dr. James Futrell; former CSA Presidents Dr. Norman Levin, Dr. Steven Goldfein and Dr. Jack Moore; and yours truly.

Seventy reports from various ASA officers, section leaders, committee and task force chairs, and directors filled the traditional binder sent to meeting attendees.

Task Force to Study Payment Methodology

This task force, chaired by Chuck Novak, M.D., from Seattle, was formed pursuant to action by the House last year which approved a resolution from the Committee on Economics to explore the appropriateness, risks, benefits, and relativity of the ASA Relative Value Guide and its well-known and widely accepted "base plus time" methodology recognized by many payers in determining fees for anesthesia services. There are some people within ASA who feel that, in the long run, anesthesiologists would be better served to be fully integrated within Resource Based Relative Value System (RBRVS). There are also individuals at the AMA Relative Value Update Committee (the "RUC") who have brought pressure to bear upon ASA's representatives to the RUC, suggesting that anesthesia should be fully integrated within RBRVS like all other medical specialties. ASA has resisted this suggestion for years, but the Committee on Economics felt that a separate and focused study of this subject should be conducted by ASA—thus, the appointment of yet another task force. For all intents and purposes, full integration within RBRVS would most likely result in the elimination of "time" as a component to anesthesia payment. However, any change affecting anesthesia reimbursement under Medicare would require CMS and Congressional approval. Within the report to the Board by Dr. Novak, there were no "recommendations" at this time. But there was a great deal of skepticism expressed by those present, especially ASA members from the academic community. Dr. Novak indicated that members should expect to see some kind of recommendation to the House in October. Such recommendation will provide a basis for discussion by ASA mem-

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bers. Because this subject is expected to generate significant interest and controversy, ASA President Roger Litwiller has appointed a fifth reference committee to hear testimony on this item only, with testimony beginning at 12:30 p.m. on Sunday, October 24th.

Safe Use of Propofol

During the past year, there has been considerable discussion within various committees of the ASA about the use of propofol for “sedation” during some diagnostic or therapeutic procedures (endoscopies, cardioversions, emergency room procedures) by individuals not trained in anesthesia. Even CSA convened a Task Force on Sedation during the past year, chaired by CSA President-elect Edgar Canada, M.D. Some hospitals in California currently allow some non-anesthesia trained physicians to use propofol in limited situations. Other medical staffs have insisted that, with the exception of its use for sedation of intubated and mechanically ventilated patients, propofol only be administered by individuals fully trained in anesthesia. The American Association for Accreditation of Ambulatory Surgical Facilities (AAAASF) this year declared that propofol can only be administered by an anesthesiologist or a nurse anesthetist. The issue came to a head in March 2004 when three G.I. societies issued a joint statement declaring that “the routine assistance of an anesthesiologist/anesthetist for average risk patients undergoing standard upper and lower endoscopic procedures is not warranted” and “that with adequate training physician-supervised nurse administration of propofol can be done safely and effectively.” In response, the ASA Committee on Ambulatory Surgical Care drafted a “Statement of the Safe Use of Propofol,” which received preliminary approval from ASA leadership. An amended version of this statement was approved by the Board, although it is subject to further amending by the House in October. In the meantime, ASA leadership and representatives of the G.I. societies have commenced meetings in an attempt to reach a common ground.

ASA Educational Opportunities

A vast array of high caliber educational resources are available to ASA members. Under the watchful eye of the Committee on Professional Education Oversight, chaired by ASA Vice-President for Scientific Affairs Bruce Cullen, M.D., and the Chair of the Section on Education and Research, UCLA’s Patricia Kapur, M.D., these opportunities continue to flourish. They include:

- ASA Annual Meeting and Refresher Course Lectures
- Refresher Courses in Anesthesiology publication
- Self-Education and Evaluation (SEE) Program—focus on “cutting edge” information

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- Anesthesiology Continuing Education (ACE) Program—focus on “classic” anesthesiology knowledge

A new source for CME credits, called CME in Anesthesiology, was approved by the Board at this meeting. This program will provide the opportunity for ASA members to acquire online CME credits from reading and answering pertinent questions related to a selected article in each issue of *Anesthesiology*. In yet another educational opportunity, Dr. Kapur recommended that ASA explore the “development of a national anesthesiology human patient simulator training program.” Currently, there are at least 26 such simulators in the United States, but no means to coordinate their availability. It is not the intent of this program to develop simulator credentialing for anesthesiologists. Rather, ASA recognizes the popularity of these programs, and, as a benefit to its members, is attempting to make the simulator experience more accessible to practicing anesthesiologists.

Miscellaneous Issues

A number of reports contained less controversial issues:

- A resolution from the CSA House of Delegates directing ASA “to develop guidelines specifying the qualifications of individuals who are granted privileges to administer anesthetic drugs to establish a level of moderate or deep sedation” was referred to a committee of the President’s choice.
- The Anesthesia Patient Safety Foundation (APSF) announced that it will study the use of audible alarms on physiologic monitors and the use of the audible beep tone from the pulse oximeter during all anesthetics. There have been numerous reports of adverse outcomes in situations where monitoring alarms were disabled during the administration of anesthesia. APSF is sponsoring a workshop on “Audible Information Signals” on Friday, October 22nd, from 1-5 p.m. at the Riviera Hotel, Pavilion #3, in Las Vegas.
- A resolution from Washington State recommending that the “ASA encourage the manufacturers of I.V. catheters to continue to produce traditional-type catheters” was reaffirmed in light of current AMA and ASA activity already addressing this issue.
- A report from the Task Force on Anesthesiologist Assistant (AAs) Education, chaired by former CSA President Steven D. Goldfien, M.D., reviewed the various activities that ASA is undertaking in establishing curriculum guidelines for the education and training of AAs including the creation of new training programs in Florida and Georgia. Additionally, the Task Force endeavors to educate anesthesiologists, anesthesiology

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residents, and surgeons of the role of AAs in anesthesia practice. The establishment of a permanent Committee on Anesthesiologist Assistant Education and Practice to oversee this activity was approved.

- The Board approved a variety of text and base unit value changes to the ASA Relative Value Guide (RVG) as recommended by the Committee on Economics. Because of concerns about the appropriate use of code 99100, the “extremes of age modifier,” especially for healthy patients over the age of seventy, the Committee on Economics recommended, and the Board approved, the study of how to better define physical status modifiers and risk stratification. A statement to be published in the RVG titled “Distinguishing Monitored Anesthesia Care (MAC) from Moderate Sedation/Analgesia (Conscious Sedation)” was also approved.
- The Practice Advisory for Peri-operative Management of Patients with Cardiac Rhythm Management Devices: Pacemakers and Implantable Cardioverter-Defibrillators will be presented to the House of Delegates in October for approval. Other advisories or guidelines in development by the Committee on Practice Parameters will address obstructive sleep apnea, peri-operative blindness, and brain function monitoring and intra-operative awareness.
- A recommendation to combine the Interim Meeting of the ASA Board, usually held on the first weekend of March in Chicago, with the ASA Legislative Conference, usually held in late April or early May in Washington, D.C., was soundly defeated because of concerns about losing the interactions of Board members at the Interim meeting as well as the loss of focus and intensity that would result from a five-day meeting in Washington, D.C.
- Under the proposed budget for the ASA fiscal (calendar) year 2005, it is recommended that dues for active members remain unchanged at \$450 per year. The budget for 2005 anticipates total expenditures of over \$23 million. Income from dues amounts to more than \$11 million, while other major sources of revenue come from the ASA Annual Meeting (mostly exhibitor fees) and the journal *Anesthesiology*.
- A funded, six- to twelve-month “Public Policy Fellowship,” named the Lansdale Fellowship, in honor of ASA’s long time legal counsel, Jack Lansdale, who passed away in 2003, will be awarded to an ASA member once every other year beginning in the year 2005. Such a fellow will have the opportunity to work in the legislative and executive branches of the federal government with a focus on health policy issues.

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- Because of their growing interest in the specialty of anesthesiology, a five member Medical Student Delegation will be incorporated into the Resident Component House of Delegates.
- Washington, D.C., was confirmed as the site for the ASA Annual Meeting in 2012; Boston was tentatively approved for the year 2015.
- A comprehensive review of ASA's Administrative Procedures was approved with few changes.

ASA Centennial Celebration

The conclusion of the 2004 ASA Annual Meeting in Las Vegas will mark the beginning of the 100 year Anniversary Celebration of the founding of the ASA. The ASA in collaboration with the Foundation for Anesthesia Education and Research (FAER) will coordinate a number of activities designed to promote the specialty of anesthesiology and to assist in corporate fund raising for the ASA-sponsored foundations: FAER, APSF, WLM, and the Anesthesia Foundation. A 250-page book on the history of the ASA, edited by Mark Lema, M.D., Douglas Bacon, M.D., and Kathryn McGoldrick, M.D., is near completion. A history video of the ASA will be produced. A traveling exhibit will be available to all of the state components. Attractive "collectibles" such as mugs, T-shirts, jackets, polo shirts, pens, and scrub caps will be likewise available during the year. The 100 year anniversary will culminate at a gala social event at the ASA Annual Meeting in New Orleans in October 2005.

Afternoon Session

A surprise visitor to the legislative briefing session was the Democratic candidate for governor of the state of Montana. Mr. Brian Schweitzer, who is running on a ticket with a Republican candidate for Lt. Governor, spoke briefly to the assembled ASA directors, one of whom is his brother, Mike Schweitzer, M.D., ASA Director from the Big Sky State (Brian's other brother is CSA member Warren Schweitzer, M.D., a community-based anesthesiologist and recognized authority on transesophageal echocardiography, practicing at O'Connor Hospital in San Jose). With Montana being the most recent state to "opt-out" of the federal rule that mandates physician supervision of nurse anesthetists, Brian Schweitzer made it clear that restoring the highest standards of patient safety in an operative environment would be a very high priority in his administration.

On the Federal level, medical liability reform remains stalled in the U.S. Senate and is unlikely to gain approval this session, much of the objection related to overly broad protection for pharmaceuticals, health insurance entities, and equip-

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ment manufacturers. Interestingly, Senator George Voinovich (R-Ohio) introduced a physician-only bill, but was unable to attract enough co-sponsors.

Fair reimbursement for anesthesiologists who provide clinical teaching for residents has been one of the highest priorities for ASA. ASA representatives in Washington, D.C., have been led to believe that CMS would allow full reimbursement when a faculty member supervises two teaching cases simultaneously, bringing them into alignment with surgical specialties for whom reimbursement for overlapping cases is not penalized. Currently, only one-half reimbursement is permitted for each case. In late July, ASA was informed that, contrary to prior assurances, the administration would not approve such a change as it would add \$34 million to Medicare expenditures. Hopefully, reason will prevail with continued lobbying efforts.

Medicare reimbursement for physicians will increase by 1.5% in 2005, based on Congressional action from 2003. However, the flawed methodology of calculating the Medicare Fee Schedule remains intact. Beginning in 2006, physician fees are expected to decrease 3-5% each year until 2012.

On the “State Beat,” only one “opt-out” has occurred in 2004—Montana. Litigation continues in a number of states on office-based surgery regulations and the licensing of anesthesiology assistants. The beat goes on!

Western Caucus

Traditionally, each of the five geographically-situated caucuses meet early on Saturday morning to discuss organizational issues, candidates for ASA office, and reports to be considered by the Board. This gathering was no exception to that tradition. In light of Western Caucus term limit requirements for caucus officers, there will be a new slate presented to the entire caucus membership when it meets in Las Vegas in October. For the most part, candidates for ASA officer positions at the 2004 House of Delegates will be the incumbents seeking re-election. Elections for two of the ASA officer positions will result in some new faces on the Administrative Council. Mark Lema, M.D., alternate director from New York, former president of the New York State Society of Anesthesiologists, and, until recently, editor of the *ASA Newsletter*, will run uncontested for ASA First Vice-President, a stepping stone to the ASA presidency. With Bruce Cullen, M.D., not seeking another term as Vice-President of Scientific Affairs, there will be a three-way race for that office pitting three highly qualified academic anesthesiologists: Arnold Berry, M.D., of Emory University, Roberta Hines, M.D., of Yale University, and Chuck Otto, M.D., from the University of Arizona (and current chair of the Western Caucus). Orin (Fred) Guidry, M.D., of New Orleans will also run unopposed for ASA President-elect.

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Some of the more interesting and/or controversial reports discussed at the Western Caucus or presented at one of the four Board Review Committees are itemized below. Some of these reports are presented for “Information Only,” while others contain formal “Recommendations” upon which the Board takes action. Each of these reports, as well as the reports considered at the Interim Meeting of the Board in March 2004, will also be presented to the ASA House of Delegates meeting in Las Vegas, October 24th and 27th.

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