The ASA Interim Board of Directors Meeting

What's New at the ASA?

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ASA Director for California

The interim meeting of the ASA Board of Directors was held on March 3 and 4, 2007, in Chicago. California members that attended this meeting were Drs. Linda Mason, ASA Director from California; Mark Singleton, ASA Alternate Director from California and current CSA President; Linda Hertzberg, CSA Speaker of the House of Delegates; Michael Champeau, CSA Treasurer; Virgil Airola, CSA President-Elect; Kenneth Pauker, Chairman of LPAD; Patricia Kapur, First Vice-Chair ASA Annual Meeting; and Barbara Baldwin, Chief Executive Officer.

The four review committees that met on Saturday morning were Administrative Affairs, Professional Affairs, Scientific Affairs, and Finance.

The Committee on Administrative Affairs heard testimony about professional diversity, and a mentoring program for diversity. The decision at the Board of Directors Meeting on Sunday was that the Committee on Professional Diversity should develop a formal ASA mentoring program for diversity with appropriate support from the ASA Executive Committee.

The Committee on Scientific Affairs reiterated its support that the ASA endorse tactics and allocate resources to continue the smoking cessation initiative discussion with our patients. The model policy of organ donation after cardiac death was referred back to the Committee on Transplant Anesthesia for revision. This document is a work in progress and **not** an ASA practice guideline or standard. The site of New Orleans was reaffirmed for the ASA 2009 Annual Meeting.

The majority of the discussion of the morning session involved the Committee on Professional Affairs, particularly the Committee on Performance and Outcomes Measurement (CPOM). The committee recommended that the ASA investigate the desirability of acting as a clearinghouse for performance data by applying the modular database design described by the guiding principles for the management of performance measures by the ASA. Ronald A. Gabel, M.D., a past chair of CPOM, continues to represent ASA on the American Medical

Association Physician Consortium for Performance Improvement (Consortium).

The Consortium currently is working on the second Perioperative Care Workgroup (PCWG2) with the American College of Surgeons (ACS) acting as the "lead organization." This model is utilized when there is a particular condition or topic of interest to a specialty society for which there are no current physician-level performance measures. Often, the specialty society serving as lead organization authored or contributed to the evidence-based guidelines from which the measures are derived. Dr. Gabel has acted as co-chair with Scott Jones, M.D. (ACS), and the membership included anesthesiologists Lee Fleisher, M.D., and Alexander A. Hannenberg, M.D., ASA Vice-President for Professional Affairs. Proposed measures from PCWG2 include:

1. Timing of prophylactic antibiotics (administering physician)
2. Timing of prophylactic antibiotics (ordering physician)
3. Selection of prophylactic antibiotic antibiotics (1st or 2nd generation cephalosporin)
4. Discontinuation of prophylactic antibiotics (noncardiac procedures)
5. Discontinuation of prophylactic antibiotics (cardiac procedures)
6. Venous thromboembolism prophylaxis (major, open urologic procedures; elective hip or knee arthroplasty; hip fracture surgery; or major neurosurgery)

In November of 2006, the Consortium convened its Anesthesiology/Critical Care (A/CC) Workgroup to consider three measures proposed by ASA in January 2006:

1. Maintenance of Normothermia
2. Prevention of Stress Ulcer Disease in Ventilated Patients
3. Prevention of Ventilator Associated Pneumonia
4. Prevention of Catheter Related Bloodstream Infections

ASA was represented by Dr. Hannenberg (workgroup co-chair), Daniel I. Sessler, M.D., Gerald A. Maccioli, M.D., Todd Dorman, M.D., Neal H. Cohen, M.D., Ronald Gabel, M.D., methodologist Richard T. Connis, Ph.D., and David G. Nickinovich, Ph.D., and ASA staff Karin Bierstein, J.D.

The maintenance of normothermia measure as drafted by the Consortium Workgroup is as follows:

Numerator: Patients with a last intraoperative body temperature OR first body temperature recorded within 30 minutes after leaving operating room equal to or greater than 36 degrees centigrade. Denominator: All surgical patients undergoing elective surgical procedures of 60 minutes' duration or longer. This determination is based on anesthesia CPT coding and anesthesia duration recorded. [Medical exclusions are recognized.]

The Consortium workgroup recognized that intraoperative temperature monitoring is not warranted or feasible in every case and the measure in no way requires it. The proposed measure also does not assume the necessity of—or infer or imply efficacy of—any particular warming intervention under all clinical circumstances. There will be an open comment period by the AMA Physician Consortium as to this new performance measure and ASA members are encouraged to visit the Web site and submit their comments and suggestions. It is important to have one performance measure (timing of antibiotics) because of the 1.5 percent Medicare "bonus" this year. However, there are problems with selection of antibiotics because of local antibiotic profiling of bacteria. There is also much controversy about adopting process versus outcomes measurement, and this discussion will continue at the ASA House of Delegates meeting this year. After considering testimony at the Review Committee, a substituted (amended) CPOM report was submitted and approved by the Board of Directors on Sunday.

The Committee on Finance recommended that the ASA increase its contribution to the Foundation for Anesthesia Education and Research by $250,000. They also presented the ASA budget, which was approved by the Board of Directors.

An afternoon educational session on Saturday included presentations on continuing medical education, economics, and a legislative update at both the state and national level.

Mark J. Lema, M.D., Ph.D., ASA President, encouraged all ASA members to be a 3-percent player to make a difference in our practice. He challenged members to strive to complete at least two of these three goals every year.

1. Donate 3 percent of your clinical time—two hours each week or up to nine 10-hour days each year—to engage in political advocacy (visiting lawmakers in their district, attending state lobby day, participating in the ASA legislative day, writing to legislators, et cetera).
2. Donate 0.3 percent of your net income (about $500) to state and national PACs (state medical society, AMA, state anesthesiology

society, ASA). Lobby dollars allow these societies to support candidates who support your issues.

3. Donate two hours each week to teaching residents, fellows or medical students about the principles and practices of anesthesiology. This effort promotes recruitment into the specialty, enhances medical knowledge for safer patient care, and helps alleviate academic department manpower shortages.

Arnold J. Berry, M.D., then gave an informative presentation on CME, certification and process improvement. In addition to the maintenance of certification for anesthesiologists, it was stressed that self-evaluation is one of the most effective tools in changing physician performance.

Future Trends in the Economics of Anesthesiology practice was presented by Norman Cohen. Increasing demands for anesthesiology services, the growing budget deficit in Washington, Medicare shortfalls, and decreased private insurance payments will continue to challenge the financial aspects of the specialty. There is a new 2007 ASA fee survey underway that will help the ASA gain information regarding private payer contracts.

The legislative update presented by Ronald Sabat, J.D., and Lisa Percy, J.D., stated that the main items of discussion with legislators regarding the practice of anesthesiology are Medicare anesthesia payment (our specialty received an 8.9 percent cut beginning in January 2007), sustainable growth rate reform, pay for performance, anesthesiology teaching rule, rural pass-through and nonphysician health care fraud and misrepresentation. There were no new state opt-outs in 2006, but scope-of-practice issues and expansion of prescriptive authority of advance practice nurses are of great concern in many states. It is important that we write our Senators and Congressmen about these issues. The ASA has made this very simple by just accessing the ASA headquarters Web Site (www.asahq.org), clicking on "What's New?" and making one more click on "Washington Alert." Involvement by each of us is what really makes a difference. Supporting our ASAPAC and GASPAC allows the resources needed to meet these and other challenges in a timely, efficient manner.

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