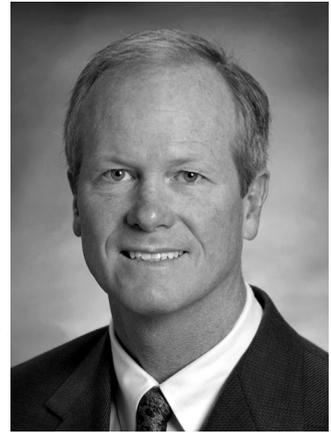


ASA Director's Report March 2010

ASA Positioned to Confront an Uncertain Future

*By Mark Singleton, M.D., ASA Director
for California*



Following the dramatic election in January of Scott Brown in Massachusetts to fill Ted Kennedy's former U.S. Senate seat, an enormous power shift has taken place in the tumultuous healthcare reform debate. Like the winter snowstorm's effect on Washington, this event paralyzed the Democrats' healthcare reform juggernaut, until the President's recent resuscitation attempts. ASA has continued to pound the message that the Medicare program treats anesthesiologists outrageously, that continuation of the present formula is unacceptable, and any expansion of the current programs is perilous. March 1, 2010, passed without any congressional action to halt the scheduled SGR 21 percent cut to physician payments, but just a few days later, another bill temporarily forestalled it. At the time of this writing there is what appears to be a final push to pass "some kind of" healthcare reform legislation. What comes out of this battlefield is unlikely to be significantly reformative and more likely to create a whole new landscape of problems. Meanwhile we are clinging to the precipice. I keep asking myself how long anesthesiologists will continue to participate in programs and contracts that systematically undermine and degrade our profession.

On March 6-7, 2010, the ASA Board of Directors met for its interim meeting in Chicago, and in addition to myself, representing California were: Drs. Linda Hertzberg, CSA President; Narendra Trivedi, CSA President-Elect; Ken Pauker, CSA Legislative and Practice Affairs Division Chair; Johnathan Pregler, CSA House Speaker; and Barbara Baldwin, CSA CEO. Of course, Dr. Linda Mason filled out the California group as the ASA's new Assistant Secretary. The meeting traditionally begins early Saturday morning with the regional caucuses conducting a generally informal discussion of the current issues of interest. The Western Caucus is a vibrant and informative arena and often is the origin of momentum in developing initiatives and policy for the organization. Following the caucuses discussions, four Review Committees (Administrative, Professional, Scientific, and Financial Affairs) conduct open hearings where testimony is invited from any ASA member on all the reports and items of business submitted to the Board.

ASA Director's Report (cont'd)

The following items were considered and approved by the Board at this interim meeting. They now will become part of the eventual "handbook" of materials presented for consideration by the ASA House of Delegates in October 2010.

- Amendments to the Administrative Procedures to facilitate emergency (electronic) meetings of the ASA BOD, and to determine the amount of member fees for the ASA annual meeting.
- Proposed member fees for the ASA annual meeting to be set at \$275 (advance registration) and \$480 (on-site), and \$100/\$175 for registration on a daily basis. Fees for all non-member categories also are increased. Registration in the past has been a free "member benefit," although charges for individual lectures, panels and workshops have increasingly been instituted. The new fee structure will be inclusive.
- A variety of measures focused on ASA employee compensation and member volunteer reimbursement, with the goal of decreasing cost and improving efficiency in the organization.
- Funding (\$96,000) for a third and final year to FAER for brain function monitoring studies.
- Recommendation NOT to support SAMBA guidelines on PONV (request of SAMBA to ASA) because of concerns about conflicts of interest of the authors, and strength of evidence.
- For your information: "ASA ROCKS" according to President Alex Hannenberg because ASAPAC is officially the largest health-related PAC in the nation, including the AMA.
- Amend the "ventilation methods" section of the Standards for Basic Anesthetic Monitoring to mandate "monitoring for the presence of exhaled CO₂ unless precluded or invalidated by the nature of the patient, procedure, or equipment" *during moderate or deep sedation*.
- Increase the fees charged by ASA to hospitals for the ASA Consultation Program, which provides comprehensive analysis of anesthesia departments upon formal request of the administration and medical staff.
- *Proposed Statement on Standard Practice for Avoidance of Medication Errors in Neuraxial Anesthesia*, which defines medications drawn into syringes and injected during spinal and epidural anesthesia as being "immediately administered," and thus not required to be labeled for compliance with Joint Commission standards.

ASA Director's Report (cont'd)

- *Proposed Statement on Standard Practice for Infection Prevention and Control Instruments for Tracheal Intubation*, which calls for defined methods of disinfection and decontamination, but NOT sterilization of such equipment (another JC survey issue).
- A resolution from New Mexico defining criteria for recognition of an individual as a “qualified anesthesia provider” was referred to committees of the President’s choice. This is considered to be a matter of immediate importance due to new CMS interpretive guidelines.
- Changes to the Guidelines for Minimally Acceptable Continuing Medical Education in Anesthesiology for compliance with the ABA Maintenance of Certification program.
- Financial statements and Treasurer’s report indicate that ASA continues to follow prudent fiscal management principles and is on sound financial footing.

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