

# District Director Reports: March 2010

*The district director reports that appear below contain personal views expressed by each director, rather than statements made by or on behalf of CSA.*

## **Edward R. Mariano, M.D.—District 1 (San Diego & Imperial Counties)**

After the devastating earthquake in Haiti, Scripps deployed an 11-person medical-surgical team, led by the CEO of Scripps Health, Chris Van Gorder, to aid local healthcare workers at Hospital Saint Francois de Sales in Port-au-Prince. Healthcare staff from UCSD, Sharp Grossmont, and Alvarado Hospital also took part in various relief efforts.

In hospital news, the recently renovated Sharp Memorial Hospital was recognized by *California Construction Magazine* with a Best of 2009 Award for the healthcare division. The 334 private patient rooms include accommodations for an overnight guest, wireless Internet, and other amenities to encourage family-centered care. A new operating suite at Sharp Mary Birch Hospital for Women and Newborns, unveiled in fall 2009, features the latest in robotic surgical technology. Minimally invasive robotic surgery is also available at UCSD, Sharp Memorial, Scripps, and Palomar Medical Center. At UCSD, Thomas Jackiewicz was named the new Chief Executive Officer. UCSD Medical Center, Hillcrest, also opened state-of-the-art labor and delivery suites at the end of 2009.

With its draw as a popular tourist destination, San Diego is a common site for anesthesiology conferences. San Diego recently hosted the Society for Cardiovascular Anesthesia's Annual Comprehensive Review and Update of Perioperative Echocardiography, and it will be the site for the Cleveland Clinic's 12th Annual Pain Management Symposium on Coronado Island this March.

This fall, San Diego will host the American Society of Anesthesiologists Annual Meeting, and several District 1 members will be participating on the Local Arrangements Committee, which is chaired by Edgar D. Canada, M.D., District 1 member and CSA Past President. Encouraging new membership and filling our open CSA delegate positions continue to be my highest priorities.

## **Stanley D. Brauer, M.D.—District 2 (Mono, Inyo, Riverside & San Bernardino Counties)**

In light of the controversy with the opt-out issues in California, hospital administrators and CRNAs have used the need for coverage at rural hospitals as reasons they support the Medicare opt-out. Our district ranges from urban to rural

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areas with very low population, including cities such as Bishop and Mammoth Lakes. Anesthesiologists traditionally have staffed the small hospitals in both of these locations. According to recent contacts with administrators and nurses at these two hospitals, coverage appears more than adequate. When I asked what the job prospects were for any finishing residents, it was clear there were no shortages, and they would need to get in line after others to obtain a position.

On the other hand, reports exist that St. Mary's in Apple Valley has terminated their contract with their anesthesiology group and have brought in a CRNA-based group. Looking at the hospital's Web site, the only anesthesiologist listed on the medical staff is Mersedeh Karimian, D.O. They perform many surgeries, including CABG procedures in six operating rooms. This is certainly not an isolated rural area, but it is moderately urbanized, with a nearby competing hospital in Victorville. St. Mary Medical Center's parent organization is St. Joseph Health System, with many hospitals throughout California. Draw your own conclusions.

Prime Healthcare, owned by cardiologist Dr. Prem Reddy, is back in the news in our district. Valley Health System, which consists of Hemet Valley Medical Center and Menifee Valley Medical Center, is in bankruptcy court. A Hemet-based physician group, led by Dr. Kali Chaudhuri, had been approved to purchase the remaining assets under a debt organization plan, as well as a plan to keep the hospitals open. Prime Healthcare claims that the Chaudhuri agreement was an insider deal. Valley Health Care lawyers allegedly denied any of these allegations. Prime Healthcare lawyer Marc Rappel plans to offer the court "a better, higher offer." In December, the company purchased a portion of Parkview Hospital's debt, which consists of a \$30 million bond with a payment due creditors the last part of February.

The reaction to the way Prime Healthcare has run its hospitals is interesting. According to an article in the *Press Enterprise*, Jim Lott, Executive Vice President of the Hospital Association of Southern California, made the following comments. He stated, "A lot of people don't like his business model, but no one can take issue with the effectiveness of his business model. I'm glad to see him in the game. It's results that matter." A spokesman for the Physicians for Healthy Hospitals offered a different viewpoint. "Prime Healthcare's business model may fatten its corporate purse, but it comes at a toll to patients and local communities." Because Prime Healthcare currently owns 13 hospitals, many anesthesiologists in California are being affected.

Reports from many practices relate difficulties in contracting with Blue Cross. Pomona Valley Hospital reportedly no longer contracts with Blue Cross, and San Antonio Hospital is contemplating the same approach. Sources at several

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surgery centers state they no longer contract with Blue Cross because of the low payment rates and its selling of their contracts to other companies, making dealing with Blue Cross very difficult.

### **Wayne Kaufman, M.D.—District 3 (Northeast Los Angeles County)**

On the East side of the district, the City of Hope has been waging an advertising blitz. Their very effective commercials have been playing both on traditional formats such as radio (KCRW, KPCC) as well as untraditional ones on the Internet (Hulu). I have found their Internet commercials to be very slick. Clearly, these ads are helping to fuel a growing surgical volume, as Michael Lew, M.D., Chief of Anesthesiology at the City of Hope, informs us of plans to open a new ambulatory surgery center to help take care of the increased volume.

“Expansion” is the keyword for the ongoing activity at USC’s Keck School of Medicine. Over the past eight months, the Department of Anesthesiology has added 16 new faculty. These physicians will help to run multiple new sites at both USC University Hospital and Los Angeles County-USC Medical Center, including the takeover of H. Claude Hudson Outpatient Center. It is also expected that they all will join the CSA.

Currently, plans are underway to move surgery and critical care operations from the USC-Norris Cancer Hospital to USC University Hospital so that the Norris building can undergo its earthquake retrofitting. USC’s Department of Anesthesiology will be instrumental in helping provide critical care and emergency coverage to aid in the transition.

I would like to apologize for not having a district meeting for this last quarter as well as this abbreviated district report. As some of you already know, my father, Leonard B. Kaufman, M.D., passed away suddenly over the Labor Day weekend. It is my hope to have a district meeting sometime this May or June, and I will send out invitations as soon as I arrange a date and location.

Dr. Leonard Kaufman was one of the first graduates of the University of California at Irvine Medical School. He did his anesthesiology residency at Los Angeles County-USC Medical Center and then proceeded to work at many of the hospitals in both District 3 and District 11, including White Memorial, St. Vincent, and Good Samaritan Hospital. He specialized in cardiac anesthesiology and loved his work. He trained many of the residents who rotated from either USC or Martin Luther King-Drew. He was politically active, serving as both a delegate for District 3 for the CSA as well as an officer for the Los Angeles County Medical Association. Near the end of his career, he returned to where he started at the LAC-USC Medical Center to help train

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anesthesiology residents. In addition to his support of the Salerno Collegium (a fundraising organization raising funds to support USC medical students), Dr. Kaufman also created a scholarship fund to help deserving medical students. Despite the many changes occurring in medicine over the time of his career, he never lost the enthusiasm for his profession—a love which he has obviously passed on.

### **John G. Brock-Utne, M.D.—District 4 (Southern San Mateo, Santa Clara, Santa Cruz, San Benito & Monterey Counties)**

We had a very well attended dinner meeting in Redwood City on November 9, 2009. Over 50 people attended. The speaker was Ted Eger, who did an outstanding job talking about inhalation anesthetics. After the talk, Bill Feaster gave us an insight into the latest developments in anesthesia/medicine at both the state level and the federal level. It was very interesting and informative, and all he said has come to fruition. The dinner meeting was supported by Baxter; we are grateful to Terilyn Hanko of Baxter who made this happen.

Another dinner meeting has been scheduled in Palo Alto on April 15. Dr. Jerrold H. Levy, Professor of Anesthesiology and Deputy Chair of Research at Emory University School of Medicine, will be speaking on Hereditary Anti-thrombin Deficiency and the use of Thrombate III.

It is with concern that I note that some members of our district have elected not to renew their CSA membership. I have attempted to contact them all personally, but I only have been successful in regaining two. While most of the people on the list are still active in our area, 15 percent have left for Southern California or another state.

At Stanford University Medical Center, the H1N1 flu vaccine has been given to all staff members. If they do not take it, they may lose their privileges. Has this been the case for all hospitals in California?

A new crop of residents are entering the workforce, and by all accounts there are plenty of job openings. It would seem that the demand for clinical anesthesiologists is gaining momentum. However, the economic conditions, payment for services and health demographics will be the primary determinants for the future demand for anesthesia services. Let's hope it all works out. To attract the next generation of physicians into anesthesia, they must see the existing workforce in anesthesia as being happy and that there is no shortage of work for them.

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### **Paul B. Coleman, D.O.—District 5 (Kern, Tulare, Kings, Fresno, Madera, Merced, Mariposa, Stanislaus & Tuolumne Counties)**

Stanislaus County's residency program in existence for 35 years recently lost its accreditation. The county was concerned that it would lose permanently the program that serves 80,000 poor patients. The Centers for Medicare and Medicaid Services (CMS) stated that the program did not meet the requirements of the federal Balanced Budget Act when it moved from the defunct county hospital to Doctors Medical Center (DMC) back in 1997.

Even though an administrative contractor had approved years of funding for the program after the move, DMC and the county had to repay over \$19 million that federal officials had paid to the program between 2001 and 2008. For the residency program to continue, CMS stated originally that the County would need to create a new program with a new curriculum, new faculty, and a new director and that training would have to be halted for 12 months. The county feared such stipulations would have brought the entire County's health delivery system to a halt. With help from local congressmen—Rep. Dennis Cardoza, D-Merced, and Rep. George Radanovich, R-Mariposa—the Department of Health and Human Services relaxed their demands. The county created a consortium with DMC and Memorial Medical Center (MMC) to oversee the new residency, increased training slots from 27 to 30, and worked toward the continued requirement of creating a new curriculum.

Originally a family practice residency, there is now discussion of broadening the scope to include training in internal medicine, pediatrics, surgery, and emergency medicine with further subspecialty training at the local Kaiser hospital. Federal funding makes up 65 percent of the program's costs. The County, with DMC and MMC, will cover the remaining costs. Though graduating medical students often shy away from residencies with accreditation issues, the County has been upfront with all applicants regarding the program's status. The new program, which starts in July 2010, has received 583 applicants vs. 530 the previous year. Of the 583 applicants, 50 percent are medical students who graduated in the United States and 30 percent are American students who attended Caribbean medical schools.

What was originally known for years as Modesto City Hospital, and later as Kindred Hospital Modesto, has closed. Kindred Healthcare, based in Kentucky, made an unsuccessful attempt to sell the hospital last year after a series of regulatory investigations led to administrative penalties. The hospital lost Medicare reimbursement in 2008 and was converted to a rehabilitative center in 1993.

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Modesto hospitals received strong overall patient scores in a recent issue of Consumer Reports—which compiled information from a number of sources including patient satisfaction surveys sent to patients of all ages by Medicare. Out of a possible score of 100 points, Stanislaus Surgical Hospital rated 91, Memorial Medical Center 78, and Doctors Medical Center 71. No rating was available for Kaiser Modesto Medical Center, which is in its second year of operation.

Neighboring Oak Valley Hospital in Oakdale and Emanuel Medical Centre of Turlock scored 67 and 57 respectively. Merced's Mercy Medical Center scored 49 points. Doctors Medical Center received a below-average score for noise. As a response, the hospital made a number of modifications, including placement of glass barriers around nurses' stations. Stanislaus Surgical Hospital, a short-stay surgical facility, received top marks in areas such as doctor communication, cleanliness, attentiveness of staff, pain control and quietness.

### **Uday Jain, M.D.—District 7 (Alameda & Contra Costa Counties)**

CSA District 7 consists of the East San Francisco Bay counties of Alameda and Contra Costa in northern California. The city of Oakland is included in this district. Several industrial and inner city areas are also included.

The Kaiser Permanente anesthesiologists constitute a large proportion of District 7 anesthesiologists. District 7 has a high proportion of CSA members.

District 7 has held eight meetings during the past couple of years. The programs, usually held on weekday evenings, have included a sponsored dinner and academic lecture. The most recent one, on January 23, 2010, was held on a Saturday morning and included a symposium on perioperative pain management and ultrasound-guided regional anesthesia. In order to be inclusive, we have always invited all the anesthesia providers from the Bay Area. The next symposium will be held on Saturday morning, April 10, 2010. Tong Gan, M.D., will speak on nausea and vomiting, and on fluid management. Adrian Gelb, MBChB, will speak on monitoring of awareness. A full hot breakfast will be served. All CSA members are invited.

Hospitals in District 7 employ more CRNAs than those in most other districts. Alameda County Medical Center and Kaiser Foundation Hospitals employ a significant number of CRNAs. The relationship between M.D.s and CRNAs appears to be positive. Governor Arnold Schwarzenegger's opting out of the Medicare requirement that CRNAs be supervised by physicians, may in the future lead to changes in our district. Hence our district enthusiastically supports the legal challenge being mounted by CSA.

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There are no anesthesiologist training programs in this area. Samuel Merritt College, Oakland, has a CRNA training program, and its students receive clinical training at various District 7 hospitals. Residents in other specialties do anesthesia rotations at various District 7 hospitals.

A new Kaiser Foundation Hospital opened in Antioch, which is in the northeast part of the district.

One of the problems facing District 7 hospitals is the difficulty in recruiting qualified personnel for perioperative care. There are frequent shortages in the operating room and the post-anesthesia care unit. However, recruitment of qualified anesthesia personnel has not been a problem.

Medi-Cal and other cuts in the new California budget are going to have a significant effect on our district. The recession has reduced the revenues at virtually all the hospitals. San Leandro Hospital is trying to avoid closure. Although Kaiser has suffered a reduction in enrollment, we are providing excellent care with fewer resources.

### **Jeffrey Uppington, MBBS—District 8 (Alpine, Calaveras, Amador, Sacramento, San Joaquin, Placer, Yuba, El Dorado, Yolo, Sutter, Nevada, Sierra and East Solano Counties)**

The recession has affected many, if not all, hospitals and practices. Many of the effects are local and unique, but some are universal. Sacramento and nearby counties are but one example of the challenges hospitals and physicians face.

All hospitals pay for free care and have bad debt. I reported on last year's figures in my previous report. Since then the figure has risen for all hospitals, particularly UC Davis Medical Center, which bears the brunt of charity care in the city. The reason for this is complex and is partly related to history. When UC Davis decided to found a medical school in 1966, it was decided that the University would purchase the Sacramento County Hospital and over 120 acres of land on Stockton Boulevard. The new UC Davis Medical Center contracted with the County to take care of all the county patients. The County paid the hospital a lump sum annually and the hospital looked after all the Sacramento County patients that came to it. In that sense, it remained the "County Hospital."

Gradually patients from other nearby counties without hospitals also came to visit UC Davis Medical Center and were not turned away from the Emergency Room. Having been the "Hospital of Last Resort" before the Medical School started, it remained such thereafter.

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At the beginning of the Hospital's fiscal year in 2009, Sacramento County unilaterally decided that they would no longer pay an annual negotiated rate for County patient care, but would instead use an intermediary to pay a fee for pre-approved services and procedures. They also went from the UCDCMC being the sole contracted hospital, to contracting with other major hospital systems in the county, Sutter and Mercy. This they did, despite the warnings of the UCDCMC that it would likely increase the County's cost of care. The County's rationale was that they would save money, which was important to them as they, like many counties, were approaching bankruptcy. Unfortunately, UCDCMC was proved right and the County went into an increased negative balance.

The county then decided that it would no longer contract with UCDCMC, but would keep contracts with the other provider hospital systems. The contract was thus terminated, with the county owing UCDCMC about \$100 M, though this has been contested by the county. Rather reluctantly, UCDCMC has now sued Sacramento County for the money.

The physicians have been affected differently from the hospitals. UC Davis physicians have been well used to dealing with and treating County patients. They have been used to doing this for low payments because the amount of money with the previous County contract was never enough to cover all the costs. UCDCMC had a system of distribution of the County monies to the various physician groups and the hospital. When the County changed its contract to Sutter and Mercy, the contract was with the hospitals. Perhaps because with UC Davis, the hospital and the physicians contracted together, the County may have assumed that their new contract with the other hospitals included the physicians, but of course it did not. UC Davis physicians are employed by the Medical School; Sutter and Mercy have private groups who contract separately. It is not clear that physicians now seeing County patients will get paid for their labors.

The other part of this rather sad story is that many patients have been uprooted from their usual hospital and physicians, and have been moved to new ones. This may not be that uncommon, given the fluidity of contracts these days, but it has affected poor and disadvantaged patients particularly.

Yolo County had previously altered its contract with Sutter Davis, despite warnings from Sutter Davis that it would be fiscally disadvantageous to the county to do so. Yolo County also is in a difficult fiscal situation. I wonder if this sort of scenario has played out in other counties that do not have their own hospital, and rely on contracts with hospitals in that county to maintain services?

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Meanwhile life goes on. Kaiser South has opened its new Level 2 Trauma Center. Sutter and Mercy continue to build. UC Davis Medical Center is scheduled to open its new Pavilion in September this year. Plans were made many years ago, of course, but there has been a softening of hospital censuses over the last year. I have not heard of changes in CRNA/anesthesiologist relationships since the opt-out.

### **Samuel H. Wald, M.D.—District 11 (West Los Angeles County [western portion])**

Children's Hospital Los Angeles recently held the 48th Annual Clinical Conference in Pediatric Anesthesiology in cooperation with the Pediatric Anesthesiology Foundation, a southern California tradition. The conference drew over 300 attendees from across the country and, in addition to local speakers from CHLA and UCLA, Drs. Lynne Maxwell, David Steward and Jerrold Lerman travelled to Disneyland as faculty speakers. The conference was directed toward both the full-time and the occasional pediatric anesthesiologist with multidisciplinary topics. Over three days there were practical and theoretical talks, workshops, and ample time to allow the attendees to interact with the speakers.

As of the writing of this report, several members of the UCLA faculty have gone or will join the relief efforts in Haiti. The first faculty member, Dr. Dorothea Hall, participated with a land-based group from Miami at the start of the medical missions. Since that time, a UCLA multi-disciplinary team has joined the USHS Comfort, and CSA members, Drs. Bitu Zadeh, Barbara Van de Wiele and Neesa Patel each have committed to separate time slots aboard the ship. We wish them the best with their efforts and appreciate the time and energy they are devoting to this important endeavor.

### **John S. McDonald, M.D.—District 12 (Southeastern Los Angeles County)**

Los Angeles County has instituted California's first network of stroke-specialty hospitals. In District 12 Torrance Memorial Medical Center and Little Company of Mary San Pedro have been designated as two of nine stroke-specialty hospitals in Los Angeles County.

Little Company of Mary Torrance intends to begin its expansion tower this fall, breaking ground for its new West Pavilion. This endeavor will add 96 private rooms, a comprehensive women's center, and a new pharmacy and laboratory.

Harbor-UCLA Medical Center has begun construction of its long anticipated 16-room OR/Intensive Care Unit and Emergency/Trauma facility. The new facility will replace its current 10 operating rooms, increase its emergent capacity,

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and better integrate its trauma facility with its operating suites. The facility has also begun construction of a new three-level parking facility alongside the hospital, intending to alleviate the current parking difficulties.

Torrance Memorial Medical Center is also breaking ground this fall, and plans to complete its tower by 2015. Demolition of the site began in February. The new tower will provide 256 patient rooms (25 percent more than its current occupancy) and a new 18-room surgical suite with a 12-bed burn center. The facility is planned to be occupied by 2015.

It has been a difficult year for so many. We have had our ups and downs, with all sorts of problems from our governor and his “opt-out” decision to the recent threat regarding future fiscal stability regarding our patients.

At least for now, things seem to be stabilizing a little, and we look onward and upward. Speaking of that, I wonder how many of you know what advantages and protection you accrue with a membership in the ASA and the CSA? Late last year I put together a brief talk on the benefits of belonging to the ASA and the CSA. This was for both my faculty and residents. If you are interested in it, please let me know and I shall send you a “copy of the slide summary of the talk.”

The slate for District Delegates and Alternate Delegates is in the process of being finalized.

I hope this finds all of you healthy and happy.

### **Paul B. Yost, M.D.—District 13 (Orange County)**

On September 8, the CSA in “the OC” held a very well attended dinner talk at Mastro’s Steak House. The speaker was one of our CSA members: Dr. John MacCarthy who spoke about Electronic Medical Records and ways the EMR can improve patient care, efficiency, and timely billing. The dinner was sponsored by Anesthesia Business Consultants. On November 18, CSA in the OC held another dinner meeting at Morton’s Steak House. Dr. Gregory Sorensen spoke about “The Benefits of Point of Care Testing.” The talk was well attended and generously sponsored by Abbott Point of Care testing.

In general, surgical volumes throughout Orange County are slightly down to steady. The decrease in volume seems related to the economy with many surgeons reporting that patients are cancelling or delaying surgery because of loss of employment, loss of insurance coverage, or inability to pay deductibles and out-of-pocket expenses for procedures. Elective plastic surgery cases are down throughout the county. There also are trends in the payer mix at many

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facilities. Some hospitals are seeing an increase in Medicare patients, and other facilities are seeing a higher percentage of Medi-Cal cases.

In spite of the generally decreased volumes throughout the county, and the feeling amongst most groups that they are slightly overstaffed, there are a couple of facilities and groups that are looking to expand modestly. This is a positive change over my last informal survey of the county.

Around the County:

IHHI, the owner of four Orange County Hospitals (West Med Anaheim, West Med Santa Ana, Coastal Communities, and Chapman) was placed in receivership late last year and its assets are up for sale in March of 2010. One of the bidders is Prime Healthcare, which was blocked from purchasing Anaheim Memorial in 2007 by the State of California. The California Attorney General's office in 2007 declared that it was unable to conclude that "the sale is fair to Anaheim, reflects fair market value ... and is consistent with the public interest." Although surgical volumes at the four hospitals have stayed steady, the uncertainty has had an effect on the physicians working at the hospitals.

Children's Hospital of Orange County broke ground on its new patient care tower which will feature its own state-of-the-art Operating Rooms, including a hybrid OR. The new building is expected to open in the spring of 2013. Volumes at CHOC and St. Joseph's of Orange have been steady.

St. Jude will be opening a new surgery center with seven ORs in April of 2010. Their surgical volumes are steady, and they are seeing an increase in cardiovascular cases.

Fountain Valley Regional Medical Center has seen a slight decrease in surgical volume.

Mission Hospital opened a new tower in November of 2009, with a state-of-the-art interventional radiology suite, new SICU and post-stroke unit. They are now a regional stroke center and are performing emergent cerebral angiograms, thrombolysis, and coiling.

Saddleback has seen steady volumes with minimal changes.

University of California Irvine recently opened its new state-of-the-art University Medical Center tower and simulation center, and its new chronic pain center. UCI has been very successful in earning an increased level of NIH grant funding for research. And, in July, UCI will be increasing the size of its anesthesiology residency class.

### **Rima Matevosian, M.D.—District 14 (Northwestern Los Angeles County)**

We have been advocating for greater participation in our district. With the recent CSA district elections, our CSA delegation is full, with Drs. Rusheen and Stead elected as delegates, and Dr. Ovsepian elected as an alternate delegate. Additionally, we are in the final planning stage of a district meeting. We will encourage each hospital in our district to participate. We already have welcomed several new members to our district and encourage each anesthesia group to have their members join the CSA.

Our hospital, as well as many others in the District, has received requests to approve policies allowing the greater use of propofol sedation by non-anesthesiologists. We always have considered the use of propofol for sedation to be the realm of the anesthesiologist. Fospropofol is now a FDA Schedule IV controlled substance. Consideration is being given to reclassify propofol, adding further backing to our belief.

Because of anesthesia drug shortages, many hospitals have had to conserve their remaining stock of affected medications.

L.A. County continues to wrestle with a severe budget shortfall. The L.A. County Department of Health Services Hospitals has taken significant steps to reduce costs. This includes close scrutiny of scheduling and the ordering of supplies.

The number of patients hospitalized with H1N1 (swine flu) in our district has decreased, which mirrors the national decline. A very active informational campaign, as well as vaccinating thousands of community members has helped.

### **Jacques Neelankavil, M.D.—District 15 (Residents)**

There have been some changes in the academic programs in District 15. UC Davis is expanding and opening new facilities to house their ORs and ICUs. In addition, they have a new program director. The UCLA anesthesia program has started sending residents to Long Beach Memorial Hospital for OB anesthesia experience in a private practice setting. The Ronald Reagan Hospital at UCLA continues to flourish.

There has not been significant activity of district members on committees in their hospitals, nor in other societies to report.

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District 15 members continue to be concerned with CRNA practice in California and the overall job market, which continues to be competitive in most areas. Most residents describe their experiences with CRNAs in their program as positive. Residents are interested in learning more about Anesthesiologist Assistants and how they may play a role in the future Anesthesia Team model. Most important, district members are interested in seeing how the lawsuit brought against the governor will affect our future practice. Health care policy and health care reform are also on the minds of our district members.

### **Contribute to the CSA Legal Defense Fund**

Please contribute to the CSA Legal Defense Fund. CSA currently has ongoing litigation to protect the quality of care for senior citizens. The annual dues statements will be mailed on June 1, and a suggested contribution to this fund will be included. It is easy to contribute when you pay your dues.

You may also contribute to the fund on the CSA Web Site at [www.csahq.org/donation\\_pay.php](http://www.csahq.org/donation_pay.php).