

# From the CEO

## CSA Then and Now

By *Barbara Baldwin, M.P.H.*



**T**he year was 1948. World War II ended three years earlier and the youngest baby boomers were two years old.

Harry S. Truman won his second term as president, defeating Thomas E. Dewey and Strom Thurmond. The World Health Organization was established by the United Nations. The

British National Health Service Act was enacted. The U.S. Supreme Court ruled that religious instruction in public schools violated the U.S. Constitution. The United Nations adopted the Universal Declaration of Human Rights.

Within that context, the CSA was founded. The world was a vastly different place, but events in 1948 continue to have a profound effect on our lives today. The CSA is celebrating its 60th anniversary this year. Names that are now legend within the CSA were the founding fathers in 1948: Forrest Leffingwell, Douglass Batten, John Dillon, Marshall Scaggs and John Howard were among the first leaders. These men brought structure and order to the fledgling society.

Documentation from the CSA's first two years of existence is scarce. The first member correspondence, a one-sided informal newsletter, was launched in April 1950. Highlights included noting the CSA's membership numbers, which at 319 earned a third seat in the ASA Delegation. Today, the CSA has the largest membership of all components, with 27 delegates to the ASA. In the early days CSA business was conducted in conjunction with the California Medical Association and county medical society meetings. That year its Annual Meeting took place on May 2, 1950. The second newsletter published in June 1950 noted that 17 members attended the annual meeting and the dues were set at \$5. Today, \$5 is worth sixty cents and in 2008 dollars it is \$44.73. A few years later, dues were doubled to \$10.

### **Efforts Focused on Economic Issues**

In the early days and now, economics was a significant concern. In the 1950s, dealing with third-party payers was simpler, partly because enactment of the Medicare and Medicaid programs would not take place until 1965. Most insurance plans provided first-dollar indemnity coverage. The first report by the CSA Committee on Economics appeared in the October 1950 newsletter.

## From the CEO (cont'd)

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It noted that anesthesiology rates for patients treated under the workers' compensation program decreased between 1946 and 1950. The CMA was the key negotiator for rates with third-party payers, and at that time the CMA's attention was turned to promoting increased payments for visits. Payments for several specialties, including anesthesiology, went unaddressed.

The California Physician Services, known now as Blue Shield of California, was a subsidiary of the CMA and operated independently. Then as now, the CSA pointed out inequities in payments for anesthesiologists, noting that CPS could set rates different from those in the published fee schedule. Anesthesia rates were set at \$10 for the first half hour, \$5 for the next two quarter hours and \$5 for each half hour thereafter.

### Balance Billing Noted for the First Time

In 1950 Blue Cross, then known as the Hospital Service of California in northern California, set indemnity payment rates similar to CPS, paying \$10 for the first half hour and \$5 for each half hour thereafter, with a maximum fee of \$40. The Economics Committee report notes that, "the majority of cases (i.e., patients) receiving a bill from an anesthesiologist would *probably* (emphasis added) not be billed extra. ... Physicians billing privately are asked to do this for all HSC cases:

1. Send your regular bill to your patient. (It is suggested that you might mention that his Blue Cross may defray all or part of the bill and to check with them or better to check his last policy.)
2. Bill Blue Cross (HSC only). This billing is in addition to billing the patient. If the patient is covered by HSC they will send a check to the patient made out to both the patient and you. The patient will sign the check and send it to you."

Contracting with health plans did not exist and physicians billed both the patient and the insurer. Blue Cross sent the patient the amount owed to the physician, making both patient and physicians cosigners on the checks. Making the check payable to both the patient and the physician prevented the patient from pocketing the payment.

### Continuing Education

The first documented educational program was a lecture entitled, "Observations on Anesthesia in Germany, 1950." Over the years the number of offerings grew, and many of the topics of those times continue to be discussed today, such as Diagnostic and Therapeutic Uses of Regional Anesthesia, Effects

## From the CEO (cont'd)

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of Low Body Temperatures on Drug Action and Consequences of Prolonged Surgery and Anesthesia. At that time, accreditation of continuing education did not exist and medical societies were responsible for ensuring the quality of education to their members. In 2008, the CSA is an accredited provider by the Accreditation Council of Continuing Medical Education and offers about 75 credits of CME per year, many of which are free to CSA members.

### CSA Grows

In 1951, the *Newsletter* took on a look much like it is today with the letter-sized sheets initially replaced by a pocket-sized four-page booklet. The *Newsletter's* first editor, Carl W. Fisher, M.D., promised that the scope of information would be increased to include Executive Committee discussions and a calendar of meetings. Committee reports, proposed bylaws amendments, new members, and election results also kept the 315 members informed.

The constitution and bylaws, based on the ASA's, were found to be inadequate to address the CSA's needs, and a complete rewrite was undertaken. New bylaws were adopted in 1955 and in 1959, after another extensive revision. Early in that decade, the CSA was too small to have a Board of Directors and was governed by an Executive Committee consisting of the President, President-Elect, Vice President, Secretary-Treasurer, and Past President. Eight committees addressed concerns of the CSA and practicing anesthesiologists: the Executive Committee, Committee on Constitution and Bylaws, Committee on Membership and Placement, Committee on Economics and Public Relations, Committee on Fires and Explosions, Medical Defense Committee, Medical Education Committee, and the Judicial Committee. By the mid-1950s, the Board was established and included the ASA Director, Chair of the Judicial committee and "district" representatives, one from the north and the other from the south.

Nineteen fifty-nine was a watershed year for the CSA. The *Newsletter* was renamed the *Bulletin* and the CSA's first Executive Secretary, Norman Catron, was hired on a trial basis. Norm's tenure as the first CSA Executive Director lasted until 1991. The first CSA office was in Norm's hometown of San Mateo, and at some point Norm cleverly achieved a bylaws change mandating that the CSA must be domiciled in San Mateo. Your current CEO suggested that the requirement be removed from the Bylaws early in the twenty-first century. Since Norm's departure, four executive staff have served the CSA. Other firsts in 1959 were the hiring of legal counsel and the tradition of having a place for ASA delegates and CSA members to meet at the ASA Annual Meeting.

### CSA Now

Since the first decade of CSA's existence, many issues have become timeless. The need for scientific research was recognized then as it is now. The need to represent a growing membership democratically at the state and national level continues. The critical importance of continuing education to promote safe and effective patient care will always exist. The need to advocate on behalf of anesthesiologists on issues of scope of practice, autonomy, and fair payment requires vigilance.

The CSA's membership is at an all-time high at 2,801. The CSA has top-notch legislative advocates in Messrs. William Barnaby Sr. and Jr. The CSA is represented and advised by equally consummate legal counsel David Willett and Phillip Goldberg. The central office employs seven staff to provide support for CME programming, the *Bulletin* and Web site, administrative functions such as maintaining the membership database, collecting dues, conducting elections, assisting in the governance functions of the society, and much more. The CSA is praised by the ASA, other state component societies, the CMA, and other specialties for its leadership, forward-thinking, fearlessness in addressing difficult policy and legal issues, and commitment to the highest standards of patient care.

The words from CSA President Thomas W. McIntosh, M.D., in his editorial in the January 1959 *Bulletin* resonate today:

The past 20 years have seen changes exceeding any similar period known to man. The next 20 years will see even more, for change is a constant thing, an ever-present moving force. The importance of awareness to it, and of planning for it, cannot be overstated because change, as it occurs, is often difficult to see and more difficult even, to foresee.

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