

# President's Page

## Address to the 2008 CSA House of Delegates

By *Virgil M. Airola, M.D.*



**T**hank you, Madam Speaker, for allowing me to address the 2008 CSA House of Delegates, the CSA Officers, the incoming CSA President Michael Champeau, M.D., our CSA past-presidents, and our honored guests—Drs. Roger Moore (ASA President-Elect), Robert Lagasse (President of the New York State Society of Anesthesiologists), Bob Johnstone (ASA Vice President for Professional Affairs), Jim Grant (ASA Assistant Treasurer), Candace Keller (Speaker of the ASA House of Delegates), Steve Sween (ASA Director from Georgia), Marc Warner (Chair, ASA Section on Education and Research), Ben Shwachman (The 2008 CSA Distinguished Service Award Recipient), and Jack Lewin (the 2008 Leffingwell Lecturer and CEO of the American College of Cardiology).

Let me begin by thanking each of you for allowing me to serve as your president during the last year—I felt honored! And during the year, CSA has accomplished a lot, but, as you'll hear in the next few minutes, for all that CSA accomplished on your behalf, I was never alone in any of these efforts—CSA is a team! And everyone contributed during the year.

First, let me mention the outstanding work our Educational Programs Division did with CSA's three educational meetings under the leadership of Dr. Barbara Van de Wiele. And let us all show our appreciation to Dr. Samuel Wald, this meeting's program chair, for the exceptional job in putting this fabulous educational meeting together.

Some of my greatest thrills during the year have been to see so many of our CSA leaders step up to the plate and hit a home run for our team.

Earlier this afternoon you heard two of my heroes, Drs. Shwachman and Lewin, speak on the importance of physician advocacy. We just heard Dr. Moore share the same message. Advocacy has become increasingly important in the last ten years and, in response, organized medicine has ramped up advocacy efforts for both patients and physicians.

If not for the efforts of numerous volunteer physicians, California citizens would have far less access to physician-directed medical care than they do today, and California physicians would face many more regulatory and

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economic hurdles when trying to keep their small businesses afloat. Physician leaders have been largely successful against forces that have sought to reduce access to physician-directed care and reduce the overall quality of medical care.

CSA, through its staff and volunteer physician leaders, has spent countless hours advocating for the “out-of-network” physicians’ right to bill usual and customary fees for services provided. The battle has gone on for five or more years in California. This year we’ve fought for your rights on this issue in the State Senate (with the defeat of SB 389 (Yee) and action against SB 981 (Perata)). We’ve done battle in the Governor’s office (resulting in the withdrawal of his emergency regulations), and we’ve jostled with the Department of Managed Health Care (with numerous written and verbal comments during eight public hearings across the state regarding their draft regulations). The issue still isn’t settled, and CSA will continue with our fight.

The underlying problem is the failure of medical insurance companies, IPAs, and other risk-bearing organizations to develop and maintain physician networks of adequate size and capacity to care for all the medical needs of the Californians who buy health insurance. They often refuse to pay the out-of-network physicians their usual and customary fees as required by the Knox-Keene law. Consequently, the physician’s patient must often be recruited by the doctor to demand proper payment from their insurance company or to pay the doctor themselves.

The proposals to outlaw “balance billing” are egregious! The “solutions” offered to “get the patient out of the middle” are seriously flawed. They offer fee-based binding arbitration using arbitrary and expanded criteria to determine a proper fee for medical services. They propose an outright prohibition, and some would make the practice of billing the patient an “unfair billing practice”—something that occurs only when the health plan hasn’t paid the doctor’s full fee for emergency medical care. Everyone knows the underlying cause of the problem, but the real reason the patients are “still in the middle” is the lack of enforcement of existing law by the Department of Managed Healthcare!

Predicted consequences for patients if any of these “solutions” are imposed vary in their details, but are similar in one respect—access to a physician’s care will become more difficult for many Californians. Access to physician-directed care is already problematic because of severe physician shortages in the Inland Empire, in the Central Valley, and in many Northern California counties. With California’s projected surge in population in the next decade and a projected

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shortage of 17,000 physicians in California by 2015, areas of the state where access to care is adequate today will begin to feel the physician shortage. Californians living in areas already short of needed physicians will be hardest hit by delays in medical care and long travel distances to find their care, and they will need more expensive care because poor early management of their illnesses wasn't available.

Partnering with CMA, many CSA leaders and members have stepped up to the plate to advocate in support of maintaining a physician's ability to bill and collect proper payment for one's medical care of patients: Drs. David Black, Christine Doyle, Wayne Kaufman, Ken Pauker, Earl Strum, Paul Yost, Mark Zakowski and I all have spoken out at DMHC hearings during the year.

Last August, after 27 years of successful treatment of physicians with the disease of addiction and substance abuse and the absence of even one incident of patient injury by physicians enrolled in their Diversion Program, The Medical Board of California has chosen to close their program this July. Again, organized medicine has advocated for California physicians under the leadership of CMA. CSA leaders, Dr. Thomas Specht, Chair of CSA's Committee on Physicians Health and Well Being, and Dr. Jeffrey Uppington, CSA District 8 Director and Vice-Chair of the UC Davis Department of Anesthesiology and Pain Management, have been members of the CMA Workgroup trying to develop an alternative treatment program that will, again, prevent patient injury by encouraging physicians ill with addiction and substance abuse to seek early treatment instead of ignoring their illness and risking injury to their patients.

Under the leadership of Dr. Jim Caldwell, the CSA Public and Professional Communications Committee and interested CSA leaders, guided by the enthusiasm of CSA Secretary Dr. Mark Zakowski, attended an educational seminar by media consultant Joel Roberts to discover effective techniques to get out CSA's message of who anesthesiologists are and what we do. The public needs a better understanding and appreciation of our medical specialty! And you'll hear more about this engaging project as the committee refines numerous proposed public service announcements during the coming year.

Dr. Jim Moore, CSA District 11 Director and Associate Clinical Professor of Anesthesiology at the UCLA David Geffen School of Medicine, spearheaded the effort to maintain low-dose droperidol as a weapon against post-op nausea and vomiting without running afoul of regulatory sanctions by the California Department of Public Health against facilities that continue to allow this off-label use of droperidol. Happily, Dr. Moore discovered the CDPH merely wanted

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each facility to develop a safe-use protocol based on scientific evidence that had the endorsement of the facility pharmacy and therapeutics committee.

Under the leadership of Dr. Linda Hertzberg, Speaker of the CSA House of Delegates, CSA completed and published our second statewide stipend and payment survey as a CSA member benefit.

Dr. Michael Champeau, with a task force of CSA leaders, built on the ideas of Dr. Singleton's Nominations Committee and made leadership development an additional responsibility of the Nominations Committee. The expanded Nominations Committee will guide committed volunteer leaders to find opportunities where they can both achieve their service goals in CSA and achieve greater leadership responsibilities in the organization.

With the help of our legal consultants, Messrs. Willett and Goldberg, CSA has submitted legal opinions on pending cases against anesthesiology groups in Feather River and Washington Township hospitals. We've addressed DMHC draft regulations on Timely Access to Medical Care by asking that DMHC enforce provisions requiring adequate numbers of physicians in health plan physician networks.

Our legislative advocates, the Messrs. Barnaby, have been equally important to our efforts in fighting on behalf of CSA members and our patients. On a day-to-day basis, they update us on the activities in Sacramento. Currently, they're tracking 22 bills in the legislature that could impact your practice. And they're working hard to express CSA's point of view and create a better future for CSA members by lobbying to amend, defeat, and pass various legislative bills. They've been key strategists for CSA leaders throughout the year to let us know when we need to "call out the troops" for legislative and agency hearings.

On behalf of CSA, Drs. Trivedi, Zakowski, and Yost attended a Pay-for-Performance symposium to learn what impact P4P programs might have on anesthesiology practices and how best to influence the development of more ethical and effective quality improvement programs for the benefit of our patients.

With the vigorous encouragement of Dr. Ken Pauker, our LPAD Chair, CSA leaders began to address key long-range issues for anesthesiologists, including future modes of the practice of anesthesiology in California, hospital contracting, and health insurance reform during a weekend LPAD seminar.

With the help of the CSA office, ably led by CEO Barbara Baldwin, Dr. Pauker and Dr. Paul Yost, along with LPAD members, have developed a CSA member

and nonmember database that will allow us to improve CSA advocacy efforts with our state and national legislative key contact programs in conjunction with growth in GASPAC membership.

Dr. Jim Moore and the CSA Membership Committee will also begin to use the new CSA physician database in our efforts to include every California anesthesiologist among our membership.

Last year, I asked each of you to get more involved in CSA activities, to bring in new CSA members, to join GASPAC, and to get to know your legislators. You've just heard how many of the CSA leaders have responded because they've come to realize the sprint for the finish line is never ending—the race is never won!

Each of you can run a part of the CSA race for a better future. So again, this year, I implore you to get more involved—become a better advocate for yourself, your ideals, and your peers. This is the time of year where many CSA leaders will pass the baton to a colleague as they finish their leg of the relay race into our future. So I implore you—get ready, get set, because next year it'll be your race to run!

### ***CSA Bulletin* Cover for Volume 57, No. 3 "Awaiting the Wind"**

The windmill is located in the west end of Golden Gate Park in San Francisco. The photo was taken late in the afternoon in December 2007. The low angle of the sun cast the perfect shadow of the motionless sail. A Canon 20D D-SLR with a 24-105 mm Canon lens was used to obtain a RAW image that was processed using Lightroom and Photoshop.

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