

# District Director Reports:

## March 2009

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

### **Edgar D. Canada, M.D.—District 1 (San Diego & Imperial Counties)**

I am submitting this report on behalf of the members in District 1 and I have agreed to serve as interim Director until a Director is selected.

In January, Sharp Memorial Hospital opened a new facility, the Stephen Birch Healthcare Center, that is a 334-bed structure (48 intensive-care beds, 126 intermediate-care beds and 160 acute-care beds). This is hailed as the first hospital to open in San Diego since 1993. The facility includes 10 expansive high-tech surgery suites, including specialized designs for orthopaedics, cardiac surgery, neurotrauma and transplantation. Additionally, the hospital notes the following features:

- All private rooms featuring a three-zone layout giving caregivers, the patient, and visitors their own spaces
- Family lounges including computer terminals and free wireless Internet
- Close proximity of patient beds to bathroom, with sliding door for wider access, to prevent fall accidents
- Dedicated transport elevators to separate the public from patient and service needs
- Direct line-of-sight into ICU rooms from nursing stations
- Hand-washing stations at the door of every patient room
- Strong anti-infection measures, including superior air filtration, antimicrobial coating on all ductwork and blind inlaid in glass throughout the hospital's intensive care units.

Eight administrators who were placed on paid leave are suing Tri-City Healthcare District (Oceanside, Vista, and Carlsbad) alleging violation of the states' open meeting law. Additionally, at this meeting the District's law firm was replaced, a new interim chief executive was hired, and a forensic investigation into the district finances and operations were ordered. Of note, in August 2008 for a third time the district failed to pass a bond measure with 62.4 percent support that is 4.3 percent less than the two-thirds vote needed for passage.

District member, Edgar D. Canada, M.D., has been selected to Chair the American Society of Anesthesiologists Local Arrangements Committee for the 2010 Annual Meeting that will be held in San Diego.

## District Director Reports (cont'd)

---

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

Greetings from District 2. Our district reflects the challenges and trends seen throughout California. I have highlighted a few issues that have been of particular interest.

One of the hospitals in our district, Parkview in Riverside, has been in the news with labor disputes that probably reflect the financial challenges that the health industry faces. The nurses' union filed a complaint with the NLRB, accusing Parkview of cutting their pay 5 percent without discussing it with union leaders. The labor board found merit in the nurses' charge and issued a formal complaint with action pending in the courts as this is written. Lt. Gov. John Garamendi has appeared at public rallies to support the nurses' position.

Our district has some of the largest numbers of Medi-Cal and uninsured populations in the state. More than 1,000 new patients are currently being added to Medi-Cal ranks every week in our district.

An interesting legal and public relations battle has been taking place in our district. Full-page ads in the local newspaper were run by a Corona IPA with the headline, "You have the right to choose and remain with your primary care physician." The ad then stated, "On January 29, 2009, Judge Weathers of Riverside Superior Court denied PrimeCare's attempt to use the legal system to restrict your choice of doctors in the City of Corona." PrimeCare had sought injunctions against the IPA for luring away PrimeCare contracted physicians to join their IPA. PrimeCare's complaint stated that once these scarce and qualified physicians join other networks, PrimeCare cannot easily replace them.

After many years of increased demand and multiple offers, there has been a noticeable tightening of the market. The residents are finding job offers but no longer are multiple groups bidding for their services. At a recent CME meeting in Palm Springs, an attendee had a sign on the back of their chair advertising their availability for hiring. This is the first time I have seen that.

Dr. Rebecca Patchin continues to represent our district and specialty on the national level. She has become Secretary of the Joint Commission Board, so we can all pester her with our questions about accreditation. She has also been elected to the position of Chair-Elect of the American Medical Association Board of Trustees.

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

This quarter started off in November with a District meeting at the Arroyo Chop House. The meeting, sponsored by EKR Therapeutics, included a lecture from Dr. Albert T. Cheung from the University of Pennsylvania on “The Management of Acute Hypertension: A Cardiovascular Focus.” In addition, the participants, led by CSA Secretary Earl Strum, M.D., and myself, discussed the many issues that affect our members with a special emphasis on the balance billing problem. The meeting was well attended and I appreciate all the support we received in arranging the meeting.

In the last several months, there have been many changes in the medical community that have directly impacted many of the members in District 3. Many of these changes took place at the medical campus of the University of Southern California. On the first weekend in November, the ER to Los Angeles County–University of Southern California was closed and the patients moved from the old facility to the new facility. The move was well planned and went smoothly. This was, in part, due to the excellent work of Dr. Philip Lumb, Chairman of the Department of Anesthesiology at USC, and Dr. Rodolfo Amaya, a District 3 Delegate. The last OR cases at the old facility took place on Friday morning (a C-section for twins), and I had the honor of turning off the OR lights for the final time on Friday night.

Two generations of Kaufmans (my father, Dr. Leonard Kaufman, and myself) were trained as anesthesiologists at this facility. In fact, it was the training site for many of the physicians that currently work in the Los Angeles area. It had survived many disasters, both physical and fiscal. It had played many cameo roles on film, including the soap opera “General Hospital,” “Ben Casey,” “War of the Worlds,” and most recently “Terminator, The Sarah Conner Chronicles.” (We won’t mention its place in the Michael Moore movie.) Yet the County was unable to keep up with time and technology. And so it has been replaced.

It is a bittersweet moment for many of us. While much of the credit for the successful move can be attributed to the staff at the hospital, many other members of Districts 3 and 4 contributed by covering the increased trauma service at their hospitals while the ER was closed at LAC-USC. The ORs in the new facility opened up on Monday, November 9. The first OR intubation was done by Dr. Amaya. While there are still many glitches in the new facility to be worked out (helicopter fumes in the operating room, equipment issues, etc.), it’s expected that the new facility will improve patient care.

On the other side of the medical school campus, USC announced that it had reached an agreement with Tenet and that by April 1, USC’s University

## District Director Reports (cont'd)

---

Hospital will now be owned by USC. USC has also been very aggressively recruiting new physicians to help grow the practice. In fact, despite the current economic situation our nation faces, USC is planning for rapid growth on its medical campus.

The City of Hope is also making plans for expansion and increased services. They are currently constructing a new outpatient center to help meet the needs of their expanding patient population.

We also have seen increased participation by members in our district. For example we have eight members currently running for delegate and alternate delegate positions. These members are (listed alphabetically): Rodolfo Amaya, M.D., Eugene L. Bak, M.D., John Hsu, M.D., Leonard D. Kim, M.D., Michael W. Lew, M.D., Rajesh Patel, M.D., Chunyuan Qiu, M.D., and Preeti P. Shah, M.D. In addition, Marc L. Weller, M.D., has joined the Legislative and Practice Affairs Division. All of them are extremely qualified and represent a wide range of practices and institutions, and I look forward to working with them in the future.

### **William W. Feaster, M.D.—District 4 (previous Director, newly elected Assistant Treasurer) (Southern San Mateo, Santa Clara, Santa Cruz, San Benito & Monterey Counties)**

We've had three District dinners this past year in various parts of the District, and we are planning another one for June, somewhere in the San Jose/Santa Clara area. Dr. Alex Macario from Stanford will be the guest speaker addressing "Improving Quality in Anesthesia Care." Stay tuned for an announcement.

Earlier this year, the Community Hospital of Los Gatos, until recently operated by Tenet Healthcare Corp., was purchased by El Camino Hospital of Mountain View. As part of the purchase, the hospital was closed prior to El Camino beginning operations at this site and it should be reopened by the time this article is published. This obviously has had a negative impact on the anesthesiologists practicing in Los Gatos. The groups involved are negotiating ongoing arrangements for anesthesia coverage for the reopened Los Gatos facility.

The District Director position for our district will again be up for nominations and voting by district members since I was elected to the position of Assistant Treasurer at the recent House of Delegates meeting in Monterey. I encourage any interested members to apply, especially current delegates with experience in CSA governance. Nomination forms will be sent out soon, but don't be surprised if they take an electronic format rather than the usual paper.

I have enjoyed serving as your District Director and look forward to continuing to serve our organization as Assistant Treasurer.

## District Director Reports (cont'd)

---

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

Construction of Merced's new Mercy Medical Center that began in November 2006 is well underway. This Catholic Healthcare West funded project has been in the planning stages for more than ten years and represents the largest ever undertaken by CHW, with cost now standing at \$260 million dollars. When completed the new medical center will have 196 beds, occupy more than 250,000 sq. ft. and include a 20-bed ICU, nine labor and delivery rooms and six operating rooms. In addition to the medical center, there will be a 65,000 sq. ft. medical office building on the same campus. Substantial construction will be completed by December 2009 with planned occupancy in May 2010.

For the second time in four months Oakdale's Oak Valley Hospital is asking voters to approve a \$27 million, 30-year bond. Measure O failed by 1 percent in April and the new bond, Measure Q, has taken on a spirited Republican vs. Democratic tone following remarks made by hospital administration and remains a major point of political conflict within the town. The bond needs two-thirds of the vote to pass and follows a hospital bond approved by the town in 2004.

The University of California Board of Regents recently authorized UC Merced to continue planning for a medical school, thanks largely to widespread support from the San Joaquin Valley community, including local, state and federal elected officials along with the Valley Coalition for UC Merced Medical School, California Partnership for the San Joaquin Valley and many other individuals and organizations. As a result of the UC Regents' recent endorsement, UC Merced's next steps include establishing a medical school planning office, developing curriculum and preparing a full proposal and business plan. At maturity, the proposed UC Merced School of Medicine is envisioned to have a total enrollment of 384 medical (M.D.) students and approximately 70 graduate (Ph.D.) students. The campus anticipates submission of a formal proposal for a School of Medicine to the UC President in approximately 12 to 18 months. When submitted, UC Merced's final proposal and business plan will be subject to all customary review and approval requirements of the university and state, including final approval by the Regents.

Demonstrating their commitment to healthcare leadership in the district, UC Merced has spearheaded the Valley Telehealth Partnership (VTP), which is set to begin establishing telehealth programs in six different Central Valley communities in order to improve local access to medical specialists. The six initial sites are at the forefront of what is expected to become a larger regional project

## District Director Reports (cont'd)

---

that will use telemedicine technologies to connect patients and physicians in some of the Valley's most rural and underserved communities with medical specialists whose services are often unavailable in these areas. The initial six partnering sites include: Castle Family Health Centers in Atwater, Mercy Hospital Family Care Clinic in Merced, National Health Services in Oildale, San Joaquin General Hospital in French Camp, Sierra Kings District Hospital in Reedley and United Health Center in Kerman. Using high-resolution video equipment provided by the VTP, sites will be able to access specialists for real-time video consultations with patients.

### **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. 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 four meetings since March 20, 2008. The programs have included sponsored dinner and academic lectures. The fifth meeting is on March 19, 2009. Christian Apfel, M.D., Ph.D., will lecture on Postoperative and Post-Discharge Nausea and Vomiting. This meeting and the dinner at the Waterfront Hotel, Oakland, are sponsored by Baxter.

Hospitals in District 7 employ more CRNAs than those in most other districts. Alameda County Medical Center and Kaiser Foundation Hospitals employ significant number of CRNAs. The relationship between M.D.s and CRNAs appears to be positive.

There are no M.D. 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. However, physician residents in other specialties participate in anesthesia rotations at the various District 7 hospitals.

A new Kaiser Foundation Hospital opened in Antioch, which is in the north-east 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.

## District Director Reports (cont'd)

---

### **Jason A. Campagna, M.D., Ph.D.—District 10 (San Luis Obispo, Santa Barbara & Ventura Counties)**

The overall situation in District 10 remains fairly stable. With the exception of some issues that Ventura is having with droperidol and government compliance, the remainder of the district shares similar interests and concerns with the larger state delegation: balance billing, continued Joint Commission regulatory growth, California's state budget issues and the impact of the economy on practice patterns. Dr. Jim Moore (Vice-Speaker HOD) recently published an excellent summary of the issues, and guidelines for dealing with the black-box warning on droperidol and state/federal regulators. Large groups, notably in Santa Barbara, Santa Maria and San Luis Obispo, have either changed policies to allow use of droperidol or not reported any issues with state or federal regulators.

The general state of the economy and that of our state in particular are the dominant concerns for District 10. The large groups all report a drop-off in concierge practice (plastics, dental) and to some extent elective outpatient procedures as well. At Cottage, our surgical volume is off 4 percent to 12 percent from one year prior. Similar patterns are true in SLO as well. The major effect of this is more lateral coverage with short days, and patchy surgical schedules. Anxiety is present among many members in the district. The groups that have a large fraction of their income derived from elective and concierge cases are having additional financial hardships. The additional looming concern about a state income tax increase to help solve the state's budget shortfall is certainly augmenting financial worries across the district.

The balance billing issue and the events immediately preceding the State Supreme Court Decision had many members quite polarized. Although a simple majority of District 10 members felt that CSA-sponsored legislation was the prudent and logical move, a non-trivial simple minority were adamantly opposed to such actions. Dr. Ken Pauker, Chair of the LPAD, has succinctly summarized both sides of the issue and his arguments were influential in the final decision by District 10 to support the legislation advancing through the process. The Supreme Court decision from January of this year effectively ended current strategy and action on the balance billing front, and we in District 10 have a continued role to play in directing the CSA towards a long-term, tenable and viable solution to this vexing problem.

The Joint Commission and other federal and state agencies are adding to an already onerous corpus of regulations at an increasing rate. The Chief Medical Quality Officer for the Cottage System in Santa Barbara and the Valley (an anesthesiologist) has been asked by the hospital administration to consider a full-time position. This reality for hospitals (hiring M.D.s to assist with

## District Director Reports (cont'd)

---

compliance) is reflective of the new reality that protocols, guidelines and process metrics are here to stay. The introduction of surgeon marking of surgical sites on February 2nd has not been without its issues across the district. Surgeons and administrators are both dissatisfied, and both groups are equally perplexed about a long-term solution to what all regard as time-consuming and often ill-conceived policies. This area promises to be the single most important concern for anesthesiologists in the coming years and merits much more attention than it has been getting. The third party imposition of metrics, standards and guidelines is something that we as a district, and as a profession, must address soundly and reasonably.

Cottage continues with the nearly \$800 million new hospital construction and the first pavilion is on target to open in early 2011 (as planned) with all three patient-care pavilions slated to be completed and occupied by 2013. Goleta Valley closed its OB service in January and as a result Cottage Santa Barbara has seen a relative increase in L&D care which can exceed 12 to 15 deliveries a day. As could be expected, the payer mix of these patients does not provide many options for hiring FTE equivalent physicians in the absence of hospital support. The reliance on hospital stipends is therefore increasing, just as the economy is dictating more financial caution on the part of hospitals. This too promises to be one of intense dynamism in the coming months.

### **James M. Moore, M.D.—District 11 (West Los Angeles County [western portion])**

At St. John's Health Center the anesthesiology department is waiting to see the effects of the economy on their practice, but do not do much "elective" plastic. There is concern that the cases will continue, but the reimbursement will be reduced. The Chair, Howard Chait, has also noticed a marked increase in applications both from graduating residents and from seasoned anesthesiologists whose practices have changed as a result of the economy. Major transition plans are in progress for the opening of a new operating room in August 2009.

Cedars-Sinai reports that their hospital system is continuing its expansion with plans for a new procedural building. The Department of Anesthesiology has had an ACGME residency program newly accredited in 2007 which has been progressing well. It is a categorical four-year program. Beyond the core program, fellowship positions are also being offered in cardiac (four fellows) and obstetric (three fellows) anesthesia.

The Ronald Reagan UCLA Medical Center has now been open for over half a year. Our department has now fully adapted to our new facilities which have had a number of improvements. A major advancement as anesthesiologists has



## District Director Reports (cont'd)

---

been the ability to use the fully video-integrated operating room which allows for better visualization while using our fiber-optic equipment and easy viewing of all endoscopic surgeries. Recently, there have been some decreases in elective surgical volume, especially in the outpatient surgery center, but our hospital census appears to be relatively unaffected by the economic downturn.

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

CSA in the OC held two dinner meetings over the last quarter. One sponsored by McKesson Anesthesia at Scott's Seafood, focused on improving billing returns and contracting for anesthesiologists. A panel of speakers talked about strategies for maximizing stipends from hospitals, maximizing collections, and upcoming Medicare changes. A CME dinner talk was sponsored by Hospira at Roy's in Newport Beach and featured Dr. Fred Shapiro, President-Elect of the Massachusetts Society of Anesthesiologists and professor at Harvard. Dr. Shapiro gave an excellent talk on novel approaches to plastic surgery and outpatient anesthesia. Both dinners were very well attended.

In general, volumes seem down slightly at most facilities (hospitals and surgery centers) with the exception of Kaiser and Fountain Valley Regional Medical Center which are both very busy. The decrease in volume seems related to the economy with many surgeons reporting that patients are canceling 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 are also trends in the payer mix at many facilities. Some hospitals are seeing an increase in Medicare patients, and other facilities are seeing a higher percentage of Medi-Cal cases. One specialty surgery group has seen their indemnity insurance cases drop from 50 percent of their case mix to 25 percent with an increase in Medi-Cal patients from 35 percent to 60 percent. This is a trend to watch as the economy continues to struggle. On a positive note, the hospitals with large high quality institutes (cardiac and orthopedic) are still doing reasonably well.

At St. Jude Hospital the new Southwest Tower opened to the public on the 15th of February. The tower is comprised of a new ICU, cardiac cath suite, a new ER and a new OB and neonatal ICU. The volumes seem to be slightly decreased over the past year. In 2010 the new seven OR St. Jude Surgical center will be opening. The 16-man group has been stable for the past two years and is not expected to change in the upcoming year.

Mission Hospital is in the process of buying South Coast Medical Center. However, both parties are still doing their due diligence and awaiting regulatory approval.

## District Director Reports (cont'd)

---

St. Joseph Hospital of Orange continues to expand and make use of the excess capacity created when it completed the new hospital 16 months ago. We are excited about the future expansion plans of CHOC, which include a new hospital in about four years. As a part of this expansion CHOC has teamed up with UCI, moving all the pediatric cases to CHOC/SJH, except trauma and burns, which will continue at UCI. As both of these facilities expand, Allied Anesthesia Medical Group continues to expand and will soon be over 40 people. As always, we continue to seek highly qualified pediatric anesthesiologists.

Irvine Medical Center is now closed for renovations. Formerly a Tenet hospital, Irvine Medical Center is now under a long-term lease to Hoag Hospital. After a period of investment and major renovations, Hoag will open the new facility as an acute care general hospital in service to the residents of Irvine and south Orange County. Hoag plans extensive interior renovations of the facility. It is expected to take 12 to 24 months for the renovations to be completed. The hospital facility will remain closed during that time in order to allow for the major renovations required. The anticipated growth of Irvine and South Orange County over the next decade dictates a need to update the health care delivery services in the community. Hoag is committed to making the necessary investment in this facility to prepare it to meet future needs.

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

Within our District, we have promoted greater involvement in the CSA among members by encouraging them to become delegates. Three members were nominated for delegate positions, and it is hoped that delegates will not only become more involved but also earn leadership positions in the CSA and serve on committees.

We realize that many anesthesiologists are not members of the CSA and the ASA. Membership in these societies and involvement in the CSA Annual Meeting and CSA-sponsored CME activities would yield benefits such as improving quality and safety of patient care. Our district delegates continually advise anesthesiologists in our region to join the CSA. We plan to contact each hospital individually. Additionally, this topic is discussed with the anesthesiology residents who rotate through our facility.

Other news in District 14 is that Providence Health & Services has finalized its acquisition of Tarzana Regional Medical Center. The Hospital has been renamed Providence Tarzana Medical Center. Providence also owns Saint Joseph and Providence Holy Cross Medical Centers in the San Fernando Valley.