

ASA Director's Report

March Interim Board of Directors Meeting Focuses on Internal Governance Issues

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Since my last report for this *Bulletin*, which dealt with the activities of the October 2010 ASA annual meeting in San Diego, several events have occurred that merit the attention of my fellow CSA members.



Education Summit First, in mid-November, on the initiative of Dr. Arnold Berry, ASA Vice President for Scientific Affairs, a first-ever Education Summit was convened, with the purpose of developing ideas for educational activities that might be included in a three-year comprehensive education plan. The two-day conference covered four broad areas: practice management, maintenance of certification, quality and patient safety, and non-anesthesiologists. In addition to me, other CSA members invited to participate were Drs. Randy Steadman, Steve Jackson and Stan Stead. Dr. Dan Cole, a past CSA President, led the sessions on maintenance of certification. The discussions were imaginative and energetic and should lead to real innovation in ASA educational resources.

Remediation Tools Along similar lines, there has been ongoing discussion among several ASA committees and leadership about the need for a resource for anesthesiologists seeking tools for remediation of skills and knowledge—needed, perhaps, after a long absence from regular practice or when re-entering general practice after a narrowly focused period. With few options available, such practitioners have most often turned to the institution where they completed residency training, but this doesn't always work out. Hopefully the ASA can develop a needed resource in this area.

Deep Sedation ASA members continue to debate whether non-anesthesiologists should be credentialed to provide deep sedation, despite the CSA's existing policy statement and the approval of a similar *Advisory* by the ASA House of Delegates (HOD) in October 2010. We still argue about whether we should legitimize the ongoing administration of deep sedation (which sometimes becomes de facto general anesthesia) not only by ER and ICU physicians, but also by other sub-specialists whose practices are not centered in critical care. However, ASA President Mark Warner offered the following in his report, which was approved by the ASA Board of Directors (BOD) at its March 2011 interim meeting:

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Anesthesiologists may lose relevancy to this issue if ASA is not willing to step forward and provide the education and training that we all believe is needed. I would like to ask our Committee on Quality Management and Departmental Administration (QMDA) to review this issue and develop an educational product on deep sedation. Therefore, I recommend that the Board of Directors approve the development of an educational product on deep sedation and adjust the 2011 budget by \$60,000 to cover estimated expenses associated with up to three meetings of the development team.

The QMDA committee has begun to work on this assignment.

Staff Restructuring Also generating considerable discussion at the ASA BOD meeting was a lengthy report, under Administrative Affairs, from the Administrative Council (AC—comprised of the elected ASA officers). Most important therein was a recommendation to radically remodel the ASA staffing structure at the highest level. Specifically, this proposal would dismantle the existing double Executive Vice President structure (one at Park Ridge and one in Washington) and replace it with one CEO at the Park Ridge office.

In the past several years the ASA staff at the Park Ridge office has undergone long-overdue growth and refinement as a result of the Organizational Improvement Initiative (OII) begun under the presidency of Mark Lema. It now supports membership and important projects of interest to ASA members like never before. (Admittedly, the Web site still has growth issues to overcome, but our own Dr. Christine Doyle, chair of the ASA committee on Electronic Media and Information Technology, is working diligently on this crucial matter.) Although the Washington office has lost several staff members recently, overall it has grown substantially with the addition of a number of new lawyers and other staff.

Because the AC's recommendation represents a major change in structure and also calls into question the effectiveness of the current ASA staff model and performance, Dr. Warner made a special presentation to the BOD to provide a foundation for and understanding of the proposal to the BOD. The main debate that ensued was whether to immediately begin a search for a new CEO, as an alternative to having the current Park Ridge EVP, John Thorner, assume the position. Eventually the BOD approved the "one-CEO" proposal, which will go to the HOD in October.

Committee Terms Also in the AC report was a proposal to lengthen the traditional one-year term of first-time "adjunct" appointees (which are the

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majority) to ASA committees. Because the process of committee selection begins soon after the October annual meeting, new committee members hardly have an opportunity to show merit, not to mention learn the activities of the committee, before being considered for a second year of service. The Bylaws Committee will be tasked with constructing language to allow a two-year initial appointment.

Administration Fees Another AC action item would increase the fees charged to “specialty” societies (the Society for Obstetric Anesthesia and Perinatology and others) to more accurately reflect the cost that the ASA incurs in administering them. According to testimony, the new fee structure (with higher costs for the proportion of non-ASA members of those societies) would be substantially less than “market rate” but more than is currently charged. This also generated impassioned debate.

PPACA Looming large on the horizon like an approaching storm are the unpredictable changes that have been set in motion by the Patient Protection and Affordable Care Act (PPACA) of 2010, with its decade-long shadow. (See pages 30–38 for an opinion on the implications of PPACA by Dr. Robert E. Hertzka.) The ASA has established a new ad hoc Committee on Health Policy, chaired by ASA Secretary Arthur Boudreaux, which is charged with the development of coherent and meaningful strategies to advance the interests of anesthesiologists and patients amid the potentially turbulent political times ahead. This committee will, of course, work closely with the ASA Washington office in policy development and advocacy.

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