

District Director Reports: September 2011

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

Gregory M. Gullahorn, M.D.— District 1 (San Diego and Imperial counties)



Hospital rebuilding and expansion continue in full swing in San Diego, despite the prolonged downturn in the global economy, government budget shortfalls, and increased scrutiny of health care expenditures. In recent years, both Sharp Memorial and Rady Children's Hospital have expanded and/or opened new facilities, partly as the fruition of plans to meet tightening seismic standards. This year the University of California, San Diego (UCSD), opened the Sulpizio Cardiovascular Center on its La Jolla medical campus, and Scripps Health broke ground on its new Prebys Cardiovascular Institution on its Scripps Memorial La Jolla campus.

Both of these centers hold great promise for patients from San Diego and elsewhere, as well as for advancement in research, development and education. I do find some irony, however, in the parallel development of subspecialty cardiovascular centers essentially next door to each other. There is ample room for different perspectives on regional development and allocation of resources. Perhaps, in a time when many resources and funds are relatively more scarce or more closely held than in recent years, one might consider whether the development of centers of excellence in various specialties using geography and population as a guide might increase efficiencies—and perhaps safety and quality.

Should all medical centers electively pursue all medical specialties? Is this “duplication of effort” or opportunity for differing strategies? I do not profess any special insight. On the other hand, does the development of “competing” centers spur improvements and innovation—if not competition in a pure market economics mode, then influenced by its principles? Academic, technical and quality rivalry can be positive. As accountable care organizations form, and we see health care “evolution” unfold, could it be that this approach is mandatory?

The \$227 million **UCSD Sulpizio Family Cardiovascular Center** was planned to open in April. However, permissions from regulatory agencies were held up by investigation of “deficiencies” at both UCSD's Hillcrest and

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Thornton Emergency Departments. Patients began being transferred from Thornton on July 31, and the center officially opened to the public on Aug. 8. According to UCSD's website, Sulpizio will consolidate specialists, care, education and research for cardiac, pulmonary and vascular diseases.

Building Facts:

- 128,000 square feet
- 4 stories (2 with full interstitial floors)
- Construction start: May 2008
- Construction complete: December 2010
- Open to public in 2011
- Noninvasive cardiology
- Outpatient clinics
- 4 smart ORs (combining full surgical and catheterization capabilities)
- 4 catheterization labs
- 22 daybeds
- 12 ICU
- 15 IMU
- 27 acute care beds
- Includes new expanded emergency department with 14 small treatment rooms, 4 large treatment rooms (with double capacity in event of a disaster), and expanded imaging area

Scripps' new Prebys Cardiovascular Institute is scheduled to open in 2015. The \$456 million facility will combine the cardiac and thoracic programs of Scripps Memorial and Scripps Clinic/Green Hospital, cardiology, cardiovascular and thoracic care; in addition, it will serve as a center for research, clinical trials and graduate medical education. Plans for the center, obtained from the Scripps Health website, call for:

- 383,000 square feet
- 7 stories
- 108 private in-patient beds
- 60 intensive care beds
- 6 state-of-the-art operating rooms, at least 2 of which are hybrids
- 6 cardiac catheterization labs

Scripps Health and Kaiser Permanente recently concluded an agreement extending for 10 more years a 30-year partnership under which Scripps provides all interventional cardiology and cardiac surgery care for the half-million Kaiser members in San Diego County.

Sharp HealthCare continues to have a very active cardiovascular and cardiac surgery program, including heart transplant and ventricular assist devices.

**Stanley D. Brauer, M.D.—
District 2
(Mono, Inyo, Riverside and San Bernardino
counties)**



In July, *The Desert Sun* ran a front-page article with photo featuring Doriana Cosgrove, M.D., and a volunteer medical team that went to Nicaragua. Dr. Cosgrove, a staff anesthesiologist at Desert Regional Medical Center (DRMC) in Palm Springs, is also the owner of the Desert Medical Aesthetics spa-like skin care center.

Thomas Schares, M.D., MBA, has recently become the chief of the anesthesiology department at DRMC. Affiliated with Somnia Inc. at Kern Medical Center when Somnia took over the anesthesia services contract there, Dr. Schares has led the transition at DRMC following the award of its anesthesia services contracts to Somnia, which has used the anesthesia care team model in many facilities.

Atalanta Olito, D.O., is the chair of the department of anesthesiology of the recently opened 106-bed Loma Linda Murrieta Hospital. Various surgical services have begun; cardiac surgery is planned for this fall.

Despite the housing slowdown, Temecula is starting construction on another new hospital. The area continues to provide a real growth area for medical practices.

Changes have occurred at Corona Regional Medical Center. On March 7, 2011, the anesthesia contract was awarded to California Anesthesia Providers. Denise Hamilton, M.D., is the current medical director for the Corona anesthesia group.

California Anesthesia Providers has an interesting corporate structure. Emergency Medical Services Corp. (NYSE: EMS) operates two business segments: American Medical Response, or AMR—which many of us know as the ambulance company—and Emcare, which provides facility-based ER and anesthesia physicians to hospitals. Reports indicate that they hold contracts for anesthesia services at the hospitals in Barstow and Palmdale. The corporate bar on medical practice results in creative ways to comply, including foundations and corporate entities that hold contracts for physician services.

Wayne Kaufman, M.D.— District 3 (Northeastern Los Angeles County)



In May, Dr. Earl Strum, CSA Secretary; Dr. Kyle Poffenberger, a CA-3 resident in anesthesiology at the Keck School of Medicine (recently graduated); and I spent an afternoon in the offices of U.S. Rep. Adam Schiff. Representative Schiff represents an area that largely covers the hospitals and physicians who work in District 3. While there were a whole host of issues we wanted to bring to the attention of Representative Schiff, we chose to focus on two.

The first was the continuing problem of sudden drug shortages, which have direct impacts on our ability to provide patient care. Recently at USC University Hospital we had a neostigmine shortage that required searching the hospital for hidden drug vials and dispersing them according to need. We also have acute shortages of propofol and succinylcholine, as well as other important anesthesia medications. Representative Schiff seemed honestly concerned with this problem, telling us about his father, who was hospitalized and unable to get his medication due to a drug shortage. He told us that he would work with the ASA and the CSA on potential solutions.

The second issue concerned protecting patients by making it easier for them to be informed of the licensure/qualifications of the person caring for them. The “Healthcare Truth and Transparency Act of 2011” is a bill that, if passed, would ensure that when a provider attends to a patient, the patient can tell if that provider is a physician, nurse, or physician’s assistant. The patient would be protected from a Ph.D. claiming to be a medical doctor. Although Representative Schiff seemed less interested in this issue, he listened politely and did not rush us out despite the fact that we overstayed our meeting time by about 20 minutes.

I would like to ask all members of my district to take some time and meet, call or email your representative. With all the challenges facing health care today, it is important to reach out and let your elected representative know how you feel about the issues. It is not that hard, especially now that we have the CSA and ASA website vehicles to let our legislators know what we think. If they do not hear from us, then they will not take us into account.

On July 6, District 3 had a meeting at the Arroyo Parkway Grill. After a discussion of some of the statewide issues on which the CSA was working, Dr. Jack Berger lectured on “The Future of Regional Anesthesia: What We

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Know and What We Don't Know." I would like to thank I-Flow for sponsoring the meeting and helping to make it a success.

On Aug. 26, several CSA members from our district and some from District 10 participated in "The 19th Annual Congressman Xavier Becerra Golf Classic." Congressman Becerra has for a long time been a friend of the ASA, in particular helping to correct the teaching rule for anesthesia departments. Because he is a member of Congress's "Super Committee" working on solutions to the federal budget problems, it is important for us to be able to discuss with Rep. Becerra our concerns, including cuts to Medicare that would reduce access for patients.

**John G. Brock-Utne, M.D., Ph.D.—
District 4
(Southern San Mateo, Santa Clara, Santa Cruz,
San Benito and Monterey counties)**



I would like to start by stating that it is a great pleasure for me to represent District 4. But my success as director will depend largely on District 4 members. Their input, suggestions and advice are imperative in order for me to serve them better.

In May, I sent out a questionnaire to all the district members, asking if anyone was interested in an unsponsored dinner/meeting. I can find a speaker at no cost, and after the talk we can discuss CSA issues and concerns. Our district has over 350 members, but only 30 replied; of them, only four thought it a good idea. The large majority would like dinners to be sponsored.

On June 16, we had a district dinner/meeting, sponsored by Anesthesia Billing Consultants. A vice president of the company gave an excellent talk on "Customer Service in Anesthesia: Why It Is No Longer Enough Just to Have Good Outcomes." The meeting was fully subscribed within 48 hours and over 40 doctors attended. After the talk Drs. Bill Feaster and Mark Singleton, and CSA CEO Barbara Baldwin, gave us an update on various CSA issues, including the status of our legal battle regarding the opt-out.

The big news in our district is that, on June 6, the Palo Alto City Council gave the green light to build a new hospital at Stanford, after four years and nearly 100 public meetings. Under this plan Stanford Hospital will be rebuilt and Lucile Packard Children's Hospital expanded, to assure capacity and meet state-mandated safety standards. Utility improvements and related work were to begin in July. Construction of the new facilities will take about seven years.

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I believe that burnout and depression are potentially serious problems for all anesthesiologists, and the CSA (Physician Health and Well Being Committee) and/or ASA (Occupational Health Committee) should look into this issue.

Clifton O. Van Putten, M.D.—

District 5

(Kern, Tulare, Kings, Fresno, Madera, Merced, Mariposa, Stanislaus and Tuolumne counties)



Access to adequate health care services remains a chronic problem endemic to the Central San Joaquin Valley. That is one of the reasons a new medical school is eventually planned for the 10th and most recently formed campus of the University of California System, UC Merced. However, until a fully accredited medical school can be launched, the UC Merced San Joaquin Valley Program in Medical Education (PRIME) has been developed, born out of a partnership program between the University of California, Davis, and the Fresno facility of the University of California, San Francisco. Starting this year, students will spend their first two years at UC Davis. Their last two years will be spent working in clinics and hospitals in the Valley. Funding for this program is enriched by a \$5 million grant from the United Health Foundation. The five inaugural medical students participating in PRIME hail from two major agricultural regions of the state: the Salinas and San Joaquin valleys.

An interesting situation has arisen at Kaweah Delta Medical Center (KDMC) a 454-bed Level 3 trauma center in Visalia. KDMC's current exclusive service agreement with Visalia Anesthesia Medical Associates (VAMA) included provision of coverage for cardiac and general OR anesthesia utilizing all-M.D. providers, with one CRNA to assist with OB coverage. This contract was set to expire in December 2011, so in February of this year, VAMA began to lay the groundwork for renegotiation of the contract. In the spring, members of the group were taken aback by a communication from the hospital administration that KDMC was going to release a Request for Proposal (RFP) for anesthesia services, and that they had every intention of going with a CRNA-based staffing model. So, the stage was set for a three-way competition for the contract amongst Premier Anesthesia, Somnia, and VAMA. VAMA duly hired the requisite expensive consultants and submitted a proposal to retain their contract. Sources in VAMA maintain that their proposal contained proprietary group information with regards to provider production and anesthesia unit values. To nobody's surprise, a Somnia-managed entity was awarded the contract, effective Dec. 13, 2011. A concern allegedly was raised as to whether VAMA's proprietary information could have been "leaked" to Somnia to assist

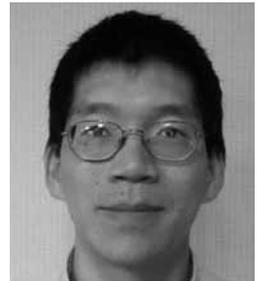
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them in generating a competitive bid. Additionally, there are questions as to whether the RFP process was a fair one and also whether it was conducted in violation of the hospital's own code of conduct.

Somnia's contract with KDMC is said to be a capped guarantee against collections agreement hinging upon Somnia's ability to provide 12 anesthesiologists and nine CRNAs to cover a service that is currently covered using 20 anesthesiologists and one CRNA. The compensation scheme for the providers will be changed to a salaried one from VAMA's current fee-for-service blended unit value model. It has been speculated that there aren't enough dollars in the contract to attract and retain quality anesthesiologists and make a profit for Somnia. Moreover, there appears to be significant resistance at the medical staff level for changing the current service model to an ACT one. So obviously, this story is not done yet. Stay tuned for further developments.

On a different note, Saint Agnes Medical Center decided not to purchase a controlling interest in the Fresno Surgical Hospital, which had been anticipated to be a completed transaction by March 31, 2011. The current CEO of Saint Agnes, Nancy Hollingsworth, RN, MSN, MBA, announced this decision to the medical staffs of both facilities.

Lee-lynn Chen, M.D.— District 6 (Northern San Mateo and San Francisco counties)



Part of the success of our organization is the continued participation of our membership. Over the past year, District 6 has been able to maintain our base and increase the number of active members. Furthermore, we also have increased representation of the future leaders of our field—the current anesthesia residents—with complete participation of all of the available residents. Positive momentum is on our side. More of our members are now interested in taking an active role in the CSA.

At a district meeting in June, we updated our members on both the ongoing CSA political/legal efforts and our CME events.

As a continuation of my pledge to provide CME activities for our members, I want to let our members know about free CME credits at UCSF's Saturday Grand Rounds and other UCSF anesthesia courses. For more information, please check our website: http://anesthesia.ucsf.edu/extranet/cme_events/index.php.

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Jeffrey A. Poage, M.D.— District 7 (Alameda and Contra Costa counties)



District 7 includes the East Bay cities of Oakland, Berkeley, Walnut Creek, Castro Valley, San Leandro, Hayward, Fremont, San Ramon, Pleasanton, Dublin and Livermore. As of May of last year, our district has 209 active members and 50 retired members.

Kaiser Permanente has a major presence in the East Bay. Health care pundits speculate that Kaiser has made gains in market share recently. This may be partly related to the increasing gap in cost between Kaiser and private insurers. For some consumers the difference in premiums has gone from less than \$100 to over \$300 per month. This price differential in a down economy can have an effect on patient enrollment. Thus insurers who have chosen to raise their premiums disproportionately in recent years have negatively impacted non-Kaiser facilities.

Sutter Health facilities in our district include Alta Bates Summit Medical Center (Berkeley and Oakland), Eden Medical Center (Castro Valley) and Sutter Delta Medical Center (Antioch). Last July, the Oakland City Council voted to approve a development project for Sutter's Oakland campus. Warren Kirk, at that time CEO of Alta Bates Summit Medical Center, said that Sutter Health is committed to spending \$350 million to upgrade the facility and enhance services.

A January Chronicle-Bloomberg Business News press release reported that Children's Hospital Oakland (CHO) and Lucille Packard Children's Hospital in Palo Alto were in the midst of talks regarding a "strategic alliance." The article stated that CHO "has had some problems in recent years. Its previous CEO, Frank Tiedemann, 'departed' in August 2009, having presided over \$60 million in losses and write-downs in 2008, and abruptly laying off 84 doctors, nurses and clinical workers the previous month. While things have stabilized under its current chief, Dr. Bertram Lubin, the hospital ... is losing \$10 million a year, said one of the sources. 'It's still limping along,' he said." CHO's financial strains have been caused by a number of factors, including poor reimbursement and the economic downturn. "The pediatric healthcare system is broken and rather than being rewarded for our commitment to children, we are being financially penalized." The press release states that the 20-year-old Packard Children's Hospital, on the other hand, has \$1.5 billion in assets, and revenues exceeded costs by \$41.6 million, according their 2008 annual report.

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On a related note, an Aug. 4 article in *The San Francisco Chronicle* stated:

The Legislature passed, and Gov. Jerry Brown signed, AB97, which includes a 10 percent reduction in Medi-Cal payment rates to physicians, hospitals, nursing homes and other providers, patient co-payments (\$50 per emergency room visit, \$5 per physician visit, \$100 per day in the hospital), and a limit of seven physician office visits per year. If these cuts are allowed to take place, Medi-Cal would pay doctors just \$11 per patient visit, just a fraction of what it would cost to take your dog to the veterinarian. . . . Cuts in reimbursement rates force physicians to reduce the number of Medi-Cal patients they can see, and now more than half of all Medi-Cal patients say they can't find a doctor. Currently, Medi-Cal is the source of health care for 1 in 5 Californians (about 7 million). With the implementation of health care reform right around the corner, 3 million more uninsured will soon be added to the state's Medi-Cal program. . . . California already ranks last in Medicaid payment rates per enrollee.

Also in the news, the City of San Leandro filed a brief this month with the California State Court of Appeal in the matter of *Eden Township Healthcare District vs. Sutter Health*. According to an Aug. 8 press release, "Sutter Health holds control of San Leandro Hospital and has proposed to close full-service hospital functions at the hospital in five years, converting the facility to an acute care rehabilitation hospital." A suit was filed against Sutter Health last year to invalidate the proposal. "If Sutter Health is allowed to proceed with its announced proposal, San Leandro will lose the hospital's full-service acute care and emergency services facility resulting in a devastating loss of vital healthcare services to the community."

John Muir Health in Contra Costa County recently finished a billion-dollar expansion. A five-story, 380,000-square-foot tower opened in March at the Walnut Creek Campus. A new cardiac institute opened at the Concord Campus last year. Calvin "Cal" Knight became the new president and CEO in April. Mr. Knight is the former CEO of Swedish Health Services, one of the leading health care systems in the Pacific Northwest.

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



In my last report I talked about all the medical buildings that were in the process of being built. Work at Sutter and Mercy in Sacramento continues. The University of California, Davis, Medical Center (UCDMC) opened its Emergency and Operating Room Pavilion last year, and it is in full swing. Meanwhile, construction of the extensions to the Cancer Center and Telemedicine buildings is ongoing.

I also mentioned the perception that anesthesia job openings had perhaps tightened up, maybe because of the economy. Recently we have seen hiring in the private practice groups in Sacramento as well as UCDMC. The Kaiser hospital in Vacaville was built some years ago but its opening was delayed. It is now gradually opening its doors to more and more patients. Family medicine is in full swing and expanding, surgeries have started, and there are plans to open a labor and delivery department. They are in the process of deciding the level at which the ER will work. So there is life in the medical economy of at least part of the Central Valley, even as the mainstream economy remains weak.

The fact that jobs are opening up while the general economy remains depressed is an indication that medical jobs are more tied to the medical economy, which, as we have seen in previous recessions, is often more resilient than the economy as a whole. As the new health care legislation is implemented, mostly in 2014, there will be many preparatory changes; we will see if this keeps the medical economy buoyant or not. There are certainly major challenges for hospitals, as well as anesthesiologists. One of the roles of the CSA will be to help members understand the changes coming, as best we can interpret them, and to be a resource for members struggling to understand the new regulations. The other challenge will be keeping up with events as they happen, and keeping a close eye on the lawsuits over the new legislation.

**Keith J. Chamberlin, M.D., MBA—
District 9
(Del Norte, Humboldt, Lake, Marin, Mendocino,
Napa, Siskiyou, western Solano, Sonoma,
Trinity, Colusa, Glenn, Butte, Plumas, Tehema,
Shasta, Lassen and Modoc counties)**



Rumors of the death of District 9 have been greatly exaggerated. Like the phoenix rising from the ashes, District 9 flourishes, from Marin County to Healdsburg, Chico to Humboldt and Del Norte counties, to Redding. Phew, this is a big district, and for its new District Director, a fairly large area and variety of practices to get a handle on. We have everything, including salaried physicians, fee-for-service, combination of the two, CRNA team model, CRNA nonsupervised, M.D. backup and no M.D. backup—pretty much the entire variety of practice models (except for anesthesiology assistants). It is important to note that the “CRNA model” encountered here in northern California private practice is *not* the standard anesthesia care team model. Most private practices are physician-only, but in cash-strapped hospitals in smaller communities, which abound in my district, CRNAs may be used for nonprofitable services such as obstetrics. In such situations, the CRNA may work under the direction of the obstetrician—or, since the opt-out manifesto, on his/her own. There even are situations where the CRNAs will do a surgical case when all the anesthesiologists are encumbered. The CRNAs also may cover night call at a facility, and situations exist in which there are concomitant call schedules from which the surgeon has the ability to choose whom to contact. With this latter situation, the surgeons can request anesthesiologists for the complex patients and the CRNAs for the straightforward ones.

Fortunately, the district members are very cooperative, and even excited about getting back into the CSA fray and having their voices and opinions heard. For our first district education dinner meeting Sept. 20 in Petaluma, we were exceptionally lucky to have Dr. Ed Mariano talk to us about continuous peripheral nerve blocks. In addition, I am planning to visit the wide variety of areas in which we practice, and have some type of get-together or meeting in a geographically reasonable location.

For this report, I will concentrate on my particular area and the hospitals and practices in Marin County. Marin County has three hospitals—Marin General (MGH—a full-service community hospital and trauma center); Novato Community Hospital, a Sutter facility that is a smaller, true community facility; and Kaiser, a medium-sized community hospital.

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My group (ACM—Anesthesiology Consultants of Marin, Inc.) works at MGH, which now once again is a California health district hospital, therefore owned by the citizens of the Marin HealthCare District. A district board elected every two years oversees this asset from a non-day-to-day perspective. The board hires and approves a hospital board and executive team to deal with the day-to-day issues.

As you may recall, MGH was a Sutter facility until a year ago, when we transitioned away from that system to become a stand-alone facility—something a bit risky, which we were told by many would fail. It has not only *not* failed, it has become busier in general, the OR in particular. There are a myriad of reasons MGH is doing well, most of them very complicated and having to do with local politics, personal egos (surprise!) and personal agendas, but much of it has to do with new surgeons who joined a local medical group (PRIMA) sponsored by the local independent physicians association.

The bottom line for our anesthesia group is that we are busier than ever, and have (at least as of the second of this writing) a good relationship with our hospital administration. However, do not be misled—competition is always out there. Just recently our CMO had a call from North American Partners in Anesthesia (NAPA) soliciting a change in providers. He politely deferred, but do not think for a minute he did not listen to their pitch, and made sure we were meeting the same criteria as NAPA—organized, relatively disciplined, cooperative, excellent outcomes, cost-effective and efficient, with the ability to prove all the above. I would suggest everyone download the white papers from Somnia and NAPA—you will get a nice eyeful about what those national companies use to sell their services (in addition to lower costs).

MGH is the only full-service hospital in Marin County, providing all the usual cases plus cardiac, neurosurgery, complex spine, trauma, neurosurgical trauma, OB and pediatrics. ACM consists of 18 board-certified physicians, and at MGH we are a physician-only model. We provide a 24/7 in-house physician for trauma and OB (<1,700 deliveries per year, including VBACs without limitation—which requires an occasional second anesthesiologist backup) as well as an available cardiac anesthesiologist. Staffing is a challenge for us, in that—as for many of you—the complexity of cases requires a high level of skill that comes with a high level of reimbursement. Recruitment and retention are always issues. We are fortunate to work in a facility that understands that situation and is quite cooperative. And it is Marin County—a very pretty place to live...

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I will close with one general observation from watching my district. There is a frenzy of activity related to alliances, partnerships, associations and relationships among groups and people who previously would generally have no reason to talk to each other. This is clearly a direct response to whatever it is that is coming down from the Center for Medicare and Medicaid Services—and while even they are not clear what that will be, it is clear it is aimed at eliminating the solo practitioner or small group.

The interesting and good side effect of all this is the production of the one thing that will save medicine and medical care: physician unity. It is true: no matter what the peripheral issue (the division of money, academic hierarchy, private practice hierarchy, you name it), *we all come together exactly on one thing: when the patient enters our operating room, we all want that patient to leave better than when he/she came in—and we will do everything in our power to make that happen.* And for physicians, that is the strongest unifying concept there is—patient outcome. As we are forced into larger organizations, but all with the same thought (excellent anesthetic care and outcome), we become a very strong voice and force as medicine changes. So despite “the sky is falling” medical economic changes, this oncoming system is forcing development of unified physicians. We just need to take full advantage of this as we morph into this unstoppable force.

**Samuel H. Wald, M.D.—
District 11
(Western Los Angeles County)**



I am pleased to report that at Santa Monica-UCLA Hospital there will be a new outpatient surgery center opening in December 2011. The UCLA Department of Anesthesiology will be hosting its Anesthesiology Update 2011 on Saturday, Nov. 19. Information can be found at <http://www.cme.ucla.edu/courses/event-description?event%5fid=1988700>.

At Kaiser Sunset, construction of an additional tower is underway; this will lead to 100 additional beds. They report an increase in volume both in the operating room and in “out-of-OR” locations. Some of this has been due to an increase in the transfer of cases to this institution. Additionally, there has been a success in their initiative on achieving all Surgical Care Improvement Project measures. Additional anesthesiologists were hired to this practice this past year.

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St. John's reports that its surgery center is open as of Aug. 15, 2011. A slowdown in volume was recently noted, which is of concern as there are no obvious discernable trends. In general, there have been initiatives in safety, staff interaction, and the reduction of medical errors. The Medicaid Recovery Audit Contractor programs, and their impact on the anesthesiology practice, have also been an area of focus. Everyone is waiting with bated breath to see what is coming down the line with the new health care environment.

The Cedars-Sinai anesthesia group is expanding. They have hired four more critical care physicians to meet the needs of the cardiac surgical intensive care unit, which is expanding to 24 beds, a closed anesthesia-run unit. There are now over 120 anesthesiologists at Cedars-Sinai, which will expand with the opening of the new building in 2013 adding 24 operating rooms. The residency program has doubled to eight residents per year with 13 fellows in cardiac, pain, obstetrics and liver transplantation. Further expansion of the educational program is planned. On the research side, Paul White, M.D., Ph.D., the former Endowed Chair at University of Texas Southwestern, has joined the group as director of research.

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



Hospital construction of the completely new emergency room and operating room addition to our hospital dominates the entire campus here at Harbor-UCLA Medical Center in Los Angeles. We will have the pleasure of getting access to 16 new operating rooms, and a huge expansion of the emergency room to 48 exam room areas. We are hopeful that we will be able to occupy our new surgery and emergency services area in the next two years. It will be a welcome and needed addition to our hospital, which was built in the early 1960s. One of our biggest benefits is to have access to modern-day radiologic, cardiothoracic and neurosurgical areas.

Our hospital has been engrossed with development of a completely new Pyxis unit for use in the operating rooms. It is amazing how much time we must spend now to make sure all drugs are accounted for, all syringes are correctly labeled, and all medications accounted for at the beginning, in the middle, and at the end of the operative procedures. We anesthesiologists are making sure that all these issues are above board and correctly handled—making sure that, again, the patient is protected and safe, and no drugs are left behind at any time.

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We continue to do well in regard to finding anesthesia positions for our graduating residents in the city and surrounding areas.

We were hoping to have a district meeting to bring some of our local anesthesiology physicians together for a relaxing social evening, but we got entangled with the problem of having the meal and the presentation linked together in an appropriate fashion. We hope to be able to facilitate such a social evening in the late fall.

On a personal note, I serve as head of the committee on conscious sedation for our hospital. Many hours and days were spent on putting together a logical approach to this issue in order to provide safety for the patient.

Dennis M. O'Connor, M.D.— District 13 (Orange County)



District 13 opened the year with a dinner meeting on Sept. 20, 2011, at Maggiano's in Costa Mesa. Underwritten by McKesson, it provided a venue for social and professional interaction at a local level.

We would like to thank Dr. Hsieh for his service during this past year. He stepped in and did an outstanding job in assuming the position that had been held previously by Drs. Pauker and Yost.

For those of you whom I have not met, a little background. I have been a CSA member since the mid-1980s and a district delegate for most of the last decade. Prior to that, I was a pediatrician practicing in southern Orange County. I had a long career with the University of California, Irvine, practicing both general and pediatric anesthesia, and recently retired as a clinical professor of anesthesiology. During that time, I held the positions of director of pediatric anesthesia, clinical director, and vice chair for clinical affairs. I have lived in Irvine on the campus of UCI for 17 of the last 21 years and now enjoy my practice at the Long Beach Veterans Affairs Medical Center.

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



Mitchell H. Katz, M.D., director of the LA County Department of Health Services (LADHS), has assembled his senior leadership team. Their role will be the overhaul of the LADHS in preparation for the health care reform 2014 infrastructure waiver (1115).

Patients will need access to specialty health care. The LADHS will have to facilitate interactions between primary care and specialty providers, while focusing on integrating health information technology. With the continued economic slowdown, more patients seek care in the safety net hospitals, adding challenges to the LADHS.

The new accountable care organizations will result in a changing role for the physician in assisting with productivity and accountability. As anesthesiologists, we will have an important role in health care reform, including responsibilities for some of the Surgical Care Improvement Project measures. Additionally, we must take a more active role in leadership throughout the hospital. We will be charged with implementing strategies for improving care coordination and patient outcomes.

Anesthesia departments continue to grapple with the oversight of conscious sedation throughout the hospital. Many diverse services within a hospital will be providing conscious sedation, and our role will be that of leadership and oversight.

The Motion Picture and Television Fund (MPTF) has operated its hospital in Woodland Hills since the 1940s. This has been the retirement home for many famed actors. Just two years ago it was announced that the hospital would have to be closed. However, there is a plan for Providence Health & Services California to step in and expand health care services to the entertainment industry and the community on this storied campus in Woodland Hills. This will enable the MPTF to continue providing long-term care services.

Holy Cross Hospital, Mission Hills, has just recently opened a new south wing. This includes a new surgical suite, gastroenterology lab and Women's Pavilion. Holy Cross now has 377 beds.

Nicholas Tsu, M.D.— District 15 (CSA Residents)



District 15 of the CSA has several unique challenges when compared to the other CSA districts. Comprising only residents, it is the only district not based on a geographic region. Apart from the major annual conferences and a few regional conferences, residents have very little interaction with CSA members outside of their own programs. Add to this isolation the fact that many residents, with busy work schedules, feel they don't have enough time to eat, sleep and read, let alone participate in an organization like the CSA. Thus, when asked whether or not they had opened an email from the CSA or visited the CSA website within the last month, over 90 percent of residents polled said they had done neither. A majority of the residents polled felt that the information on the CSA website and in the CSA emails was important, but didn't always apply to them. Over 70 percent of the residents polled said they would not read an article on drug shortages, but over 80 percent polled said they would be very interested in reading the article on how Medicare cuts could affect funding for teaching hospitals.

When the same residents were asked if they had accessed their Facebook page that day, over 90 percent of those polled said they had. From this informal survey came the idea to use the social network to bring District 15 closer together, as well as to get more anesthesia residents involved with the CSA. A special CSA District 15 Facebook page has been made and invitations are slowly going out to the anesthesia residents in California. The goal of the page is threefold: 1) bring the district closer together by facilitating interaction among the residency programs; 2) serve as a message board for organizing resident CSA events in all areas of the state; 3) repost resident-relevant CSA articles and events.

Have You Changed Your Email Address Lately?

Please send the CSA an email with your new email address or go online at the CSA website, www.csahq.org, to update your profile if you wish to receive up-to-date information. The monthly Gasline newsletter is now sent by email only.