

President's Page

Address of CSA President Kenneth Y. Pauker, MD, to the 2012 CSA House of Delegates



Dear fellow members of the CSA House of Delegates, distinguished guests, friends and colleagues, family, and especially my dear wife Debbie, welcome, and thank you for attending this meeting.

Well, here *they* are again, standing with me now like they have for years, since I was a wee alternate delegate in the CSA HOD. *They* pushed me, pulled me, and cajoled me to take this unexpected journey to try to make our small part of this world a better place. *They* played upon my indefatigable energy and drive, my inherent curiosity, and my predisposition to altruism, and drew me — shy and retiring though I may be — into a leadership role in this noble organization, our CSA. *They* told me that I could do it, that I should do it, but I said no, that would not be good for me. Just not gonna do it. Too much time commitment. No way Debbie would like this. President, not me. I am a kibitzer, not the *Gansa Macher*. Couldn't I just run for the office of Past President? Well ... I did do it, and *they* were right that I should do it. And yes, Debbie did not like it, but being the loyal and supportive person that she is, she has been there for me from start to finish.

These friends and colleagues, they are my mentors and my role models, but for this one year, *they* followed me, rather than vice versa. If someone should take the rap for my standing here, pin it on them: Drs. Goldfien, Cole, Grant, and Jackson. And now, forged by fire, I am about to be transformed into a Past President, perhaps a mentor myself, even a model — God forbid — for at least *some* others.

At the outset, I am almost embarrassed to admit that, like Larry Sullivan, I have, on some very important levels, really enjoyed my term as President, and would almost — and I do mean *almost* — be happy to stay on, if only we could just find a way to take the human resources aspects out of the required duties. What we elected leaders have learned is that, for us, CSA's administrative leadership needs to be on-site, in the office every day, and can no longer attempt to manage remotely, no matter how highly skilled or experienced. And so, after a long and winding road, we stand at a portal that marks the beginning of a new stage in our evolutionary journey as a professional society. May I introduce to you Julie Kahlfeldt, our incoming Executive Director (ED), who is here today? Julie starts on June 18, and do we have plans for her! Then again, I did say "*almost* be happy," and moreover it is high time for me to pass the baton to our incoming President, Dr. Johnathan Pregler.

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I am not going to stand here before you and recount in tortuous detail all the events on my watch: those that diverted my attention from the projects that I most wanted to accomplish and really derailed me from the objectives that I put forward in my inaugural address, those that were foisted upon me unexpectedly, those goals I actually was able to achieve, or those that just got away as time ran out. A list of some of the issues and events that played in the background of my tenure as your president appears in the website version of this speech. For the excruciating detail, please refer to my President's Reports and those of the Executive Committee, my letters to the Board of Directors, my President's Pages in the *Bulletin*, and my Online First blogs.

As President, I had some ideas for projects, and then cajoled, persuaded or induced others to develop them. Perhaps I participated or counseled, or merely bore witness, but — no matter — some attributions are related to me temporally, and therefore — good and bad — nonetheless may follow me.

What did happen is that your CSA leadership and I worked together as a team, as it should be. And, by keeping a positive attitude and moving forward with clearly articulated goals in sight, we accomplished so much more than we might otherwise have, given what was one of the most eventful and turbulent years in our association's history.

Consensus — whatever that means — has been my fundamental philosophic principle. We've actually debated this at the Executive Committee, and, although unanimity is my goal, for us consensus seems to mean something like two thirds or more in agreement. For me, narrow majorities, particularly in small groups trying to decide difficult issues, may satisfy the letter of Sturgis or even our bylaws, but they are not strong enough, simply not sufficient for important decisions. That's Paukie's *modus operandi* as regards group decision-making, even if other knowledgeable and respected colleagues have not concurred in this weighted approach.

I'll leave it to you to measure me against the exhaustive priority list — the 29 items — that I laid out before you last May.

THE PRIORITY LIST

1. The nurse anesthetist opt-out
2. PPACA
3. Performance measurement
4. ACOs
5. Advocacy

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6. Educational mission: new and improved meetings and new California spring educational meeting, workshops, web-based content, modules, newer modalities
7. Single-payer system in California
8. MICRA
9. Federation of State Medical Boards and MOCA vs. MOSL
10. Anesthesia Management Systems and Electronic Medical Records
11. Bankrupt state treasury with public programs in the crosshairs
12. Unsustainable increases in health insurance premiums
13. Balance billing proscriptions
14. Sustainable Growth Rate, 33 percent problem
15. Potential for new collective bargaining entities, return to guilds
16. AMA vs. coalition of national specialty societies, one big tent and/or reach across specialties, hospital-based, surgical, specialists, etc.
17. Sedation protocols and training
18. CMS Interpretive Guidelines — single anesthesia service in each hospital, specified notes and timing
19. Drug shortages
20. Surveys by state and feds, drug labeling
21. Changing areas of education and practice
22. Diversion Program reinvented
23. Workers Comp rates
24. Poaching by other medical specialties
25. Transparency and Truth in Advertising
26. Anesthesiologist Assistants
27. Reorganization in CSA (Communications Manager, high-level staff roles, website, communication to members)
28. CSA Model Guidelines
29. Insurance abuses, balance billing, underpayments and delays

I can say to you that I have done my level best to meet these challenges. I did not kick any can down the highway. I paid attention, listened to my advisors, encouraged and stirred debate, and yet I was deliberate and careful, and steadfastly demanded caution in arriving at decisions and declarations.

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Thanks to all of you who helped me meet the challenges presented during this past year. There is not enough time to thank you individually, but you know — and I know that you know — who you are. The members of the CSA Executive Committee — Drs. Pregler, Trivedi, Sybert, Yost, Gelb, Moore, Strum and Singleton — deserve special recognition.

My Journey

For the next few minutes, I'd like to offer a little of the history that has colored and shaped my perspectives and then, just briefly, I'd like to peer into my crystal ball and predict for you how what is happening now might evolve going forward.

First, I'll recount an abbreviated history of my journey to become your President. Once upon a time, I was in the National Health Service Corps, an internist in the "Private Practice Model," working with a group of internists in Somerville, Mass. As the crow flies, my office was a couple of miles from the Massachusetts General and Cambridge hospitals, but Somerville was designated a physician shortage area because the trolley tracks did not run in a way that facilitated patients getting medical care. I was paying back the federal government for its having underwritten the last two years of my medical school at Tufts. Anyway, in what was no great surprise to me — and probably to those who know me well — I came to appreciate that being an internist did not suit my temperament. With less than six months left in my national service, I needed to decide what to do next, what specialty of medicine would better suit my personality.

I scribbled on little pieces of paper all of the 20 specialties that I might want to pursue, put all of these scraps of paper in a hat, shook it around, and drew one out blindly. Anesthesiology! Aha! Physiology and pharmacology, I reflected—some of my favorite subjects in medical school. Moreover, my training as an internist should serve me well. I had not considered anesthesiology before because of a bland experience on a rotation as a medical student at the Boston VA Hospital, but now it really made sense. And so I made this decision to become an anesthesiologist, and then found my way to the University of California, Irvine (UCI).

I tell this story not to diminish my decision, nor my commitment to our specialty. Rather, it seems to me that there are many possible paths in our lives, particularly if you are interested and curious and willing to take a chance with your choices, and sometimes unexpected circumstances come together, forming a gestalt that may not have been there before.

I agree with what Yogi Berra said: "When you come to a fork in the road, take it."

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And so, Dr. Bruce Cullen took me in, and in time, I found my way from UCI down the road to Western Medical Center, and then to South Coast Medical Center at the invitation of Bill Playfair, my old friend from UCI days. Knowing me, he made me promise to wear my mask tight. Indeed, that was a perfect practice — a small group, just four of us, the kind of place where the surgical schedule would stop to accommodate our doing the occasional C-section smack dab in the middle of the OR schedule. Unfortunately, that piece of anesthetic heaven on earth could not last, and it did not last, but I had ten of my best years in that wonderful little hospital.

But alas, managed care was essentially invented at South Coast, and the South Coast Independent Practice Association (IPA) was born. Ultimately the IPAs at South Coast, and then Saddleback Memorial and Mission, merged into the Monarch IPA, and my practice at South Coast was absorbed by the folks at Saddleback. The offer was to join or be put out of business. So I joined, and after just a couple of years, it became obvious that I had to move to Saddleback because the South Coast that I knew and loved was fading away. It was time for me to “make myself bigger” so I could deal with the political and economic forces that were not going to tolerate a cottage industry for much longer. During this transition, I was on the Board of Directors of the merged organization, which soon came to encompass Long Beach Memorial and Orange Coast Memorial as well: California Anesthesia Associates Medical Group, Inc.

The big fish in the small pond had morphed into just another small fish in a much bigger pond. At about this time, my new partner, Mike Lowenstein from Orange Coast, suggested to me that my enthusiastic opinions and energized perspectives would be put to good use at the CSA, and he encouraged me to become more involved. I did, and over time, my oddball suggestions, first met with consternation, began to be seen as perhaps relevant, interesting, or at times even prescient.

So, I became a CSA delegate for Orange County at a time when no one wanted the position. I sat in for the Director at one Board of Directors meeting when I came to discuss the dangers of Team Health, and shortly thereafter I was asked if I wanted to be Director. This I did, and then various projects were given to me. I followed Dr. Goldfien's admonitions to join the CMA and read Sturgis. I put my energies into projects given me by CSA leaders, and after a while, my opinion on other matters was even sought out. I did some more work in the Legislative and Practice Affairs Division where I became Vice Chair and then Chair. And ultimately, it seemed to me that the CSA benefited from my style of looking under the hood and stirring the pot to help to transform and reinvigorate our organization. Little by little, I learned more about the CSA, the issues, my

colleagues, and myself, and I grew to feel confident in my ability to get the job done.

Thoughts on Being the President

And so it came to be that I “ascended” — so goes the expression — to become President last May, almost 30 years after Bruce Cullen first signed me up to join the CSA as a resident, 12 years after I first participated in the CSA House of Delegates, nine years after becoming Director for Orange County. Something changes in the flavor of your relationships with your friends and colleagues as soon as you assume the presidency. You are now greeted, even by your buds, as Mr. President. “Yes, Mr. President.” “Whatever you say, Mr. President.” I knew that at least some of this was pure ceremony, but still it felt more than a little strange to be addressed in this way. You are, however, definitely extended greater deference. None of your opinions, even those that may be a little unusual or “out there,” are dismissed out of hand. Sure, your closest confidants continue to be frank and straightforward with you, but even that is tempered just a bit. There is a recognition by other CSA leaders that your opinions carry considerable weight in the decision-making process, and you are given relatively wide latitude.

But with authority comes enhanced responsibility. You feel that you have to get it right. You want decision-making to be vetted and shared. You need ideas and energy and alternative approaches, all of which should be considered in refining what must get done.

And of course, there are expectations of your behavior — some by your advisors, your colleagues, and, of course, your detractors, but especially by yourself. You must be presidential, represent the CSA in a good light, speak for the CSA, but not have official opinions if they have not already been vetted. In your dealings with others, you are acutely aware that people will not remember what you say, but they will remember — and for a very long time — how you make them feel.

You have a responsibility to move issues forward, to recognize when discussion needs to move to decision, to compromise, to strive to listen even more to others. You must be a peacemaker rather than an agitator. I have struggled in this area, because this notion at times flies in the face of my native New York temperament, and that is to articulate my ideas directly and forcefully, to call it like I see it, and to hold the sugar coating, if you will.

All of us Presidents have a vision of what we would like to accomplish during our term to advance the CSA in ways that we feel are important. You make plans for your term, but often circumstances arise to divert your attention, to

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monopolize your time, to consume your energy. You have no choice but to adapt to changing conditions.

Complaints come to you, serious and frivolous, about what the CSA may or may not have done, or done well enough; about writings or behaviors of individuals; about opportunities lost; and about issues perceived to have been mis-handled. You need to find a way to affirm the person bringing forth the issue, and to promise to look into it. Then you really need to do so, and to follow up. Kicking the can down the road is not an option.

And then there are others who want your time, like the good folks from the ASA. After all, the CSA is the largest component within the ASA. The CSA has influence and may drive decisions on the national stage.

Whatever your personal views, whatever is reality, you must remain a cheer-leader for our CSA members who labor in the trenches. A quality of positive optimism is presidential and generally beneficial for the CSA.

What I See Coming

And now, although not a soothsayer, I'd like to share with you my predictions for how current issues encountered under my presidency may evolve:

[N.B. — As of today, June 28, we have a reality check for my first two predictions. I was entirely wrong on the opt-out, and entirely right on PPACA. The implications of the restriction on penalizing states that decline to participate in the Medicaid expansion are being analyzed, and may have important effects. So, one for two means that I am batting .500, not entirely shabby in matters determined by lawyers:

The only secret that the lawyer really possesses about the law is that no one can ever be certain of what the law is. ... The lawyer is accustomed to the ways of bending and changing rules to suit his (or his client's) purposes, to dance in the shadows of the law's ambiguities. Rules hold no particular terror for the lawyer, just as the sight of blood holds no terror for the surgeon. Because he operates a system of rules, the lawyer becomes indifferent to them in the way that a doctor becomes indifferent to the humanity of the body that is lying on the operating table.

— *Crisis at the Bar* (Norton, 1978), by
Jethro Lieberman, Director, Office of
Academic Publishing; Professor of
Law, New York Law School]

1. **Opt-out** The California Supreme Court will accept the case for review, and then, in a great victory for our profession, will ultimately overturn the lower court decisions because of the unintended consequences of the Appellate Court's ruling. I am referring to how that improper decision could have an effect on the scope of practice of other registered nurses and, ultimately, create harm to California citizens. [Editor's note: Recent developments in the opt-out case are discussed by Dr. Yost on pages 24–26.]
2. **PPACA** The United States Supreme Court will overturn at least a portion of the law, which burdens states with the substantial costs of an unfunded federal mandate.
3. **CSA Spring Seminar** The meeting will grow to become a successful April institution, likely finding a home in South Orange County, registrants topping 400 by 2015.
4. **BOD Reorganization** The CSA BOD will evolve, changing its line-up of officers and qualifications for District Directorships, perhaps including choosing Directors based less on geography and more on other factors such as requisite skills.
5. **CSA Leaders** There will be increasing competition for senior leadership positions by an ever-increasing pool of ascending junior leaders. Programs and processes to develop the talent that is available will be developed.
6. **Past Presidents** There will be a resurrection of their involvement, and their expertise will be put to good use.
7. **ASA leaders** The number of CSA members who become ASA officers will increase dramatically from the one at present to six or seven in the next eight to 15 years. We have in this HOD a veritable stream of leadership talent, easily able to compete with Texas and the Midwest.
8. **Non-dues revenue** Creative and energetic office administration will develop substantial non-dues revenue in areas not even imagined at present. Increases in this non-dues arena, as well as in membership, will push the CSA budget up to close to \$3 million by 2015.
9. **Engagement and involvement** The foundation for my incoming platform, toward which insufficient time and resources were directed, has been set, and will evolve successfully over the next few years.
10. **CSA membership** As a percentage of total anesthesiologists in California, CSA members will grow from 65 percent to 80 percent in three years, meaning a net 25 percent increase, and with that,

the number of CSA delegates to the ASA House of Delegates will increase from 30 to 38.

11. **On-line CME offerings** The EPD will develop substantial new resources and enduring materials, to be delivered electronically, both as a free member benefit and also as a source of non-dues revenue.
12. **Outreach** The CSA will develop a strategy of working with outside community organizations, which will come to understand better our value and ideas, and themselves lobby on our behalf — AARP, Alzheimer's Foundation, Rotary, Kiwanis, and so forth.
13. **CSA Bulletin** Our valued *Bulletin* will change in format, content, length, and method of distribution, while becoming an even greater source of non-dues revenue.
14. **Performance measurement** Clinical data obtained at the point of care, passively and electronically, such as with the Anesthesia Quality Institute and its National Anesthesia Clinical Outcomes Registry, will soon be essential for us to demonstrate our value to hospital administrators, insurers, and regulators. Risk adjustment of outcomes will need to be understood and employed to ensure that we are treated equitably by payers and regulators alike.
15. **Payment for our services** Pay for Performance will be seen merely as a transitional payment scheme, a part of a larger pattern of reform. Bundled payments with financial risk will be the next modality to be tried. As experts in managing risk and safety and perioperative care, we need to find a way to get possession of "the bundle," and then pay others — that is, for us to become the payer instead of the payee. We will need to assume financial risk to do this, but we will have no other palatable option.

And in concluding this address, I'd like to extend a very special thank-you to my special gal, my wife Debbie, who sees all and knows all and does all, at least as regards what is important for us and our family, in working to preserve sanity in this crazy world. Can you believe that this great Chef de Cuisine prepares *every day* an evening meal for me, even if she does not eat it herself? I love you, Debbie.

I thank all of you for inviting me to the party. Now I can assume the office to which I have aspired all along... Past President.

The *Shehecheyanu* is a blessing for the start of holidays and to celebrate special occasions. It is a thank-you for life and good fortune. Used here, it connotes a new beginning, not an end, for me.

בְּרוּךְ אַתָּה יי אֱלֹהֵינוּ
מֶלֶךְ הָעוֹלָם,
שֶׁהַחַיִּינוּ וְקִיַּמְנוּ
וְהַגִּיעָנוּ לַזְּמַן הַזֶּה.

*Ba-ruch a-ta Adonai, Eh-lo-hei-nu
Meh-lech ha-olam,
she-heh-kheh-ya-nu v'kee-yeh-mah-nu
v'hee-gee-ah-nu lah-z'mahn ha-zeh.*

*We praise You, Eternal God,
Sovereign of the Universe,
for giving us life, for sustaining us,
and for enabling us to reach this season.*

Address of CSA President-elect Johnathan Pregler, MD, to the 2012 House of Delegates



Officers, delegates and guests, thanks for allowing me to speak to you today.

Everyone has been asking me if I'm ready. Certainly, Dr. Pauker is a tough act to follow. Not only do I get the honor of following his presidency (assuming, of course, that you approve of that in a few minutes), I also get to follow him up here on the podium.

Dr. Pauker, the thanks that you've received from this group are well deserved. You had a very busy year and had a lot of accomplishments, but as you pointed out, not necessarily what you planned.

Dr. Pauker has always had great quotations in his speeches. Usually there's wisdom from Mark Twain, today we got some Yogi Berra, and there's always a foreign language. However, I've attended this house as a delegate or officer for

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the past 15 years and I've never seen anyone quote the one modern philosopher who really summed up why the plans we make get disrupted. Yes, I'm referring to Yoda. (How many of you guessed it?) In *Episode 5, the Empire Strikes Back*, he says, "Difficult to see. Always in motion is the future."

Every President has had to deal with the unforeseen events. Some, like the opt-out, are truly disruptive and consume the majority of a President's time and effort; in our case, three presidencies. There's a high likelihood that this pattern will happen again this year. So before we get off course with an unknown future event, let me talk about where we've been and where we're going.

The CSA Central Office

First, we will need to get our office up to full strength so that it can continue to support all of the activities that we want to accomplish. Barbara Baldwin has done a great job this year keeping our society functioning through uncertainty. There were three key staff departures, and the office has been short-staffed for the last four months. Barbara, you truly deserve the award that was presented to you last night not only for your career accomplishments with us but also for this past year. As Barbara stated last night, we have some great staff in our central office, and I'd like to give you an update on what each is doing at this time.

Dr. Pauker has already introduced Julie Kahlfeldt, our new Executive Director. I hope many of you got a chance to talk to her yesterday. Julie and I will be working closely to transition the office to her leadership. I'm confident that she'll take on the role of Executive Director with the same enthusiasm that she's demonstrated in the past. Our other staff members are, in alphabetical order:

Melissa Cuen is our newest addition and is our Operations Assistant. Merrin McGregor continues in her role as our Communications Manager, both print and electronic media. Terrie Rowe is our Education & Member Services Manager. Ian Sambrano is our Database and Accounting Services Coordinator. Adam Yarbough is our Office Coordinator and supports the Board of Directors and helped Barbara prepare for this HOD.

You may notice that we have one person missing from last year. Michael Whitelock, who was our COO, resigned in January. This was an anticipated event. Michael had graciously given us notice over a year ago that he was in the process of seeking another job that better fit his career goals. When Julie Kahlfeldt starts in June, one of our first tasks will be to evaluate our office staffing. She and I will work with the Task Force on Office Structure and Function to determine how best to complete our personnel needs in the office.

The Opt-out

The next big project for our society is, of course, the opt-out. The opt-out lawsuit is really a question of the necessity of physician supervision of advanced practice nurses. I think I can say that most of us believe that some form of physician supervision of nurse anesthetists is necessary for truly safe patient care. The opt-out is both a state and a national issue and it has implications beyond the practice of anesthesiology. We have to take into account the role that our local battle plays on a national level. Fortunately for us, the ASA and the CMA have been supportive of our efforts at every stage of this battle.

Dr. Sybert and I authored the resolution that you discussed yesterday at the Reference Committee in order to get your opinions on our options going forward. I greatly appreciate the feedback that many of you provided at the Reference Committee. It is essential that our Board and Legislative and Practice Affairs Division, under the direction of Dr. Paul Yost, know how you feel about our options. Dr. Pauker predicts that we'll get our chance before the Supreme Court. Based on your testimony at the Reference Committee yesterday, it appears that you also support continuing our fight in the Supreme Court. You will get to make that decision when you vote on the Reference Committee report in a few minutes. [Editor's note: Dr. Yost discusses further developments in the opt-out case on pages 24–26.]

If our petition to the Supreme Court does not succeed, we will need an alternative plan. One option is to pursue legislation. The Superior Court that first heard our case suggested this solution. If you grant your support to proceeding this way, your Board of Directors and Legislative and Practice Affairs Division will work with our legislative advocates, the Barnabys, and the CMA to find the best opportunities in our state legislature. The long-term solution to this and any political battle lies in having public support. Many people, particularly those who have been patients, know who we are and the essential role that we play in ensuring that they are safe while under anesthesia. Yet an equal or greater percent of the public do not understand how crucial we are to safe anesthesia. We need to work on that. Your Committee on Professional and Public Communications (CPPC) chaired by Dr. Karen Sibert will be pursuing methods to reach out to the public as part of our ongoing efforts to win this case.

Communications

Rebranding was a major initiative on the part of the communications committee this past year. Our first step was a redesign of our seal, or logo as it's known. Your CPPC and Executive Committee worked long and hard on it with an outside design firm. I hope you like it. (In fact, I really hope you like it.) It symbolically represents us as a medical specialty. It links us graphically to the ASA.

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I think the tagline, "Physicians for Vital Times," which was developed by our communications committee and Dr. Sibert, is great. We're going to roll this out soon. We have a little bit of design work to do to get this on all of our printed materials. We have to integrate it into the website design and our *Bulletin*. Then you'll start seeing it on everything.

Speaking of the *Bulletin*: We thanked Dr. Jackson last night for all his years of service as Editor. Steve, the accolades you received are well deserved. Thank you for continuing to volunteer during this next year to help us with the *Bulletin* and our communication efforts. Your knowledge and experience in these areas are greatly appreciated. At the last Board of Directors meeting, Dr. Champeau graciously agreed to come out of Past President retirement to assume the title of Editor of the *Bulletin*. I'm confident that Dr. Champeau, along with our Editor of Electronic Media, Dr. Hertzberg, will maintain the excellence that we've come to appreciate in our print and web media.

New Initiatives

And now on to some new initiatives. We haven't undertaken a full strategic planning effort in many years. It is essential that we do this this year. We have a fantastic problem in that our members have lots of great ideas. Yet we can't pursue every idea. Like any organization we have a finite amount of time, money and staff. The CSA needs to identify which projects will get the focus of our resources, and then we need to make them happen in a defined period of time. It is also important to identify long-term projects. One example of this would be our public communications initiative. Projects like this require continuous effort over many years and ongoing financial support. We need to plan for these initiatives now and in the future. Finally, actions across our committees need to be coordinated. I am honored to have some great committee chairs working with me next year. This is an idea that they brought to me, and I will support it by coordinating committee activity across our organization.

One of our first steps in our planning process will be to survey the membership. I've already asked the communications committee to prepare a needs assessment survey for distribution to the membership. Hopefully you'll see this in the summer. It's incredibly important that we hear from you. Please also ask your partners to take the time to respond. The survey results will guide us with our strategic planning, which will occur at either the fall or the winter Board of Directors meeting.

Strategic Planning

Our strategic goals will be incorporated into our committee plans and budgets for this and next year. I am hopeful that we can make strategic planning part of

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our usual activity at every Board of Directors meeting. This was one of the goals of Dr. Pauker last year that we were unable to complete. Until we complete our strategic planning process, I've gotten approval from the Board to evaluate our current activities on the following criteria:

First, does an activity **add value for our members** — with the understanding that some benefits are direct, and some are indirect?

Criterion two addresses how our activities **add to the long-term preservation of anesthesiology and our CSA**. This is meant to address those initiatives that don't have an immediate result or financial return to the society.

Criterion three is really a simple **cost-benefit analysis**.

We'll be operating under these rules for the beginning of this year until we complete our strategic planning process. My guess is that some form of these criteria will make it into our administrative procedures after we've completed the planning process this year.

Engagement and involvement were one of Dr. Pauker's goals for last year and made it to his prediction list. I plan to support him in completing this mission. First, Ken Pauker, Peter Sybert and I are committed to supporting the District Directors in their efforts to communicate with the membership. When I was a District Director and put on a local meeting, I felt that the presence of an officer from the CSA was key to establishing the connection between the membership and the leadership. If a Director holds a district meeting this year, we are committed to supporting it. We will try to find a way for one of us to be present at the meeting and address the district. Second, I will work with the office to have presentation materials prepared to help the District Directors communicate the activities of our society to our membership and to the public. Third, we will evaluate how the society can better support the Directors in organizing district meetings. We will consider both organizational and financial support. I want to remove the barriers that prevent District Directors from communicating with both physicians and the public at a local level.

You may have noticed that Dr. Pauker made a rather bold prediction that there will be a reorganization of the Board of Directors. I'm not sure I can predict how this will progress but I support evaluating how our board functions. I have been fascinated for some time now with how groups make decisions. Some groups make great decisions. Good ideas are proposed, become the focus of discussion and become action. Some groups make less than ideal decisions. I'm sure we've all experienced meetings or group decisions that have resulted in the acceptance of a less than ideal outcome because it's the only thing the group can agree on. I've witnessed successful and suboptimal decision-making many

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times in my career. I'd like to get the CSA to the point that we predominantly make great decisions. We have a task force that was formulated last year to look at how the Board of Directors is structured. It's chaired by our Treasurer, Dr. Peter Sybert. I plan to fully support this committee in its work over the upcoming year. I anticipate that its efforts will mesh with our strategic planning process to determine how best to structure our Board. It is imperative that we make the best decisions as an organization going forward.

Looking Forward

And finally, I am very aware that there will be detours. Some will be straight-forward one-way decisions and others will be really complex. For those of you who haven't seen this graphic before, it's a chart representing our new national health care program, and one can get lost in it. With all of your help we will tackle whatever is thrown in the path of the CSA this year. We've made some plans and we'll make more as the year proceeds. We'll pick a new route if needed but will get to our destination.

That's just a highlight of the major efforts underway in our society. There are many individuals that I didn't specifically mention, including officers, committee chairs and members, and you, our delegates. I appreciate each of your efforts and will be depending on you to help us get through the next year. The CSA is an amazing group of physicians and has fantastic staff. It will take all of us to accomplish these tasks. My goal is to make this society better at meeting your expectations over the next year. There's tremendous energy going into the projects that are underway and I know that we'll come up with more things to do as the year goes on. I am honored with the trust that you have placed in me for the upcoming year. I plan to do my best to make the CSA achieve your goals.

To answer the question that everyone has been asking me, the answer is, I'm ready. I'm ready because I know that we all are ready to make this a great year for the CSA. Thank you all.

