

From the CEO

Lasting Impressions

By Barbara Baldwin, MPH, CAE

Editor's Note: Barbara Baldwin served the CSA with distinction as Executive Director and CEO from 1998 to 2012. She retired in June, and now lives in Ohio.



I became the CSA's Executive Director in June 1998, and my first Executive Director's column appeared in the September–October 1998 issue of the *CSA Bulletin*. In that column, entitled “First Impressions,” I described my first few months on the job as the new ED. In preparation for my retirement from the CSA on June 15, I thought it fitting to review that column and reflect on how the issues and the CSA have changed, and in some cases not changed, over the years.

Back in 1998, the pressing national issue was the concern that the Centers for Medicare and Medicaid Services (then HCFA) might remove the requirement for physician supervision for nurse anesthetists treating Medicare patients. At that year's ASA Legislative Conference in Washington, physician leaders were optimistic that they would persuade federal regulators to at least postpone publishing the rules. While I was in Washington, back in California a public relations bomb went off when the *Los Angeles Times* published an article claiming that some anesthesiologists were demanding cash prepayments for labor epidurals for Medi-Cal patients.

One of my first impressions then was that this job would never be boring. And throughout the ensuing 14 years, that impression held true.

While the ASA was not completely successful in preserving the requirement for physician supervision, the proposed rule was moderated in 2001 by then President Bush's compromise ruling that individual states could opt out of the requirement only after meeting specific criteria. Almost a decade later, Governor Schwarzenegger's opt-out in 2009 brought the issue home to California. Since that time, the CSA and the CMA, with the help of the ASA, AMA and other stakeholders, have challenged the legality of Schwarzenegger's opt-out in the courts. Although the state Supreme Court's recent decision not to review the case has put an end to the CSA's legal actions, this issue will continue to be a CSA focus, perhaps moving into the legislative arena now that judicial options have been exhausted.

The Medi-Cal epidural nightmare brought some benefit, with better education of anesthesiologists on use of the correct CPT codes for labor analgesia. In

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addition, a grass-roots coalition effort resulted in improvement in the formerly miserably low payments for labor epidurals for Medi-Cal patients.

The concluding paragraphs of my introductory article discussed the CSA as a professional organization and remain accurate and relevant to this day. One of my statements described activities that would enable the CSA to be a successful organization:

These include maintaining high quality continuing medical education, developing policy for new and changing issues, being proactive in our approach to socioeconomic problems facing anesthesiologists, and keeping the membership up-to-date on topics that affect their practices. We also must wisely use the constantly changing technology, information and communication abilities available to us.

The critical ingredients for success that I enumerated at that time included “dedicated, involved leadership; interested younger members; committed, enthusiastic staff; a well-deserved reputation for excellence; and adequate resources [truer now than when I arrived] to secure a place at the negotiating tables with the legislature, state administration, the CMA, and at the national level in ASA and AMA.”

These ingredients for success have withstood the test of time. One of the primary tasks, “to wisely use changing technology, information and communication abilities,” required that CSA operations transition from a “mom and pop shop” to a modern business model. This conversion unfortunately involved painful staff changes to ensure that employees had both the necessary skills and the ability to adapt to changing methods and demands. It also required significant and ongoing investment in the CSA infrastructure including a new database and website. Both of these are not one-time activities, but require continuous review and modification to meet evolving needs.

While I will remember dozens of issues and activities from the past 14 years, the most poignant memories are those of the people I worked with in so many different capacities. From the CSA physician leaders who devote countless hours to shaping the CSA’s future, to the committee members, delegates and other volunteers who contribute time to advance key functions of the CSA, hundreds of members have impacted the CSA in positive ways. Over the years, a few have also become friends.

Outside of the CSA, I have also had the pleasure of working with ASA staff and my counterparts in other state component societies, where friendships developed as we worked together on common issues. We all learned from one another and brought new information and perspectives to our jobs. Working with the

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CMA and state specialty societies added a new dimension to many existing relationships, with some friendships extending 30 years. I have known Bill Barnaby Sr. and Jr. for about 25 years and enjoyed working with them on new and recurring issues. I will always be impressed with their commitment to the medical profession and tireless work on physicians' behalf. Working with CSA legal counsel Dave Willett and Phillip Goldberg was educational and allowed me to see how nuances of the law can balance the scales either in favor of or against the good guys. They almost make me wish I had gone to law school.

The people I worked with most closely on a daily basis, the CSA staff, are special people who will remain in my heart forever. They are responsible professionals who take pride in their work. When I read about employers' negative experiences with younger workers' reportedly poor work ethics and sense of entitlement, I thank my lucky stars that the three CSA staff under age 30 are a distinct exception, showing maturity and commitment. The more senior staff members are seasoned professionals with expertise that takes years to acquire. They not only manage significant areas of responsibility, but also mentor the support staff. Taken together, the current staff is the best in CSA's history, with all the makings of an exceptional team.

Now having ended my tenure, I wish all the best to the members of the CSA, and the organization as a whole. The structure and delivery of health care are changing at an accelerated pace, and unintended consequences of decisions made by the government, regulatory bodies and payors are inevitable. Professional organizations are a critical element to ensuring that decisions based purely on economics and faulty data are not adopted and that physician/patient relationships and patient safety are given equal consideration. As a future Medicare beneficiary, I hope I will remain healthy and never need to be hospitalized. Regardless of federal government policy, if I ever do need surgery or some other procedure requiring anesthesia, I'll insist that an anesthesiologist be involved in my care.

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