

# District Director Reports: September 2008

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

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

The healthcare landscape continues to evolve in our district. Kaiser has announced a several hundred million dollar replacement hospital for their current Fontana facility. They also have acquired the Moreno Valley Community Hospital, while other controversial bidders lost out. This gives Kaiser a large footprint in this area. Beaver Medical Group and Loma Linda University are building a joint-venture surgicenter in the rapidly growing Banning area.

After many years of effort, University of California Riverside has obtained approval by the UC Board of Regents to establish a new medical school. With UCR located only a few miles from Loma Linda University, it will be interesting to see how the two nearby medical schools will evolve. In other news, the Anesthesiology Department at LLU has just received ACGME approval for a cardiac fellowship program.

To quote an old aphorism, “politics makes strange bedfellows” would describe how some members in our district feel about recent developments relating to Prem Reddy MD. Many anesthesiologists have had payment disputes with HMOs that Victorville-based Prem Reddy MD controlled. Now the CSA and Reddy are arguing similar points on advocating for payment for non-contracted services (balance billing). Though there is a real distinction between a hospital bill versus a physician bill, the distinction is often lost on the public, legislators, and the media. The *LA Times* and others have described how Reddy’s organization, after taking over controlling interest in various southern California hospitals, cancels existing insurance contracts and bills at much higher rates. Kaiser is embroiled in disputing bills for emergency services at these hospitals.

Once in a while it is great to be able to savor a hard-fought political victory, as has been achieved with the recent Medicare funding bill. How many years have we been fighting for reform of the anesthesiology teaching concurrency cuts? Success has been achieved by everyone’s efforts, and the CSA and its members have played many roles. I would like to single out two CSA members in our district who deserve mention. Rebecca Patchin, M.D., has played a prominent role. Her leadership role at the AMA was vital in obtaining the full AMA political will to push for the teaching rule change to be included in the

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bill. Dr. Patchin thanks Dr. Bob Martin for “easing my return to academic anesthesia” and facilitating her efforts to commit the AMA to fixing this problem.

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

This quarter started at the annual CSA meeting at Universal City this May. Between the many informative lectures and getting the business of the CSA done, the District 3 delegates took the opportunity to get to know each other better. My thanks to all those who attended: James H. Daniel, M.D., (10), Steven M. Haddy, M.D., (11), John Hsu, M.D., (09), Jeffrey D. Parks, M.D., (11), Rajesh Patel, M.D., (09), Eugene L. Bak, M.D., (09), and Gligor V. Gucev, M.D., (11).

This spring/summer has been the calm before the storm in District 3. It has been relatively quiet, with the exception of an earthquake in Chino Hills. While no hospitals were greatly impacted by the quake, it did manage to shut down 14 operating rooms at USC-University Hospital for approximately eight hours when it was discovered that the quake ruptured a major waterline to the operating rooms. Fortunately, due to the combined efforts of the Anesthesia Department, led by Dr. Earl Strum, and nursing, only two cases had to be rescheduled out of approximately 30 surgeries that had to move to different operating rooms. Perhaps the quake was just a reminder of the importance of making sure that every anesthesia department is involved with hospital administration in planning what to do in case of disaster.

And speaking of earthquakes, construction of the new 680-bed Los Angeles County-USC Medical Center is just about complete. This building is the largest construction project in the history of Los Angeles County. It has been built to replace the old hospital, which did not meet current earthquake safety standards. Current plans involve an attempt to emulate our friends at UCLA and to seamlessly move all the patients over to the new hospital over an October weekend.

Metaphorically speaking of quakes leads one to the major changes taking place at USC-University Hospital and the Norris Cancer Hospital. Negotiations are well underway for a change of ownership from the for-profit Tenet to the non-profit University of Southern California. Included in the change of ownership is the possibility of major changes in the medical groups structure at USC.

Finally, District 3 mourned the loss of member Dr. Lauren Poon. Dr. Poon, 33, was a 2007 graduate of the University of Southern California Anesthesiology residency. She was just beginning her career at Huntington Hospital in Pasadena. We are all saddened by her untimely passing.

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

District 4 has had a change in leadership with Christine Doyle, M.D., moving on to Assistant Secretary and William Feaster, M.D., elected (unopposed) to replace her.

As new District Director, I used an e-mail list provided by Dr. Doyle to contact key individuals in most of the groups in our district. I received many replies congratulating me in my “election,” but no one took me up on my offer to raise any key issues that the District members wanted to take forward to CSA leadership. Either things are going so wonderfully in our District that there are no issues to forward, or everyone is working so hard that they don't have time to raise issues, or people are relatively apathetic about raising issues to the level of the CSA. I'm afraid it's the latter and raises good questions about how pertinent we are to the rank-and-file anesthesiologists in our districts. This is further reinforced by the difficulty in getting people to fill the various vacancies. This is certainly not a new phenomenon, but it reinforces Dr. Champeau's initiative to seriously discuss the organization and representation at the House of Delegates and various committees.

I would like to develop/utilize an efficient means to communicate to all members of our District. I know we have e-mail lists of members, but some sort of list-serve that was maintained on a regular basis would make communication to district members a lot easier, especially if it was tiered to separate out group leadership for certain issues. This would also support our new group leader organization.

I'm looking forward to my tenure as District Director and to our future working and social relationships as a member of the CSA BOD.

### **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

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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 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, 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 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.

### **Steven J. Younger, M.D.—District 6 (San Francisco & North San Mateo Counties)**

As discussed in my last report, I would occasionally like to update the society about the various practices in our district, examining clinical trends within those practices in addition to any administrative and political issues particular to them.

For this report I have chosen to look at San Francisco General Hospital. SFGH is home to one of the three arms of the UCSF residency program (the other two being the Parnassus/Moffit-Long campus and the San Francisco VA Hospital). It is an academic practice in a county hospital, whose scope of practice ranges from general surgery and bread-and-butter orthopedics to major trauma, obstetrics, and pain management.

Many of us in District 6 trained at UCSF (all due respect to our colleagues trained at Stanford and other fine programs around the country) and look back at our time at “The County” very fondly. It was the place where we, as second- and third-year residents, finally got to spread our wings a bit and work more independently than we had until that point. We began to develop our teaching skills there with the first-year residents on-service and, for my generation at least, we got our first really focused exposure to regional anesthetic techniques. Two of the attending physicians who were instrumental in my regional training were Drs. Andrew Gray and Adam Collins. Dr. Collins was kind enough to spend some time with me on the telephone, updating me on recent goings-on in the department over the last few years. Below follow some notable clinical anesthesia highlights:

*Anesthesia Simulator Training:* Headed by Drs. Manuel Pardo and Adam Collins, the anesthesia simulator at SFGH moved into its permanent home exactly two years ago. The space is shared with a surgery simulator. The anesthesia simulator is the focal point of a thriving simulation center which hosts upwards of 700 “learners” per year. These students range from medical students to board-certified attending physicians.

*Regional Anesthesia:* Drs. Gray and Collins are still very active in regional anesthesia, having completed several publications over the past few years. The most significant trend in regional anesthesia lately is the use of ultrasound-guided techniques, which, according to Dr. Collins, have almost completely replaced nerve-stimulator-based approaches for many nerve blocks. Dr. Collins notes that the learning curve for residents in his estimation is far more favorable with ultrasound, and that, according to statistics currently being compiled by Dr. Gray, block success rates for ultrasound-guided blocks are much higher than those with twitch-based techniques.

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*Efforts to improve patient safety and JCAHO compliance:* Drs. Jim Marks and Jens Krombach have spearheaded an effort to create formal protocols and checklists for sign-outs at shift changes, thereby reducing the risk of omissions and errors in patient through-put. Additionally, the department has begun using pre-prepared syringes for many medications, including hemodynamic medications used in resuscitation. These medications are prepared by the pharmacy under sterile conditions and therefore can be stored longer in code boxes, ready for use at any time.

The department has also begun using a separate written consent for anesthesia, as well as standardized pre-printed forms for post-op notes, with mechanisms in place for documenting and formally tracking anesthesia-related complications.

Interdepartmental discussions have resulted in the anesthesiology department taking a more active role in the continuing management of trauma patients outside of the ER and OR. In an effort to improve quality and continuity of care, the model has anesthesia providers taking charge of the airway, fluid management and transfusions, hemodynamics, sedation, and pain management from the trauma bay to the OR and beyond to other non-OR departments.

*Finally, on the administrative front:* In 2003, Dr. Sue Carlisle became dean of the SFGH campus of UCSF medical center, after a long tenure as chief of anesthesiology there. After a brief period during which my classmate, Dr. Alicia Gruber, graciously acted as interim chief, Dr. Jim Marks moved into the position. As plans for a new, seismically upgraded physical plant at SFGH continue to take shape, Dr. Marks has played an active and vocal role in meetings concerning the design of perioperative facilities in the new hospital.

Budget concerns seemingly always plague San Francisco's Department of Public Health and SFGH. Nevertheless, the Department of Anesthesiology remains committed to providing quality, cutting-edge care and education to its patients and residents. Kudos to Drs. Marks, Krombach, and Gray, and the other dedicated providers in the department, and special thanks to Dr. Adam Collins for taking the time to catch me up on life at "The County"!

### **Uday Jain, M.D.—District 7 (Alameda & Contra Costa Counties)**

District 7 consists of the East Bay counties of Alameda and Contra Costa in northern California. The City of Oakland is included in this district, as well as several industrial and inner city areas.

On March 20, District 7 held a successful district meeting and lecture. The program (sponsored by Baxter) included dinner, a lecture by Edmund I. Eger, M.D., and discussion.

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Hospitals in District 7 employ more CRNAs than those in most other districts. Alameda County Medical Center and Kaiser Foundation Hospitals employ a significant number of CRNAs. The relationship between MDs and CRNAs appears to be positive. There are no M.D. anesthesiologist training programs in this area, though Samuel Merritt College in Oakland has a CRNA training program, and its students receive clinical training at various District 7 hospitals. Residents in other specialties do anesthesia rotations at the various District 7 hospitals. A new Kaiser Foundation Hospital opened in Antioch, which is in the northeast 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.

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

The three big issues in District 10 remain unchanged since the last report. The most evident issue is Cottage Health System's construction of an \$850 million new flagship hospital facility in Santa Barbara with a targeted completion date of 2012. This is a massive undertaking, given that Santa Barbara has less than 100,000 full-time residents. Cottage has raised nearly \$100 million of these monies from the medical staff of the hospital and local donors, with some single donations topping out at over \$5 million. The remainder of the funds for construction is derived from bond auctions and from Cottage's reserves.

The second issue remains the paucity of dedicated trauma orthopedic coverage in Ventura County. Although Cottage Hospital is a Level 2 trauma center, there is no regional trauma network, so patients from outside Santa Barbara County are brought to Cottage in a somewhat *ad hoc* manner, and, more important, surrounding areas have variable coverage for many services. The lack of orthopedic coverage in Ventura translates into situations where simple closed wrist fractures are transferred to Santa Barbara for external fixation and casting in the emergency room. Clearly, health care dollars not wisely spent.

The last issue is the "uptick" of gang-related violence in the area. Santa Barbara, despite its idyllic beachside image, has long suffered from a smoldering low level of gang tension. In the last year a number of high-profile gang-related stabbings and shootings have elevated those tensions. The result is that during large celebrations, such as the Summer Solstice Parade and the start of Old Spanish Days, gang violence escalates.

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Cottage, the only trauma center in the area, has had a challenge dealing with such high-acuity and often direct-to-operating room cases. The anesthesia group at Cottage is working diligently to address these issues in the setting of increased transfers from Ventura, a growing interventional stroke program headed by an interventional neurosurgeon who has performed over 300 cases in the calendar year, and the closing of Goleta Valley's Labor and Delivery service. During the month of July, Cottage Santa Barbara delivered 157 babies. Given the long-standing difficulties with recruitment and retention of anesthesiologists, the hospitals growth on all fronts will pose the largest challenge in the area for years to come.

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

While District 11 awaits the election of a new director, I submit this, my last district report after having served as District Director for the past four years. One event that was being planned well before I first took office was the opening of the replacement hospital in Westwood for the UCLA Center for the Health Sciences, damaged in the Northridge earthquake. After 10 years of design and construction, on June 29, 2008, hundreds of patients were moved in one day from the old hospital, and the new Ronald Reagan UCLA Medical Center opened for patient care.

The new ten-story, one million-plus-square-foot UCLA hospital has 520 private patient rooms, state-of-the-art medical technology, wireless Internet access for patients and guests, gardens and outdoor play area for pediatric patients, and also houses the Mattel Children's Hospital UCLA and the Resnick Neuropsychiatric Hospital at UCLA. Each patient room has the capability to convert into an intensive care bed. The interventional floor houses 23 rooms in the main operating room suite, all of which provide audiovisual integration systems with voice-activated controls, room-to-room audio and video communication, and remote teleconferencing. Adjacent to the main operative suite are six cardiac catheterization laboratories, eight interventional imaging suites, and 60 pre-procedure and recovery beds.

After a necessary period of tapering the elective surgery schedule for the move, the main operating room suite is running a full schedule. At the same time, construction has been completed on the new Urologic Procedure Unit housed next to the Ambulatory Surgery Center, and the surgery center itself continues to run a full caseload.

Olympia Medical Center in West Los Angeles also reports steady case volumes, but with significant variations in daily case numbers that necessitate creative

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scheduling. This fluctuation in staffing needs, plus the same group's coverage of a number of freestanding surgery centers and office practices, has led to the employment of a number of part-time practitioners. Other practices in the area also have benefited from scheduling flexibility through the use of part-time clinicians in addition to the usual full-time anesthesiologists.

The pediatric fellowship at Children's Hospital Los Angeles is expanding from four to seven fellows per year, and the new residency at Cedars-Sinai has been running smoothly.

Finally, although the implications go well beyond West Los Angeles County, many members in the district continue to express strong support for Maryland anesthesiologist and Congressional candidate Andy Harris, who won the Republican primary and is favored to win the general election for the First Congressional District. Dr. Harris is poised to become the first anesthesiologist ever elected to the U.S. Congress, and in the current political climate, his could be an important voice in legislative efforts aimed at healthcare reform on the federal level.

### **John S. McDonald, M.D.—District 12 (Southeast Los Angeles County)**

Torrance Memorial announced the building of a new central facility tower for in-patient care. The construction is to begin 2010.

Emergency room visits continued to put a strain on the local hospitals. Harbor-UCLA Medical Center has hired temporary contractors to reduce the wait time in the ER following a federal inspection. This alleviates most of the congestion, but local emergency rooms continue to be inundated with patients seeking acute needs.

Martin Luther King remains closed and operates as only an urgent care clinic. Rumors for the future of the hospital continue to surface, but no progress seems to be made to reopen the facility.

Little Company of Mary is opening a new senior health center in Torrance. The Care More Health Center is a partnership between Little Company of Mary, and a Cerritos-based group of physicians. The center will open in September in a 2,000 sq. ft. facility and plans to expand in January 2009 to a 9,000 sq. ft. facility.

Opposition to the state Medi-Cal cuts slated for July was given a defeat by the state court system. A state court denied a preliminary injunction against the

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cuts. The 10 percent cut in Medi-Cal reimbursement rates was instituted by the Governor and State Legislature. Groups opposing the cuts claim that the state has failed to fund the Medi-Cal system adequately, in violation of federal law.

The Los Angeles County Board of Supervisors will vote August 11 on an increase of the Measure B property tax assessment. The increase would average around \$11 more a year per home. The Board is allowed to increase the assessment without voter approval if the increase is at or below the increase in the consumer price index for medical goods. No board members have indicated how they will vote, but they are expected to pass the measure. Measure B provides the county \$142 million dollars annually, and these increases are expected to raise an additional \$45 million in revenue.

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

District 13 held a nice, well-attended dinner meeting at the Savannah Supper Club on May 22. The dinner was sponsored by Baxter, and the speaker was none other than District 10 Director Dr. Jason Campagna. Our next dinner is scheduled for September 10 at Fleming's Steak House in Newport Beach and will be sponsored by Masimo. The speaker will be Dr. Michael O'Reilly.

In general, volumes around the county seem stable. Some hospitals, such as Fountain Valley and the Kaiser system, are very busy. The hospitals with large, high-quality institutes (Cardiac and Orthopedic) are also doing well. There have been a few changes in the hospital and surgicenter landscape. A new surgery center was opened at Saddleback Hospital, Irvine Regional Medical Center was sold to Hoag Hospital, and Prime Healthcare bought Garden Grove Hospital.

Prime has been noted for buying hospitals, canceling most contracts (especially HMO contracts), and then billing at what Prime Healthcare refers to as "market rates." Prime has come under fire from many groups, including the State Attorney General's office which blocked its acquisition of another Orange County Hospital. However, Prime may have different plans for Garden Grove Hospital. In a story in the *Orange County Register*, Dr. Reddy, the head of Prime Healthcare, indicated that he would not be employing the same business model: "The health plan contracts seem reasonable because they are on par with the Tenet agreements, and we believe that we will keep them," Reddy said. We will have to wait and see. Elective surgical volumes have dropped dramatically at other Prime-owned hospitals in Orange County.

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In late June, Prime Healthcare was sued by the DMHC over balance billing. Although many people may not approve of Prime's business model, it is strange for a state agency (the DMHC), which is supposed to regulate the HMOs, to sue providers of medical services. The real issue is payment for services and maintaining adequate networks of providers. The CMA and the CSA are watching the case closely.

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

As the new District Director, I have spoken with many of the anesthesiologists in my District. I have identified some areas that need improvement and also the strengths of the district.

First, there are three vacancies in the district; one delegate and two alternate delegates. I have spoken to several members who have expressed an interest in these positions and expect to fill these vacancies shortly.

Second, I believe that our members' participation in ASAPAC and our state society's GASPAC are important to the future of anesthesiology, and I will strive to have improved participation.

Third, at Olive View-UCLA Medical Center we train two anesthesiology residents every four weeks and two to three fourth-year medical students every three weeks. We will discuss with these trainees the importance of participation in the activities of their professional societies.

Fourth, we are concerned for the public to realize the importance of peri-operative care by the anesthesiologist. At Olive View we now participate in the Hospital's annual Health Fair, which attracts approximately 1,000 community members each year. We encourage all anesthesiology departments to participate in their local health fairs as a way to educate the public about the importance of the anesthesiologist.

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