

# 2009 ASA Annual Meeting

## California Delegation Plays a Prominent Role at the ASA Annual Meeting in New Orleans, and Enjoys the Revitalized City!

*By Mark Singleton, M.D., ASA Director for California*



### ASA Officer Elections

As we converged on the Big Easy in mid-October—concerned with issues surrounding the national healthcare debate, questions about the ASA’s internal governance and financial management, and matters of clinical and scientific importance to our specialty—the CSA delegation was particularly excited about the candidacy of Dr. Linda J. Mason for the office of Assistant Secretary of the ASA. This year was very remarkable in featuring three contested elections for offices on the Administrative Council, the important “higher-level” executive body of the ASA. The Administrative Council is composed of the elected officers, including the three-member Executive Committee (president, past-president, and president-elect), and is positioned in the ASA governing hierarchy just above the Board of Directors. Completing this pyramid, the House of Delegates is most directly representative of ASA members and is the final authority over ASA policy and direction. At its second session, the HOD elected Jerry Cohen (Florida) First Vice President (precursor to President-Elect); Arnold Berry (Georgia) Vice President for Scientific Affairs; and (drum roll!) our own Linda Mason Assistant Secretary of the ASA. Other officers elected were: Alex Hannenberg (Massachusetts) President, Mark Warner (Minnesota) President-Elect, John Abenstein (Minnesota) incumbent Speaker of the House, Steve Sween (Georgia) incumbent Assistant Speaker, John Zerwas (Texas) incumbent Treasurer, James Grant (Michigan) incumbent Assistant Treasurer, and Art Beaudreax (Alabama) Secretary. The last time a California member sat on the Administrative Council was a decade ago when Tom Cromwell was secretary, so cheers for Linda! Hoorah!

### Highlights of Deliberations of the House of Delegates

The second session of the HOD, where final debate and votes are taken, was the longest that any of us could remember, despite the innovative introduction of an electronic voting system, allowing instantaneous determination of HOD

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decisions on issues we debated. The most contentious and time-consuming discussions were centered around ASA governance and executive authority. Like many organizations during this economic recession, ASA has felt the squeeze, especially because of recent expenditures for the ASA Operations Improvement Initiative, the purchase of property adjacent to the ASA headquarters in Park Ridge, and embarking on the Anesthesia Quality Institute (AQI). These are vitally important investments for the future of our specialty, but the costs are significant. How we spend money derived from member dues and other revenues must be transparent and based on the appropriate input of elected representatives. In addition to issues related to ASA finances, discussion of the ASA's involvement in the national debate and congressional actions on healthcare reform occupied a major portion of reference committees and the House. In the end, ASA leadership received a message of praise but also caution from the HOD. It was clear that elected representatives of the Board and House want a more interactive, bidirectional exchange with the Administrative Council and Executive Committee. This is in accord with the suggestions made by the president's ad hoc committee on structure and governance, earlier this year.

The president-elect's report contained a fee schedule for future ASA annual meetings, with the intent of offsetting losses, the first time ever that this historically free member benefit would require a fee (this year, a late fee for on-site registration was charged for those not pre-registered prior to deadline). The inclusion of these registration fees in the coming year's projected annual budget caused many of those opposed to charging members for the annual meeting, as well as those questioning the approach and methods, vigorously to oppose this maneuver. Dr. James Moore, of our delegation, engaged in some orchestrated parliamentary tactics in an effort to derail this, and the House, after lengthy debate, instructed the ASA leadership to consult with the Committee on Annual Meeting Oversight to reconsider this idea.

Other items of importance to practicing anesthesiologists included:

- The adoption of two joint statements from ASA and ACOG, on “non-obstetric surgery during pregnancy” and “pain relief during labor.” Space does not allow details, but these statements are worth review at [www.asahq.org/publicationsAndServices/standards](http://www.asahq.org/publicationsAndServices/standards).
- A performance measure for the re-dosing of antibiotics for surgeries exceeding recommended time intervals will be sent to the National Quality Forum for endorsement and the Centers for Medicare and Medicaid Services for adoption. Other measures developed by the Committee on Performance and Outcomes Measurement on

prophylaxis of postoperative nausea/vomiting and rewarming after hypothermia were referred back to the committee. Discussion panels on performance measures will be considered for the 2010 ASA annual meeting.

- Also adopted was a Statement on Respiratory Monitoring During Endoscopic Procedures, which calls for consideration of CO<sub>2</sub> monitoring when sedation is provided, especially for upper GI procedures. It also calls for careful attention to airway management for Endoscopic Retrograde Cholangiopancreatography in the prone position.
- Work products from the Committee on Standards and Practice Parameters that were accepted are “Practice Guidelines for Chronic Pain Management,” “Practice Advisory for the Prevention, Diagnosis and Management of Infectious Complications Associated with Neuraxial Techniques,” and “Transesophageal Echocardiography Guidelines.”

Finally, three resolutions submitted by California authors (Drs. Canada, Pauker, and Singleton) were vetted at the reference committees and then brought to the House for action. Public access and availability of automated external defibrillators will be considered by a committee of the president's choice. Resolutions adopted by the HOD would be archived and accessible to members electronically, when the details of how to do so are worked out by EMIT, the committee to which the resolution was referred. The disapproved resolution asked for “political realignment” with medical organizations as a possible alternative or in addition to the AMA. The discussion engendered by this resolution at the reference committee was nonetheless a very healthy and productive airing of sentiments.

### **Congressional Healthcare Reform and the ASA**

In the weeks that followed the ASA annual meeting, rapidly evolving developments took place on Capitol Hill, and several “town hall” teleconferences were conducted by Dr. Hannenberg and the Washington ASA staff. Despite this, many Directors felt that their concerns regarding these monumental legislative overhauls were not being heard by the leadership. A special meeting of the ASA Board of Directors was duly requested by more than the minimum number of Directors required. To my knowledge, this has never happened before. Within a week, tentative plans had been made for such a meeting, but—more important—the concerns raised were well addressed by Dr. Hannenberg, the ASA staff quickly set up a BOD listserv capability, and a commitment to bidirectional information exchange and discussion was agreed

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upon. In the end, the need for a special meeting was dismissed by consensus. I am confident that our ASA officers are well informed, are sensitive to members' concerns, and possess the extraordinary skills necessary to advocate effectively for the specialty of anesthesiology and the future viability of our practices.



We wish to welcome the United States' newest citizen—CSA's own Victoria Pangilinan! Over the last year Victoria has assisted many CSA members with their questions about membership and CME. In that short time Victoria has become an integral part of the organization. Victoria's three years of study and preparation culminated on Thursday, December 17th, with a swearing-in ceremony that took place in San Francisco. What is the best part of being a citizen? Victoria says "Now I can vote!" With so many issues facing the nation and the profession, no doubt she will put that vote to very good use!

Our heartfelt congratulations, Victoria!  
We are very proud of your achievement!