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President-Elect

Having joined initially as a resident in 1982, my CSA career began in earnest in 1999 when I was appointed to be a CSA Delegate. I first attended a CSA Board of Directors meeting in September 2001 when I presented concerns regarding Team Health. I filled in at a BOD meeting in April 2002 for Director Dr. Kevin Becker who could not attend, and was subsequently elected Director for District #13 (Orange County) in June. I was in due time re-elected, and then served until 2006, when I ascended to LPAD Chair and, in so doing, joined the CSA Executive Committee. Some of my activities within the CSA and accomplishments on behalf of California anesthesiologists are:

- **Improved communication among anesthesiologists and anesthesia groups**

When I became District #13 Director, my primary objective was to determine how to enhance professional collegiality. My mechanism for this was to reinvigorate CSA's presence in Orange County, emphasizing how CSA could bring groups together under its umbrella, stimulating inter-group communication using methods not available to individual groups due to antitrust concerns.¹ I organized district dinner meetings, most providing free CME credits to CSA members, and spoke myself on social and political issues. I communicated via a district e-mail list on events within the CSA and ASA, enabling members to talk to each other about common issues, and the local climate vastly improved. This increased local involvement, and we filled all of our Delegate and Alternate Delegate slots, an accomplishment achieved even now by only four of the 15 District Directors.

- **Increased CSA focus on political and practice issues**

As a CSA Director and current Chair of the Legislative and Practice Affairs Division (LPAD), I have prioritized shifting the CSA's focus toward political and practice issues, as government becomes increasingly intrusive into our professional lives. I have served on several ad hoc committees of LPAD including those on Workers Compensation, Medi-Cal obstetric billing, and "balance billing." I have lobbied officials at the DHS and in the California legislature and Congress.

As chair of LPAD, I used various formats, to allow for more intensive examination of critical issues, including a vigorous LPAD list-serve for discussion between meetings, breakout sessions into smaller groups to increase interest and involvement at LPAD meetings, and a "stand-alone" LPAD meeting at least annually, with more time allotted for detailed discussions, including presentations by outside speakers and consultants, to provide additional perspectives. I have also sought to reinvigorate LPAD, with the President's help, with a substantial number of new members, anticipating fresh ideas and energy to take on projects, but also retained senior members such as the current Chair of ASA's Committee on Economics, Dr. Stan Stead, who is a former LPAD Chair. LPAD has evolved into a "proving ground" for its members to "show their stuff," attracting attention of senior leaders looking for candidates to ascend further in the CSA and ASA.

Other CSA Activities

I have also served on the following CSA Committees: Membership, Public and Professional Communications, Nominations, Editorial Board, and Finance and Administration. After September 11, 2001, I chaired the Task Force on Disaster Preparedness, which developed a section on the CSA Web Site on All Hazards Preparedness. I chaired the Ad Hoc Committee on Redistricting, which simplified districts by defining them geographically rather than by zip codes, but did not try to equalize the size of districts because data was lacking. Instead, we came up with the concept of Percent Membership by District, the fraction of CSA members of the total anesthesiologists in each district, something that is still being refined to help to understand geographic differences and to allow for focused membership drives. I also pushed to obtain data from the California Medical Board and the ABA to establish the number and location of each anesthesiologist in California. The committee promoted the idea of increasing membership in the CSA by having large groups sign up all their members, paying as one entity, without individual members having to make this choice every year on their own.

As one of the prime movers in trying to develop methods to enhance understanding by the public of what an anesthesiologist does, I participated in a Task Force on Message Development and in meetings with an expert in this area, and I wrote, edited, and recorded podcasts. This project is yet to come to fruition.

As an associate editor of the *CSA Bulletin*, I have spent untold hours trying to improve the readability of what gets published. I have also authored many articles myself, many examining various aspects of the economics of anesthetic practice and health care reform. Two of these of which I am particularly proud include the three part “History of RBRVS as a Perspective on P4P” and the satirical “Two Thousand Year Old Anesthesiologist.”

ASA Activities

My involvement in the CSA extends to the ASA, where I am a familiar face and friend to many anesthesiologists in leadership throughout the country, including many ASA officers and staff. I have participated in many ASA Leadership Conferences in Washington and took the opportunity in 2007 to ask Rep. Stark to support fixing the Teaching Rule in front of an audience of hundreds, and his agreeing to do so on the spot is the stuff of ASA legend.²

I have participated in many important discussions as an ASA Delegate, including those concerning P4P (Pay for Performance). I serve on the ASA Committees on Performance and Outcomes Measurement (CPOM, very high profile within the ASA) and Anesthesiologist Assistant Education. I wrote the Con part of the Pro-Con piece in the *ASA Newsletter* concerning P4P. I helped to author resolutions concerning P4P, which the ASA HOD approved in 2007, and I feel that my part in moving CPOM and the ASA toward developing the ASA Quality Institute, and steering it a bit away from P4P, will stand as my most significant lasting achievement. Just this

past year, I was honored to serve as a member of an ASA Reference Committee for the House of Delegates .

Other Activities

I have served also as a CSA Specialty Delegate to the CMA and have been an active participant in both the CMA's House of Delegates and Council on Legislation.

Passionate about tort reform, preserving medical professionalism in the context of an evolving system of best practices, health insurance reform, and addressing the enormous waste in American Medicine, particularly as regards the delivery of non-beneficial care, and most particularly such care at the end of life, I have attended a CSA Workshop on Media and Communications, participated in CMA Legislative Days in Sacramento and in ASA Legislative Conferences in Washington, developed relationships with state and federal elected officials, and continue to participate in Key Contact programs for both.

Personal Background

I practice at Saddleback Memorial Medical Center, a large community hospital in Laguna Hills, known for serving Laguna Woods (median age 78) as well as a high-risk obstetric population. I am a shareholder in California Anesthesia Associates Medical Group, Inc., an integrated practice of approximately 60 anesthesiologists serving Long Beach Memorial, Saddleback, and South Coast hospitals, as well as many outpatient anesthetic settings. After completing training at UCI in Orange under Dr. Bruce Cullen and Dr. Kevin Tremper in 1983 (boarded in 1984), I practiced at Western Medical Center in Santa Ana (four years), South Coast in Laguna Beach (where I served as Chief of Anesthesia, 11 years), Orange Coast in Fountain Valley (locums), Long Beach Memorial (locums), and now Saddleback primarily for the past ten years. I was a member of our corporate BOD before I became so involved with the CSA, as well as the Compensation Committee, and still do serve on our corporate Fees and Billings Committee. I have served on diverse hospital committees through the years (Anesthesiology, Medicine, Critical Care, Surgery, Obstetrics and Gynecology, Pharmacy and Therapeutics, Anesthesiology Peer Review, Medical Informatics, Chiefs, Quality Assurance, Ad Hoc Conscious Sedation, and Medical Education), including the Medical Executive Committee at South Coast, both as department chair and later as an elected member-at-large.

Born in Manhattan in 1948, I graduated from Kingston (N.Y.) High School in 1966 and Harvard College in 1970. I took two years off to explore San Francisco, northern California, and Europe, then attended medical school at SUNY Upstate in Syracuse and graduated from Tufts in 1976. I did a medical internship and residency at Tufts New England Medical Center and became boarded in Internal Medicine in 1979. I practiced for two years as an internist in Somerville, Massachusetts, within the National Health Service Corps before moving to Orange County to train in anesthesiology. I have been married for 28 years and have two children—a daughter who graduated from UCLA, then earned a graduate degree in journalism from USC, and now works for

a magazine in the South Bay; and a son who graduated from SFSU and is an aspiring musician, now working for a major Internet marketing company. My wife has retired from practicing and teaching dental hygiene, and is active and busy with family, friends, and volunteerism. I enjoy photography, theater, concerts, skiing, hiking, (very) occasional golf, my Apple Macintosh, traveling, food and wine, and our two-year-old Soft Coated Wheaten Terrier, Lucy.

¹ After the slow demise of the Orange County Anesthesia Society from lack of interest and resources, what developed was a failure of anesthesia groups to communicate with each other at all concerning common professional and economic issues. There was a regional entity which was organized to negotiate with managed care organizations just for the HMO part of their contract business, but the dominant HMO in the area complained to the Federal Trade Commission that this was a *per se* violation of the Sherman Antitrust Act, and, after some intimidating investigations of various anesthesiologists by the FTC, ORLA was ordered to be disbanded. This appeared to stimulate anesthesia groups to become better organized internally, but more isolated from each other. Subsequently, some large hospitals solicited RFPs as a mechanism to improve their positions in contract negotiations with groups, and this added to the paranoia and increased friction between competing local anesthesia groups.

² Szabat, R. Anatomy of a Victory: An Inside Take on Securing Medicare Anesthesiology Teaching Rule Reform. *ASA Newsletter* 72 (8), p.21, August 2008.

<http://www.asahq.org/Newsletters/NL%20Portal/PDF/August08.pdf#page=7>