

# CSA Board of Directors Meeting

## District Director Reports: October 2007

*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)**

Hospital construction and buyout activities have been in the news in our district this summer. A physician investor group is involved in constructing a hospital in Loma Linda named “California Heart and Surgical Hospital.” It should be ready for occupancy by the end of the year. This facility was featured in the *LA Times* and AMA news articles with questions regarding its ability to “cherry-pick” patients, and whether it is a specialty hospital or a general hospital. In the initial planning it was represented as a small 28-bed, general care hospital with an emergency room, but the emergency room portion was not built. Its supporters cite studies showing high quality care and patient satisfaction in similar specialized facilities. In addition, many of the physician supporters believe hospital CEOs have ignored physician input in improving healthcare, and physician input will be direct and immediate due to physician ownership of this facility. CSA members and delegates are on both sides of the issue, and they have been cordial and respectful in expressing their differences without resorting to name-calling.

In Moreno Valley, board members of Riverside County’s largest hospital district approved holding a November 6 general election for voters to approve the sale of hospitals in Hemet, Sun City, and Moreno Valley. An investment group named Select Healthcare systems is proposing a \$135 million buyout. Voters last year voted down \$500 million in bonds to refinance and upgrade these hospitals.

District member Rebecca J. Patchin, M.D., was reelected as a Board Member and Trustee of the AMA. She has also become a commissioner with the Joint Commission. It is great to have an anesthesiologist to represent our interests in these arenas.

In other news, the most recent residency slots at Loma Linda University, as with other teaching hospitals, have been matched with good quality candidates. Though anesthesiology faces many challenges, it remains an attractive choice for medical students.

Reports from around the district from Upland, Riverside, and the desert areas are generally positive. Success has been seen in negotiating better rates with IPAs, PPOs and various commercial contracts. The balance of jobs and

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anesthesiologists seems relatively equal, with no shortages or surpluses. The big problems continue to be inadequate government reimbursement and uninsured patients. This is certainly no different from what anyone else in the state is facing.

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

The members of District 3 had a dinner meeting on July 11 at Bistro 45 to discuss the current issues facing CSA members on both a state and national level. The dinner was hosted by Organon Pharmaceuticals and approximately 35 CSA members were able to attend. In addition, Dr. Jonathan Jahr from UCLA gave a lecture on “Current Concepts in Neuromuscular Blockade and Reversal,” which included some interesting information about new reversal agents working their way to us.

On August 24, Dr. Earl Strum, Assistant Secretary of the CSA, with the support (and sponsorship) of Manuel Bonilla, Associate Director of Governmental Affairs and PAC Director of the ASA, managed to find a foursome to participate in “The 15th Annual Congressman Xavier Becerra Golf Classic.”

Congressman Becerra has been instrumental in helping the ASA and CSA work to correct the residency billing issue that currently disadvantages anesthesia training programs throughout the nation. Congressman Becerra has recently authored a bill to correct this problem, which both the ASA and CSA support. Our thanks go to the participants of this event which included Dr. Philip Lumb, Chairman, Department of Anesthesiology, University of Southern California (District 3); Dr. James Futrell, Cedar-Sinai Medical Center (District 11); Dr. Martin Allard, Loma Linda Medical Center (District 2); and Dr. Earl Strum, USC University Hospital (District 3).

More locally, the new Los Angeles County–University of Southern California Medical Center will not open this November. The opening date has been moved to either May or June of 2008. The Norris Tower of the USC University Hospital is slated to open this October after repeated delays. The ongoing litigation between USC and Tenet has caused a great deal of uncertainty about the future of USC University Hospital.

### **Christine A. Doyle, M.D.—District 4 (Southern San Mateo, Santa Clara, Santa Cruz, San Benito & Monterey Counties)**

District 4 includes the bulk of five counties (see above) but does not include Daly City or South San Francisco. The list of state-certified practice locations

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includes 934 throughout the state. Of note, **none** of the Veterans Administration facilities are included. Within that list, District 4 includes:

- 25 hospitals (including Stanford and Lucile Packard Children's Hospital, both teaching centers, and not including the Palo Alto VA)
- 43 free-standing surgical centers (not including any office-based settings)
- 303 active and eight life members
- 56 residents
- 74 retired

The Daughters of Charity Health System, which includes Seton Medical Center (District 6), Seton-Coastside, O'Connor and St. Louise (District 4), St. Francis (District 12) and St. Vincent's (District 11), is currently looking at IT solutions, both for OR and house-wide applications. They are having many of the same problems other facilities are having. DCHS had selected Misys as their system-wide EMR solution, but as Misys has now split into three different companies, it is unclear what will happen. As is true in many (but not all) hospital groups, each facility has its own existing structure and system, and finding one solution will be an interesting process. There is an upcoming book, *Anesthesia Informatics* (currently in press with Springer, expected publication second-half of 2008), which deals with many of the issues surrounding selection of such systems, both in general and specific to the Operating Suites.

I found the article in the August 13, 2007 *American Medical News* (AMA) (<http://www.ama-assn.org/amednews/2007/08/13/pr110813.htm>), which states that EMRs don't guarantee quality care, to be quite interesting. The article references a study in the July 9 *Archives of Internal Medicine* reviewing 50,000 charts from over 2,500 physician offices (not hospitals/inpatient settings), and it found no statistical difference between offices with or without an EMR in 14 of 17 guidelines-based quality measures. "The study's finding sheds light on how little is known about the efficacy of electronic systems as quality improvement tools," said Ross Koppel, Ph.D., an investigator at the University of Pennsylvania School of Medicine's Center for Clinical Epidemiology and Biostatistics. Koppel was the lead author in a 2005 *JAMA* article on the "Role of Computerized Physician Order Entry Systems Facilitating Medication Errors." (*JAMA*, March 9, 2005, 293(10):1197-1203). While I am certainly an advocate for IT solutions in general, the continued assumption of many in the medical field that all problems will be solved with IT is quite concerning.

The week after the California Supreme Court ruled that governments must reveal employee salaries, Santa Clara County disclosed the compensation paid to thousands of employees. The *San Jose Mercury News* reported that top

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salaries go to physicians at Santa Clara Valley Medical Center. Most of the 200 highest-paid workers are physicians at VMC. The highest paid worker was the chairman of the Department of Anesthesiology; two of the other “top four” are also anesthesiologists, and the fourth is the Chief of Neurosurgery.

The amounts reported do not include pensions or other benefits. The county’s chief executive indicated that Santa Clara pays its physicians and nurses “as much or slightly less than some private-sector hospitals, although the county’s pension benefits make it more competitive with places like Stanford.”

We had a district meeting September 13th with Michael Jopling, Chairman of Anesthesiology at Mt. Carmel St. Ann’s Hospital in Ohio, as our guest speaker. Dr. Jopling, who is also the president of the Society for Technology in Anesthesia, spoke on “Looking Good with Modern Inhalational Anesthetics.” The dinner was sponsored by Baxter Laboratories.

### **Paul B. Coleman, D.O.—District 5 (Kern, Tulare, Kings, Fresno, Madera, Merced, Mariposa, Stanislaus & Tuolumne Counties)**

A CSA District 5 Meeting was held last August and was well received. We had three excellent presentations by C.J. Chang, Taeho Im, and Dave Betz covering TEE, airway and closed claims issues respectively. This was followed by Tam Wafa’s mock oral board examination in which he demonstrated superb application of knowledge, judgment, organization and adaptability. The wine, food, and private room at Galletto’s Ristorante provided the proper environment for such an academic endeavor. For the next meeting, in about three months, physicians will have prior access to full text e-mailed reprints via Memorial Medical Centre’s library in Modesto.

A meeting was organized between CSA District 5 Delegates and U.S. Congressman Radanovich, who is a member of the medically influential Energy and Commerce Committee. The meeting lasted about a half hour and included a brief discussion of the ASA and CSA followed by an explanation of the importance of H.R. 2053, the Anesthesia Teaching Rule Restoration Act, with emphasis as to the impact the present situation has had on the congressman’s constituents; i.e., fewer academic programs converts to fewer physicians available for the Central Valley. Included in this discussion were real-world examples of recruitment difficulties in the congressman’s district. Means to develop a future long-term relationship were discussed and an invitation was accepted by the congressman to attend a one-day minifellowship in cardiac anesthesia and perioperative medicine.

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Memorial Medical Center in Modesto opened its seven-story tower expansion this past August. The new tower has special touches such as a lobby with a two-story glass atrium and stainless steel sculptures, adds 112 beds for a total of 400, and increases the OR capacity from 11 to 18 theaters. As with any move, unknown issues arose, but all in all the transition went smoothly.

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

As this is my first report as District 6 director, I thought I would devote a few sentences to introducing myself to the society. I practice anesthesiology at California Pacific Medical Center in San Francisco. We are a large, five-campus Tertiary-Care medical center with an anesthesiology group of over 50 members, and home to notable CSA members like Past Presidents Steve Goldfien and Tom Cromwell. We provide anesthesia services for everything from cataracts to liver transplants. CPMC has a long tradition of political involvement, providing the District 6 director for the majority of the past 25 years. I completed my undergrad education at UC Berkeley and received my medical degree from the University of Tel Aviv in Israel where I lived for four years. I trained at UCSF in internal medicine from 1996-1999, and then in anesthesiology from 2000-2003, and I hold board certifications in both specialties. I became involved in the CSA as a District 6 delegate in 2005, and as District Director I'm looking forward to working on the major issues that face our profession.

While it is tempting to look at life in district 6 and say "All's well," I am struck by some large changes that have occurred in the SF Bay Area's medical landscape. The most noteworthy of these might be the consolidation of hospital services in San Francisco over the past 15 years. As pointed out by Tom Cromwell in a recent conversation, San Francisco has gone from a city with 23 separate hospitals to one in which the handful of remaining hospitals are now owned by one of just four large health care conglomerates—namely Sutter Health, Kaiser, Catholic Health Care West and UCSF. CPMC recently purchased St. Luke's Medical Center, one of San Francisco's last stand-alone hospitals, though to date, neither the medical staffs nor the hospitals have merged. These observations seem to indicate that the trend toward consolidation, so visible today in corporate America, also extends into San Francisco's health care industry. It seems likely that this change has affected and will continue to affect how anesthesiology is practiced in San Francisco.

Although it involves a hospital in District 9, another issue deserves mention. Two years ago the residents of Marin County saw a parting of ways between their county hospital, Marin General, and its affiliate, Sutter Health. For many

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reasons, it has been difficult to gauge the willingness of Marin County voters to approve ongoing financial support for Marin General and, to date, no private buyer has been secured. While Marin General continues to function, its future at this time seems unclear, with obvious implications for health care in San Francisco, northern Marin and Sonoma counties where the majority of patients would need to go for treatment if Marin General were unable to treat them.

Finally, I'd like to highlight what for me will likely be the biggest District 6 issue—member participation. Member numbers in District 6 have fallen slowly but steadily in the past few years, as has participation in CSA committees and on the Board of Directors. As a resident, I was not aware enough of how important it is to become and remain active in professional society activities. The participation trend in our district must be reversed. Change like this begins at the residency level, and I plan to interface more actively with UCSF residents, educating them about the benefits of CSA membership prior to graduation and encouraging them to get involved early.

I look forward to exploring these and other issues further as the year progresses. Also, I would like to thank those District 6 members who have been involved with the CSA for their participation, and to encourage all District 6 members to get even more involved. Our Society and our profession need you!

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

CSA District 7 consists of the East San Francisco Bay counties of Alameda and Contra Costa in northern California. The City of Oakland is included in this district. Several industrial and inner city areas are also included. The Kaiser Permanente anesthesiologists constitute a large proportion of District 7 anesthesiologists. District 7 has a high proportion of CSA members.

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 M.D.s and CRNAs appears to be positive.

There are no anesthesiologist training programs in this area. Samuel Merritt College, Oakland, has a CRNA training program, and its students receive clinical training at various District 7 hospitals. Physician 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 north-east part of the district. One of the problems facing District 7 hospitals is the

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difficulty in recruiting qualified personnel for perioperative care. There are frequent shortages in the operating room and the postanesthesia care unit. However, recruitment of qualified anesthesia personnel has not been a problem.

### **Jeffrey Uppington, MBBS—District 8 (Alpine, Amador, Sacramento, Placer, El Dorado, Nevada, Sierra, Yuba, Yolo, Sutter, San Joaquin, & Calaveras Counties)**

There is a fierce battle going on in South Sacramento about which hospital will be designated as a Level II trauma center—Kaiser South or Catholic Healthcare West's Mercy Methodist. The Department of Health and Human Services originally recommended that Kaiser South become the area's fourth trauma center, but Methodist filed a formal protest, citing complaints about the way the proposals were scored. Additionally, as evidence of their qualifications for the designation, Methodist offered their linkage with UC Davis Medical Center (the only Level I trauma center in the area); their experience in running other trauma centers (Mercy San Juan became a Level II trauma center in 1999, helped by UC Davis); their medical staff which will be experienced in trauma since they will come from Mercy San Juan; and their long history of treating people regardless of their ability to pay.

Methodist has a start date of 2010; Kaiser can start earlier. The county health officials hired a consultant, the Abaris Group, to look into Methodist's complaints. The consultancy group report was that the hospital's complaints had no merit and thus Kaiser's designation should go ahead. The final decision will be made by the County Board of Supervisors, who will meet in November for public comment. Methodist and Kaiser will be able to state their cases again before the board. Methodist Hospital vows to continue to vigorously pursue their goal of Level II status. Naturally, there's a lot of money involved.

Anesthesia departments and groups continue to face shortfalls in staffing. While this causes a daily struggle, at least it means there are many jobs available to graduating residents, which should translate down the road into increasing numbers of excellent candidates coming into our residency programs and our specialty. On the private practice side, many surgeons are still transferring patients into facilities where they invest and can share in the facility fees. Thus, anesthesiologists are still looking at optimizing hospital and outpatient surgery center contracts.

On the academic side, UC Davis Medical Center is scheduled to open a new freestanding surgical center in the next few months, and their new Pavilion building, with 24 new operating rooms and many new ICU beds, is now scheduled to open in 2009. Sacramento remains an underbedded area, with high hospital census across essentially all hospitals.

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Mercy San Juan Medical Center will have an anesthesiologist as Chief of Staff starting 2008. This is a rare combination and should help with contracting and other issues. UC Davis Medical Center will have an anesthesiologist as Chief of Staff starting in July 2008. This shows the active involvement of anesthesiologists in hospital and medical affairs and can only bode well for the specialty as we show our value to the hospitals where we work and the medical staff we support.

### **Position Vacant—District 9 [Report by Peter Sybert, M.D.] (Del Norte, Humboldt, Lake, Marin, Mendocino, Napa, Siskiyou, West Solano, Sonoma, Trinity, Colusa, Glenn, Butte, Plumas, Tehama, Shasta, Lassen, & Modoc Counties)**

As some of the members of the CSA know, I have changed roles within the CSA and have resigned as Director, District 9. It was done with some regret, as I have enjoyed the opportunity to serve the district members in that capacity. I would like to take this opportunity to thank my colleagues, both in my group and the district at large, as they have supported me in that role. The District Director position is open for eligible members who would wish to finish what remains of the current term. In the absence of a current district director, I was asked to provide some comments.

After a significant amount of turmoil at the beginning of the year, with Sutter, Santa Rosa announcing that it was closing its hospital at year end and Palm Drive Hospital declaring bankruptcy, the summer has seemed almost quiet in comparison. With those announcements and the initial reactions now over, process seems to have taken root. Sutter is probably not closing its facility this calendar year. However, what is going to happen, when and how, and with what results is—to me at least—completely opaque. Rumors abound, but they cover the spectrum from the original plan will be executed largely intact or will be executed with significant modification, to the facility will be retrofitted for earthquake safety after all and will not be closed. Time will tell.

After declaring bankruptcy, Palm Drive Hospital in Sebastopol continues to operate and has even expanded its capabilities. It has reopened the Intensive Care Unit, which allows for a broader spectrum of patients—both medical and surgical—to be cared for in the facility. The ICU functions in a mixed mode between having an intensivist physically available or available robotically. Over the intermediate term, the robotic format is supported by grants. The hospital, a district hospital, has also entered a Joint Powers Authority agreement with several other district hospitals. This allows these small hospitals to negotiate *en bloc* without violating antitrust rules, and even to have, potentially, the same individual serve identical roles in different facilities, i.e., one CEO for more

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than one facility. In addition, the facility is planning a bond offering to secure its capital needs for the next few years.

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

This report is my first as Director and, as such, will offer a brief introduction of who I am and why I wanted to serve in this position. When Dr. Owen Shea approached me last year and told me that he was planning to step down as Director, he and I began a series of discussions whereby he educated me as to the needs of our district, the successes he had, and the work that still needed doing. When I made the decision to run for this post, I did so believing that I could help to complete that work, and also bring to the position some of my interests, goals, and energy.

What is that work, and what are my goals? Clearly, two very important long-standing issues in this district remain its size and often-relative rural geography and the periodic pressing need for more anesthesiologists. The ability for many regions within the district to recruit talented clinicians is influenced greatly both by the physical assets of the area (beaches, mountains) but also the fiscal limitations imposed by the high costs of living. This latter issue is one that the University of California Santa Barbara, also in this district, struggles with as well. To this end, due in part to my efforts and others at UCSB, Cottage Hospital in Santa Barbara and UCSB have begun a formal partnership that allows clinical staff at the hospital also to have an academic appointment at the University. It is our hope that such an affiliation will allow better recruiting of physicians to the area, and also offer the resources of UCSB in their search for housing. About a year ago, I received the first such appointment, and there are currently six such appointments at Cottage Hospital.

Over the next year or so, I have three major goals for this district. The first is that we have at least one major meeting of as many of the anesthesiologists in the district as we can. If needed, this meeting could be regional (North and South County) but would accomplish the same goals: to allow the membership of the CSA to meet and interact with the nonmember doctors. Second, I would like to better explore the talents and experiences of the membership in this district so that a more diverse intellectual force can be brought to bear upon some of the issues facing our specialty.

If the Internet and Wikipedia have taught me anything, it is that talent and motivation and ideas lurk everywhere. I define it as my job to identify these people. Lastly, working with the other directors and the leadership of the CSA, it is my goal that we can begin to move away from largely defensive positions

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when dealing with major issues, and establish a portfolio of “offensive” or positive messages and actions that showcase who anesthesiologists are, what we do, why this matters and why other people besides CSA membership should care. I look forward to a very productive time as Director of District 10.

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

Regulatory requirements and pay-for-performance measures are a looming concern in many practices, as anesthesiologists are asked to do more in order to meet such requirements while simultaneously being pressed for greater operating room efficiency.

The growing trend for insurance companies to require documentation of medical necessity for gastrointestinal endoscopy, effectively reducing patient access to anesthesia care for these procedures, has had an appreciable effect in many practices and reducing caseloads in many ambulatory centers. Generally, surgery center caseloads have been reported as slightly down, while hospital volumes seem to be holding steady.

Perioperative care is not immune to the general nursing shortage in California. Some facilities report a growing problem with recruiting and retaining qualified nursing personnel, both for operating room and PACU nursing staff. This can result in operating room scheduling difficulties and case delays.

As stated in the last district report, when King/Drew Medical Center lost its accreditation, anesthesiology residents transferred to Cedars-Sinai to complete their training. Now Cedars has a fully accredited residency program and will have its first new class of CA-1 residents starting next year.

The UCLA Medical Center recently completed its first unannounced Joint Commission survey and received a full accreditation. The newly constructed Ronald Reagan UCLA Medical Center—providing 520 beds, including over 100 ICU beds and replacing the Westwood Hospital damaged in the Northridge earthquake—is scheduled to open in 2008.

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

The trend toward opening freestanding surgicenters has slowed here. The market has been saturated with surgicenters the past 10 years. Almost all the pain management, ophthalmology, and outpatient orthopedics is done at freestanding surgicenters.

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Open-heart surgery volume continues to decline here, as has been the national trend. Most hospitals maintain their open-heart surgery rooms to support their cardiac catheterization labs, and the outpatient procedures are the only profitable part of the equation here. Hospital administrators are telling us there is no profit for the hospital in open-heart surgery cases. The implication for anesthesiologists is that we cover the open-heart rooms 24 hours seven days a week. Most groups do this for little or no stipend. Maintaining transesophageal echocardiography skills with such low volumes has been a challenge for most cardiac anesthesiologists.

Little Company of Mary Hospital, Torrance Memorial Hospital, and Long Beach Memorial Hospital have all acquired the da Vinci Robotic Surgical System. Suprapubic prostatectomies and laparoscopic hysterectomies are the most common robotic-assisted procedures here. LB Memorial has been doing mitral valve replacements and open-heart surgery with their robotic system. On August 22 cardiac surgeon Dan Bethencourt at LB Memorial was featured in a live Internet video broadcast doing a mitral replacement with the da Vinci system. Anesthesiologists' TEE skills in viewing the mitral valve, the aortic endoclamp balloon, and the retrograde cardioplegia catheter are pivotal to the success of the procedure. As the technology and experience improve, the need for highly qualified cardiac anesthesiologists will continue to grow.

MLK-King Drew Medical Center has been renamed MLK-Harbor Hospital. The emergency room was permanently closed on August 10, 2007, and on August 13 the Los Angeles County Board of Supervisors voted unanimously to shut down inpatient services and promised to pay up to \$16.3 million to nearby private hospitals and doctors bracing for a deluge of patients from the closed facility. The death of Elizabeth Isabel Rodriguez in the MLK Emergency Department waiting room (May 2007) of an intestinal perforation attracted national news coverage. Federal investigators cited a waiting room video in which ER staff walked past Rodriguez without interacting with her.

Hospitals in District 12 have been slow to adopt computerized physician order entry although most have plans for it in the works. Kaiser Harbor City has been converting to a paperless system and CPOE. Several hospitals are planning implementation of electronic anesthesia records.

There has been a low turnover of anesthesiology staff here. Well-trained residency graduates have filled the few spots that have been available. Many are discouraged with the high price of housing and choose to locate in more affordable areas.

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

CSA District 13 held two well-attended dinner meetings in June and August. On June 27, Dr. Scott Kelley spoke about “Brian Function Monitors” at the Clubhouse Restaurant, South Coast Plaza, and on August 22, Dr. Alex Macario spoke on volatile anesthetics at Mastro’s Steak House in Costa Mesa. Dr. Kelley’s talk was sponsored by Aspect Medical. Dr. Macario’s presentation was made possible by an educational grant from Abbott. Both talks were excellent and were followed by informal discussions about CSA issues.

Generally speaking in Orange County, volumes are good at most locations. There is a continued trend toward lower-risk cases being performed at outpatient surgery centers. More and more anesthesiologists are now working exclusively in surgery centers, and anesthesiologists working primarily in surgery centers have expressed an interest in having the CSA identify areas where we can assist those working primarily in the outpatient setting. There is a trend toward lateral expansion, with many groups having to cover more anesthetizing locations without increasing volumes, and there is a trend toward more groups receiving hospital stipends, although some of the stipends do have performance measures. Many hospitals are going to electronic medical records and some to Computerized Physician Order Entry.

One of the more interesting healthcare stories in Orange County was the State Attorney General’s office stepping in to block the sale of Anaheim Memorial Hospital to Prime Health Care Services. The State Attorney General stated the following: “At this time, we are unable to conclude that the section 5917 factors have been satisfied, specifically that the sale is fair to Anaheim, reflects fair market value, contains a market value that has not been influenced by the parties, and is consistent with the public interest.” The official statement from the office of the Attorney General can be read at the following site:

[http://ag.ca.gov/charities/pdf/AMMC\\_letter.pdf](http://ag.ca.gov/charities/pdf/AMMC_letter.pdf)

To see related stories, go to the following Web sites:

<http://www.seiu-uhw.org/mediacenter/news/page.jsp?itemID=28699238>

<http://www.latimes.com/news/local/la-fi-reddy8jul08,1,2454708.story?page=1>

According to the *Los Angeles Times* article referenced above, “When...Prime Healthcare Services Inc., takes over a hospital, it typically cancels insurance contracts, allowing the hospital to collect steeply higher reimbursements. It has suspended services—such as chemotherapy treatments, mental health care, and birthing centers—that patients need but aren’t lucrative.” Surgical volumes at hospitals bought by Prime Healthcare Services appear to have decreased.

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### Around the County

Western Medical Center: All members of the Western Medical Center anesthesia group responded to the ASA's call for "All Hands on Deck" and sent comments to the CMS. Volumes are stable, and they are experiencing a period of stability and good relations with their hospital administration.

St. Joseph's/CHOC: Volumes are stable. They are anxiously awaiting the opening of their new hospital and the expansion of OR services, and they are modestly expanding the group accordingly. The new hospital is expected to open in October.

Mission Hospital: Volumes seem to be the same. They are working on partnering with their hospital on surgery center cases.

Hoag Hospital: Volumes have been good, especially on OB. The hospital did go live with computerized medical records. There has been some expansion with the opening of five new GI suites and six new operating rooms. The Hoag group has continued to focus on excellence in patient care with its multimodal pain therapy program, and they have maintained excellent relations with their hospital medical staff and administration.

UCI: Surgical volumes are stable, and they are awaiting the opening of their new hospital in early 2009. They are expecting modest expansion of surgical services and are expanding their group accordingly. They are also searching currently for a new chair of the anesthesia department, and are interviewing some very-well-known academic anesthesiologists from around the country.

Kaiser: They are anticipating the opening of their new hospital in Irvine, which is scheduled to open in early 2008 with eight ORs and two procedure rooms. They are continuing to provide high-quality anesthetic care with evidence-based medicine and their "highly reliable surgical team" program.

Saddleback: Things are very stable, volumes are stable, and they passed their JCAHO review with flying colors.

### **Oji A. Oji, M.D.—District 15 (Resident Members)**

There have been significant changes at UCLA in the past year. We are gearing up to move into the new Ronald Reagan Hospital, slated to open in the Spring of 2008. The first class to start our four-year program finished their internship year at the Veterans Hospital in West Los Angeles with flying colors, and they are now fully integrated into our anesthesia team.

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We have also expanded our pain and cardiac fellowships to three fellows respectively for the 2007-2008 academic year. Our regional program has gotten a significant boost with Santa Monica starting a regional program to support Dr. Oakes' new orthopedic program at Santa Monica. Olive View has agreed to pay for two additional residents. As a result we are getting additional regional experience with their program as well. Finally, we are in the process of moving our ICU rotation from the Veterans Hospital at Long Beach to the Veterans Hospital at West Los Angeles in the next few months. The 2007-2008 year promises to be another great one for the program.

In the next few months, my goal will be to increase intercommunication among residents within the different California programs. This should facilitate the exchange of ideas and information among residents regarding every aspect of our profession, from anesthesia techniques to employment opportunities within our communities.

I will try to obtain some input from my co-delegates on ways to accomplish this, but my initial goal will be a forum of sorts within the CSA Web Site, as I feel this will be the best place to achieve centrality. I will be discussing the feasibility of accomplishing this project with the CSA central office in the coming weeks.

### **CSA Fall Hawaiian Seminar**

**October 27-31, 2008**

**The Mauna Lani Bay Hotel  
Mauna Lani Bay, the Big Island**