

President's Page

Managing Change

By Edgar D. Canada, M.D., CSA President



Welcome to 2006! No matter what happens this year, it will be different from any previous year. That, in a nutshell, is the central dilemma with change management. The crux of managing change is the realization that the only constant in life is change. Indeed, the CSA itself will also need to change this year. This article will detail some of the issues that the CSA has chosen to evaluate in its own organizational structure, and the process to manage change that we will employ.

At my urging, the 2005 CSA House of Delegates approved the creation of two task forces to evaluate our Annual Meeting and the functioning of the House of Delegates. The Task Force on the Annual Meeting will examine these aspects: number of days, CME units offered, workshops, membership participation, overlap with the HOD, and other relevant factors. The Task Force on the HOD will examine these aspects of the HOD: governance process, reference committee format, participation by delegates and alternate delegates, and participation by the membership at large.

The task forces will use a knowledge-based decision-making process and will report to the 2006 CSA HOD. Knowledge-based decision-making uses a seven-step process:

1. Identifying a "mega issue" question.
2. Preparing background information.
3. Fleshing out the issue.
4. Identifying choices.
5. Evaluating choices.
6. Determining areas of consensus or information needed to reach a decision.
7. Identifying actions, intent, and accountability.

A "mega issue" question is an open-ended query that both describes a problem and provides a framework to address it. For example, one mega issue question for the evaluation of the HOD would be: What is the best system of governance for the CSA? Our present system in which a governing body meets annually was appropriate in the 1950s before there were communication technologies associated with the Internet, such as teleconferencing, video conferencing and e-mail. Does such an annual meeting format now still meet our needs, given

President's Page (cont'd)

what is now possible to enhance our efficiency? The Task Force on the HOD will employ the seven-step process in its evaluation, as will the Task Force on the Annual Meeting. For this second task force, the “mega issue” may be how much money the CSA should spend to provide a meeting with marginal participation by our general membership. The intention is for this to be a thorough, systematic and proactive process, instituted now to manage change in how the CSA should best be organizationally structured going forward in our changing world.

Another area in which we will have to manage change will be external to our organization. In this context, our actions may tend to be more reactive than proactive. One good example is an anticipated revision of the Medicare payment formula and the likelihood of having strings (i.e., pay for performance) attached to it. Another example is the California legislature’s stated intent to place restrictions on billing for non-contracted services. The CSA, through participation with other stakeholders in the Dispute Resolution Technical Advisory Committee of the California Medical Association, will be working to try to shape a satisfactory solution to this issue. Your CSA Board of Directors meets on January 7 to address some of the changes that are important for the future of the CSA.

One of the things about which we should be knowledgeable concerning managing change on an organizational level is the concept of “disruptive innovation.” A handy example of disruptive innovation is the phenomenon of Google. David Vise, author of *The Google Story*, states that the market capitalization of Google, Inc., “is more than *The Washington Post*, *The New York Times*, *The Wall Street Journal*, Disney.com, Amazon.com, General Motors, and Ford put together.” “Google” is now in the lexicon as both a noun and a verb. What will be the ideas, inventions or changes that will create disruptive innovation in anesthesia? Stay tuned.

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