

CSA District Director Reports

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

CSA Board of Directors Meeting, September 30, 2006

Gregory Gullahorn, M.D.—District 1 (Imperial & San Diego Counties): The practice environment for anesthesiology in San Diego has been relatively stable in 2006. The general trend toward pushing cases to outpatient/ambulatory surgical facilities continues to play out. Combined with a climate where OR management tends to be primarily coordinated by nonphysician administrators or surgeons, we face the potential for raising the need for anesthesiology site coverage out of proportion to the growth of actual surgical case volume. Surgical case volume and acuity does continue to increase, however.

Manpower remains quasi-stable. The balance between location, cost of living, and reimbursement continues to be an important factor in recruiting. With adequate lead time, positions are being filled. Anesthesiology is certainly not alone in these concerns, and perception of a real and progressive physician shortage remains a major focus of the San Diego County Medical Society.

Earlier this year, a second jury failed to reach a verdict in the retrial of Tenet Healthcare and former Alvarado Hospital CEO Barry Weinbaum on charges of illegal kickbacks. In May, the U.S. Office of the Inspector General moved to bar Alvarado Hospital from participation in all federally funded programs. Shortly after this announcement, a deal was reached among the U.S. Attorney, the OIG, and Tenet Healthcare. Under the terms of this agreement, Tenet will sell or close Alvarado by February of 2007. Although Tenet admitted to no wrongdoing, they also agreed to pay \$21 million in fines. Under the agreement, the OIG dropped its proceedings to bar Medicare and Medi-Cal patients from Alvarado. It is the hope of community leaders and politicians that this agreement will allow continued access to emergency services and other care for San Diego residents in the surrounding area.

Doctors at Alvarado have strongly expressed their desire to be a part of discussions regarding the sale of Alvarado, either as a hospital or for other development. The agreement between Tenet and the OIG states that the transfer must be a public process, but thus far Tenet has treated discussions as a secret and confidential process. A spokesperson for Tenet stated that the medical staff would be informed “at an appropriate time.”

Further complicating any potential sale of Alvarado as an acute care hospital is the need for over \$70 million in construction for seismic retrofitting. This has reportedly swayed the major healthcare systems in San Diego (Scripps, Sharp, Kaiser, and UCSD) away from pursuing acquisition.

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UCSD is moving forward with planning to consolidate inpatient beds to the La Jolla Medical Center campus over the next 10 to 15 years. The Hillcrest Medical Center will maintain a large emergency room, urgent care and outpatient care facilities, along with “23-hour” beds. In response to UCSD’s plan, a needs assessment study was begun last year, primarily due to concern for how the relocation might affect poor or underfunded patients.

The initial report of the Abaris Group was released in late July, and a series of “town meetings” begun to elicit public input and feedback. This report is available at <http://www.abarisgroup.com> and makes interesting reading. The report is some 116 pages long, beyond the scope of a brief summary. However, I would like to extract their six conclusions:

1. San Diego County has taken a major step by studying the healthcare safety net with the potential to rethink the delivery of healthcare safety net services within the community.
2. The San Diego County community benefits from a countywide range of resources that either responds to or addresses many of the healthcare needs of the poor.
3. There are tremendous capacity challenges that also provide an opportunity for the community to rethink what the safety net will look like.
4. The San Diego healthcare safety net lacks a lead agency, seamless coordination and an integrated delivery system. Thus, a fragile patchwork of healthcare access and providers exists. This drives the current characteristics of the provider system.
5. San Diego County’s Board of Supervisors study has the potential to bolster and strengthen the safety net. Key opportunities include: developing a shared vision of the goals of the safety net, improved provider planning and coordination, leveraging and expanding current funding sources, and developing and implementing initiatives that drive to vision execution, developing stronger interfaces, thus creating stronger networks of delivery.
6. The largest threat to the healthcare safety net in San Diego County is the potential failure to address the conclusion of this report.

Although undertaken as a regional diagnostic study, the report certainly points out vital concerns for healthcare throughout California and the United States.

Stanley D. Brauer, M.D.—District 2 (Mono, Inyo, Riverside & San Bernardino Counties): District 2 is proud that one of our colleagues, Rebecca J. Patchin, M.D., has just been elected to be Secretary of the Board of

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Trustees for the American Medical Association. This will give anesthesiology a prominent voice in the AMA. Congratulations, Rebecca!

The support for UC Riverside to start a medical school in Riverside continues to grow. United Health Care recently announced a \$5 million endowment to support this endeavor. Many believe this was an effort to satisfy regulators that they were contributing to the community as part of their recent buyout of PacifiCare and boost their presence in California.

At the same time that United Health Care was loudly announcing this endowment, they quietly sent the anesthesiology teaching group at Loma Linda University notice that they will follow Medicare's example and start cutting the fees they pay by 50 percent on any cases where more than one resident is being supervised. Obviously, most cases in any teaching program involve concurrency. This is exactly the reason that the CMS teaching cut is so devastating if private insurers get away with this. It is a huge windfall for them, since UHC would pay out 50 percent of what they would pay a private practice anesthesiologist to care for the same patient. At least CMS pays for residents, but private insurers make no financial contributions to directly support anesthesiology residents.

The number of open positions in our district for anesthesiologists seems to be somewhat less than six months ago. There are certainly job openings but not at every single hospital like it was this last winter.

Wayne Kaufman, M.D.—District 3 (Northeast Los Angeles County): On July 13, approximately 40 members of District 3 met at a local restaurant for dinner and an update on CSA activities and legislative issues facing anesthesiologists throughout the state. Jack Moore, M.D., Past President of the CSA, opened the meeting by reminding us of how important it is for all anesthesiologists to be involved in organized medicine. Earl Strum, M.D., Assistant Secretary of the CSA, updated the members on current CSA issues, and Wayne Kaufman, M.D., spoke about the issues currently being considered on the Legislative and Practice Affairs Division. This was followed by a lecture on "The Morbidly Obese Patient" presented by CSA member Martin Allard, M.D., Professor of Anesthesiology at Loma Linda University.

Graduating residents report an open job market with many of them finding positions within District 3 hospitals. Area hospitals report very busy schedules.

As many of you have read, the University of Southern California has sued Tenet Health claiming that Tenet has failed to support the academic mission of the University of Southern California University Hospital and thus has broken

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the terms of the lease signed over 10 years ago. It appears that USC is hoping to regain control of the hospital and will either take over management of the hospital or find another health care partner. In the meantime, cases are still going, and the anesthesia department has a good working relationship with Tenet.

Christine A. Doyle, M.D.—District 4 (Southern San Mateo, Santa Clara, Santa Cruz, San Benito & Monterey Counties): Several events of varying import have occurred in the district over the summer.

Most recently, Blue Cross announced that it was freezing any new contract negotiations. The bulk of the groups in the district already have contracts with Blue Cross which took two to three years each to obtain. It is unclear what effect this decision will have on those existing (and soon to expire) contracts.

HealthSouth has announced a plan to sell or spin off its outpatient centers (surgery, diagnostic and rehabilitation centers). This potentially affects the Forest Surgery Center in San Jose, MidPeninsula Endoscopy Center in San Mateo, the Outpatient Rehabilitation Center in Portola Valley, and the Sports Medicine & Rehab Centers in San Carlos and Foster City. Volume has been down at Forest Surgery Center for some time, and some feel that divestiture could provide an opportunity for O'Connor Hospital (which is across the street) to acquire the facility. The major downside to such a move would be the significantly increased regulatory requirements for a hospital-affiliated vs. independent center. The administration has made no comments.

Overall case volume seems to be flat to slightly increased throughout the district, except for Stanford which is very busy. New pediatric heart rooms are in the works at Packard Children's and the new ambulatory surgery center, and will be opening this winter at the new Cancer Center building. It is hoped that this will help alleviate the difficulty of newer faculty surgeons obtaining block time and the associated scheduling issues.

Several other construction projects are either recently completed or in the works. Kaiser Santa Clara has moved into their new facility at Homestead and Lawrence. Sunnyvale Medical Clinic is building a new facility with its own operating rooms and is expecting the bulk of cases involving their patients to be done there instead of at El Camino Hospital. O'Connor Hospital is adding an 11th room, the endovascular suite, to their existing space. It is anticipated that the built-in fluoroscopy equipment will facilitate the increasing volume of these cases.

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The group at Dominican in Santa Cruz has formalized their policy regarding patients desiring VBACs and requires the pregnant patient whose fetus is 28 to 32 weeks to have a consult with an anesthesiologist.

Many hospitals and clinics have switched or are switching to electronic medical records and computerized physician order entry. One hospital recently switched and has experienced a major complication directly related to the switch. A written physician order was changed by pharmacy to the “standard” dosage of a drug. The drug was administered according to the computerized pharmacy records (apparently with no reconciliation to the written order) and the patient had a complication with significant long-term sequelae. As a member of the EMIT committee and a “computer geek,” I want to remind everyone that the simple fact that it’s “on a computer” does NOT mean that it is error-free. Every facility that has made a switch to a computerized system has found errors and it is only our vigilance that catches them.

Paul B. Coleman, D.O.—District 5 (Kern, Tulare, Kings, Fresno, Madera, Merced, Mariposa, Stanislaus & Tuolumne Counties): Construction seems to be the common thread in many locations throughout the central valley. Modesto’s Memorial Medical Center continues on track for opening of the new seven-floor North Tower in April 2007. The tower will increase Memorial’s capacity to serve local healthcare needs with the addition of 112 inpatient beds to its present 300-bed facility. The operating room will be moved to the North Tower with an increase from 11 to 18 OR suites. On August 1, 2006, the tower was 83 percent complete and currently crews are completing equipment installation on all floors. Construction of the new Central Power Plant, which will provide utilities to the North Tower, was completed in spring 2006. Crews will soon begin testing the plant’s mechanical equipment in preparation for energizing the tower in October of this year. The anesthesiology department continues to grow and now consists of 19 physicians. Three new physicians have joined the group in the last six months, two having recently completed residency at SUNY Albany and Northwestern in Chicago and one from the local area.

In October 2005, Kaiser Permanente broke ground in Modesto on a 435,000 square meter state-of-the-art medical center, the first new hospital to be built in the city in 40 years. This will complement the medical office building constructed last year on the same campus. The first phase of the medical center is scheduled to open October 9, 2006, and will include an ambulatory surgery unit with four surgery suites sized larger than industry average (about 120 square meters each) and built to accommodate anticipated future technologies such as robotics. With the opening of the inpatient portion of the

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medical center in late 2007, six additional similarly designed surgery suites will be put in use. Labor and delivery will house 12 birthing rooms and, when fully operational, the medical center will employ nearly 2,000 people.

Doctor's Medical Center in Modesto will add a new physician to their group this September as case-load continues to increase at both the medical center and their off-site outpatient surgery center. The working relationship with the hospital continues to go well. Memorial Hospital Los Banos is in the early phases of construction plans for a new hospital facility in three to four years, and with increased case-load, an additional physician previously in private practice in Connecticut has joined the anesthesiology department, which reports a stable contracting relationship with the hospital.

The anesthesiology department at Stanislaus Surgical Hospital in Modesto has placed itself well for the expected shift in Kaiser-contracted patients from their 23-bed surgical specialty hospital to the above-mentioned Kaiser facility in 2007 as they have worked toward a more balanced mix of payers.

Oakdale's Oak Valley Hospital will be looking to expand the anesthesiology department early next year, as it is well into plans for a new hospital to be built by 2008. The new hospital will have 35 beds and an increase in OR suites to three from the present two. Additionally, a new separate obstetrical OR suite will be built.

Bakersfield's Kern Medical Center reports a fully staffed department. Kaiser Permanente Fresno Medical Center's anesthesiology department has recently hired three new physicians to bring the department's numbers to nine doctors and three CRNAs with plans for additional hiring next year. Three new OR suites were added in the last five months and are in full use.

J. Renee Navarro, M.D.—District 6 (No. San Mateo & San Francisco Counties): The membership in District 6 has experienced a large influx of new resident members from the UCSF anesthesia residency program. In addition, the majority of graduating residents remained in the district's many clinical practices or at UCSF as a fellow or faculty. Critical care and pain management continue to draw the largest number of fellows. The San Francisco General Hospital Department of Anesthesiology welcomed a new chief, Dr. Jim Marks. He succeeds Dr. Sue Carlisle, who is now serving as the Associate Dean of SFGH for UCSF.

Hospitals within the district have reported that they experienced surprise CMS surveys of their institutions in the last several months. The surveyors have focused their time scrutinizing departmental practices of medication handling

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(particularly narcotic reconciliation, and accounting for all medications in the anesthesia work room) and recovery room pain medication orders. There was less emphasis on the “locked cart” policy that many surveyors had pursued in the past.

Within District 6, the Hospital Council (which is composed of the CEOs of all of the San Francisco Hospitals) has established the African American Health Initiative in response to a needs assessment of the health status of the City and County of San Francisco. In serving as a member of the steering committee for this Initiative, I have worked with the other hospitals to promote equitable care and to provide improved patient education. To that end, an educational article on anesthesia was recently published in the local papers.

Helen T. O’Keeffe, M.D.—District 7 (Alameda & Contra Costa Counties): District 7 has been very quiet with no apparent news or crises. I think that the most important issue facing District 7 is what is happening on a statewide and national scale, namely, the upcoming sea-changes in medical reimbursement. The CSA is of immense importance to everyone, at this time more than ever.

Peter E. Sybert, M.D.—District 9 (Del Norte, Humboldt, Lake, Marin, Mendocino, Napa, Siskiyou, West Solano, Sonoma, Trinity, Colusa, Glenn, Butte, Plumas, Tehema, Shasta, Lassen, & Modoc Counties): The last few months have been busy in the district. Shasta Regional Medical Center in Redding, under its new ownership, has restarted the open heart program. Volume has picked up but remains substantially below historical norms, and there has been substantial personnel turnover.

In Chico, there has been major conflict with the new administration. The anesthesiology department seems to have been at the center of the controversy, but the problem with administration seems to have been widespread within the medical staff. This controversy has been open enough that the local paper has published multiple articles on the subject. The CEO has apparently resigned, as have a couple of members of the hospital’s board of directors.

On the north coast, the Sisters of Saint Joseph are variably engaged in due diligence with interested parties regarding sale of facilities.

In Santa Rosa, meanwhile, construction has started on the new cardiac care facility at Memorial Hospital. This is a new two-story structure to house capabilities for cardiac care, the electrophysiology lab, and two open heart rooms including postoperative care. New surgeons have been recruited.

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Actually the cardiac surgeons from Memorial's sister facility in Napa have decided to expand their practice into the Santa Rosa area.

In Sebastopol, Palm Drive Hospital has elected to close its intensive care unit temporarily. It is putting its resources into other areas of strength over the next year while it evaluates its future and whether it wants to reinstate an intensive care unit. This process has occurred before in other small northern California hospitals where volume is low but variable, patient acuity has been high, and staffing and support at all levels that need to be available has been expensive.

Kaiser continues its construction in Santa Rosa. This is needed to deal with its increasing patient volume. Its growth within Sonoma County has been impressive both within the patient base and within the medical community. Since 2003 Kaiser has hired 81 new physicians, 26 of whom were in private practice in the county before switching over. Twelve of those have shifted since January 1, 2006. That apparently has left an estimated 24,000 patients this year looking for new physicians.

Owen Shea, M.D.—District 10 (San Luis Obispo, Santa Barbara & Ventura Counties): Anesthesiologists in District 10 continue to face challenging issues shared with anesthesiologists in every district. The continued development of free-standing surgeon-owned surgical facilities creates scheduling challenges that every group must solve. The financial impact of these surgical centers has profound implications for all districts. Coastal Anesthesia Medical Group in San Luis Obispo aggressively hired additional anesthesiologists to cover all the operating rooms. The financial impact—i.e., salary reduction—inevitably occurred and some of the partners moved out of state. Surgery centers are part of our current and future reality, and creative solutions are being forced upon anesthesiologists, OR directors, and hospital administrators who must contend with reduced OR utilization and inefficient scheduling. For many years, anesthesiologists bore the financial burden alone for these scheduling inefficiencies. The business model is changing in our favor as more groups receive assistance to provide coverage for hospital-based services, especially trauma and obstetrical services. Some hospitals are assisting groups to keep less than optimally scheduled ORs staffed with anesthesiologists. We have reached a point where many groups do not bargain for money, but for survival. The operating rooms represent a very profitable revenue stream for hospitals. Hospital administrators are aware of the manpower issues we face and that our services are a commodity that must be paid for.

Kaiser Permanente recently purchased the Buenaventura Medical Group in Ventura. There is no Kaiser hospital in the Ventura/Oxnard area to provide

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inpatient services. Kaiser is negotiating with physician specialists, including anesthesiologists and hospitals, for services normally offered at Kaiser facilities. There are many concerns about this new Kaiser model in the Ventura area and what it will ultimately mean for our colleagues practicing here. Kaiser Permanente has not ruled out the possibility of building a hospital in the Ventura/Oxnard area.

Cottage Hospital in Santa Barbara continues progress on the new hospital which is at least a few years from completion. There has been no disruption in surgical or anesthesia services during the construction of the hospital. Anesthesia staffing is reported to be adequate and Cottage administrators have been supportive of the group that provides anesthesia services here.

The viability of our specialty must be protected and improved for ourselves, our communities, and future anesthesiologists. I am asking every anesthesiologist to make yearly donations to both ASAPAC and GASPAC. It is very simple; our donations protect our specialty. If you have not donated before, please start now. If you contribute to these PACs, thank you.

James M. Moore, M.D.—District 11 (West Los Angeles County [western portion]): As in other districts, balance billing remains a major concern. The Department of Managed Health Care's newly proposed prohibition on balance billing greatly troubles members. They see such a prohibition as a great loss to noncontracting physicians, both in the ability to obtain fair reimbursements and in their negotiations with HMOs. Physicians should be encouraged to speak out against the proposed ban on balance billing at any DMHC public hearings.

In the Centinela Freeman Health System, one major development is the potential closing of the emergency room at its Memorial Campus in Inglewood, at the hospital previously named Daniel Freeman Memorial Hospital. According to the *L.A. Times*, the hospital system will decide by the end of September whether to shift the patients treated at the Memorial Campus ER to the nearby Centinela Campus. The Memorial ER could then close any time after the middle of December, and the health system would add an urgent-care center with extended hours to both the Memorial and Centinela Campuses.

Last year the obstetric anesthesia services from the Memorial Campus moved to the Centinela Campus. In August, Centinela Freeman opened a new surgical pavilion at the Centinela Campus to provide intake of patients and also to serve as the preoperative area for Centinela Hospital. The Marina Del Rey Campus has seen an increase in orthopaedic cases, and especially spine

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surgery, since the Kerlan-Jobe Orthopaedic Outpatient Clinic became part of the Centinela Freeman Regional Medical Center.

Similarly, at Century City Doctors Hospital, the census of orthopaedic surgery patients has increased, and the center now has one of the largest major spine surgery practices in the country. The emergency room opened recently, and the Doctors Hospital will soon open a new suite for gastrointestinal procedures.

At Cedars-Sinai Medical Center the new 126-bed Saperstein Critical Care Tower is now fully functional. At UCLA, the Westwood Replacement Hospital is anticipated to open in 2007, providing 525 patient beds and a new home for the Mattel Children's Hospital and the Resnick Neuropsychiatric Hospital. The 266-bed UCLA Santa Monica Replacement Hospital is also slated for completion in 2007, comprising the Santa Monica-UCLA Medical Center and Orthopaedic Hospital.

John A. Lundberg, M.D.—District 12 (Southeast Los Angeles County): Surgicenters have captured much of the outpatient surgery here and continue to do well. Most surgeons and patients prefer the efficient, spartan surgicenters to the cumbersome hospitals. Patient admission and discharge at surgicenters is swift and timely. Mostly because of the hospital accreditation requirements, all surgery patients at hospitals spend more time filling out forms and waiting in admitting lines than at surgicenters. Hospitals actively maximize paperwork while surgicenters do their best to minimize it.

Beach Cities Ambulatory Care Surgicenter, formerly owned by Little Company of Mary Hospital in Torrance, was closed four years ago and reopened recently under new management as The Beach District Surgery Center. It is owned by a consortium of orthopedic surgeons, gynecologists, ENT physicians, pain specialists, and ophthalmologists.

JCAHO had made their first round of surprise inspections here. These have been met with less fanfare than the inspections in past years. Previously, notice was given well in advance of the inspections and hospitals had months to prepare for the inspections. Now the inspection teams are smaller and focus on specific departments, tracing individual patient's paperwork.

MLK UCLA Medical Center still faces its toughest and most important inspection. CMS officials notified the medical center on May 31 that sometime within the following 90 days it will send in, unannounced, a team of inspectors who will examine every aspect of care in the hospital. The inspectors are expected to be at the facility for several days. The medical center must pass 23 fundamental standards of care in order to continue to receive federal Medicare

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and Medicaid funding, which makes up about \$200 million of its annual \$380 million budget. If it fails to pass, King/Drew could face closure or have its operations reduced. Another possibility is that the county will be required to turn over management to another health care operator.

Recent graduates from anesthesiology training programs have continued to improve and this past group has some of the best we have seen in years. Housing prices are relatively high, which discourages some from applying to medical staffs here. There has been a low turnover rate in anesthesiology staffs and most hospitals are not having difficulty filling their new open positions.

Paul B. Yost, M.D.—District 13 (Orange County): Thank you for electing me to the CSA district 13 directorship. First off, I want to thank Dr. Ken Pauker for the fabulous job he has done as our District 13 Director. He attacked the job with unbridled enthusiasm and brought Orange County anesthesiologists together in a spirit of constructive cooperation that has not been seen in my professional lifetime. He will be a very difficult act to follow.

Let me tell you a little about myself: My great-grandfather was a forty-niner (the kind without the football helmet), so that makes me a fourth generation Californian. After attending Stanford University, where I graduated with honors in psychology, I attended medical school at Baylor College of Medicine, followed by a pediatric residency at Jackson Memorial Hospital in Miami, and an anesthesiology residency at UCLA. I have been practicing adult and pediatric anesthesia at Children's Hospital of Orange County and St. Joseph's Hospital of Orange for 14 years. At CHOC I served in many medical staff leadership positions, including two years as chief of staff, and am currently the director of cardiothoracic anesthesia at St. Joseph's.

My other interests include politics. Ten years ago I led a citizens' group to successfully remove high-voltage power lines in Seal Beach. Since then, I have served on the Seal Beach Planning Commission and the Seal Beach City Council, where I was elected mayor three times. I have also been a founding member of the San Gabriel and Lower Los Angeles Rivers and Mountains Conservancy (the state's newest conservancy which buys land for future generations), and served on many boards and commissions including the Orange County Sanitation District and Orange County Emergency Care Commission. Having been termed-out of elected office, the only position I currently hold is a seat on the Cal Optima board, which oversees the indigent healthcare funding for the county; I am the only physician on the board.

The future of anesthesiology looks very bright. Market forces have placed us in a position of strength that hasn't been seen for some time, and the quality

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of the graduating anesthesiology residents is extremely high. However, there are always challenges—the current Medicare decision to unfairly reimburse teaching institutions, and the attempts to unfairly limit anesthesiologists' (and other hospital-based physicians') ability to balance bill are only two examples of current challenges to our profession that we have to overcome.

My goal as director is to improve the communication and cooperation among anesthesiologists, anesthesiology groups and the CSA, resulting in higher quality care for our patients and, I hope, more rewarding practice environments for us.

The most important thing a director needs to do is listen. Please let me know about issues that are important to you. We are much stronger as a group than we are as individuals. Let the resources of the CSA work for you.

Updates from around the County

District 13 had a very successful dinner meeting at Morton's Steakhouse on August 23, 2006. Dr. Phil Larsen, a luminary in California anesthesia and lately from UCLA, gave a very informative talk on "The Full Stomach Revisited." The program was sponsored by Abbott, and CSA members attending earned CME gratis. Dr. Pauker, LPAD Chair, also spoke on some of what LPAD is working on, including the issue of anesthesia for endoscopy and payment for non-contracted services.

St. Joseph's: Things have been pretty stable. Case volumes appear to be stable. St. Joseph's is awaiting the opening of its new hospital, and the administration is talking about adding more anesthetizing locations; however, the estimation of case volumes is less clear, which makes staffing and work force decisions more difficult.

Western Medical Center: Things have quieted down since the lawsuits against the former chief of staff were resolved, with assistance from the CMA and the OCMA. Case volumes seem to be returning.

Hoag Hospital: Fairly stable, although they are experiencing some horizontal expansion: their administration is adding some anesthetizing locations without adding case volumes (common theme throughout the county).

UCI: In spite of the well-publicized turmoil, case volumes seem to be fairly stable.

IMC: Nothing new, although they are anxiously awaiting the opening of the new Kaiser facility across the street in November 2007.

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Kaiser: They are anticipating the opening of their new hospital in Irvine, which is scheduled to open in November 2007 with eight ORs and two procedure rooms. They are continuing to work on improving quality of anesthetic care with evidence-based medicine and highly reliable surgical teams.

Saddleback Hospital: We are deep in the throes of a conversion to a soup-to-nuts electronic medical record and physician ordering system, using EPIC. We went online on July 24, 2006, and there have been the expected problems and some unexpected ones, as well as what appear to be some true benefits for patient care.

Jeffrey B. Glaser, M.D.—District 14 (Los Angeles County [northwestern portion]): I believe my district still holds the title of lowest membership of any district. However, I am optimistic that efforts during the last year have enlightened anesthesiologists in my district as to the benefits of being a CSA member, both professionally and monetarily. In my attempt to increase membership, I realized that it is not as easy as calling colleagues and asking for their credit card number. The process is slow. That being said, I'm hopeful that district meetings I am planning to hold between now and the end of the year will be a good time to engage those who have been pondering membership over the last year.

In my last board report, I conveyed my belief in the cliché that there is a silver lining in every cloud. I don't consider efforts to educate members and potential CSA members in my district over the last year a waste of time. The silver lining is that anesthesiologists who have not thought about joining the CSA for many years are at least considering making that move. More important, I really see a change in attitude where morale and feelings about our specialty society appear to be more positive in my district than a year ago. Much of this can be attributed to simple education about CSA activities.

I have gained a better understanding over the last year of the issues that are of most concern to CSA member and nonmember anesthesiologists in District 14. A recurring theme remains egregiously low contracted rates with major carriers compared with other areas of the state.

Another concern, which is thought to be more prevalent than previously believed, is contractual agreements with carriers that don't specify the definition of a "unit," but guarantee a "per-unit rate." Reimbursement is certainly not at ASA RVG, but rather an undisclosed proprietary rate. Is this legal? Is it assumed that the ASA RVG is the benchmark for calculating units unless a contract states otherwise? I hope to have questions such as these

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addressed at our next district meeting. I have invited a prominent healthcare attorney to address us at this meeting. This particular attorney is the lead counsel in the *Northridge Emergency Physicians vs. Provident* case.

Lastly, the decision by Blue Cross of California/Wellpoint not to cover the services of an anesthesiologist during routine colonoscopy/endoscopy has affected many members in District 14. To deal with this issue, many of my colleagues have instituted a cash pay system for those patients who wish to have the services of an anesthesiologist during these procedures. It seems that approximately 80 percent of patients whose insurance does not cover such services are opting for cash pay. I am very pleased with CSA's involvement with this issue. CSA members and nonmembers alike are aware that democracy sometimes works slowly, but that CSA is addressing this issue.

I remain more optimistic than ever that, over the next year, we will boost this district's membership.

Ellen Y. Wang, M.D.—District 15 (Resident Members): At my home program of UCLA, we are as busy as ever. In order to relieve some of the burden, we were approved for three new transfer residents, two for the CA-2 year and one for the CA-1 year, bringing our total to 65 residents. We also recently hired several more CRNAs, for a total of 16. This year, our orthopedic department has completed its transition from UCLA Westwood over to UCLA-Santa Monica Orthopedic Hospital, which has more than doubled the number of cases done after hours. At our main hospital, UCLA Westwood, we continue to be expanding our call schedules to now include week-long home call for pediatrics and pain in order to have more residents available on any given day. We are looking forward to fostering cohesiveness in the residency program with our 2nd Annual Residents Retreat, to take place on Oct. 7-8, when our department generously allows all residents 24 hours off by having our attendings cover for us. We plan on discussing such important issues as financial planning for the future; tips on looking for a job given by a private practice panel; medical student teaching; and ethics in medicine. We are starting to expand our didactic program by having monthly journal clubs. As always, we anxiously await the opening of our new hospital, anticipated for the fall of 2007.

At UCSF, Dr. Krisman reports that her program is trying to increase its didactic offerings by starting small group, case-based discussions three times monthly. Staffing the operating rooms to get residents out is a challenge because they always seem to be running at capacity. The Medicare teaching rule continues

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to hurt the department with its unjust reimbursements for resident-staffed cases.

At UCSD, the biggest development is the establishment of a new regional fellowship which started in July. They have made concerted efforts to strengthen the regional experience over the past couple of years, and it has culminated in this new fellowship. Congratulations to UCSD!

At the Naval Medical Center San Diego Anesthesia Program, there have been a couple of changes in the leadership. There is a new Program Director, LCDR Eugenio Lujan, M.D., Anesthesiology and Critical Care Specialist, and a new Assistant Program Director, LCDR Bill Sparks, M.D., Pediatric Anesthesiology. There are many staff deployed overseas for six to seven months at a time to Iraq and the Tsunami Relief aboard the hospital ship Mercy out of San Diego (the ship should be coming back soon from its second trip to the Indonesia area in 18 months). There are six residents per class, but increased to seven this year for the CA-1 class for a trial run. There is also an exciting one-month rotation in the regional anesthesia service, with most residents getting 50 to 100 regional blocks/catheter placements in one month. Two residents (including Dr. Latendresse, our delegate) went to Ecuador on a civilian humanitarian mission with International Medical Alliance for 10 days. The surgeries were mostly pediatric orthopedic, OMF, and plastics cases.

At King-Drew, the biggest change to the department is the integration with Cedars-Sinai, making it officially the Drew/Cedars Anesthesiology Program. Also, the King-Drew Hospital site CMS inspection was in August, and they anticipate approval shortly. The program was previously approved for 21 positions by ACGME. They are currently occupying 19 of those positions but plan to fill all spots in 2008. They also had a 100 percent written board pass rate for this year and a 100 percent oral board pass rate for those seniors who graduated in 2005.

Several residents have requested that I address an important issue to the ASA regarding physician volunteer services during national disasters. After Hurricane Katrina, residents who wanted to help New Orleans were denied the opportunity due to lack of malpractice insurance and out-of-state medical licenses.

In a time of increasing insecurity, it would seem that the ability to mobilize providers from all corners of the country to quickly respond to catastrophic events, whether they be natural disasters or terrorist acts, would be a priority. Barriers such as the above-mentioned lack of malpractice insurance should be addressed.