

2007 CSA House of Delegates

Address of the President-Elect, Virgil M. Airola, M.D.

Thank you, Dr. Hertzberg, for allowing me to address our honored guests, Dr. Lema, our beloved past presidents of CSA, Dr. Singleton, CSA officers, and members of our CSA House of Delegates.

Let me begin by thanking you for the honor you granted me last year by electing me to serve as your President-Elect. It's been challenging at times but, all in all, lots of fun.

A few weeks ago I attended my youngest son's college commencement. You can imagine my wife and me as we proudly watched our son achieve another of life's milestones—his college graduation. And, of course I wondered, as many parents do, "Will he get a job soon?" Well, he has and we're thrilled!

But, I was also intrigued by some of the wisdom shared with those new graduates by Erin Brockovich—the commencement speaker—who told of her discovery of PG&E's poisoning of the ground water with Chromium 6 in Hinkley, California. She described how initially "something just didn't feel right" when she noticed the unusual cluster of cancer among that community's local residents. Her message to the graduates was "little guys can win against giants from corporate America, so don't ever give up when you know you're right!" She persisted and \$333 million went to 600 Hinkley residents.

We've seen this happen in medicine, too, when CMA initiated the RICO lawsuits against the mega-sized health insurance companies, uncovering how WellPoint, Aetna, and others routinely withheld payments due physicians for their care of patients, and winning restitution for doctors across America.

Both legal contests were won because the little guys found lots of help from allies strong enough and rich enough to prove that corporate America was breaking the law.

Today in Medicine—and you may have noticed—something just doesn't feel right! Lots of things just don't feel right! Everyone knows! The legislatures in California and elsewhere have health insurance reform on the agenda. It's on the national agenda. The local and national media are full of stories relevant to the health insurance reform debate. Minnesota, Maine, and Massachusetts have enacted reform measures, while other states are putting together a quilt of patchwork "fixes" for health insurance reform.

In large measure, the folks doing the "fixing" lack a full understanding of the intricacies and complexity of medical care and our American health care

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delivery system today. Please don't misunderstand me—the legislators are smart and their staffers are knowledgeable. But they really don't understand the basics, like the difference between physicians and allied health professionals. Legislators have no idea that physicians are taught how to determine the patient's correct diagnosis from an array of symptoms and signs, whereas a nurse lacks that level of training. A nursing degree is equivalent to a college degree. Physicians have added medical school and a residency—eight or more years, at least—to their college degrees.

Legislators have little understanding of the unintended consequences of building reform on the back of broken safety net programs such as Medicare or Medi-Cal. Imagine health insurance as the roof over every home in California. And then realize that the roofs made by Medi-Cal and Medicare are full of holes; they don't keep the rain out. Our job is to keep the California State Legislature from just passing out umbrellas at the front door when people get home and need their medical insurance. They need to fix Medi-Cal when health insurance reform comes to California—that's job one!

Politicians haven't addressed the failure to train adequate numbers of physicians in California. California needs more physicians for the needs of our rapidly growing population. We expect 22 percent more Californians in 15 years. We need more physicians in the pipeline—it takes eight years after college!

And we're not graduating enough anesthesiologists from our California residency programs to meet current demands. California always has needed to attract anesthesiologists trained elsewhere. California needs to expand our anesthesiology residency programs.

Moreover, 20 percent of the anesthesiology residency positions across the country have been eliminated since 1994, when the arbitrary Medicare reimbursement reductions for academic anesthesiology began. You already know of the discriminatory underpayment of anesthesiologists by Medicare compared to all other physician specialties. Where I live, even the meager Medi-Cal OB anesthesia rates are higher than the Medicare rate. For the academic anesthesiologist teaching two residents, they only get half of what you do from Medicare for the same anesthetic!

Bob Dylan has always had insightful things to say. Bob said in his recent *Rolling Stone* interview (Issue 1025/1026; March 3-17, 2007; page 50) when asked about global warming, "... we expect politicians to solve all our problems. I don't expect politicians to solve anybody's problems... We've got to take the world by the horns and solve our own problems. The world owes us nothing, each and every one of us, the world owes us not one single thing."

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Joe Dunn, CMA's new Executive Vice President and an ex-state senator from Orange County, said when lecturing on politics at the recent CMA Leadership Academy, "Politicians never lead—they're always two steps behind because otherwise, they'd lose their next election." He described how Governor Gray Davis "solved" California's 2003 electricity crisis politically, "preserving" the maximum number of his political "friends"—a superficial solution that ultimately led to the historic recall election and his removal from office. Instead of taking the bull by the horns and correcting the underlying economic forces causing the electricity crisis, Davis jumped in a barrel like a rodeo clown and let the bull push him around the arena. He didn't lead California!

A bright future for anesthesiologists in California isn't guaranteed! We need to take the bull by the horns on lots of issues. Past CSA leaders have built a strong foundation for us so that we **can** stand up to the problems facing us today. We have lots of allies. We'll need more! And together, we can fix those things in medicine today that just don't feel right!

CSA has a great team—one that was put together by past CSA leaders. Much of today's foundations were laid during the California malpractice crisis of the mid-70s, and CSA has since been further strengthened as additional challenges were met. Let me introduce, and please thank, today's CSA team. *[Dr. Airola introduces the CSA staff, legal and legislative consultants, leadership and delegates and alternate delegates to the House of Delegates.]* This is our team! It's a team on which I'm proud to serve!

But next week, next month, and next year, we need to be stronger—so I am asking today for your help to make us stronger! I need your help tomorrow and next week and every day thereafter! I need for you to call every anesthesiologist whom you know—everyone in the group across the street and across town from you, and everyone across the state. And when you call, make sure of two things: (1) Make sure they send in their CSA and ASA dues this year, and (2) make sure they send a donation, either personal or corporate, to our CSA Political Action Committee, GASPAC. No contribution is too large and none is too small. I'd like to see 100 percent of California's anesthesiologists as CSA members; and I'd like to see 100 percent of California's anesthesiologists and their spouses as GASPAC contributors as well! ASAPAC deserves your contributions as well for all the great work they do, but those donation checks must be personal, not corporate.

Two simple things, these are easy—call everyone, and make sure they join our team. Now three hard things:

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First, send me your ideas on what problems need some work. I want you to tell me what's wrong in your professional life and why. Tell me what's right and why. Not surprisingly, you may find when you examine what's right that you and your colleagues have created job security with your collective professionalism—you can count on those around you because they can count on you!

Second, get to know your local politicians! Get to know your local school board members, your county supervisors, your state legislators, and your members of Congress. GASPAC can help you do that to some extent when local fundraisers come up, but also, go visit your representatives in their local offices when they're in town. Talk to them!

That's the third and toughest part of how I want you to help: tell your local politicians what you'll be telling me. Tell them what's right and what's wrong in your professional life. Tell them how those things affect your patients. Tell them how those things affect your ability to recruit anesthesiologists to your group. And tell them how those things affect you and why. Remember, politicians never lead; they just want to get elected to their next job, so they "fix" the squeaky wheels that bother their constituents.



Dr. Mark Singleton congratulates Dr. Virgil Airola who succeeds him as CSA President for 2007-2008.

Some of you will find that talking just isn't enough. And for those of you who want to do something more, I have a wonderful opportunity for you: Become a CSA leader! Come stand up here and help keep CSA on the right track for the long haul. Build on what past CSA leaders have done. Create a bright future for California anesthesiologists! Find the best allies to create the best possible future for yourself and your patients, because that's what doctors do. That's what CSA does, and that's what our patients need!

Five small things! Help me out! You can do it! Thanks!

Resolution Passes Rejecting the Legitimacy of Pay for Performance Requirements to Improve Anesthetic Quality

By *Kenneth Y. Pauker, M.D., Chair, Division of Legislative and Practice Affairs; Associate Editor*



The concept of providing financial incentive to improve quality of care is known as Pay for Performance. For the last couple of years, Pay for Performance has stimulated considerable debate, both within the House of Medicine generally and within the CSA. Many have characterized P4P as “a train that has left the station,” and that “either we are at the table, or we are on the menu.” Dr. Singleton and I attended the National Summit on P4P in Los Angeles in February 2006 and reported our impressions to the CSA. What P4P might mean for anesthesiologists has been reviewed previously.¹⁻⁴ Many leaders within the CSA, the CMA, and the ASA have repeatedly said that the meager potential benefits of P4P pale in comparison to the likely unintended consequences, and that the intrusion into the individual doctor/patient relationship will further degrade medical professionalism. There is beginning to be considerable “push-back” on P4P from doctors, and journal articles⁵ continue to report minimal to no clinical outcome improvement with P4P.

At the recent Annual Meeting of the CSA House of Delegates, the following Resolution was adopted:

Resolution 2: Pay for Performance

RESOLVED, that the CSA reaffirms its commitment to the preeminence of the doctor-patient relationship and declares that the continual improvement in quality of care is an inherent element of our profession, and thus payment for our professional services should not be linked to performance measures because it undermines the doctor to individual patient relationship and could lead to inferior quality of care to individual patients; and be it further

RESOLVED, that the CSA declares that it is fundamentally and philosophically opposed to the concept of Pay for Performance, it rejects the legitimacy of Pay for Performance requirements as a means to improve the quality and/or safety of anesthetic care, and it views the added administrative costs associated with such requirements as wasteful; and be it further

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RESOLVED, that the CSA work with other interested entities

- To minimize the negative impact of Pay for Performance, and
- To develop alternatives to Pay for Performance which are consistent with medical professionalism.

At the House of Delegates, some expressed concern that this resolution could give the impression that we are not interested in quality improvement and desire to rest on our laurels. Others want to tread lightly with hospital administrators, or even CMS, for fear of appearing to be a specialty that does not want to cooperate, and thus of losing favor or standing in future discussions. Some ASA leaders have expressed concern that the CSA's message is that we are not interested in developing and implementing guidelines for best practices. They believe that, in order to improve at all, we must measure ourselves.

The CSA Resolution says nothing at all about not measuring ourselves. Indeed, I believe that a workable alternative to P4P is that we should measure performance by using information technology to gather the relevant data, then mine this data, then use it to develop the benchmarks and set standards, and finally provide feedback to individual practitioners. As with the ASA Closed Claims database and project, that is the path that we have taken and on which we should continue. The ASA should continue to develop guidelines and standards which our members are expected to follow. This has been the ASA's approach, one that has led to dramatic improvements in the safety and quality of anesthetic practice. It never has been about money, but always about professionalism. This approach toward achieving quality and safety has seen our specialty commended by the Institute of Medicine as a model for other specialties. What the resolution rejects is payment incentives and the linking of payment to achieving a certain score on performance measures. We *do* need to be paid more appropriately by CMS, other government payers, and some insurers, but P4P from CMS *should not* be the vehicle. History teaches us that CMS does not intend to pay us more, and, no doubt, P4P is about paying less, not more. Costs and waste, purportedly targets for P4P's magic bullet, also should be addressed, as should the larger issues of where they arise in our health sector. However, saving money to increase the profitability of insurers or to move payments from one specialty to another ought not to be within our purview.

The CSA Resolution speaks to medical ethics and professionalism and keeping the interests of the patient, and not our financial incentives, paramount in an individual doctor/patient interaction. No less a proponent of P4P than Dr. Alex Hannenberg, ASA Vice President for Professional Affairs, told me that now, as this P4P debate has evolved, he sees nothing inconsistent in arguing to retard implementation of P4P at the same time that we work to develop measures, which in my view really are the same as standards.

References

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 - ² Pauker KY. "Physicians Cry Foul!" *CSA Bulletin* 54(4): Winter 2006, pp. 29-32.
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 - ⁵ Glickman SW, Ou FS, DeLong ER, et al. "Pay for Performance, Quality of Care, and Outcomes in Acute Myocardial Infarction." *JAMA* 297:2373-2380, 2007.
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2007 Distinguished Service Award

Presentation to Jack L. Moore, M.D., CSA Past President

By Stephen H. Jackson, M.D., Editor of the CSA Bulletin and CSA Past President

In 1974, the Board of Directors of the CSA established its highest recognition, the Distinguished Service Award. This is a most special award because it is not bestowed every year, but when awarded, those so honored are among the most legendary leaders of this hallowed anesthesiology organization. Today we are recognizing one of the most highly respected and accomplished of CSA's lineage of DSA recipients, Dr. Jack L. Moore, for his outstanding and meritorious service to the CSA. But, in so doing, we also shall acknowledge Dr. Moore's extraordinary service not only to numerous anesthesiology and medical organizations beyond the CSA, but also to institutions of higher learning and the various communities within which he has been involved.

But, before I share my thoughts about Dr. Moore, I would like to take the privilege of welcoming Jack's family: Jack's wife, Aylene; Jack's daughter, Lynnda; Jack's granddaughter, Tyann; Jack's twin brother, Carl; and Jack's close friends, Russell Jackson, Melvin Williams and James Futrell. We all know that behind the contributors of extraordinary service to organized medicine stand their beloved army of family and friends providing support, understanding, encouragement and facilitation of their good deeds. Unfortunately, Jack's long-time friend, Dr. Bill Wright, is recuperating from an illness, and regrettably was unable to be here to honor him.

I first met Jack when we simultaneously joined as newcomers to the CSA Board of Directors in 1982. My background was largely void of any meaningful

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medical organizational experience and paled in comparison with Jack's, who brought to the CSA exceptionally far-reaching organizational experience and leadership skills. He already had completed his term as president of the Los Angeles County Medical Association's District 1, was a delegate to the CMA House of Delegates, had completed his presidency of the Los Angeles County Society of Anesthesiologists, and already had, for a decade, been both chief of the Department of Anesthesiology at Kaiser Permanente Bellflower Medical Center as well as Regional Coordinator and Chief of Anesthesiology for the Southern California region. The wonderful aspect of my relationship to Jack, as well as that of others of my novice category who later were to become CSA leaders, was his eagerness and generosity in sharing his organizational and leadership know-how with us. In many ways Jack was the brother and mentor that I needed, and I always will be indebted to him for the kindness he extended to me.

Serving on the CSA's Board of Directors for a decade before ascending to its presidency in 1991, Jack had been one of the most respected and sagacious contributors in the Board's deliberations. When Jack spoke, he spoke with reasoned wisdom, offered probing clarifications, insightful commentaries and practical recommendations. Jack's brilliant mind and clever wit are obvious to all despite his humble demeanor. In fact, Jack was so valued by the CSA, in 1987 and 1989 he was chosen to be the chair of the Board's Planning and Goals Committee, serving as organizer and facilitator of these two immensely successful and far-reaching retreats. With great forethought, Jack established the historical tradition of the CSA's Resident Research Forum, this largely due to his single-handed, collegial working partnership with Gifford von Kaeseborg of Burroughs-Wellcome. This relationship since has morphed into the current Abbott patronship for a cause considered to constitute the foundation of our specialty's future. And, fortunately for the CSA, after his presidency Jack did not etherize into the waste gas system of discarded leadership, but continued a meaningful and influential participatory presence on the Board.

Jack's service to our specialty naturally has extended to the American Society of Anesthesiologists, where he has been a delegate to the House of Delegates for 25 years! Perhaps his most influential and significant contribution to the ASA involved his four years as chair of one of the ASA's most prestigious committees, the Standards of Care Committee. Most noteworthy during his chairmanship, valuable changes were made in the standards for capnography and audible alarms.

Success in the face of challenging and often daunting obstacles to actualization of achievement is typical of Jack's life. His lifetime story is one of determination and dedication, of success in the face of real life hostile circumstances.

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Jack and his twin brother were born into a far from privileged environment in Cleveland, Ohio. The twins and an older brother lived with his mother in subsidized housing in an environment that, I have been told, often led to underachievement and crime. Jack's devoted mother worked as a domestic to support her sons, and she made self-reliance, moral adherence, and faith in God a part of their daily lives, qualities that have remained an integral part of Jack's makeup. Tragically, Jack's older brother died while serving our country in World War II.

So, given Jack's disadvantaged background, one might wonder how Jack developed an interest in medicine. The story has it that when his mother was working, the twins were cared for by a neighbor, who, from time to time, would take them to a doctor's office where she provided a cleaning service. Little Jack met the doctor and was quite taken by the kind man in the white coat who helped sick people. It was at that time that Jack had determined that he, too, someday would wear a white coat and help the ill.

He graduated from East Technical High School, a sports power for whom Jack ran track while excelling academically. As a result, he was awarded a scholarship to Baldwin Wallace College. He then transferred to Western Michigan University. While in college as a premedical student, Jack married and became a father, but then entered the military with his brother. Upon discharge, with the encouragement and support of a general practitioner and godfather, Jack worked as a laboratory technician at both Western Reserve Medical School and the Cleveland Clinic to achieve the financial wherewithal that would be necessary to attend medical school.

Jack took the tougher road to becoming a physician by first entering graduate school in the Department of Pharmacology at Howard Medical School. After completing a Masters Degree, he was accepted to Howard University Medical School where his dream of becoming a physician finally was fulfilled. Along this road Jack was one of a dynamic trio of medical students that included Bill Wright and Melvin Williams. There have arisen many stories and myths about Jack's dubious prowess as a cook for this triad of hungry medical students, but let it suffice that other than boiling water for tea, his major contributions to any meal were his providing bags of potato chips. And, I have learned that, contrary to the demanding, exhausting and sleep-depriving hours of night work as an anesthesiologist, Jack's medical school career was an antithetical one as he inevitably went to sleep early, strongly believing in the value of getting a full night's sleep. Jack, how did you manage to prepare yourself so poorly for your career as an anesthesiologist?

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Let me also digress for a moment to tell you that during his sophomore year in graduate school, Jack also made a lifetime discovery in the chemistry lab: he met, and ultimately married the head technician of that laboratory, Aylene. And, yes, *that* kind of chemistry is still intact to this day.

But, all these events in Washington, D.C., were only the beginning of a truly illustrious and exemplary medical career. Jack did his rotating internship at Borgess Hospital in Kalamazoo, Michigan, his residency in anesthesiology at the University Hospitals of Cleveland, Case Western University School of Medicine, and then, finally entered the private practice of anesthesiology at Kaiser Permanente Medical Center, Bellflower, California. Consistent with his history of a lifetime of learning, he has since then become certified in pain management, and completed a University of North Carolina Business School Kron Scholars Program. Jack also has devoted exemplary academic service for over two decades as Assistant Clinical Professor of Anesthesiology at both UCLA and Charles Drew Medical School. In fact, Jack's interest in research has resulted in a publication as recently as 2006 in the journal *Anesthesia and Analgesia*.

Jack has not confined his medical organization involvement to those of his specialty. Within the CMA, Jack has served in the prestigious positions of chairman of CMA House of Delegates Reference Committees and sat as a member of the CMA Board of Trustees and the Board of Directors of the CMA's political action committee. Within the Los Angeles County Medical Association, he has been a board member of its Foundation for Community Service and its Poison Information Center.

Jack's extraordinarily effective political action activity is legendary, whether in Sacramento or Washington, D.C. He doesn't only confine his lobbying to his own state or federal legislators, but also meets with others who are out of his district. And, when Jack meets with these legislators, his legendary memory of knowing just about everything about them, their families, their friends, their interests, and their connections makes his visit one that is indelibly imprinted in their minds.

During his three decades of involvement with the National Medical Association, Jack has served as Chairman of its Anesthesiology Section, and sat as a member of the Editorial Board of the *Journal of the National Medical Association* as well as of numerous other committees. Jack also has served as a member of the executive council of the Golden State Medical Association and as President of the Howard University Medical Alumni Association.

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Being keenly aware of the financial burden of a medical education imposed on medical students and their families, especially for many minority students, Jack has tried to ease their indebtedness by serving as Chief Financial Officer of the Leroy R. Weekes, M.D. Foundation that is responsible for scholarship fund-raising for the four historically black medical schools. In fact, when it comes to fund-raising, Jack's tenacity, prowess and creativity are unmatched according to many in the know.

Not one to seek awards for his long history of selfless contributions to worthy organizations, Jack nonetheless is no stranger to such recognition, as he already has been presented an avalanche of such from numerous organizations, including several distinguished service awards, most notably, in 1993, Western Michigan University's DSA, and, in 1999, Howard University College of Medicine's DSA. His own Southern California Permanente Medical Group has bestowed Jack with the Physician's Exceptional Contribution Award. With respect to Jack's contributions to Western Michigan University, I would be remiss if I didn't mention his very special and beloved granddaughter, Tyann, whom you already have met, and who recently graduated from Michigan State University and is planning to enter graduate school in speech therapy. She is here today to honor her grandfather whose eyes sparkle with pride and delight whenever he speaks of her.

Before I conclude my remarks, I wish to share a personal experience and, in light of the current NBA playoffs, one of the most important events in the history of basketball. You might not know, but Jack and I fancy ourselves as jocks. Perhaps I should have used the past tense: *fancied* ourselves as jocks. And I do emphasize the *fantasy* aspect of this fancy. Several years ago, when Jack and Ayleen visited with us, while our spouses were conversing and enjoying the vista from our backyard patio, Jack and I took the opportunity to indulge in some one-on-one basketball. After all, although our years of prowess on the court were well past us, we set out to prove to each other that we, indeed, were forgotten superstars. We drew upon all of our long-diminished playground skills, antics and tricks until each of us had tasted one victory and one defeat. We then retired to the patio, wringing wet and dog tired, a sight that brought well deserved disbelieving commentary from our wives. Now, I might warn all in this audience, that should you happen to ask either of us for a recounting of those two games, you might hear totally disparate summaries of what actually happened.

Ladies and Gentlemen: I wish to close with a statement made by the famed Nobel Laureate in Literature, Tagore, one that I believe summarizes the lifetime of Dr. Jack L Moore's service to his profession, his patients, his colleagues, his family and the multiple communities that he has served:

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I slept and dreamt that life was joy. I woke and found that life was service. I acted and behold, service was joy.

Jack, I know that your beloved mother is smiling on this moment as it now is my distinct privilege to present you as the recipient of the California Society of Anesthesiologists Distinguished Service Award. Ladies and gentlemen, Dr. Jack L. Moore.

Acceptance Speech by Jack L. Moore, M.D.

President Singleton, President-Elect Airola, the California Society of Anesthesiologists staff, past presidents, past recipients of the DSA, members of this House of Delegates, family and friends, I proudly and humbly accept being your recipient of the 2007 DSA. This is truly an honor, and I feel the love of the CSA.

There are numerous individuals to thank. You have been introduced to my immediate family and my extended family. However, I have special guests to introduce who have been strong supporters of the CSA in the past and the present, and I hope will be in the future.

First, Gifford Von Kaesborg, retired Regional Manager of Glaxo Wellcome, who during my presidency recommended and encouraged me to leave as a legacy the Residents Research Forum that was initially funded by Burroughs Wellcome, Glaxo Wellcome, GlaxoSmithKline, and now Abbott Laboratories. It was the late Linda Herren of the CSA staff who assisted me in coordinating this endeavor.

Next, Mr. Richard H. Meyer, formerly of Abbott, and now a consultant to Abbott and other companies, I have known Dick for 37 years; he has retired but continues to have an influence in securing funds for the CSA's Educational Programs.

Finally, Mr. William Sahlin, retired Baxter Laboratories Educational Director, who for many years supported the CSA, is unable to attend, yet still expresses an interest in continuing to receive information of the CSA's progress. All of these monies are non-dues revenue.

I also wish to thank Drs. David M. Coleman and Carroll W. Jackson, who were my colleagues at Kaiser Permanente Medical Center, Bellflower, California.

In 2008, the CSA will celebrate its 60th anniversary. The CSA is constantly evolving. New concepts are continuously being created, primarily because of

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changes in the way medicine is being practiced today. The CSA is in good hands with the upcoming officers of Drs. Champeau, Strum, Pauker, Hertzberg, and Pregler. I also give thanks Drs. Kapur, Mason, Van de Wiele, Shwachman, Raney, Sullivan, Levin and McGowan who have been stalwarts to this society. If I have overlooked anyone who should have been acknowledged, consider yourself acknowledged.

Remember, blessings flow when we contribute our services to our communities. It is important that we give to the less fortunate.

Without the support of my wife, Aylene, I would not have been able to accomplish the goals that I have been able to attain.

I close with my hope and prayer. Let me recognize, O God, the good in everyone. Keep me from a critical attitude and inspire me to be open to all. Encourage me to learn from others' ways and to share knowledge willingly. Bless me with a heart that loves, hands that reach out, eyes that see the beautiful, and a voice that speaks of truth.

Thank you.



Dr. Stephen Jackson (right) presents the 2007 CSA Distinguished Service Award to Dr. Jack L. Moore.