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Enhancing the Future of the CSA

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In my last article, I discussed how one's personal experiences could shape how one subsequently responds to difficulties and adversity in one's professional and personal life. Every one of us has most likely had a formative moment in his or her life that altered what we became or did.

At this time, the CSA is at a similar crossroads. Against the backdrop of national healthcare reform, the attempted expansion of the Board of Chiropractic Examiners to include manipulation under anesthesia in the chiropractic scope of practice, and the Governor's illegal opt-out of the state of California from the CMS requirement that CRNAs be supervised by a physician, CSA's resources have been taxed to provide the best possible level of advocacy to its members. Reflecting on recent events and experiences has helped me focus on how we can take some of these issues and turn them around for the benefit of the CSA. As part of a strategic planning initiative by the ASA, I was asked to be in a small focus group that was interviewed by the consultants working with the ASA. The questions they posed were wide ranging, but the most important was the first: **What, in your opinion, is the primary mission and purpose of ASA?** My answer, in brief, was advocacy for the specialty, educational resources and opportunities, and professional and practice resources. The question and its answers could easily have applied as well to the CSA. I will briefly address each of these here in turn.

Advocacy: Advocating for our members at the state level, just as ASA does at the national level, is of paramount importance for the society. We have been, and continue to be, well represented at the state level by our lobbyists, William Barnaby Sr. and Jr. Over the past several months, they have spent a tremendous amount of time working on our behalf with legislators and others over the Governor's opt-out. In addition, they keep track of numerous bills in the legislature that have the potential to have effect on the practice of medicine in general, and anesthesia in particular, as well as proposed regulations such as those by the Board of Chiropractic Examiners relating to chiropractic manipulation under anesthesia. The Barnabys work hand in hand with the Legislative and Practice Affairs Division on issues of interest to the CSA under the direction of the Board of Directors.

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How can we improve in advocacy? We need to listen to members more broadly about the issues that the CSA can assist them with in advocacy on the state level. Similarly, we must communicate back in a more timely and targeted manner on how we are handling these issues of interest to the membership, and what the thought process of the Board or Executive Committee has been in addressing the issues at hand. Only with an improved exchange of ideas can we hope to mobilize more effectively and to engage our members more fully in the political process.

Education: Over the past few months I have attended four educational programs: the ASA Annual Meeting, the CSA meeting on Kauai, the CSA's Regional Ultrasound Workshop in Los Angeles, and the New York State Society Annual Meeting in New York. Each of these meetings serves a certain need and market for education. At this time, I believe that it is unrealistic to try to compete with the ASA or NYSSA in the large meeting format, an area that requires a lot of work, infrastructure and organization. We need to focus on what we can do, and do very well. The CSA Hawaii meetings remain popular and successful, but they do not necessarily serve the needs of local in-state anesthesiologists.

How can we improve the CME products of the CSA? The Educational Programs Division has been working to update its offerings to meet the needs of members for more training in advanced techniques in regional anesthesia, practice management, and assistance with the American Board of Anesthesiology's MOCA recertification requirements, including simulation education. The EPD is working on plans to have more targeted and shorter "in state" programs that are useful and clinically relevant to members. Again, we need to hear more widely from the membership as to what areas we might focus on for destination programs that would be of interest and prompt members to attend, and for distance learning using modern technology.

Professional and Practice Resources: This area falls under the Legislative and Practice Affairs Division. However, the ASA has a robust presence in this arena, with the Manual for Anesthesia Department Organization and Administration (MADOM) as well as Practice Standards, Guidelines and Advisories available. In the practice management arena, the ASA has multiple publications as well as an annual well-attended Practice Management Conference. At the CSA level, the resources are more limited, because we rely largely on the ASA. However, we do have our own statements in areas such as pediatric anesthesia and deep sedation, as well as the availability of the Chief Executive Officer to help members with finding necessary resources for practice issues.

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How can we improve the CSA in the professional and practice arena? We must make it simpler for members to find the ASA and CSA resources that are already available, rather than hunting over the Internet on multiple sites for them. We should be able to provide timely information in areas such as regulatory and billing issues that arise. And it should be easy for members to obtain referrals from the CSA to the appropriate individuals, agencies, or outside entities when they need help on a professional or practice matter that the CSA cannot provide or is beyond our scope. To do this will require improving and updating our own Web site, as well as linking better to others.

All of these issues have pointed out the need for the CSA to move into a different pattern of communication, both internally and externally, in order to remain current and relevant to our members as well as to the members of the public interested in anesthesia in California. As I said in my address to the House of Delegates last May: "The way we do it here" is no longer adequate and will not serve us well.

Over the past six months, we have been using 20th century communications technology in an effort to keep our members updated about 21st century events. This *Bulletin* itself is a dinosaur, and cannot serve as a vehicle to get current and time sensitive information to members, given the time lag due to publication and mailing. Similarly, the Board, the ASAPAC working committee, the LPAD and other Divisions and Committees of the CSA, and myself as President have been struggling with the need to get messages out to members in a more timely manner without undue delay or excessive cost to our society. To this end, the Communications Committee has undertaken a sweeping review of all aspects of communication within the CSA. This includes CSA Web Site, e-mail, listservs, the Gasline, the *Bulletin*, social media and networking, and more. We are committed to moving the CSA into a more dynamic and interactive process with our membership as we go forward with this project. We look forward to hearing from the membership as to what they hope for and expect out of this communications initiative. In the end, the goal is for the CSA to become a more dynamic, inclusive, interactive and up-to-the-minute organization that the members reach to first when they need information or resources relevant to any aspect of their professional lives. Please share your thoughts with us (at lhertzberg@csahq.org) about any or all of the issues and questions raised here, and we will take them to the Communications Committee and the Board.

CSA Web Site

www.csahq.org