

President's Page

Address of President-Elect Linda B. Hertzberg, M.D., to the 2009 House of Delegates



Mr. Speaker, Mr. President, Members of the Board of Directors, Members of the House of Delegates, Honored Guests, friends and family, thank you for the opportunity to address the House of Delegates today. It is a privilege for me to serve the California Society of Anesthesiologists for the coming year. I hope to share a few thoughts with you about the future of our Society over the next several minutes.

When I finished medical school, I left Stanford and California for New York City to start an internal medicine internship (and possibly residency) at New York Hospital/Cornell Medical Center. When I arrived at New York Hospital, I experienced culture shock, despite having been raised in the New York area. What sticks in my mind to this day were the words I heard over and over that year: “the way we do it here.” This applied to everything from how one dressed, to making rounds and the treatment of house staff, but most importantly, to the management of disease.

That there could be another equal or better way of doing things never entered into the equation. As some of you may recall, several years later, New York Hospital became better known as the place where Libby Zion died and residency work rules were born. That this tragedy occurred there was not surprising to me because the institution appeared frozen in the attitude of “the way we do it here.” Most of the people I met that year had never ventured outside the New York metropolitan area for their education or training. They believed that the way they had been taught was obviously the best way. At the end of the year, I left New York, internal medicine residency uncompleted, to return to California to begin my residency and fellowship training in anesthesiology and critical care. I have not looked back since.

What is striking about the words “the way we do it here” is not how often one hears them, because the words do not need to be spoken for the attitude to be present. We see it in our daily lives around us, whether it is in the practice of medicine, hospital administration and function, or in how businesses relate to their customers. No one, especially an anesthesiologist, would argue that routine and consistency in our practice is undesirable. Indeed, it is the routine

of doing things in a certain manner every time that helps ensure the safety of our patients under anesthesia. However, when we become trapped in a single way of doing things, we run the risk of becoming complacent and intellectually disengaged.

In his book *How Doctors Think*, Jerome Groopman explores some of the ways that physicians become trapped in the routine of how they practice medicine and treat disease states. He examines how physicians can break this cycle by questioning the routines in their practice. This may lead these physicians to a different approach to the treatment of disease, allowing them to question and innovate to improve their practice and the lives of their patients. The most creative of these innovators develop new methods and technologies to enhance treatment for their patients. These physicians look for new, but scientifically sound, ways to approach the art and practice of medicine, and treatment of disease. We at the CSA can learn from those successes and apply them to how we work as a professional society.

The CSA is at a crossroads. We can continue to function as a Society with “the way we do it here.” This way has served the CSA well for over 60 years and allowed it to thrive and grow as a professional organization. However, to do so would deny us the opportunity to innovate and renew our Society. “The way we do it here” can no longer be enough. The CSA and its membership are facing external legislative and regulatory pressures, and scope of practice challenges. Advocacy at the state and national level remains a high priority. We are experiencing internal financial pressures, and the desire for programming changes from the membership. We must adapt so that the CSA anticipates change, and remains useful and relevant to our members. Over the next few minutes I will discuss initiatives that are either underway or are being proposed for the upcoming year.

This year the CSA, like many other nonprofit entities, has faced significant financial challenges. We are fortunate that we continue to enjoy stable membership and dues income. As you will hear, other income sources are down, due to diminished industry support, and lower income from investments of reserve funds. In addition, the income from our educational programs is lower due to decreased attendance at our meetings, and the increasing costs of holding them. This created a challenge for the Finance and Administration Committee and the Board of Directors to fashion a budget that will allow us to meet the needs of the members and the mission of the CSA. The discussion leading up to the budget recommendations to this House of Delegates centered on how we could best align the budgeting process with the goals and the strategic plans of the CSA, rather than being driven by the continuation of the

President's Page (cont'd)

programs and processes of previous years. We are starting to critically examine, on an annual basis, each and every service and program the CSA provides to ensure that they remain relevant and useful to our members. This is a departure from our old way of renewing the budget for each line item without questioning how it fits with the goals of the society. By applying this approach over the coming years, I am hopeful that the budgeting process itself will assist the CSA in allocating its resources to areas of strategic importance.

Most of you have probably heard chatter about Web 2.0 and its use in the exchange of ideas from the bottom up in membership organizations such as ours. Today the electronically connected population expects up-to-date information provided in an easily accessed, brief, and interlinked manner. The ability within the CSA to cross communicate among individuals and groups, to support forums and blogs, to provide information useful and interesting to members, and to create and maintain access to our online publications, will require a change in our thinking about how we do business. First and foremost this means that the correct technological infrastructure must be available. Although the CSA has had a Web presence for a number of years, we do not currently have the capability to perform many of the functions I have mentioned. The Communications Committee has been charged to work with the central office, our Treasurer, and the Finance and Administration Committee to explore how the CSA can make this vision a reality. I already have spoken of the difficulty of creating a balanced budget for the upcoming fiscal year. However, if we do not re-invest capital in ourselves through this project, we risk becoming complacent, out-of-date, and irrelevant to our members by continuing with "the way we do it here." I am confident that we will find a way to make these ideas and visions a reality.

Last year at this time under the leadership of our President, Dr. Michael Champeau, the CSA undertook a different way of managing the leadership development and the nomination process. We created a new name and a new description for the work of the Committee on Leadership Development and Nominations. The House of Delegates approved the bylaws changes that made this possible. This year we are seeing the fruits of that labor. Dr. Virgil Airola and the Committee have initiated a process that will help us identify and develop the leaders of the future for this society. None of this would have been possible had Dr. Champeau not questioned "the way we do it here," while developing his agenda for the year of his presidency. The development of the role of this Committee is an ongoing and open process. I encourage any one of you who has interest in becoming more involved in the CSA to reach out to Dr. Champeau as he chairs the Committee on Leadership Development and Nominations this year. You will find a place where your interests, enthusiasm, and expertise will be used and appreciated within our organization.

President's Page (cont'd)

As you know, we are trying a new format for the business portion of this year's Annual Meeting in a continuing effort to make the best use of your time while accomplishing the work of the CSA. There are resolutions being presented here today that recommend significantly altering the structure of the Annual Meeting and/or abolishing the House of Delegates, and creating another governance structure for our Society. While I will not debate the merits on either side of this important issue, I would urge you to seriously examine the resolutions on this matter. Decide for yourself if the **way we do it here** currently could be improved by a change either in our governance structure or in the format of the Annual Meeting and, if so, how that might best work for the benefit of the membership and the CSA.

Lastly, I believe it is important that we think about the future of our specialty and how we practice in the state of California. Although there are places in California where our members practice in the anesthesia care team setting, the majority of us practice individual physician delivered anesthesia care, one patient ... one physician. In the anesthesia world, there are many who envision a very different future for our specialty. In particular, Drs. Ronald Miller and Mark Warner have initiated discussions in the anesthesia literature of tiered care, where physicians have oversight of anesthesia care, critical care, perioperative care, and pain services, but only personally deliver care in selected cases. These discussions are based on predictions of increasing surgical volume, a wide range of patient acuity, a relative scarcity of anesthesiologists, the skills necessary for varying types of anesthesia and its subspecialties, and the cost of providing care. It is an uncomfortable discussion for many of us who have spent our professional careers working in a setting of personally provided anesthesia care. However, I believe that it is worth looking at this issue to see where our future may lie. There are many forms this discussion might take; this year the Legislative and Practice Affairs Division will undertake preliminary work looking into other modes of practice that exist both within and outside of California. Change may be incremental, but if we do not examine who we are, and question our assumptions about the way we do it here, our type of anesthesia practice may be dictated to us or become extinct. It is better to be proactive and have some control over where the future takes the practice of our specialty rather than to be constantly reactive to the forces of public opinion, legislators, and regulators.

I am looking forward to a challenging and energetic year working on behalf of the members of the CSA. I will not be able to do it without all of you or without the mentoring and insight of the talented individuals who have preceded me in this position. I would especially like to thank our outgoing President, Dr. Michael Champeau, for his friendship and wisdom. I look

President's Page (cont'd)

forward to his advice and insights over the coming year. The CSA elected officers and Board are an energetic and creative group. I know that together we can accomplish the work we have set for ourselves and more. Barbara Baldwin, our CEO, and her team in the central office do a terrific job running the day-to-day operations and business of the Society and supporting the work of our membership. I know we can rely on them to continue their high quality work. Our legislative lobbyists and consultants, William Barnaby and Bill Jr., continue to energetically represent our interests in Sacramento. I look forward to working with them closely in the year to come.

I have a wonderful group of partners in my practice at Anesthesia Consultants of Fresno, several of whom are here today, who continue to support me in my outside professional endeavors at the CSA and ASA. I am particularly grateful to my partner, Dr. Richard Fogdall, who served as CSA President ten years ago, for being here. I appreciate his friendship and counsel over the years. I would also like to mention the talented women who have preceded me in the position of president: Drs. Kathleen Belton, Caryl Guth, Rosemarie Marshall Johnson, Patricia Dailey, and Linda Mason. I have the privilege of knowing four of the five and hope to emulate their contributions to our profession and this Society. Last but not least for my beloved husband, David Merzel: he has always been there for me, whatever I chose to do professionally. He and my children, Rachel and Michael, are the reasons I am able to remain centered and grounded. I love you all dearly and am profoundly grateful for all you do.

I look forward to a productive year serving the CSA and thank each and every one of you here for your trust and confidence. Together we can make a difference and continue to develop and evolve the process of "the way we do it here." Thank you all very much.

Address of CSA President Michael W. Champeau, M.D., to the 2009 House of Delegates

A year ago, I began my address by making a point of foregoing the customary formal salutations and addressing all those present simply as "friends." I'd like to begin in that same spirit again this year, and once again thank all of you for carving time out of your busy schedules to be here on behalf of our Society.

My purpose today, as your outgoing president, is to review the major issues of the past year, and to express my appreciation to those who have worked so diligently on behalf of our Society over these twelve months. In looking for suggestions for this talk, the best advice I received was that a farewell speech should have a complimentary beginning and a heartfelt ending, and that the

President's Page (cont'd)

two should be as close together as possible. Keeping that in mind, I'll try to be as brief as possible.

A year ago I shared with you my vision of the goals of our Society, dividing them into two broad categories: first, to "give voice" to the concerns of our members and our profession; and second, to reinvigorate the Society itself, so as to make it more relevant to the needs of the current generation of California anesthesiologists. At that time, I noted that the fundamental reason for the existence of any professional society is "to give voice," to give voice to those who individually are too few in number, or too insignificant to have their message heard. By banding together, individuals with common interests are able to make their voice heard on issues of importance to themselves, and to society in general.

Advocacy 2008-2009

During the past year, we leant our voice on two major issues, the Medicare Anesthesia Teaching Rule and balance billing. I'll discuss the good news first.

When I took office, organized anesthesia was in the fourth year of its fight to overturn the Medicare Anesthesia Teaching Rule, which cut payments to teaching anesthesiologists in half if they supervised residents on cases that overlapped for even a single minute. Although this was not specifically a CSA issue, CSA contacts with key California congressional representatives played a significant role in advancing our case. When language eliminating the rule was incorporated into HR 6331, and when President Bush's veto of that bill was overridden, it was a victory not only for teaching anesthesiologists in California, but for the voice of organized anesthesiology everywhere.

Our success on this particular issue was in no small part due to the superb campaign developed and orchestrated by the ASA. But it was also due to the nobility of the cause itself. The overwhelming majority of California anesthesiologists advocating on the issue were themselves in private practice, and therefore without a direct economic stake in its outcome. This was not purely an economic issue; it was, more importantly, about the future of our specialty. The teaching rule victory illustrates my oft-made point, and one of the fundamental principles of advocacy, that although there is no single issue of importance to all anesthesiologists, our chances of success are greatly enhanced when we speak *with and for* one another, in a united voice.

The second major subject on which we leant our voice this year, and in fact the defining issue in Sacramento during my term in office, concerned the right of physicians to bill patients directly for non-contracted services when the

President's Page (cont'd)

responsible HMO failed to make full payment for services rendered. The saga of the statewide battle over this practice, known in the vernacular as “balance billing,” is a story with a less rosy ending.

I'll attempt to give a quick overview of a fight that was well fought, but ultimately lost. Keep in mind that during this address, the term “balance billing” refers specifically to the direct billing of HMO patients for emergency services provided by out-of-network physicians when the responsible risk bearing organization failed to make full payment. In other states, balance billing fights have extended to PPO patients, and beyond the setting of emergency care, but during the past year, here in California, the dispute has been specifically limited to the emergency care of HMO patients.

Perhaps the most interesting aspect of this battle was the sheer number of fronts on which we fought. Our first skirmish took place in the state legislature, where we found ourselves confronted with a bill developed by the California Chapter of the American College of Emergency Physicians, which proposed a prohibition on balance billing in return for a guaranteed payment from the HMO of 250 percent of the Medicare Fee Schedule. Although 250 percent of Medicare may have sounded generous in other circles, any fee-setting scheme based on the Medicare Fee Schedule was simply unacceptable to anesthesiologists. We sustained our first loss when the CAL/ACEP bill narrowly made it through the legislature, but we eked out a come-from-behind victory when Governor Schwarzenegger vetoed it. While welcome, the Governor's veto unfortunately had nothing to do with his respect for our opinion on balance billing.

In fact, the Schwarzenegger administration already had made the elimination of balance billing a high priority, and it wasn't long before the Department of Managed Health Care put forth a regulation that defined the balance billing of Knox-Keene HMO patients as an “unfair billing pattern.” We fought that regulation both in hearings around the state and before the Office of Administrative Law, but lost on both accounts. We then filed suit in Superior Court in Sacramento to set aside the regulation, but lost there as well, despite confidence in the legal merits of our case.

The final nail was driven into the coffin in January of this year when the Supreme Court of California, in its decision on the *Prospect* case, unanimously overturned the existing appellate court ruling that had reaffirmed the right of physicians to balance bill. Despite solid legal arguments to the contrary, the activist high court rode the wave of public opinion in removing patients from the line of fire between physicians and HMOs.

President's Page (cont'd)

Our lack of success in the battle over balance billing illustrates a second underlying principle of advocacy: the support of the people is crucial. In the court of public opinion, balance billing was the sole issue on which we managed to make ourselves less popular than the HMOs. The overwhelming tide of public opinion provided all three branches of the state government with the moral and political authority to prohibit balance billing despite solid legal arguments to the contrary.



Drs. Bill Feaster and Mike Champeau

We now need to shift our focus from the defense of balance billing to the development of other mechanisms to ensure reasonable payment for non-contracted services. The real issue remains fair payment for services rendered. Balance billing was a strategy that was used, sometimes quite effectively, to exert pressure on the risk-bearing organizations to fulfill their legal obligation to pay for services provided to their members, but it was not our *raison d'être*.

Reforming the California Society of Anesthesiologists

My second goal this year was to reinvigorate the governance and operations of our Society. Our predecessors in the CSA have left us a legacy of integrity and accomplishment. We need to honor that legacy, not by rigidly adhering to the outdated practices of years gone by, but rather by dedicating ourselves to making our Society even better. This year, we undertook several initiatives to improve the governance of our Society, from top to bottom. We created a culture of change by altering the format of our Executive Committee meetings and our Board of Directors meetings, making them more deliberative and more interactive. We instituted monthly conference calls for the Executive Committee to keep the leadership more fully engaged in the activities of the Society. We started an electronic discussion board to better get our members' input. The Board of Directors devoted two meetings this year to exploring ways to make the House of Delegates more engaging, and more worthwhile of the delegates' time. We've instituted some changes, but room for improvement remains.

A year ago, the attendance at our House of Delegates Reference Committee was dismal. As a result, when the Reference Committee presented its report—the very vehicle through which this House actually accomplishes its governance of the Society—it was clear that most delegates had little idea of the issues upon

President's Page (cont'd)

which they were being asked to vote. The lack of engagement was palpable. You here today, who are the ultimate governing body of our Society, have an opportunity to embrace that spirit of change. We need your input to make the CSA work for today's members!

Acknowledgements

Now it's time for the heartfelt ending. It's been a great privilege serving as the 57th President of the California Society of Anesthesiologists, an honor in which I will always take great pride. But, in addition to pride, I also feel a tremendous sense of gratitude to those individuals who made our accomplishments possible. I ask your indulgence as I introduce them and acknowledge their contributions.

I would like to begin by thanking our CEO Barbara Baldwin, without whose tireless efforts the society would, quite frankly, accomplish very little. Barbara is the glue that holds the myriad committees and activities of the society together. In any professional society there is a delicate dance between the chief staff officer and the chief elected officer, and Barbara is a terrific dance partner. We are truly fortunate she chooses to work with us.

Barbara is ably assisted by our Chief Operating Officer, Michael Whitelock, who has overseen the day-to-day operations of the office and staff for the past four years. Michael has been a great addition to the CSA team, bringing a spirit of enthusiasm and professionalism to the office.

Andrea de la Pena is CSA's longest-serving employee. She coordinates the society's communications with its members and serves as Managing Editor of our quarterly *Bulletin*. Terrie Rowe is our meeting planner. She provides the logistical support for our successful Hawaiian Seminars and for our Annual Educational Meeting, which is taking place just down the hall.

Tom-Philip Baclagan is our Accounting Services Coordinator, Adam Yarbough is our Office Coordinator and Victoria Pangilinan is our Operations Assistant, all having joined us this year, bringing with them an air of proficiency and enthusiasm.

I ask all CSA members to join me in heartfelt appreciation of the outstanding work all these people do transforming the ideas of the physician leaders into the actual services that benefit our members.

Two men who need no introduction are CSA's longtime Legislative Advocates, William E. Barnaby, Sr. and Jr. This, I believe, is Bill Sr.'s thirty-second year of providing truly outstanding service to the CSA. In Sacramento, the names

President's Page (cont'd)

Barnaby and CSA are inseparably linked. Although it may not be grammatically correct, they are us, and we are them. Whenever I'm in Sacramento, the Barnabys' class, integrity and knowledge of the players are invariably commented upon. I've been told more times than I can count CSA's good fortune in enjoying representation by Bill Sr. and Bill Jr.

I would also like to acknowledge the contributions of my partners in the Associated Anesthesiologists Medical Group in Palo Alto. Their willingness to arrange their schedules around mine for the past several years has made it possible for me to serve as your President.

My friends and colleagues on the CSA's Executive Committee deserve particular thanks for their countless hours of service to our society. President-Elect Linda Hertzberg was (coincidentally) my first attending when I began my anesthesia residency almost 26 years ago. In a few hours, your society will be in her most capable hands. Narendra Trivedi, my former co-treasurer, guided us through a particularly difficult financial year. Secretary Earl Strum did double duty this year, also serving as the Program Chair of this weekend's annual educational meeting. And I'd especially like to thank my longtime CSA friend, Speaker Johnathan Pregler, whom I first met 15 years ago at one of these very meetings when we served together on a Reference Committee. Johnathan has been my sounding board and my advisor this year in changing the culture of our governance meetings.



*Narendra Trivedi, M.D.,
2009-2010 CSA President-Elect*

Legislative and Practice Affairs Division Chair Ken Pauker is probably the hardest-working member in the entire CSA leadership, while Educational Programs Division Chair Adrian Gelb skillfully oversees all of our CME courses, which collectively account for almost a third of our entire annual budget.

Our ASA director from California, Linda Mason, a former president of this society, has represented us at the ASA Board of Directors for several years, and is now running for the position of ASA Assistant Secretary. Steve Jackson, although technically not a member of the Executive Committee, deserves the appreciation of every member for the hours he spends on his labor of love as the Editor of our *Bulletin*.

President's Page (cont'd)

Our Immediate Past President, Virgil Airola, has been a gracious mentor and outstanding role model over the past two years. Today will most likely be Virgil's final time on the Annual Meeting dais, so I ask you all to join me in extending a sign of appreciation particularly to Virgil, but also to all the others for making the accomplishments of the past year possible.

Finally, I would like to especially thank my wife, Patricia, and my sons, Andrew and Paul. While I suspect that Andrew and Paul might well view the time I've spent away on CSA business as a win-win proposition, and that perhaps at times even Pat would agree, I do know that she shouldered an additional burden during the times when I was away, or just parentally unengaged. I appreciate their forbearance.

In closing, we have the good and great fortune to practice the noblest of professions, for what higher calling could possibly exist than the alleviation of human suffering? We do this so commonly, so routinely, that we do it almost without thought of the miracle it entails. Yet, despite this noble calling, we are locked in a perpetual struggle with those who seek, for their own economic benefit, to define our role and our worth. By banding together, we have created a voice to resist these forces and to advocate for our patients and ourselves. That is why the CSA exists.

Those of us here today are heirs to the honored traditions of our Society. We need to pay homage to those traditions, not by encasing them in amber, but rather by adapting the practices and the governance of the society to meet the needs of the current generation of California anesthesiologists. We in the leadership have taken initial steps down that road this year, and all of you will have the opportunity, and the responsibility, later today of carrying that torch further forward. It has been a privilege serving as your President. Thank you very much for your kind attention.