

August 2009 ASA District Director Report to WSSA Board of Directors
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The August 2009 was an interesting Board Meeting. We discussed Health Care Reform, met with the Chair of the AMA, learned about the new accounting systems, visited the empty lot next to the ASA offices, saw the impact branding campaign of the [Lifeline to Modern Medicine](#) campaign, and talked about the Wellness Initiative let by our President Roger Moore.

Health Care Reform (HCR)

The big topic is Health Care Reform (HCR) and the schism between the AMA and the ASA. The legislation that is struggling to get out of the US House of Representatives is HR 3200. Anesthesiology stands to be very badly hurt if the public option as described in the bill is implemented because it would pay for anesthesiology services at Medicare rates. Notwithstanding the AMA has endorsed the legislation. This has understandably upset Anesthesiologists and we were glad to have the chance to dialog with Rebecca Patchin, an anesthesiologist, who is Chair of the AMA Board.

Starting with Roger Moore was a pretty harsh series of questions for Dr Patchin. Many members were very upset, threatening to resign from the AMA and so forth but everyone remained polite. The AMA message was that HR3200 aligned with much of AMA's policy and they were hoping to amend the sections they did not like. They were also betting that the legislation does not have the votes in the Senate to pass in its present form. Notwithstanding the good effect it has had in improving relations with the Democratic executive branch it has had a very negative effect on AMA relations with Republicans. After all this explanation one really big question remains: Why did they give unconditional support? I was told that President Obama personally requested their support because he felt AMA involvement essential to the success of Health Care Reform. It is very difficult to deny a personal request from a very popular president so we can see why they did it but we are still unaware of what was promised in return for AMA's support. We have to hope that it was SGR at a minimum, unfortunately I doubt if it was willingness to correct the anesthesiology conversion factor. Whether it was the correct call or not is still an open question; clearly the entire HCR effort has gotten off to a rocky start and physicians have no idea what sort of system we will be working for in the future. However failure to help the president (especially one from Chicago with majorities in both House and Senate) would have more or less ensured that physicians would be a big target for the entire final legislation. The AMA health care reform web site is at <http://www.ama-assn.org/ama/pub/health-system-reform/index.shtml>

ASA organizational improvement initiative

If you read the last few reports you would know big changes are happening at the ASA office and this time the changes in the staff and administration of the ASA was much in evidence. The Board meeting was better organized and we had the best explanation of the ASA budget ever. It turns out that the ASA has been losing about million dollars a year on the Annual Meeting due to the copious amount of unaccounted for staff time that goes into it. Given that the majority of ASA members do not benefit from the annual meeting it was decided that the ASA should charge a registration fee to those who attend and in addition serious efforts will be made to increase revenue generating opportunities at the meeting.

Now that really important infrastructure like the accounting and leadership have been fixed the deficiencies of IT infrastructure are ever more obvious --- so we hope to see some real improvements in that area soon.

The Budget

The major concern of the meeting was the budget. You may have noticed that your portfolio has fallen in value; well the ASA portfolio has also fallen in value by 25%. The loss in reserves combined with the increased in the cost of running the ASA while the new management gets into place has resulted in a projected loss. Various adjustments of the budget enabled us to reduce the deficit to approximately thirty-five thousand dollars. The good news is that the ASA received a clean audit result for the first time ever. Apparently, in the past, we used to combine the financial results of the ASA with the ASA Foundations in a way that did not please the auditors. So to summarize we now have a really good idea of exactly how much money we have, where it comes from and where it goes to. This may seem fundamental but it is new!

Other interesting activities

The Anesthesia Quality Institute hired Rick Dutton, MD, from Baltimore as its CEO and they are going to be evaluating setting up a chronic pain registry as their first project. The ASA leadership considers the AQI to be the cornerstone of improving anesthesia care and for getting evidence-based reimbursement methodologies. There is a huge amount to be done in this area and I think it will be a few years before there are any obvious member benefits—but we believe the AQI is crucial to the success of the specialty going forward into the future.

In March the ASA purchased about 3 acres of land next to the headquarters building at Park Ridge in order to either use it for an expansion of the offices to increase services to members and component societies and a simulator / anesthesia education center. Given that commercial real estate prices are stabilizing and should be increasing soon there is a good chance that it will prove to be a wise investment.

This is a very brief report but attached are the ASA President and President-elect's reports that give fuller overviews of the state of the ASA.

I would please ask you to join ASAPAC if you have not already done so. ASAPAC is non –partisan. It backs candidates that help anesthesia. Please give generously—you will be recognized by your colleagues and know you are helping your specialty.