

The American Society of Anesthesiologists met on August 23, 2009 at the Westin Hotel in Chicago, Illinois. Our Alternate Director, Raymond Sullivan, M.D., and our Director, Linda Lucas, M.D. attended the meeting. ASA has transitioned from the Organizational Improvement Initiative (OII) to the Continuous Operational Review (COR) during the last year with a new Human Resources department that has restaffed our national office. ASA has gone from 67 to 100 employees with two Executive Vice Presidents, John A. Thorner, J.D., CAE in Chicago and Ronald L. Szabat, J.D., LL.M in Washington, D.C. Of interest is the recent purchase of land adjoining the Chicago office. Although the original plan was to build on the site and expand the Chicago operations, the recent economy has caused any plans for the area to be placed on hold. Clearing of the land and pavement of part of the lot for parking spaces for the expanded staff has been accomplished. Cost control has seriously affected ASA's plans and operations. Committee and other meetings are generally held electronically or at existing Board and Annual meetings to cut costs. Many of the directed funds for activities and outreach have been discontinued or decreased for the present time. Our investments are undergoing continuing scrutiny after an approximate one-third loss in value.

It recently became clear that a clinical journal would be welcomed by ASA membership. An ad hoc Committee was charged with the feasibility of developing such a journal. It was decided that the cost of a new journal was prohibitive, so beginning in January 2010 a fourth section in Anesthesiology will be added called "Education" to supplement existing sections on Perioperative Medicine, Critical Care Medicine and Pain Medicine. It will be devoted to clinical and educational issues.

In March the Executive Committee met with the leaders of the American Association of Anesthesiology Assistants (AAAA). The agenda included a joint letter on the locked cart problem and designation of propofol as a controlled substance. The Executive Committee of ASA also met with leaders of AANA in March. The agenda included economic concerns with emphasis on the Sustainable Growth Rate (SGR) formula, future payment paradigms in possible proposed federal payment plans and a joint letter to The Joint Commission on new syringe labeling and use. An historic meeting of the leadership of all three major U.S. anesthesia societies, ASA, AAAA and AANA, occurred in March for the first time. The focus of the meeting was "Wellness," focusing on the impaired provider and promotion of healthy life styles. Also discussed were the DEA applications for appropriate scheduling of fospropofol and propofol, mandatory drug testing and the highly-acclaimed AANA crisis hotline.

ASA has launched a Branding Campaign, its Lifeline Campaign, to educate patients about anesthesiologists and our specialty. The new website, <http://www.lifelinetomodernmedicine.com> is intended to furnish information that research shows patients are interested in receiving. It includes a life-saving form that patients can complete, print and keep in their wallets in case of surgery. Campaign items, such as men's ties, are available on the website. The first official meeting between the ASA and the Anesthesia Awareness Campaign (AAC) occurred in February. The focus of the meeting included comments construed as negative about ASA on the AAC website, the AAC definition of awareness, the ASA Awareness Registry, new methods for decreasing awareness and the need to update the ASA awareness pamphlet.

ASA leadership and leaders of the American Society of Dental Anesthesiologists (ASDA) met for the first time in June. The ASDA is the smaller of the two societies involved in dental anesthesia. An important outcome of this meeting was the plan to allow educational membership for dental anesthesiologists and oral surgeons who administer anesthesia.

A "study" on the outcomes of obstetric anesthesia by provider type was published in *Health Services Research* in April 2009. It was written by two CRNAs and totally funded by AANA. The study shows no difference in care delivered by CRNAs alone compared with that provided by anesthesiologists. Although the study has gross inadequacies that have been discussed with AANA leaders, they have not stopped AANA from using the study for politically motivated purposes.

As a result of testimony provided by ASA's member Thomas K. Henthorn, M.D. to an FDA advisory committee last year, fospropofol has been recommended for a black box warning similar to that for propofol stating that it should be specifically administered by practitioners trained in

administering general anesthesia. The FDA advisory committee, has recommended fospropofol for a black box warning similar to that for propofol stating that it should be specifically administered by practitioners trained in administering general anesthesia. The FDA committee also expressed concerns regarding the safety of the SEDALSYS system which is proposed to automatically control the administration of propofol to endoscopy patients. ASA sent a letter expressing our safety concerns, since final action will be taken by the FDA as whole.

A \$100 fee was proposed for on-site registration at the Annual Meeting. Since this was proposed too late for the education of members about the cost, it will not be instituted at this year's meeting. It will be discussed at our Annual Meeting as a possibility for future meetings.

Since anesthesiologists are one of the groups least likely to undergo routine screening for preventable illnesses, a special booth will be set up at the Annual Meeting for health screens at a nominal cost. Appointments are required and can be scheduled through the ASA website. A wellness program has also been instituted for ASA staff. The Committee on Occupational Health has additionally detailed a method for providing loans to anesthesiologists. The need became evident with Katrina's effects in New Orleans and the surrounding area.

ASA officers remain constantly vigilant over the political changes in the health care system. At the time of our meeting, ASA's President Roger Moore had attended two meetings at the White House on Health Care Reform, attended a closed-session meeting with nine Republican Senators and has had numerous in-office meetings with both House and Senate key legislators. ASA has come out as the first medical organization to position itself firmly and completely against a public plan based on Medicare. ASA has also publicly opposed any plan that mandates physician participation. You are urged to write your Senators and House members, maintain contact with ASA's D.C. office and to reply to ASA's grassroots e-mail blasts.

One new benefit for members is the publication of the Board of Directors' and Delegates' Handbooks on the ASA website. If you have any questions about our activities at the meetings, I'll be glad to address them or you can see the reports and results of Board activity on the ASA website at <http://www.asahq.org>.

Respectfully,

Linda F. Lucas, M.D.