

ASA BOARD OF DIRECTORS MEETING

March 8, 2010

The Board of Directors of the American Board of Directors (BOD) of the American Society of Anesthesiologists met in the Westin Hotel near Chicago, Illinois on March 7- 8, 2010. KSA was represented by Alternate Director, Raymond Sullivan, M.D. and Director, Linda Lucas, M.D. Discussions at the meeting included the following topics.

“Vital Health” is the next step in the “Lifeline Campaign” launched a year ago by ASA in an attempt to create a public understanding of anesthesiologists as “leaders of modern medicine who are central to patient care.” The goals of this public relations campaign include:

1. “Humanizing” anesthesiologists
2. Orienting consumers to anesthesiologists as “leaders in modern medicine, who are central to patient care”
3. Positioning the specialty as champions of public Vital Health. “Know Your Vital Health” will be built into the website www.lifelinetomodernmedicine.com, which is intended to be a consumer-friendly website designed for consumers on “all things anesthesia.”

The Council on Critical Care Medicine has developed an Anesthesia ACLS course as a training tool. The final draft of the “Perioperative Anesthesiology – Centered ACLS Module” is now available on the ASA Website.

This year a registration fee is planned for the Annual Meeting to try to make the meeting more “budget neutral,” after it was found to represent an increasingly negative effect on the budget. On January 7, 2010 the Administrative Council voted unanimously to implement a schedule of fees for the annual meeting. \$275 or \$100/day is planned for members who register in advance. \$480 or \$175/day is planned for members who register onsite. There are price breaks for those members participating in the meeting. House of Delegates members will pay \$140 for advanced registration. Reimbursement for BOD members attending meetings will be reduced from \$250/day to \$175/day. The cost of ASA committee and other meetings is being reduced with the use of teleconferencing. On-line meetings have been proposed for all committee activities except for those occurring during the Annual Meeting using “Go to Meetings” software. Meeting attendance at the annual meeting declined from 16,804 in 2008 to 15,735 in 2009.

The 2010 Annual Meeting will be held at the San Diego Convention Center from October 16 – 20. One day of the meeting will be devoted to the Chronic Pain Educational Track in honor of the conclusion of the “Decade of Pain Control and

Research.” A city run and a blood donation drive for our military are planned activities at this time.

Discussions regarding affiliate members has continued since dentists and nurse anesthetists were classified as educational members. Except for scientist affiliate members, all non-physicians including dentists should be classified as educational members. At the invitation of the President, affiliate and educational members may serve on committees or attend Reference Committee hearings or meetings of the House of Delegates (HOD). A resolution was presented for Patrick Sim, MLS, curator at the WLM for 40 years, to be granted Honorary Membership.

Guidelines for Minimally Acceptable Continuing Medical Education in Anesthesiology are proposed in compliance with the Maintenance of Certification program begun in 2000 by the ABA. This includes a minimum of 105 hours of approved postgraduate education every 3 years or the AMA Physician’s Recognition Award with a minimum of 150 hours of approved postgraduate education every 3 years.

The Anesthesia Quality Institute was created by the ASA HOD in October, 2008 and began its mission of seeking high quality information as a 501 (c) 3 nonprofit corporation. The goal is to have at least 20 practices contributing data by the end of 2010 and 100+ by the end of 2011. The AQI is pursuing external funding opportunities. Two of the projects, if awarded with proposed outside grants, would begin creating definitions and infrastructure for a national registry of pain management procedures. To pursue NIH funding, ASA is looking for research on chronic opioid use, perioperative management, spinal cord stimulation and chronic pain. AQI is expected to publish the first comprehensive review of anesthesia practice in the U.S. next year.

ASA finances have been studied at length since 2008 and 2009 losses. 2009 audits begin March 22, 2010 and will be reported at the August Board meeting. With changes shifting 12% of ASA’s portfolio to approved alternative assets, ASA has seen growth of 8.1%. Consistent with general market conditions, ASA’s portfolio rebounded in 2009 with an increase of 29.1% over the last year.

A new Strategic Plan Update is underway to go into effect in 2011. The new mission statement is planned as “ASA: Advancing the Practice and Seeing the Future.” As part of the Plan, the ASA website is scheduled to be revamped by next year. The new website design will be presented at the Annual Meeting.

In November, anesthesia practices contacted ASA to report difficulty in obtaining adequate supplies of propofol. This coincided with a shortage of thiopental, etomidate and methohexital. ASA worked with the U.S. Food and Drug Administration to obtain emergency authorization for importation of 1,200,000 doses of propofol. In October the FDA expressed interests in a public/private partnership with ASA to break through impediments to the development of improved analgesics.

Statements were presented that had been drafted in response to The Joint Commission's requirements for labeling syringes when used for spinal/epidural anesthesia, since the requirements interfere with sterile technique. Written statements were also presented that were drafted in response to Joint Commission requirements that endotracheal tubes and laryngoscope blades remain in sealed packages until use, which interferes with testing and preparation for emergencies. ASA's recommendations are expected to be accepted.

The Committee on Standards and Practice Parameters reaffirmed the "Basic Standards for Preanesthesia Care"(2005). Minor changes under "Ventilation Method" during cases involving sedation were made in the "Standards for Basic Anesthetic Monitoring"(2006). ASA in liaison to several respiratory care organizations read and approved "Accreditation Standards for the Profession of Respiratory Care" adopted by these organizations.

ASA investigated ways it could offer aid to Haiti following the earthquakes and the resulting injuries and damage. The most efficient means to provide financial aid and anesthesiology services to Haiti was determined to be through collaboration with the American College of Surgeons in their established project "Operation Giving Back." This website provides a web-accessible data base connecting charitable organizations and volunteers devoted to humanitarian outreach. Information and a site for contributions can be found on the ASA website. ASA members have been very generous in their contributions. ASA has contributed \$30,000 to funding to find the best way to manage contributions for this and other emergencies in the future.

Perhaps the most routine but important contribution of this meeting was the completion of the Administrative Procedures presented for approval. The Bylaws were approved last year and still undergo minor changes with each meeting. The budget and all investments have been reassessed and realigned with new formats. Approval of the Administrative Procedures at the Annual Meeting in October should complete a major reorganization of the society, which began over two years ago. All of the major employees, including the national Director, have been replaced after much consideration to yield a more responsive and responsible organization. All of this occurred during the purchase of land adjoining our home office followed by a serious downturn in our finances during a national recession. Needless to say, any plans for a new home office have been put on hold. This BOD was the first "quiet" and "routine" meeting in over three years. Fortunately our society remains strong following extensive reorganization and rededication to our specialty.

Linda F. Lucas, M.D.