The ASCCA Officers and Board of Directors met in Atlanta, Georgia in October, 2005 for a strategic planning session since the ASCCA Annual Meeting had been canceled. We revised our mission statement and organizational vision to the following: 1) Mission: The ASCCA is dedicated to educating anesthesiologists in the care of critically ill patients and to fostering knowledge and practice of critical care medicine by anesthesiologists and 2) Vision: The ASCCA will be the premiere organization of anesthesia-based intensivists dedicated solely to matters regarding the critically ill patient.

The Board of Directors felt that the mission had become too diffuse and needed to become more focused. In examining what the ASCCA has done successfully, it was clear that education was in the forefront. Hence, our mission statement was changed to reflect that reality. Explicit in the mission statement is that we are dedicated to the education of ALL anesthesiologists not just intensivists. The ASCCA is open to every anesthesiologist - all of whom provide elements of critical care in their practice (the operating room or intensive care unit) - not necessarily just intensivists.

Our objectives are to execute our mission and achieve our vision. Included is enhancing the understanding of the value that anesthesiologists/intensivists bring to patient care by educating accrediting agencies, regulators, purchasers, payers and the consumer; provide educational opportunities to the entire anesthesiology community regarding the care of the critically ill; support research through joint grants with the Foundation for Anesthesiology Education and Research and non-directed industry co-sponsorship; increase the number of anesthesiology intensivists; provide our members with an avenue for political and economic advocacy; and ensure the viability of the ASCCA.

Our goals are to recruit new members, engage new members and retain existing members; elevate the profile of the ASCCA within the ASA; and have input into the Critical Care Pay for Performance Initiatives.

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**Recruitment**

Michael O’Connor, M.D. and I have identified regional membership directors. They are listed in the table. Please allow me some poetic license as to the names of the geographical areas! The directors are in the process of contacting previous members and anesthesiologists who are board certified in critical care medicine but who are not members of the ASCCA.

**Engagement**

We have partnered with the Society of Cardiovascular Anesthesiology to have a joint session at the ASCCA Annual Meeting. Requests for proposals for educational sessions for the ASCCA Annual and ASA Annual Meetings have been made.

Letters have gone out to Anesthesiology Departmental Chairs and Residency Program Directors to encourage them to sponsor CA-2 residents to attend the ASCCA Annual Meeting. The residents will be paired with an ASCCA member who will serve as a mentor during the meeting. In addition, Dr. O’Connor is in the process of developing a resident section within the ASCCA. Co-Editors for the “Resident Guidelines to Learning in the Intensive Care Unit” have been identified. Revision of this document should occur by the end of the calendar year.

**Newsletter**

Dr. Kenneth Simpson has been selected as a Co-Editor for the ASCCA Newsletter – The Interchange. The goal will be to re-establish publication of the newsletter on a quarterly basis. One element to the newsletter that we are adding is a case report section. Case reports from fellowship programs will be solicited and that fellowship will be highlighted in the newsletter when the case report is published. Nick Sadovnikoff, M.D. is the new Case Report Editor.
ASCCA is in the process of developing a new promotional brochure and we have updated our Web site. I encourage people to browse through www.ascca.org at their leisure.

I solicited requests for nominations to ASA committees this past January. I received a gratifying number of requests and placed names in nomination to a variety of ASA committees to Dr. Lema. Nomination is no guarantee of being selected by the President but considering the qualifications of a number of the people seeking committee membership, I am certain that they all received strong consideration.

As I mentioned in my last article, in conjunction with the ASA Committee on Critical Care, the ASCCA developed and submitted several proposals to the Critical Care Working Group (CCWG). We are waiting to hear how these proposals have been received. As P4P continues to be embraced by payors and employers, critical care medicine (and specifically ASCCA) will have opportunities via CCWG and ASA to produce robust, evidence-based, measurable performance measures for the perioperative period. At our next Board of Directors and Annual meeting, President-Elect Gerald A. Maccioli, MD will ask the membership to create a new standing committee to coordinate and lead ASCCA P4P activities.