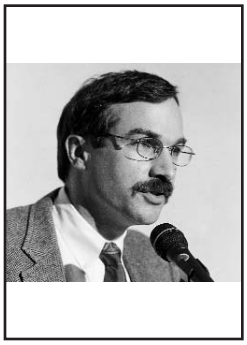
ASCCA
AMERICAN SOCIETY OF CRITICAL CARE ANESTHESIOLOGISTS
Founded 1986

President's Corner

Winter 2005



Stephen O. Heard, M.D.
ASCCA President

In lieu of the ASCCA Annual Meeting, the ASCCA Board of Directors met for a strategic planning session in Atlanta. Details of that meeting will be forthcoming in my next newsletter. One goal that was identified is a better communication method with membership; therefore, I will be sending out quarterly newsletters to discuss information that is important to the membership.

Membership

Despite the degree of attention critical care medicine has received in the last 4-5 years, our membership roles are declining. Michael O'Connor, M.D., Membership Chair, and I are in the process of identifying regional membership directors who will assist us in contacting lapsed ASCCA members, as well as, those ASA members who are board certified in critical care medicine but who are not current ASCCA members. We will encourage them to join the ASCCA. If any member would like to become a regional membership director, please contact me at Stephen.heard@umassmed.edu or Dr. O'Connor at moc5@dacc.uchicago.edu.

To secure future members and perhaps encourage more residents to consider a career in critical care medicine, we will contact all departmental chairs and program directors and ask them to send their critical care fellows and a CA-2 resident to the ASCCA annual meeting next October. The CA-2 residents will be paired with an ASCCA member during the meeting.

Education

The Anesthesiology Residents' Guide to Learning in the Intensive Care Unit is the Society's educational guideline for use by residents who have rotating schedules in the intensive care unit. The 250-page guide is a compilation, in outline form, of important critical care concepts and topics that are considered essential for resident education. Each topic is accompanied by a reading list. Despite the current edition being somewhat outdated, the guide continues to be popular with over 3,000 copies distributed since it was first published. The guide is in the process of being updated and should be available in 2006.

Pay for Performance

In collaboration with providers, hospitals and other stakeholders, the Center for Medicare and Medicaid Services (CMS) is in the process of developing "pay for performance [P4P]" initiatives. With the initiatives, physicians who exceed performance standards would receive a bonus payment. Examples of current demonstration projects include "Medicare Care Management Performance Demonstration" (a three-year pay-for-performance demonstration with physicians to promote the adoption and use of health information technology to improve the quality of care for chronically ill Medicare patients) and "End Stage Renal Disease (ESRD) Management Demonstration" (a portion of a payment for an expanded bundle of ESRD services will be linked to quality services). More examples and detailed information may be found at www.cms.hhs.gov/media/press/release.asp?Counter=1343

P4P will be coming to critical care. As intensivists, we must be prepared to drive the process. An informal survey of other critical care professional organizations showed that little has been done to develop initiatives. Under the energetic leadership of President-elect Gerald A. Maccioli, M.D., the ASCCA has begun to develop some initiatives. These initiatives include:

- Prevention of catheter-related bloodstream infections (CRBSI).
- Prevention of ventilator associated pneumonia (VAP).
- Daily interruption of sedation for patients being mechanically ventilated.

The additional challenge for us will be to ensure that P4P is a bonus system with new money injected into the Medicare system and not a pay cut. A recent Senate legislative proposal includes a pay cut for those who do not participate.

Organ Donation

In 2003 the Health Resources Service Administration of the federal government formed an Organ Donation Breakthrough Collaborative that sought to bring the best practices of hospitals where organ donation rates were high to other institutions with lower rates. The overall goal of the collaborative was to increase the conversion rate (actual donors/potential donors) to 75 percent nation wide. This collaborative continues and members of ASCCA are a vital part of the endeavor. You can find more information about this collaborative at http://organdonation.iqsolutions.com/ .

More recently, in April of this year, the United Network for Organ Sharing (UNOS) sponsored a National Donation after Cardiac Death Consensus Conference. ASCCA member Stanley H. Rosenbaum, M.D. and I chaired a group that included ASA members Susan Mandell, M.D. and Gail A. Van Norman, M.D.

Issues examined include:

- Who is an appropriate candidate to be a donor?
- Who will predictably die within 60 minutes after withdrawal of treatment?
- Is the 60-minute limit sacrosanct?
- What is the role of sedatives and analgesics such as benzodiazepines, propofol and opioids in the care of the patients as support is withdrawn?

A summary report will be published in the near future.

Volunteers

Next year ASA will once again have a CCM track; if any member has a suggestion for a session at either the ASCCA or ASA annual meeting, please send it to me and I will forward it to the appropriate people. Please include topic, summary, objectives and suggested speakers.

Finally, an organization such as ours needs volunteers. If any member would like to serve on any committee (particularly membership) within the organization, please contact me.

Mark your calendars now for the...

ASCCA 19th Annual Meeting
Friday, October 13, 2006
Chicago, Illinois

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