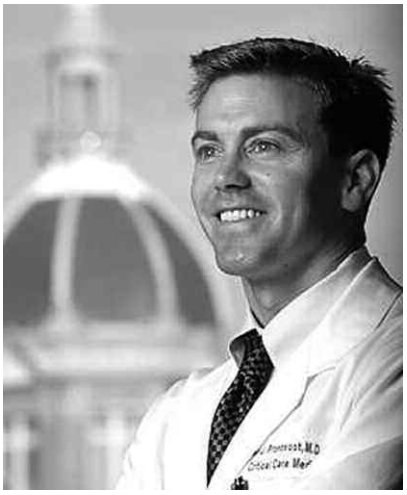
AUA
Association of University Anesthesiologists
Update
Winter 2008

Pronovost Wins Genius Grant

John A. Ulatowski, M.D., Ph.D., Chair
Johns Hopkins Department of Anesthesiology and Critical Care

Peter J. Pronovost, M.D., AUA member anesthesiologist, intensive care physician and Professor of Anesthesiology and Critical Care Medicine at The Johns Hopkins Medical Institutions, is one of this year's recipients of the John D. and Catherine T. MacArthur Foundation Fellowships, commonly call the Genius Grants. This "no strings attached" $500,000 grant was awarded for Pronovost's internationally known efforts in patient safety. Peter's work emanated from the ICU but has widened implications for perioperative patient care and hospital care in general. Rather than using a "one patient, one diagnosis, one treatment" approach to each patient, Peter's work focuses on improvements in delivery of care to all patients in the perioperative arena regardless of diagnosis by concentrating on commonly used services given to all — a system approach. An example is the application of a simple method to reduce catheter-related bloodstream infections in the operating rooms and ICU. A "check list" has revolutionized health care delivery in high-acuity environments by reducing iatrogenic infections and associated costs, shortening ICU length of stay and increasing availability of this precious resource.

The impact of Dr. Pronovost's work is seen throughout Johns Hopkins in every department. Peter is Medical Director of the Center for Innovation and Quality Patient Care, which leads patient care improvement efforts. The institution has undergone a culture change from one of a silo mentality to one of cross-department initiatives to reduce errors — in fact, creating an institutional "culture of safety" measured yearly in more than 100 hospital units. Coincident improvements have been seen in health care worker satisfaction and retention. Nationally, his work has been duplicated in the states of Michigan, New Jersey and Rhode Island, all significantly reducing catheter-related infections. Recently he was awarded a multi-million-dollar philanthropic grant to create a national initiative to reduce catheter-related bloodstream infections in every state.


Peter J. Pronovost, M.D.

Dr. Pronovost's work has helped shape health care policy as well. He is advisor to thought leaders in health care quality and economics, including the U.S. Congress, the Joint Commission and the Leapfrog Group, to name a few. He has been recognized by the World Health Organization (WHO) as a leading educator in the field. The WHO has commissioned him to co-develop a master's degree program in improving clinical performance and patient safety based at Johns Hopkins. The program will host physicians from the world over to learn the new science of safety. *Time* magazine recognized Dr. Pronovost as one of the top 100 most influential people in 2008. All of this was foretold when ASA named Peter the first ASA Presidential Scholar in 2003 for innovative work in the field.

Anesthesiology has made tremendous gains in its history, earning the title of the medical specialty closest to achieving Six Sigma standard. While, undoubtedly, there will be minor improvements in anesthetic drugs, patient monitoring and

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Plan to Attend the AUA Annual Meeting in Galveston – April 2-5, 2009
See page 6 for detailed meeting program information.

Financial Crisis Will Impact Healthcare Heavily

Or

What Is Alzheimer's and Cancer Compared With Goldman Sachs?

Emily P. Walker, Washington Correspondent, MedPage Today, Published: October 10, 2008. Reviewed by Zalman S. Agus, M.D., Emeritus Professor, University of Pennsylvania School of Medicine. Reproduced from Medpage with permission.

Original source:
www.medpagetoday.com/PublicHealthPolicy/HealthPolicy/tb/11237

Additional audio interview also available at this URL with William Jessee, M.D., Medical Group Management Association; Uwe Reinhardt, Ph.D., Princeton University; and Tommy Thomson, former HHS Secretary.

The worldwide financial crisis and credit crunch will not spare the healthcare and medical communities, and they should brace for some major upheavals, warn economists, executives, and physicians.

Among those potential changes is likely to be a shake-up in the physician workforce as older physicians put off retirement while young would-be doctors meet resistance in securing medical school loans, according to a series of interviews by MedPage Today on the predicted fallout from the sharp economic downturn.

At the same time, medical group practices will have trouble making payroll or updating technology. And hospitals will be forced to change their "bigger is better" mindset and delay massive construction projects.

Workforce Issues

One of the most immediate changes in medicine that the financial crisis may herald is that older physicians are likely to delay retirement as their nest eggs turn sour, said William Jessee, M.D., president and CEO of the Medical Group Management Association.

In fact, Dr. Jessee, who once practiced pediatrics, said he is thinking of delaying his own retirement in the face of a blow over the past few weeks to the funds he was banking on.

"I look at my 401k and think 'Okay, I just turned 62, and 70 is starting to look like a better retirement field,'" Dr. Jessee said.

An en masse delay in retirement may offset a predicted physician shortage, which might just be a small "silver lining" in the economic downturn, Dr. Jessee said.

But when these physicians realize some of the money they had planned for retirement is no longer there, they might turn away patients who will bring in little or no reimbursement money, predicted Princeton economist Uwe Reinhardt, Ph.D.

"Physician like that are likely to be far more money-oriented in practice decisions, which could affect the amount of charity care they give," Dr. Reinhardt added.

But a longer-term affect of the financial crisis might come from the other end of the physician age spectrum, with students who find they cannot get medical school loans in a dried-up credit market.

"Without question, the loan issue for students is definitely going to happen," Dr. Jessee said.

Dr. Jessee said that students already are so loaded with debt, many will opt for lucrative careers as specialists rather than turning to primary care. This will exacerbate an already thin primary care physician pipeline. If students are either unable to get loans, or are only able to negotiate high interest rates, the pipeline will further thin.

A loan crunch could also freeze out poorer students, negating efforts to diversify the physician workforce.

Rebuilding the primary care physician pipeline will involve restructuring how those doctors are paid, said Don McCanne, M.D., a volunteer senior policy fellow at Physicians for a National Health Plan, a group that advocates a single-payer system.

Changes at Group Practices and Hospitals

Dr. Jessee said he has yet to hear from his members — physician group practices in a range of sizes — that the credit lines on which they previously relied to run their business have dried up. But he predicts those reports will start flowing in, with practices that relied on loans for payroll and office necessities find credit resistance.

Add to the mix Medicare reimbursement rates that are the same as they were in 2001, and many medical practices are living on the edge, Dr. Jessee said.

With thin credit lines, those medical practices might be forced to lay-off employees or to shut down altogether.

And technological investments such as electronic medical records and electronic prescribing will certainly be shelved because of lack of start-up funds, Dr. Jessee said.

The healthcare plans of both presidential candidates call for a move to electronic records, but don't specify the sources of the money to transfer over from paper.

While small medical group practices will have many of the same problems small businesses have — which mostly deal with credit issues — large group practices can expect their problems to mirror those of hospitals.

In Massachusetts, a state whose hospitals have seen a building boom from 2004 to 2007 after a decade of narrow profit margins and little growth, the volatile loan environment is taking a toll on new

construction, said Joe Kirkpatrick, vice president of healthcare finance for the Massachusetts Hospital Association.

The market plummet was only part of the problem. In some cases, conditions leading up to the crash had caused new construction to be put on hold mid-project.

Part of what makes the hospital loan environment particularly shaky is that many institutions refinance a portion of their loans weekly, called "variable rate debt," so they are not locked in to a particular date's rate. But now, those hospitals looking to reset their rates will not find favorable rates, possibly for quite some time.

Kirkpatrick said he is hearing reports from hospitals in his state that planned construction projects with loans at low financing rates, but now are confronted with rates that are eight times higher than what they planned.

"It's difficult for many of them to do it, and there have been some delays," said Kirkpatrick. "There has been some dislocation as people have to adjust their budgets."

As hospitals prepared their budgets for fiscal 2009, which began Oct. 1, many have complained of budget issues, and large and small hospitals alike have had to reduce staff, Kirkpatrick said.

Physicians are unlikely to be the ones to see the layoffs, though, Kirkpatrick said.

Dr. Reinhardt has little sympathy for the "bigger is better" mentality of modern-day hospitals that got them into the borrow-build-borrow-build mindset in the first place.

"It used to be said the way to classify American hospitals was by the number of construction cranes," Dr. Reinhardt said. "I think that's coming to an end."

He said the financial meltdown is sure to bring an end to the unabated investment in capital improvement projects, and may move the system toward a quality-over-quantity approach. Aside from capital improvements, Dr. Reinhardt thinks payers will now turn a more critical eye to reimbursing hospitals for the newest medical gadget.

"This will make, in some way, health reform easier, where you can say, we can no longer run the American hospital system in the same insane way," Dr. Reinhardt said. "The hospital is a free workshop for the doctors. In the same hospitals, the same doctors doing the same procedures will have vastly different costs."

Dr. McCanne agreed.

"Our high-tech spending has not brought us the value that it should have," he said. "Whatever we do, that is going to have to be addressed, where we reduce the waste from inappropriate high tech services."

Chance of Healthcare Reform?

As for whether the federal government's $750 billion Wall Street rescue strengthens or diminishes the chances of a new administration making healthcare reform a top priority, it's hard to know what will happen, but some say reform is now more important than ever.

"Obviously the concern is whether Congress and the new administration will tackle the challenge of the uninsured," said internist Cecil Wilson, M.D., of Winter Park, Fla., and a member of the AMA's board of trustees. "Doing nothing is actually going to cost more than doing something."

According to an adviser for Sen. Barrack Obama, the Democratic presidential nominee, the meltdown of the financial community will not push health legislation lower on the priority list if Sen. Obama is elected.

"It's a tremendous challenge, but the problems facing our healthcare system cannot be back-burnered," said Dora Hughes, M.D., a healthcare advisor to Sen Obama.

Sen. John McCain, the GOP candidate, said his healthcare reform plan would not be sidetracked because of other issues, such as the economy and the environment.

In late September at a Medicare conference, Newt Gingrich, a former speaker of the House, told a crowd of insurance industry professionals that the government bailout of Wall Street investment banking firms gives a clear message that Congress will never put health investments as a top priority, even funding for NIH.

"While they can find $700 billion to bail out Wall Street, they can't find the money we need for the NIH. Because what is Alzheimer's and cancer compared with Goldman Sachs?" Gingrich said.

In an October teleconference call titled "Is Healthcare the Next Big Financial Bailout?" sponsored by the Partnership to Fight Chronic Disease, health economist Ken Thorpe, Ph.D., director of the group, and Tommy Thompson, a former secretary of HHS, argued that the bailout only makes the need to reform healthcare more acute.

"Failure to act on this issue of making healthcare more affordable is a recipe for long-term disaster," said Dr. Thorpe. "I think the economic downfall has made the issue of paying attention to healthcare in 2009 an even more important priority."

Dr. McCanne agreed.

"It just shows that it's even more imperative that we do reform healthcare," he said. "We need to reform it in a way that provides greater value."

In addition to the more immediate predicted effects of the financial crisis on healthcare, experts said job loss could lead to higher uninsured rates, and people may not seek out preventive care during such times.

"You go into a major recession and everything gets squeezed," said Dr. Reinhardt.

Developing the Academic Anesthesiologist: The Virginia Apgar Scholars Program

Robert A. Whittington, M.D.
Associate Professor of Clinical Anesthesiology
Columbia University, College of Physicians and Surgeons
Department of Anesthesiology
Columbia University
New York, New York

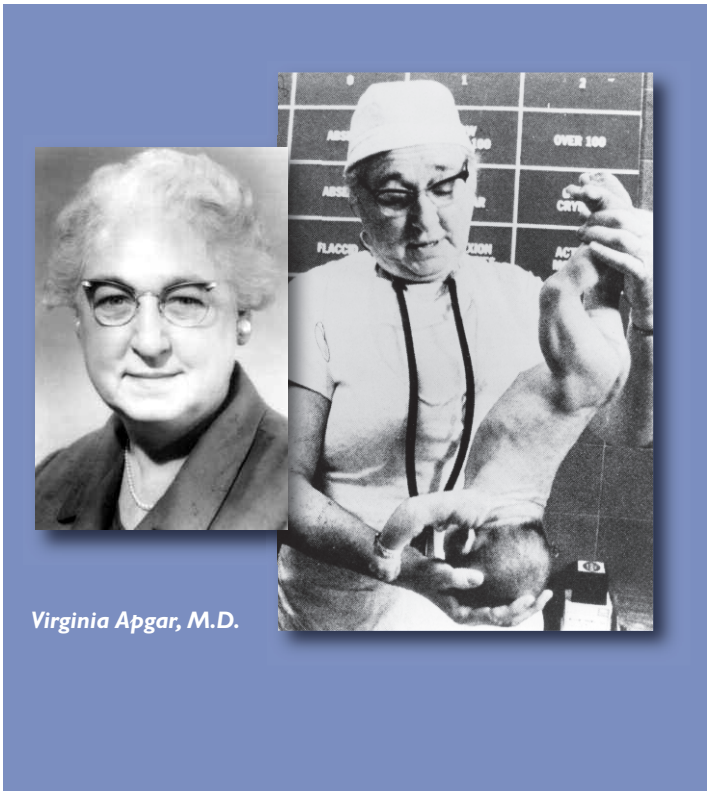
In 2002, the Columbia University Department of Anesthesiology established the Virginia Apgar Scholars Program. This program was instituted with the primary goal of developing and encouraging residents to pursue successful careers in academic anesthesiology. Scholars enrolled in this program have the unique opportunity, during their residency and fellowship training, to acquire the expertise necessary for establishing a productive career in basic, clinical or educational research. Furthermore, through interactions with faculty mentors, the trainees are also introduced to research and educational skills that are essential for becoming a successful leader in academic medicine. The program is specifically geared to residency applicants who are interested in remaining in academic anesthesiology and are willing to make a commitment to clinical, basic or educational research training.

Those applicants to the Columbia University anesthesiology residency training program who have been granted an interview are formally introduced to the Apgar scholars program via a short presentation during their interview visit. Additional information regarding the program is also available on the departmental Web site as well as via direct interactions with current Apgar scholars during their visit to Columbia. Applicants who express interest in the program are asked to complete a personal statement as to why they should be selected as an Apgar scholar. A maximum of six Apgar scholar positions (three basic science and three clinical/educational fellowship tracks) are offered yearly, and prior research experience or specific research proposals are not prerequisites for acceptance into the program. Nevertheless, a focused research background is indeed helpful, and each candidate must exhibit a sincere commitment to research and academic medicine. Residents who are accepted in the program receive a $15,000 salary award per annum during their residency and fellowship training. Upon completion of their residency training, Apgar scholars are obligated to fulfill a two-year fellowship, during which time they are expected to primarily dedicate themselves to faculty-mentored basic, clinical or educational research endeavors. There is flexibility in terms of the fulfillment of this research obligation, which may include NIH-sponsored basic or clinical research training (T-32 institutional research training grant) or a one-year clinical fellowship in an anesthesiology subspecialty accompanied by a year of basic, clinical or educational research. Despite the inclusion of this strict research commitment, interest in the program continues to be considerable, as evidenced by the fact that approximately 11 percent of the residency applicants invited to interview at Columbia in 2008 also applied for the Apgar scholars program.

Robert A. Whittington, M.D.

As Apgar scholars, the residents are actively encouraged to familiarize themselves with all available departmental research and educational projects, as this often provides the impetus for pursuing a particular fellowship pathway. Residents are also openly urged to acquaint themselves with the research projects of faculty in other basic and clinical departments at Columbia to see if this work piques a particular research interest. The process of selecting a specific research pathway is further facilitated by several research-related events sponsored by the department. This includes an annual departmental research retreat, which provides a forum whereby the scholars are formally introduced to the anesthesiology research faculty and their current projects. In addition, the anesthesiology department at Columbia sponsors an academic research evening, an annual event frequently highlighting the scientific work of the Apgar scholars. The academic evening also provides a means for the newer scholars in the program to become familiar with departmental research projects and to interact with potential faculty research mentors. During this event, departmental basic and clinical research projects are presented, and the scientific merit of each project is competitively judged by a nationally distinguished visiting professor of anesthesiology. There is also an endowed Apgar lectureship, a yearly opportunity for those Apgar scholars who are already actively involved in research to present their scientific progress to the visiting lecturer and the Columbia research faculty.

The department chair, the program research director and designated research faculty are actively involved in monitoring the progress of each resident scholar. In the beginning of their CA-2 years, each resident regularly meets with the pro-



Virginia Apgar, M.D.

gram research director to help establish the specific career pathway and research projects to be pursued. During the CA-3 year of residency, the trainees are allowed to spend up to six months pursuing research, in accordance with ABA guidelines. With the exception of night and weekend call responsibilities, research time during these designated periods is strictly protected, and no other clinical responsibilities are expected from the resident. However, some residents do elect to work one day per week in the O.R. during these designated research periods in order to help maintain their clinical proficiency. The progress of each scholar is presented and objectively reviewed during the department's research retreat, the annual academic evening, the Apgar visiting professor lectureship, as well as during frequent meetings with their faculty mentor, the Apgar program director of research and the department chair.

Since the program's inception in 2002, we have accepted 17 Apgar scholars. Several of these trainees have already received awards of highest merit for their scientific research at various national medical society meetings, including the ASA Annual Meeting. In June 2008, the initial group of Apgar scholars completed the program, and these graduates have subsequently joined the Columbia faculty, effective July 2008. These three graduates have decided to pursue academic careers in critical care, obstetric anesthesiology and cardiac anesthesiology. All continue to be actively involved in clinical and basic research; furthermore, these initial graduates have made the program even more attractive to potential applicants, as the academic success of these former scholars has reinforced the academic merits of this program. In 2008, these graduates were inducted into the recently established Virginia Apgar Society. The purpose of this society is to provide a system of assistance and networking for all residents who are currently enrolled in or have participated in the scholars program. As the number of Apgar program graduates continues to increase, this society will undoubtedly be useful in providing additional information related to the effectiveness of this program in developing academic anesthesiologists, clinician-scientists and leaders in academic medicine. It will also assist us in objectively establishing the degree of success these graduates have achieved in attaining their goal of a productive career in academic medicine. Furthermore, this society will enable us to identify aspects of the program that are highly effective in producing a successful career in academic anesthesiology, as well as those factors that require re-evaluation. It is our hope that as this society of Apgar Scholars continues to grow, so will a new generation of anesthesiologists who are inspired to continue the great tradition of patient care, teaching and research forged by previous generations of academic anesthesiologists.

"It is our hope that as this society of Apgar Scholars continues to grow, so will a new generation of anesthesiologists who are inspired to continue the great tradition of patient care, teaching and research forged by previous generations of academic anesthesiologists."

AUA Annual Meeting Program Schedule
April 2-5, 2009

Thursday, April 2

6:30 p.m. – 10 p.m. Welcome Reception – Moody Gardens Hotel

Friday, April 3

7 a.m. – 8 a.m. Continental Breakfast
8 – 8:15 a.m. Introductions/Welcome
8:15 – 10:15 a.m. Oral Presentations
10:15 – 10:20 a.m. Presentation of Resident Travel Awards
10:20 – 10:45 a.m. Coffee Break/Poster Viewing

10:45 – 11:45 a.m. **SAB Session - The History of Safety in Anesthesiology:** Jeff Cooper, Ph.D.

11:45 a.m. – 1 p.m. Group Luncheon

11:45 a.m. – 1 p.m. EAB, SAB and Presidents' Luncheon

1 – 1:45 p.m. ASA President's Address

1:45 – 3 p.m. **EAB Session — Fellowship Opportunities for Faculty Career Development in Anesthesiology**
Moderator: Robert E. Shangraw, M.D., Ph.D.
Oregon Health & Science University
Overview- Catalog of Opportunities for Clinician-Educators

Lindsey Henson, M.D., Ph.D.
University of Minnesota
The Harvard-Macy Fellowship Programs

Fredrick Orkin, M.D., M.B.A., M.Sc.
Yale University
The Robert Wood Johnson Programs

Debra Schwinn, M.D.
University of Washington
Progression Through the NIH Fellowship System

3 – 3:30 p.m. Coffee Break/Post Viewing

3:30 – 4:45 p.m. **EAB Session — Subspecialty Certification In Anesthesiology: Progress or Exclusivity?**
Moderator: Sulpicio Soriano, M.D.
Harvard University – Children's Hospital
Historical Background/Setup

Francis McGowan, M.D.
Harvard University- Children's Hospital
The Case for Certification in Pediatric Anesthesiology

Steven Barker, M.D.
University of Arizona
Why Subspecialty Certification in Anesthesiology Is Not A Good Idea

Jeffrey Kirsch, M.D.
Oregon Health & Science University
Potential Impact of Subspecialty Certification on an Academic Department

4:45 – 5:45 p.m. **NIH Session**
Walter Koroshetz, M.D.
Deputy Director of NINDS

6:30 – 9 p.m. Evening Reception at Aquarium Pyramid, Moody Gardens

Welcome to AUA 2009 in Galveston, Texas

As many of you are aware, Hurricane Ike hit Galveston in September 2008. Despite sustaining significant damage, UTMB and the city of Galveston are recovering and will be able to provide an excellent venue for the AUA 2009 Annual Meeting. The Moody Gardens Hotel and Convention facilities are fully functional and have already hosted several conferences since the storm. A large number of local restaurants and historical attractions have reopened. In addition to the usual scientific and educational programs, an interesting and informative host program has been organized. Clinical and research operations have returned to UTMB, and our department is eager to host the AUA membership.

I invite you to join us at AUA 2009. It is sure to be a memorable event.

Donald S. Prough, M.D.
Professor and Chair
Department of Anesthesiology
The University of Texas Medical Branch

Saturday, April 4

7 – 8 a.m. Continental Breakfast

8 – 10 a.m. **Host Program, Part 1**
Global Health/Pandemics: James LeDuc, Ph.D.
Alzheimer's Disease: Current Concepts: Claudio Soto, Ph.D.

9:45 – 10:10 a.m. Coffee Break/Poster Viewing with Moderators

10:10 – 11:45 a.m. **Host Program, Part 2**
Breaking Down Barriers to Health: Telehealth and Access to Care: Ben Raimer, M.D.
Health Resources Allocation: John Stobo, M.D.

11:45 a.m. – 1 p.m. Luncheon

1 – 1:45 p.m. AUA Business Meeting

1:45 – 3:45 p.m. **President's Panel — Industry Support for Academic Anesthesia — Research, Lunches, and CME: Who's Helping Whom?**

3:45 – 4 p.m. Coffee Break/Poster Viewing

4 – 5:30 p.m. Poster Discussion

6:15 – 10 p.m. Reception and Dinner at Moody Gardens Hotel

Sunday, April 5

7 a.m. – 8 a.m. Continental Breakfast

8 a.m. – 10:30 a.m. Oral Presentations

Complete meeting and registration information will be available on the AUA Web site at:

www.auahq.org

(This program is subject to change.)

Dr. Balser Named Dean of Vanderbilt School of Medicine

AUA member Jeffrey R. Balser, M.D., Ph.D., has been named dean of Vanderbilt University School of Medicine. He joins several other AUA members who have ascended to become deans or associate deans.

Dr. Balser, who holds M.D. and Ph.D. degrees, has served as interim dean since July 2008. He is the 11th dean of the medical school since its founding in 1875.

In addition to his responsibilities as dean, Dr. Balser will continue to serve as Associate Vice Chancellor for Health Affairs, with ongoing oversight for medical center research. Dr. Balser has been Associate Vice Chancellor for Research since 2004, heading a period of significant expansion that moved Vanderbilt into 10th place among U.S. medical schools in National Institutes of Health funding.

"Dr. Balser was chosen from an outstanding group of nationally prominent candidates," says Dr. Harry R. Jacobson, Vanderbilt's Vice Chancellor for Health Affairs, in a release. "He is a leader, a clinician, a researcher and a mentor with the energy and insight to lead the School of Medicine to an even greater level of achievement in the years to come."

After graduating from Vanderbilt with two degrees in pharmacology in 1990, Dr. Balser trained as a resident and fellow in anesthesiology and critical care medicine at Johns Hopkins, where he joined the faculty in 1995. He returned to Vanderbilt in 1998 as Associate Dean for Physician Scientists. In 2001, he was appointed to the James Tayloe Gwathmey Chair in Anesthesiology.

He has been active in AUA for many years and is currently a councilor-at-large.

Article adapted from the *Nashville Business Journal*, October 13, 2008.

Pronovost Wins Genius Grant

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perioperative techniques, the greatest impact of anesthesiologists for the future will be by creating safe systems around O.R.s and ICUs, and supporting good decisions and best practices on individual patients. Most importantly, Peter Pronovost has established a new career path for academic perioperative physicians by making the study of safety a science.

Editor's note: *From **www.macfound.org/site**. The MacArthur Fellows Program awards unrestricted fellowships to talented individuals who have shown extraordinary originality and dedication in their creative pursuits and a marked capacity for self-direction. There are three criteria for selection of Fellows: exceptional creativity, promise for important future advances based on a track record of significant accomplishment, and potential for the fellowship to facilitate subsequent creative work.*

The MacArthur Fellows Program is intended to encourage people of outstanding talent to pursue their own creative, intellectual and professional inclinations. In keeping with this purpose, the Foundation awards fellowships directly to individuals rather than through institutions. Recipients may be writers, scientists, artists, social scientists, humanists, teachers, entrepreneurs, or those in other fields, with or without institutional affiliations. They may use their fellowship to advance their expertise, engage in bold new work or, if they wish, to change fields or alter the direction of their careers.

Although nominees are reviewed for their achievements, the fellowship is not a reward for past accomplishment, but rather an investment in a person's originality, insight and potential. Indeed, the purpose of the MacArthur Fellows Program is to enable recipients to exercise their own creative instincts for the benefit of human society.

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Annual Meeting Host for 2012

The AUA Council is looking for Host Institutions for April 2012. For more information, review the Annual Meeting Guidelines for Host Institutions posted on the AUA Web site at **www.asahq.org** or contact Society Manager Christine Dionne at (847) 268-9111 or **c.dionne@asahq.org**.

Future Meeting Dates and Locations

April 8-10, 2010
AUA 57th Annual Meeting
Grand Hyatt Denver – Downtown
Denver, Colorado

May 12-15, 2011
AUA 58th Annual Meeting
Loews Philadelphia
Philadelphia, Pennsylvania