Georgia Society of Anesthesiologists, Inc.

scope Newsletter

Fall 2012

GSA hails new Physicians Health Program (PHP)

Paul H. Earley, MD, FASAM
Medical Director

Editor's Note: At the summer meeting of the GSA Board of Directors, PHP Medical Director Dr. Paul Earley presented on the mission and structure of the state's new program and pitched collaborative support from the Society. The Board has authorized a significant financial contribution to the new PHP in recognition of the import of the program for physicians in the specialty.

Dr. Earley

Georgia now has a Physicians Health Program (PHP). Briefly stated, a PHP is an organization that helps health care professionals (including physicians) who, through the course of their medical career, develop a substance abuse problem. The mission of all PHPs is to help colleagues who get in trouble with addiction. Some PHPs help with other issues, such as mental health problems and burnout. In our formative years, Georgia PHP is focusing on addictive disorders.

Addiction among physicians - a mix of good news and bad news

Physicians develop addictive disorders about as frequently as other professionals. The bad news is we are better at hiding, remaining secretive and isolated. We often have access to powerfully addictive drugs. We make bad patients, wanting to always be our own doctor. This is the bad news.

In contrast, the good news is that addiction treatment protocols for physicians are remarkably effective. One large multi-state study followed almost 1000 physicians over two to five years. They reported that 78% of the monitored physicians did not have one positive drug screen for the entire monitoring period. This remarkable outcome is a result of intense treatment of sufficient duration in programs with physician expertise. The treatment must be coupled with long term drug screen and behavioral monitoring. The PHP is at the center of this process, helping physicians get into proper care, monitoring that care and following this up with therapy and monitoring programs. PHPs save lives.

Anesthesiologists and addiction - a common problem and tough recovery

When I lecture to medical school classes I tell them "During the course of your career in medicine, you will watch one or more of your colleagues succumb to addiction. Your concern and firm intervention into that person's life might indeed save it." In no specialty is this more true than anesthesia. I am sure you have seen or at least heard of the one physician or an allied anesthesia provider who has developed addiction. Many of you may have friends or partners that have died from this disease.

Ms. McCown

The fact is that anesthesiologists are common victims of addiction. And oddly, it seems to take out some of the brightest and most talented physicians. Three percent of physicians in the United States are anesthesiologists and 10 to 14% (based upon several studies) of physicians who arrive in treatment are anesthesiologists. Your specialty is over-represented in addiction programs that treat physicians. My 28-year experience in treating physicians with addiction has led to two humbling conclusions: One, addiction is an occupational hazard in physicians. And two, no one is immune.

Studies that follow all anesthesia providers with varied treatment protocols paint a grim picture: Anesthesiologists once addicted commonly relapse and many die, they assert. In contrast, the best study of anesthesia providers who obtained intensive treatment and were subsequently involved in strong, multi-year PHP monitoring programs shows a distinctly different picture. These studies show that the anesthesiology cohort is nearly indistinguishable in their outcome from all physicians. This speaks to the power of a PHP.

> **"Your concern and firm intervention into that person's life might indeed save it."**

Georgia PHP can help

Georgia PHP is an organized, state-wide not-for-profit foundation with singleness of purpose. Georgia PHP and its covering legislation allow the vast majority of physicians who enter addiction treatment to remain anonymous to the Georgia Board. This confidentiality will continue as long as they cooperate with treatment and the Georgia PHP. Finally, the PHP also acts as a case manager and ombudsman with all of a physician-patient's providers. This ensures uniformity and compassion of care.

Stop Medicare Fraud!

see page 7

If you have concerns about yourself or a colleague contact the Georgia Physicians Health Program, Inc.
at 855-MY-GAPHP or robin.mccown@gaphp.org or paul.earley@gaphp.org.

Fall 2012

Editor's Corner

Kathryn Stack, MD | Chair, Communications Committee, Editor, GSA *SCOPE*

Georgia establishes Physicians Health Program

As crisp mornings herald the arrival of fall in Georgia, conventions and debates proclaim open season on another important election cycle. There are many opportunities for GSA-and ASA-PAC monies to be put to good use this fall. If you haven't already done so, please consider making your contribution soon. Changes in healthcare are inevitable and stakeholders need sufficient financial resources and invested participants to have a seat at the table. Make sure your voice is heard.

Once again, propofol is at the center of tragic front page news. Propofol – once the drug familiar to only the obscure masked anesthesia providers rendering patients unconscious from behind a draped screen in a sterile operating room – now is increasingly recognized and publicized in the media as one of many drugs of abuse with deadly consequences. While the disease of addiction and substance abuse afflicts many, anesthesia providers are unfortunately over-represented in this group.

With the recent establishment of the Georgia Physicians Health Program (PHP), the state of Georgia is assisting in the battle to fight this disease. Dr. Paul Earley has spent almost 30 years supporting medical professionals, especially physicians, in the fight against addiction and substance abuse. Now there is a state foundation dedicated to preserving the health and professional future of the medical provider while maintaining the sanctity of the provider–patient relationship. In this edition of SCOPE, Dr. Earley introduces us to the GA PHP which he co-founded and runs with Robin McCown.

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Good medicine deserves the best defense

Push raises over $7,000 for *Lifebox*

Faye Evans, MD

Dr. Evans

The summer GSA meeting at the Ritz Carlton, Reynold's Plantation at Lake Oconee marked the first resident led fundraising effort for Lifebox. The Resident Component of the GSA, initiated by Emory residents Melissa Rader, Lyndsay Fry and Andrea Dillard, took on the challenge of organizing an auction to raise money for Lifebox, a nonprofit company that in cooperation with the World Federation of Societies of Anesthesiologists and the American Society of Anesthesiologists, produces portable, low cost pulse oximeters for use in the many countries that do not have access to this critical monitor in their operating rooms. In 2008, the WHO's Safe Surgery Checklist, which included pulse oximetry, was introduced in an effort to reduce major complications from surgery. Pulse oximetry has been described as "one of the most urgent improvements that could be made to anesthesia safety." In this year's Lifebox fundraising raffle, GSA members purchased tickets to win items that included Atlanta Braves tickets, Zoo Atlanta memberships, an iPad, and a professional photography session. For a $250.00 donation, the cost of one Lifebox, participants were entered into a drawing to win a two night stay at the Ritz Carlton, Reynold's Plantation or a four night stay at a Beech Mountain home in North Carolina. The fundraiser was not only successful in raising over $7000, but also the Resident-sponsored event provided an outlet for educating GSA members about the Lifebox Mission: saving lives by improving the safety and quality of surgical care in low-resource countries.

"Many of the anesthesiologists at this meeting were not aware that there were thousands of patients around the world undergoing general anesthesia without pulse oximetry monitoring. Our goal is to expand interest in ensuring patient safety in operating theatres worldwide," said Fry.

The GSA now joins the other state societies: Florida, Alabama and Massachusetts that have made improvements in global patient advocacy through Lifebox fundraising and education. For more information, or to donate to Lifebox, please visit www.lifebox.org.

Residents support GSA-PAC

Residents from Emory University have contributed a total of $380 to GSA-PAC. Dr. Danika Curley, GSA Resident Section Treasurer, collected the contributions throughout 2011 and 2012.

Health Program ...continued from pg 2

Please contact this program if you think you need help or suspect that a colleague, friend, or loved one may need help. Intervention saves lives and we will all know someone at some time who will need this assistance. The GSA has made a significant contribution to the GA PHP. As an individual, a group practice, or as an institution please consider supporting this very worthy mission.

While those suffering from addiction will inevitably find a way to meet their needs, one cannot argue that uncontrolled access creates unnecessary temptation and facilitation. Accounting for every last milliliter of propofol, even after 40 colonoscopies, is a small inconvenience if that measure of detail demonstrates the responsibility and professionalism required to protect our patients and our colleagues.

Resident GSA-PAC Contributors

Danika Curley, MD	$20
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Residents elect new officers

Justin Drummond, MD
GSA Resident Section President

After another successful summer conference at Lake Oconee, the residents left more informed, energized, and proud to be not only members of the GSA, but also to represent such a great profession. Annually, there are resident committee officer elections that take place and with another amazing resident turnout, the elections were an opportunity to involve the future of our specialty. This year, the Medical College of Georgia (MCG) was in position for Vice President with that person elected becoming the President for the following year. This year, John Blackburn MD was elected to VP after a fantastic speech on his goals for the GSA resident committee's future including continued efforts in obtaining more MCG resident participation and joint projects with Emory University residents. Additionally, Ellen Richter MD was elected Secretary, Clare Dover MD elected Treasurer, and Christopher Malgieri MD Legislative Liason for the GSA, whom will participate at the next ASA Legislative Conference in Washington DC. I personally am excited for this upcoming year and feel that our officers are strong and excited to make the resident component a continued success. Below are quotes from the newly elected officers.

Justin Drummond, MD
President

"I personally am excited for this upcoming year and feel that our officers are strong and excited to make the resident component a continued success."

John Blackburn, MD
Vice President

"Amidst, ongoing scope of practice issues and the financial uncertainty of ever changing health care reform the need for "vigilance" in the health policy arena has become essential. The resident component will continue to protect our professional futures by increasing political awareness and fighting unfavorable legislation."

Christopher Malgieri, MD
Legislative Liason

"As residents, we will be charged with the task of protecting anesthesiology as a physician-driven discipline. From the onset of training, we need to demonstrate that advocacy is a top priority. My goal as resident liason to the government affairs committee is simple - education and action. Every resident in Georgia must be familiarized with the troubling political climate that marginalizes the role a physician has in providing anesthesia. Each of the 76 anesthesiology residents in Georgia should act by making at least a minimal donation to our political action committee."

Ellen Richter, MD
Secretary

"I hope to help foster resident interest in current legislative issues facing the field of Anesthesiology."

Clare Dover, MD
Treasurer

"As treasurer I hope to raise awareness of the ASA and GSA PACs and to encourage my fellow residents to contribute to these important organizations. My goal is to reach 100% participation among the residents at Emory."

Benefit in AQI, NACOR

John H. Stephenson, M.D.
Co-Chair, GSA Committee on Practice Management
Member, ASA Committee on Practice Management
Chair, ASA Committee on the Anesthesia Care Team

ASA established the Anesthesia Quality Institute (AQI) several years ago as the next major step in our specialty's quality improvement mission. Although the AQI is a separate organization from ASA, its work complements and enhances the efforts of ASA and other organizations such as the Anesthesia Patient Safety Foundation, the Foundation for Anesthesia Education and Research, the ASA Closed Claims Project, the National Surgical Quality Improvement Project and the Surgical Quality Alliance. The vision of the AQI is to become the primary source of information for quality improvement in the clinical practice of anesthesiology.

The main focus of AQI over recent years has been the creation of NACOR, the National Anesthesia Clinical Outcomes Registry, a computerized database of anesthesia clinical outcomes reported by member practices. While AQI and NACOR are both still relatively young, there are already over six million anesthesia cases in NACOR and well over 200,000 reported from Georgia.

Dr. Stephenson

Our AQI Georgia Report (which contains no specific information about member groups or providers) shows that Georgia anesthesiologists are just starting to get involved with the AQI. For example, 11 practices from 84 facilities and representing almost 600 providers are members of AQI, sharing practice and facility demographics. However, only four practices are actually sending any case data to AQI. These numbers need to be much higher!

Hopefully you already see that there is great current and future value in being an AQI member practice. But many anesthesiologists are still unsure about AQI and the value of becoming an AQI member practice. This article is intended to dispel some misconceptions about AQI membership and relate how easy it is to report case data to AQI and NACOR.

First, let us discuss a bit of information on NACOR data. The data captured by NACOR falls into four categories[2]:

1. Practice demographics— describing the anesthesia group (age, training, certifications, subspecialties, etc) and the environment (hospital size, inpatient/outpatient mix). This information is collected once, but updated periodically by the practice. This is the practice. This is the basic data of a Member Practice.
2. Case specific data in several tiers— simple (e.g. CPT ® code, anesthesia type, provider code, patient age); moderate (e.g. duration of surgery, agents used); and complex (e.g. output from AIMS with vital signs, fluids, drug doses).
3. Outcome data— Basic (e.g. intra-op cancellation, mortality, major morbidities) and extended (e.g. infections, prolonged length of stay, late events). The basis for recognized outcomes of interest will be the ASA Committee on Performance and Outcomes Measurement (CPOM) definitions. Information will come from Anesthesiology Department data or from linkage to surgical databases that capture long-term patient outcome.

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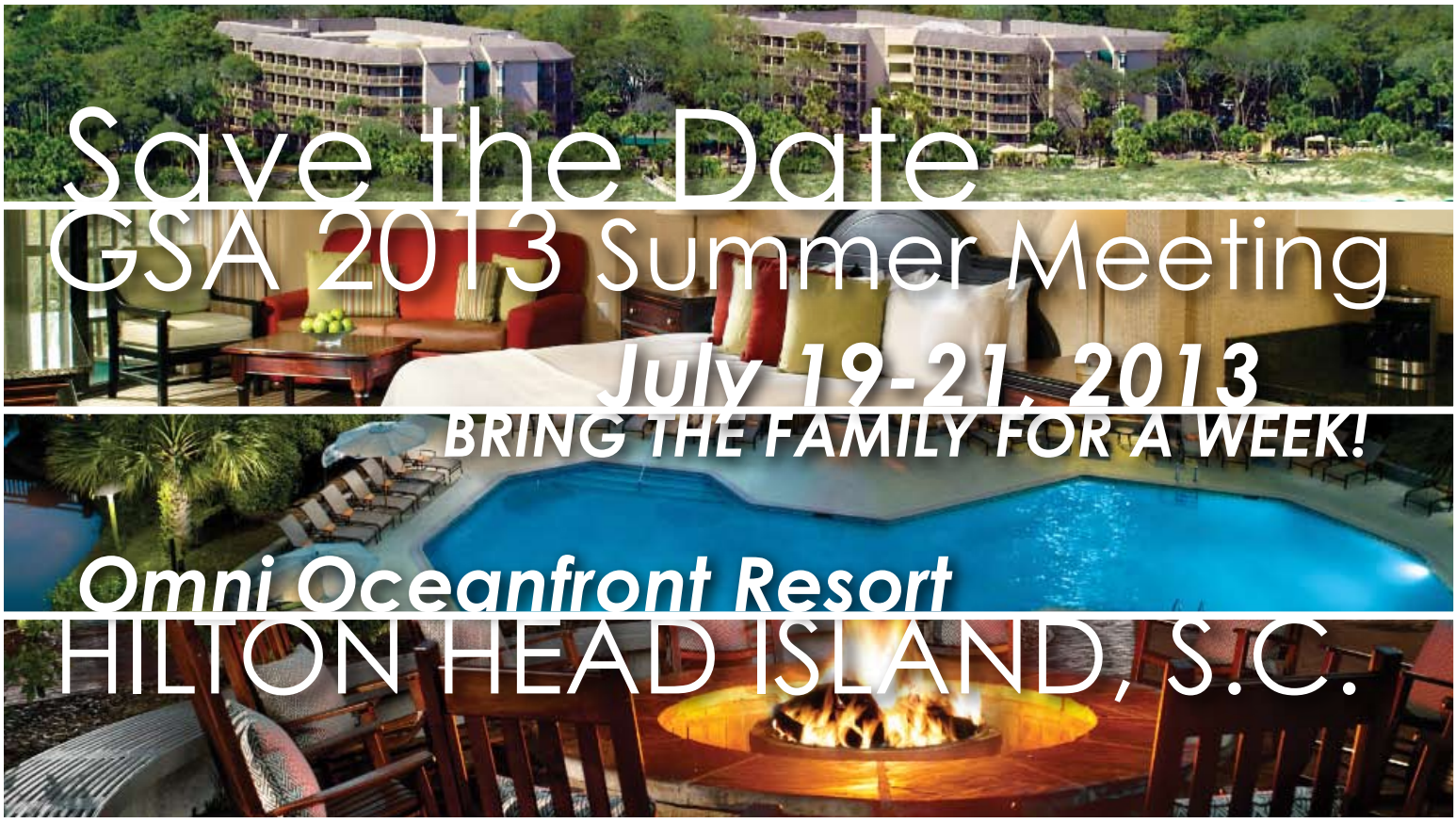

The OIG is watching

Guidance from Advisory Opinion No. 12-06

By Jennifer D. Malinovsky, Esq.

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After several years of contracting uncertainty and concern, at least two letters from the American Society of Anesthesiologists to the Department of Health and Human Services Office of Inspector General (OIG) seeking clarification on various models of anesthesia care, and one advisory opinion request later, on June 1, 2012, the OIG issued Advisory Opinion 12-06 addressing two proposed arrangements between an anesthesia provider ("Provider") and a physician-owned ambulatory surgery center ("ASC"). While the Advisory Opinion is limited in its application to the requestor and is based solely on the facts described in the request, the OIG's analysis provides guidance to other anesthesia providers and surgery centers contemplating various arrangements.

In arrangement #1, Provider would serve as the exclusive provider of anesthesia services to ASC and bill and collect for its own services. However, it would also pay ASC a fee under a management services arrangement ("MSA") for ASC to provide such things as: pre-operative nursing assessments, office space for Provider's physicians and medical records, and specified administrative assistance. Provider acknowledged that (i) ASC's facility fees from both private payors and CMS covered items Provider would be paying for under the MSA, (ii) ASC would continue to bill both CMS and private payors for the facility fee, (iii) Provider and ASC would exclude federal healthcare program patients from the fee calculations under the MSA, and (iv) the MSA payment would be set at FMV and not be based on the volume or value of referrals between the parties.

In arrangement #2, ASC's physician owners would establish a separate anesthesia company ("NewCo") which would be the exclusive provider of anesthesia services at ASC. NewCo would in turn contract with Provider for a variety of anesthesia-related services. NewCo would pay Provider a negotiated rate from revenues NewCo received from the anesthesia-related services it provided. NewCo would bill and collect for anesthesia services provided at ASC, and profits would be distributed to the physician-owners.

What is the OIG?

The U.S. Department of Health and Human Services' Office of Inspector General (HHSOIG) claims its roots in 1976. HHSOIG is the largest of all the departmental Office's of Inspector General (most all federal departments and agencies have an OIG). Charged the protection of the integrity of the department's 300+ programs and the program beneficiaries, the HHSOIG employs over 1,700 to meet its mission. The oversight of Medicare and Medicaid take the bulk of the HHSOIG's resources, yet the office also oversees programs under other HHS umbrella institutions such as the Centers for Diseases Control, the Food and Drug Administration, and the National Institutes of Health. The HHSOIG is made up of six component groups and conducts audits, evaluates program efficiency, manages investigations in fraud and compliance issues, and helps to inform policy makers and the public.

For more information about the HHSOIG go to http://www.oig.hhs.gov/about-oig/about-us/index.asp

For a copy of the OIG Opinion, go to NEWS at www.gsahq.org

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Medical Board requires affidavit of citizenship

Kristin Strickland
GSA Member Services Manager

The Georgia Composite Medical Board has urged all physicians to submit an affidavit of citizenship immediately to avoid a delay in license renewal. Instructions for submitting the affidavit and supporting documents are outlined in a letter from the Board, which can be found at www.gsahq.org.

These new requirements for license renewal became effective January 1, 2012, in pursuant to House Bill 87, "The Illegal Immigration Reform and Enforcement Act of 2011". HB 87 states that every applicant for a public benefit, including professional licenses, must verify their lawful presence in the United States by providing a notarized affidavit of citizenship and at least one secure and verifiable document. As a result, the Board office is required to attach the affidavit and supporting document(s) to each application and renewal file.

To avoid delays in your renewal, you must submit your affidavit and verifiable document(s) prior to your renewal. Renewal files that do not include an affidavit and verifiable document(s) will be delayed until the information is received and processed by the Board office.

A copy of the affidavit and examples of secure and verifiable documents can be found in the "News" Section of www.gsahq.org.

GCMB has urged all physicians to submit an affidavit of citizenship immediately to avoid a delay in license renewal. A copy of the affidavit and examples of secure and verifiable documents can be found in the "News" Section of *www.gsahq.org*.

Pain Summit focus public policy

Kristin Strickland
GSA Member Services Manager

The Georgia Pain Initiative (GPI) and Georgia Hospice and Palliative Care Organization (GHPCO) hosted the 2012 Georgia Autumn Pain Summit on September 28. The Summit included a Georgia Pain Policy Update with panelists from the Georgia Composite Medical Board, American Cancer Society, GHPCO, and Georgia Bureau of Investigation. Panelists discussed the Medical Board's regulation of pain management clinics and highlighted the key characteristics of "pill mills."

Kristin Strickland, GSA Member Services Manager, participated on behalf of GSA.

Ms. Strickland

GSA is a member of GPI and worked closely with the organization to promote effective legislation that would have allowed the Medical Board to monitor pain clinics. The legislation will be reintroduced in 2013. Members of the alliance were successful during the 2011 legislative session in helping enact a statewide prescription monitoring ystem, which equips law enforcement and regulators to identify illegal drug prescribing and use. For more information on GPI, visit georgiapaininitiative.org.

OIG watching ...continued from pg 7

The OIG concluded that each arrangement could violate the federal Anti-kickback Statute ("AKBS"). Under arrangement #1, the OIG noted: (i) efforts to carve-out federal program beneficiaries could result in disguised prohibited remuneration – the MSA payments could be construed as an inducement to send ALL patients to Provider, since it was the exclusive provider at ASC; and (ii) with ASC receiving a facility fee, in also receiving a management fee for the same services, it could be viewed as "double dipping" and attempting to influence ASC's selection of Provider as its exclusive provider.

In arrangement #2, the OIG noted that (i) safe-harbor protection for NewCo and its payments to its physician-owner investors would not be available under the ASC, personal services or employee safe harbors; and (ii) the OIG has had long-standing concerns about joint ventures and other contractual arrangements between parties in positions to refer business to each other. In essence, this arrangement was an attempt for NewCo's physician owners to do indirectly what they could not do directly, i.e. receive compensation for a portion of Provider's anesthesia revenues in return for NewCo's referrals to Provider.

This is NOT to say that all arrangements between ambulatory surgery centers and anesthesia providers could violate the AKBS. However, the OIG clearly now is attuned to these arrangements. Importantly, compliance is not just a concern for one party - it is an issue for all parties involved. A few guiding thoughts in future contracting arrangements:

• Be mindful of arrangements in which a provider pays a surgery center for certain services (e.g. secretarial, administrative, nursing services; lease of office space or medical equipment; purchase of drugs) that are covered by a facility fee which the surgery center also receives. Carve-outs of federal program beneficiaries will NOT necessarily "save" the arrangement; • Be cautious in contracting with an affiliate of a surgery center which is owned in whole or in part by physician-owners of the surgery center;

• Seek an advisory opinion if either party has questions surrounding the appropriateness of a proposed arrangement; and

• Assess the impact of being "wrong" – violation of the AKBS constitutes a felony punishable by a fine of up to $25,000 and/or imprisonment up to 5 years. The OIG also has the authority to impose civil monetary penalties and exclude parties from participation in federal healthcare programs, including Medicare and Medicaid.

Advisory opinion guidance can be instructive to parties in establishing arrangements and, although not binding, should not be ignored. It is important to watch your step – the OIG is watching yours!

[1] The HHS OIG is the largest OIG in the federal government and has, as one it its duties, combating fraud, waste and abuse in the Medicare and Medicaid programs.

[2] The OIG issues advisory opinions to requesting party's regarding existing or proposed business arrangements. Through the process the OIG advises on the application of the federal anti-kickback statute and other OIG sanction statutes in specific factual situations.

GA contributes $46K to ASA-PAC

Kristin Strickland
GSA Member Services Manager

ASA PAC empowers the ASA to support pro-anesthesiology, pro-patient safety candidates. ASA PAC also carries anesthesiology's message to voters by funding newspaper advertisements, radio spots and direct mail campaigns during political elections. Overall, ASA PAC provides anesthesiology access to legislators, whether they are at home in their local Congressional District or on Capitol Hill.

Contributions from ASA members in Georgia are currently at 24.3% for 2012, which equals $46,829 in contributions.

To make a contribution to ASA PAC, visit www.ASAhq.org/ASAPAC.

Donors from GSA

Peter Anderson, MD	$100
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Richard Trent, MD	$250
Claire Wainwright, AA-S	$25
Steven Walsh, MD	$1000
Alan Walters, MD	$100
John Warner, MD	$250
Jordan Wetstone, MD	$250
Matthew Whalin, MD	$20
Brian White, MD	$100
John Whiteley, MD	$333
Deborah Ann Wilkowski, MD	$200
Shaun Williams, MD	$20
Timothy Williams, MD	$250
Gordon Williford, MD	$250
Elizabeth Wilson, MD	$250
Robert Winham, MD	$250
Jung Wirsing, MD	$100
Jason York, MD	$100
James Zaidan, MD, MBA	$500
Matthew Zeleznik, MD	$333
Joel Zivot, MD	$500

Act addresses drug shortages

On July 9, President Barack Obama signed into law S. 3187, the "Food and Drug Administration Safety Act" law, which contains important provisions to address drug shortages. Previously the legislation cleared the U.S. Senate by a vote of 92-4 and the U.S. House by a voice vote.

This law represents a major step forward in efforts to address drug shortages. Specifically, at the urging of ASA and other drug shortages stakeholders, lawmakers used this bill as a vehicle to address the national drug shortages issue and this law includes an entire title consisting of provisions intended to help prevent and mitigate drug shortages.

ASA President Jerry A. Cohen, M.D. offered the following remarks:

"We are pleased to report the successful passage and signing of the Food and Drug Administration Safety Act. ASA's consistent leadership and advocacy alongside other key stakeholders proved fruitful in advancing the key drug shortages provisions of this act."

GA Reps urge CMS to reconsider CRNA pain rule

Kristin Strickland
GSA Member Services Manager

Members of the GOP Doctors Caucus have submitted a letter to the Centers for Medicare and Medicaid Services (CMS) urging the agency to reconsider a proposal to pay CRNAs for chronic pain management services. Georgia Congressmen Phil Gingrey, MD (GA-11), Paul Broun, MD (GA-10) and Tom Price, MD (GA-6) were of the 13 who cosigned the letter on September 24, 2012.

The letter explains that CRNAs have "no education or training in the medical specialty of pain management" by referencing a Medicare contractor Noridian's policy and a testimony from the past-president of the American Association of Nurse Anesthetists. The letter concludes that the CMS proposal "is not in the best interest of patients."

Prior to the letter of opposition from the GOP Doctors Caucus, ASA and GSA also publicly opposed the proposal.

"Using scarce Medicare dollars to pay nurse anesthetists to perform complicated pain service procedures unnecessarily puts patients at risk," said ASA President Jerry A. Cohen, MD. Patients who require anesthesia or relief from pain deserve the safest and highest quality of care."

ASA sent an official statement to CMS in opposition to the chronic pain proposal and launched a letter writing campaign, which urged all members to send comments to CMS in opposition to the proposal. Now CMS is reviewing thousands of comments from ASA members and other physicians. CMS is expected to announce a final decision in late October or early November.

Congressman Phil Gingrey

Congressman Paul Broun

Congressman Tom Price

Although the letter writing campaign to CMS ended on September 4th, it is not too late for GSA members to take action against the CMS proposal. GSA urges all members to call their Congressman and ask him to submit a letter to CMS in opposition to the proposal that expands CRNA scope of practice to include chronic pain care. For more information on how to contact your Congressman, visit the ASA Grassroots Network.

"To oppose CMS's proposed rule expanding CRNA pain management, contact your U.S. Congressman and Senator."

The CMS proposal to pay CRNAs for chronic pain management services is part of the Physician Fee Schedule Proposed Rule (CMS-1590-P), which was published in the Federal Register on July 30, 2012. A copy of the proposal can be found in the news section of the GSA website.

To oppose CMS's proposed rule expanding CRNA pain management, contact your U.S. Congressman and Senator.

Benefit ...continued from pg 6

From these data, AQI maintains a password protected website where you can see your practice's data at any time. AQI also publishes for you a periodic report for your practice, as well as state-focused and national reports. The most important of these reports is the AQI's annual "Anesthesiology in the United States." Much of AQI's mission is still in the early stages of development. The value of being a member of AQI will grow exponentially with the growth of NACOR and the growth of the relevance of these practice, state, and national reports.

"Joining AQI is simple and a free member benefit"

Joining AQI is simple and a free member benefit for Active ASA members. Go to the AQI website (www.aqihq.org). Click on the "Become a Member" tab. You will find information and easy instructions on how to join AQI. Your practice will sign a participation agreement with AQI. After entering basic practice information about your providers and facilities, you will then be an AQI Member Practice.

NACOR

	National	Georgia
Practices	189	11
Facilities	1,294	84
Providers	9,920	598
Cases	5,997,818	215,428

NACOR currently has 11 participants and 4 contributors from the state of Georgia.

A participant is a practice that has given basic information regarding their practice. A contributor adds case data to our registry.

AQI will then contact you to set-up a data exchange protocol with your practice. This data exchange may be simple or detailed. It may be as simple as your practice administrator or billing agent periodically sending a basic billing system demographic data export to AQI (cases, patient age, procedure, diagnosis, duration, ASA classification, modifiers). No one outside of your practice will ever see your practice's data (except in aggregate with entire national database). While not containing outcomes data, basic case demographic information is extremely valuable to AQI because it deepens the granularity of AQI's "picture" of our specialty. In addition to this vital basic demographic data, some practices or billing agents will have the ability to send more clinical data including outcomes. Practices using paper records are encouraged to join since AQI receives data from many (and perhaps a majority) of these types of practices. Practices with AIMS systems will most easily share detailed clinical data with NACOR. AQI already has interfaces built for most AIMS systems.

A frequent question asked of AQI leadership by prospective members is whether there is legal risk in reporting anesthesia clinical data to NACOR. The short answer is simple – "No". Participation in AQI and NACOR is confidential and patient identifiers are not retained in NACOR by AQI. Information in NACOR is federally protected from discovery by AQI's designation as an AHRQ Patient Safety Organization, which provides robust protection of patient information under applicable federal law.

GSA encourages you to join, participate with, contribute to and benefit from AQI/NACOR.

[1] Anesthesia Quality Institute, www.aqihq.org
[2] ASA Manual of Departmental Organization and Management (MADOM) Chapter 4, "Quality Improvement and Peer Review In Anesthesiology" (revised 2010).

GSA membership numbers:

Active - 676
Affiliate - 9
AA - 25
Resident - 85
Retired - 107
Student - 9

Total - 911

New members since January 1, 2012

Active Members

Tyrone R. Baines, MD	Alpharetta, GA
Richard P. Tuohy, MD	Alpharetta, GA
Robert L. Leffert, MD	Athens, GA
Jane Duggan, MD, MBA	Atlanta, GA
Taj K. Eubanks, MD	Atlanta, GA
Rahul Sharad Gupta, MD	Atlanta, GA
Thomas L. Javelona, MD	Atlanta, GA
Laura E. Kaufman, MD	Atlanta, GA
Ruben Koshy, MD	Atlanta, GA
Jessica C. McCoun, MD	Atlanta, GA
Lloyd C. Meeks, MD	Atlanta, GA
Kennet Mims, MD	Atlanta, GA
Gaurav P. Patel, MD	Atlanta, GA
Erin V. Rosenberg, MD	Atlanta, GA
Amit P. Singh, MD	Atlanta, GA
Thomas E. Francis, MD	Augusta, GA
Tao Hong, MD	Augusta, GA
Robert T. O'Bannon, MD	Augusta, GA
Trusharth A. Patel, MD	Byron, GA
Juan Geldres, MD	Canton, GA
Christopher Jones, MD	Columbus, GA
Sona Arora, MD	Decatur, GA
Susan A. Smith, MD	Decatur, GA
Jason Lemons, MD	Flowery Branch, GA
Catherine J. Meschler, MD	Juliette, GA
Amber Martin-Ross, MD, MPH	Mableton, GA
Danika K. Curley, MD	Marietta, GA
Robert Glen Silverman, MD	Marietta, GA
Shvetank Agarwal, MD	North Augusta, SC
Emily Natarella, MD	Peachtree City, GA
Jodi A. Kuhlman, MD	Rome, GA
Ryan Patrick Stanger, MD	Rome, GA
Jigar Tataria, MD	Scottsdale, GA
Alson E. Mercurius, MD	Smyrna, GA
Everett L. Perry, MD	Statham, GA
Emmett W. Bowers, MD	Valdosta, GA

Affiliate

William Clark Manson, MD	Atlanta, GA
Louis James Nitsos, MD	Atlanta, GA
Nicole M. Dawson, MD	Hinesville, GA

Educational Affiliate (AA)

Christina Baker, AA-C	Albany, GA
Olga Bernsteyn, AA-C	Albany, GA
Todd Bowden, AA-C	Albany , GA
Katie Monroe, AA-C	Atlanta, GA
Britt Boone, AA-C	Leesburg, GA
Lindsey Diaz, AA-C	Leesburg, GA
Leigh Salz, AA-C	Leesburg, GA
Britton Suber, AA-C	Leesburg, GA
Joy Rusmisell, AA-C	Macon, GA
Roy Spence, AA-C	Stone Mountain, GA

Resident

Kevin M. Blackwood, MD	Atlanta, GA
Nadine Callahan, MD	Atlanta, GA
Linda Jean Demma, MD	Atlanta, GA
Katherine Heller, MD	Atlanta, GA
McKenzie Mayo Hollon, MD	Atlanta, GA
Matthew Thomas Hunter, MD	Atlanta, GA
Richard Johnson, MD	Atlanta, GA
George E. Pan, MD	Atlanta, GA
Stephen Soong, MD	Atlanta, GA
Thomas Hyonuk Yun, MD	Atlanta, GA
Christopher Malgieri, MD	Atlanta, GA
Michael A. Adeleye, MD	Augusta, GA
Mark A. Banks, MD	Augusta, GA
James Patrick Fogarty, MD	Augusta, GA
Kassandra Gadlin, MD	Augusta, GA
Suvikram Puri, MD	Augusta, GA
Alvi Sehar, MD	Augusta, GA
Songwei Wu, MD	Augusta, GA
Cristina Margarita Fernandez, MD	Decatur, GA
Michael Scott Schurdell, MD	Decatur, GA
Caitlin Dooley Sutton, MD	Decatur, GA
Brett Eric Theusch, MD	Decatur, GA
Meghan Renee Vogt, MD	Decatur, GA

Student

Samy Rafik Kashlan, BS	Atlanta, GA

Group grows roster, agendas

Georgia Academy of Anesthesiologist Assistants

Bill Buntin, AA-C
President of Georgia Academy of Anesthesiologist Assistants

Dr. Buntin

The Georgia Academy of Anesthesiologist Assistants is a nonprofit organization led by Anesthesiologist Assistants for the purpose of encouraging specialization into the field of anesthesia, establishing and maintaining the standards of the profession by fostering and encouraging education and research, disseminating among its members and the public generally useful information concerning these sciences and this specialty, and promoting interaction and enhanced communication between AAs and other members of the Anesthesia community. The current leadership is composed of President Bill Buntin, President Elect Joy Rusmisell, and Secretary Sandra Bargeron. The Board is composed of six additional directors and two student representatives.

"We would graciously like to thank the GSA for its support and acceptance, as well as allowing AAs and student AAs to attend the meetings."

We are currently working on several agendas. At the top of the list are; strengthening the relationship between AAs and Anesthesiologists, remedying reimbursement issues, opening more clinical rotation sites for AA students, and locating new job opportunities for licensed AAs.

We would graciously like to thank the GSA for its support and acceptance, as well as allowing AAs and student AAs to attend the meetings.

If you would like to contact the GAAA about issues, clinical sites, or job opportunities please visit www.georgiaaaa.org , or email us at gaanesthetist@hotmail.com.

GEORGIA
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