GSA Newsletter
GEORGIA SOCIETY OF ANESTHESIOLOGISTS SUMMER 2006

A Critical Time for Academic Anesthesiology

By Arnold J. Berry, M.D., MPH
President-Elect

Several years ago I noticed a bumper sticker with the following message, "If you can read this, thank a teacher." There is a parallel for us. We have been able to enter the profession of anesthesiology because of our residency programs. It is only through the faculty and facilities of anesthesiology resident training programs, that we have acquired the knowledge, clinical skills, and judgment required to practice our medical specialty.

But now, our anesthesia training programs need our help. Academic anesthesiology faces multiple challenges that threaten the future of our specialty. The primary threats are economic instability and the continued decline in the number of well-trained faculty with the skills to be independent researchers.

A recent survey of academic anesthesiology departments indicates that the overwhelming majority operates at a deficit and requires supplemental funding from hospitals or health care systems. This economic crisis has been accelerated as a result of two problems: the continued reductions in Medicare reimbursements for anesthesia services (a problem for all anesthesiologists) and the implementation of Medicare Anesthesiology "Teaching Rule." In 1991, Centers for Medicare & Medicaid Services (CMS) changed their payment policy as it applied to reimbursement for Medicare patients cared for by anesthesia residents in training programs. The teaching rule, which only applied to anesthesiology training programs, reduced the Medicare payment by 50% per case when an anesthesiologist worked with anesthesia residents on two concurrent cases. This is in contrast to the methodology used for reimbursement when anesthesiologists direct CRNAs, and this policy does not apply to physicians in any other medical specialty working with residents. It has been estimated that the Medicare Anesthesiology "Teaching Rule" costs each academic anesthesiology program anywhere from $400,000 to as much as $1,000,000 per year in lost revenue. This income shortfall has significant adverse impact on the academic mission of the training programs. To meet clinical demands, faculty must be pulled from their research labs, teaching duties, and scholarly endeavors to work extra days in the operating room.

The ASA has been negotiating with CMS for many years to try to remedy the inequity of the Anesthesiology Teaching Rule, but the regulatory approach to eliminate the teaching rule has been unsuccessful. This year, another tactic is being tried. In early May, the ASA received the support of two Congressmen to introduce legislation into the U.S. House of Representatives that would specifically eliminate the Medicare Anesthesiology Teaching Rule. This bill, H.R. 5246, was the focus of this year's ASA Legislative Conference in Washington, D.C.

When GSA members made visits to Capitol Hill to meet with our Congressional representatives, we encouraged them to support legislative passage of H.R. 5246. Since that day, two other similar bills have been introduced. For the record:

- Reps. Clay Shaw (R-FL) and Pete Sessions (R-TX) introduced H.R. 5246;
- Rep. Pete Stark (D-CA) introduced H.R. 5348; and
- Sen. David Vitter (R-LA) introduced S. 2990.

If the Medicare Anesthesiology Teaching Rule is eliminated, the total cost to Medicare would be relatively small (estimated to be $40 million), but the benefit to academic anesthesiology programs would be quite significant.

In the January 2006 issue of Anesthesiology, Debra Schwinn, M.D. and Jeffrey Balser, M.D., PhD provided a "wake-up call" to the leaders of our specialty. They point out the declining number and productivity of anesthesiology researchers in the United States and have made recommendations regarding changes that should be implemented to increase the number of scientists in academic anesthesiology programs. The authors described the growth in NIH funding for medical research in the United States over the past decade, but they point out that there has not been a similar growth in funding to research conducted in anesthesiology departments. Although anesthesiologists represent about 6% of all physicians in the United States, anesthesiology departments receive only 0.9% of all NIH research funding. It appears that when anesthesiologists apply for NIH funding, their success rate is similar to that of other specialists, but this low proportion of NIH dollars results from a smaller number of applicants.

There is strong evidence of the decline in academic productivity from U.S. anesthesiology departments. A tally of the authorship of articles reporting original research in Anesthesiology, the foremost journal in our specialty, demonstrates that less than 50% now come from U.S. departments. An additional problem is that the cohort of senior researchers are approaching retirement, and soon there will be fewer individuals qualified to serve as mentors for younger individuals interested gaining skills to perform meaningful anesthesia related research.

As Drs. Schwinn and Balser explore the causes for the decline in anesthesiology researchers, they point out the

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Editor's Corner

Carolyn Bannister, M.D.
Editor

Hello Colleagues,

I hope this finds all of you doing well.

I also hope you have made arrangements to attend the summer GSA meeting at Sea Pines on Hilton Head Island July 28-30. This venue is always popular with our membership so make your plans and reservations immediately! Dr. Bruce Hines of Northside Anesthesia Consultants is coordinating the meeting. He has worked with vendors and Dr. Michael Byas-Smith to arrange an ultrasound-guided regional anesthesia workshop for Friday afternoon July 28.

We had numerous requests and suggestions on the previous course evaluations asking for this type workshop. I know this requires an extra day at the beach (oh, man!) to make it to a Friday workshop, but it will certainly be worth the effort. The curriculum and speakers are also outstanding. So bring your families and have fun at the beach; before we can blink our children will be back at school!

This newsletter contains wonderful articles from our committee chairs and officers of the Society. Take a moment to catch up on the events at the ASA Washington Legislative conference this year as well as events happening locally. A sincere thanks to those who took time from their practices to lobby on our behalf in Washington.

I want to thank Jet Toney and Todd Holden at Cornerstone Communications for assistance with the newsletter. We cannot thank Jet Toney adequately for all that he does as our well-respected lobbyist. The entire Cornerstone staff is knowledgeable, congenial, efficient and customer friendly whether communicating by phone or email. We are fortunate to have them as a part of GSA.

When you read Steve Sween's article and say to yourself "Have I made a PAC contribution this year?", call Cynthia or LeeAnn at Cornerstone and they will tell you if you are "due" or "paid up."

Again, I hope to see many of you at the summer meeting!

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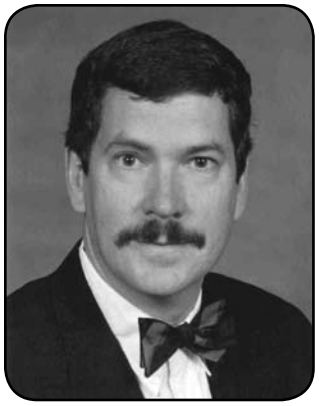
President's Letter

By Edwin Johnston, M.D.



While attending the ASA legislative meeting in Washington, D.C. this past May, I was asked how I got involved in politics. The abbreviated answer that I gave only scratched the surface. Further reflection on the question inspired me to share my political journey with our GSA readership.

During my medical school and residency training in Charleston, S.C. I was a member of a conservative Presbyterian church that encouraged its members to be involved in the issues of the day. If there was one issue that galvanized conservative Presbyterians, it was the pro-life issue. The taking of innocent human life and the deleterious effect of that on society was the initial spur to my involvement in the political process.

Early in my residency, my wife and I went to our local precinct meetings and became a part of the local Republican party. We later witnessed the influence of Pat Robertson's 1988 presidential bid, which started a year early in South Carolina and brought lots of fireworks to the Charleston County Convention.

After finishing residency in Charleston, we moved to Rome, GA and arrived in time to become a part of the local party process. I was nominated by conservatives for county chairman and lost by one vote. Nevertheless, we were welcomed into the party and elected as delegates to the district and state conventions. The maneuvering that we had witnessed at the Charleston County Convention in 1987 was only prelude to what happened at the Georgia State Republican Convention

As for me, I had to come back for more!

the following spring. Old guard Republicans tried every procedural trick in the book to maintain their power. Georgia, as well as other states, actually sent two sets of delegates, both of which claimed to be the

duly elected delegates to the National Republican Convention. It was an exciting time to get involved in Republican Party politics.

As for me, I had to come back for more! After several years of participation, I was elected party chairman in Floyd County, a position that I held for six years. Even though this required time and energy, I received enjoyment and satisfaction from being part of the process.

While these things were happening, it also became possible for me to contribute monetarily to candidates. With the increase in income came the responsibility to use the money wisely. I am a steward of the money that God has entrusted to me. He expects his fair share and He expects wise use of the rest. I wasn't always wise. My zeal for a particular position or candidate could get in the way of good sense. It took more than once for me to learn that some candidates had no chance of winning, no matter how right they might be on the issues. It is

My zeal for a particular position or candidate could get in the way of good sense.

not good stewardship to load money onto a sinking ship!

Working for and contributing to a winning campaign gives a person access to the elected representative. It is so much easier to approach someone in office with a request if you know the person and helped put him in office. With the intrusion of government into our everyday lives, there are many issues that need to be addressed and many areas of freedom that need to be defended. We face many problem areas in the medical field alone.

As Anesthesiologists, we need to have a higher profile with our representatives on the local, state, and national level. At present, less than 40% of our members support our own GSA-PAC at the $150 level and fewer support the ASA-PAC. By contrast, more than 50 % of the trial lawyers are state PAC members at the $500 level. We can do better!

Members also need to know and support their congressman. If you can't bring yourself to support *your* congressman, then support Dr. Tom Price the congressman from the Sixth District. He is a friend of the GSA and his wife is an Anesthesiologist.

Let's give to some campaigns and go to some campaign parties before we lobby in Atlanta or Washington, D.C. next year. The trial lawyers will. With your participation, I believe we can vastly increase our influence and improve our situation.

...we need to have a higher profile.

ASA Director's Report

Steven L. Sween, M.D.
ASA Director

Advocacy for Responsible Healthcare Policy

Our oldest daughter Lindsay has just graduated with distinction from high school and is headed off to college in August. At least at this point in her relatively young life, she is strongly committed to pursuing a career as a physician. Like many of you, as a physician parent I have been faced with the option to endorse and encourage her early decision to follow in my career path, or perhaps to gently steer her in another direction.

I know physicians that reside in each of these two camps, and I have listened to substantial arguments in favor of each choice. First, I am honored and privileged to have a child who has recognized the important contributions that physicians make to their community and wants to be a part of the future of medical care. Secondly, I am extremely grateful that she has the intellectual ability, motivation and patience to complete the formidable tasks required to achieve the title of physician. Third, I am optimistic that the reasons that each of us chose a career in medicine many years ago still apply, and the many rewards and personal satisfaction that we receive on a daily basis as caregivers will not perish.

Her career path is largely in her hands, and we will appropriately support her in whatever she decides. Should her strong will and determination result in a medical degree, we will be very proud and confident in her career choice.

WASHINGTON, D.C., - Steve Sween, M.D. (center front) is flanked by GSA members who comprised two of three GSA teams visiting the Georgia Delegation on Capitol Hill, May 3. The other team members were already in a meeting with a Member of Congress before mid-morning.

If Lindsay persists and is successful at achieving her dream career, what will the practice of medicine look like in about twelve years when she will be accepting her first offer of employment? There is little doubt that the landscape will look significantly different than it does today, and the rate of change in medical care delivery will likely be more dramatic than at any previous time.

For many and very complex reasons, the systems for medical care in our country must change. The federal budget deficit is growing at an unprecedented rate, and the national debt continues to grow. Medicare and Medicaid combined account for about one-fourth of the entire federal budget. Together with the nondiscretionary spending on Social Security, national defense and interest on the national debt, three-fourths of the federal budget is consumed. Healthcare expenditures now exceed 15% of the US Gross Domestic Product, and the rate of rise is unsustainable. Due to an aging population and our ability to live longer (medicine's success), Medicare enrollees will increase and the number of workers funding the system relative to the present will decrease.

Medicare as we know it cannot survive, and the commercial sector of payers (and their subscribers) will not and cannot continue to financially subsidize the shortfalls of the government payers and the uninsured. The rate of growth in clinical breakthroughs and technology offers tremendous opportunity for improvement, but create complex and troublesome decisions regarding cost, payment, eligibility and shifts in healthcare delivery from inpatient to outpatient settings.

As important as all of the above drivers of change are, the single most important factor responsible for the most change in healthcare policy is that of public opinion. For many reasons, the public is dissatisfied with their current healthcare options and delivery systems. The two biggest issues are costs and the uninsured. Public policy makers at all levels of government are inherently sensitive to public opinion, also known as voters.

However, they are also sensitive and considerate of the feedback and accurate information provided by their constituents who are directly involved in healthcare delivery, which adds balance to the frequently sensationalized information they are offered by the media and other special interest groups. The healthcare industry and healthcare organizations are arguably more complex than any other, and policy makers must have the input of reliable and trusted physicians, also voters, to guide them in their decisions about very complex decisions that have wide-ranging and extremely important consequences.

For the above reasons and many more, the "train" of change for US healthcare policy has already left the station and is

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2006 PAC Contributors

The following members have boosted GSA's public policy clout by contributing to the Committee for Responsible Healthcare Policy (GSA-PAC). During the 2006 election cycle, more than $75,000 in contributions will be presented to candidates who support civil justice reform and laws that promote patient safety.

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(R) denotes Resident member,
(AA) denotes Educational member

ASA Director's Report

(Continued from page 4)

headed down the tracks, some would argue roaring down the tracks. I believe we have essentially two options. We as the most informed participants can consistently protest any and all proposals and selfishly hope that our personal careers will be relatively unaffected. Alternatively, we will be responsible and active participants in the process for change, advocates for our time-honored profession and responsible citizens to our medical community and to those who follow. Physician advocates for change will educate themselves and eventually others about the imperatives for health policy reform, and actively participate in the strategic planning and new developments required for effective and sustainable healthcare policy.

Physician advocates for change will be good citizens within their local community, participating in the development of better and safer systems of care focusing more on process and evidence-based and consistent approaches rather than just outcomes. When personal participation is not an option, physician advocates for responsible change will support members of their group and community who are in a position to participate. Responsible physician advocates for change will be willing members of the organizations that represent them before the US Congress and their state legislatures.

In order to influence health policy change in a direction that is considerate of the needs of physicians, then physicians must have a "seat at the table." In the halls of Congress, that seat is best occupied by the American Medical Association (AMA). It is incredulous that only 20% of physicians are members of AMA. For those that do not belong, whatever concessions they reluctantly give up in the process of health policy reform they deserve to lose. The same can be said for your state medical association (MAG) who represents us with a loud voice in the Georgia General Assembly, and the GSA and ASA who are as effective state and national specialty medical societies as there is.

Responsible physician advocates for health policy reform will be involved in the political process. At no time has it been more accurate—"Take part in government or government will take part of you." At a minimum, that involvement will be in support of the Political Action Committees (PACs) that represent their interests. Specifically, every anesthesiologist in Georgia should annually be a participant with the AMA PAC ($50 minimum), GAMPAC ($250), ASAPAC (no minimum) and GSA PAC ($150 recommended).

In addition to this minimal level of political involvement, individual candidates for elected office that best represent responsible health policy reform need to be supported generously by individuals and groups within the medical community. Ideally, the trend for more physicians to directly participate by running for elected office, the ultimate commitment to responsible advocacy, will continue. If that is not possible, then the above recommendations need to become the expected levels of participation for each of our physician members. Currently, we fall far short of this level of participation.

Congratulations and thanks to those among us who are keeping the leading voices of medicine (barely) heard in the legislative arena. To those among us who do not feel the need to participate at all, you are freeloading parasites on the backs of many who are desperately trying to preserve the dignity and respect for the practice of medicine and represent the best interests of all current and future physicians in the complex arena of health policy reform.

Indeed, the train of health policy reform has already left the station. We can be on it, or we will be under it. We have the ability, knowledge and insight to positively influence and temper the inevitable changes to our healthcare delivery system. Alternatively, we can be on the sidelines or even worse, obstinate and inflexible in which case we will definitely be under the train.

For the sake of those who have positively influenced and shaped our careers, for those who continue to responsibly advocate for our important contributions to society and our individual patients, and for those who will follow us in this noble and worthy profession, I urge every one of us to accelerate the level of our participation and involvement.

Become a physician advocate for responsible health policy change. All aboard!

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Your assets.
Your reputation.

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Summer Meeting 2006

Anesthesia by the Sea

July 28 - 30

The Sea Pines Resort
Hilton Head Island, SC

PROGRAM DIRECTOR

Bruce Hines, M.D.
Northside Anesthesiology Consultants, LLC
Atlanta, GA

12 CME hours offered
(8 seminar, 4 workshop)

Talk about "quality time!"

Harbour Town and the leisurely elegance of the Sea Pines Resort await! Enjoy a fabulous weekend with family and friends while earning up to 12 CME hours. Anesthesia by the Sea is a "can't miss" vacation/professional opportunity.

Georgia Society of Anesthesiologists Presents:
A Workshop on Ultrasound Guided Regional Anesthesia Techniques

WORTH 4 CME HOURS

EDUCATIONAL OBJECTIVES

1. To improve regional anesthesia ultrasound techniques (Friday workshop)
2. To improve emergency care in the PACU
3. To learn to conduct ultrasound assisted peripheral nerve blocks
4. To understand new approaches in pain management and treatment
5. To hear and learn how federal policies impact patient care and your practice
6. To understand improved procedures in ambulatory anesthesia
7. To learn the latest on Malignant Hyperthermia Treatment and Diagnosis
8. To learn how the state legislative process impacts patient safety
9. To better understand changing practice management dynamics

Agenda

FRIDAY/JULY 28, 2006

1:00 – 5:00p	**Regional Anesthesia Workshop/Ultrasound Technique** *Dr. Michael Byas-Smith, Chief Instructor Technical Support by Sonosite*
3:00 – 7:00p	**Registration – The Inn (Lobby)**
5:00 – 7:00p	**Board of Directors Meeting**
5:00 – 9:00p	**Exhibitor Set Up – Conference Center**
7:00 – 8:30p	**Welcome Hospitality**
8:30p	**Dinner on your own with family and friends**

SATURDAY/JULY 29, 2006

6:30 – 7:20a	**Registration/Breakfast with Exhibitors**
7:20 – 7:30a	**Welcome by GSA President**
7:30 –12:30p	**5 CME hour lectures**
9:10 – 10:30a	**Resident Component Meeting** **Anesthesia Assistants Meeting**
1:30p	**7th Annual Doctor/Exhibitor Golf Tournament**
4:00p	**4th Annual Family Ice Cream Social -** *"Dr. Drowsy and the Medicine Bag" Puppet Show*
7:00 – 8:30p	**Evening Hospitality**
8:30p	**Dinner on your own with family and friends**

SUNDAY/JULY 30, 2006

6:45 – 8:00a	**Buffet Breakfast with Exhibitors**
7:00 – 8:00a	**General Business Meeting for GSA Members**
8:00 – 8:10a	**Announcements**
8:10 – 11:15a	**3 CME-hour lectures**
11:20a	**Adjourn**

The Sea Pines Resort

No late registration penalty. Mail or fax this page to qualify.

Registration Card

Please complete both sides and submit with payment

Registrant Name & Title:

_____

Nickname
(for name badge) _____

Home Address: _____

_____

Work Phone: _____

Home Phone: _____

Fax: _____

e-mail: _____

_____

Guest #1: Name & Title (as it will appear on name tag*)

Adult ◯ Child ◯

_____

Guest #2: Name & Title (as it will appear on name tag*)

Adult ◯ Child ◯

_____

Guest #3: Name & Title (as it will appear on name tag*)

Adult ◯ Child ◯

_____

Guest #4: Name & Title (as it will appear on name tag*)

Adult ◯ Child ◯

*Each person attending any function must wear a name badge. The badge serves as an admission ticket to events.

The Georgia Society of Anesthesiologists
1231 Collier Road, NW, Suite J
Atlanta, Georgia 30318
(404) 249-9178 • (404) 249-8831 fax
www.gsahq.org

Registration Card

Please complete both sides and submit with payment

Pre-Registration
(Received with check by 7/21/2006)

Anesthesia by the Sea Seminar (8 CME hours)

GSA Member $300 ◯
GSA Resident $100 ◯
AAs (special) $125 ◯
Non-Member Physician $400 ◯
Non-Member Resident $125 ◯ $_____

Regional Anesthesia Workshop (4 CMEs)

$150 (Optional workshop) ◯ $_____

Late Registration/On-site Registration Fee $100
(Faxed to 404-249-8831 after 7/21/2006
or on-site registration) $_____

TOTAL $_____

7th Annual Doctor/Exhibitor Golf Tournament
1:30 p.m., Saturday, July 29, 2006
(Pay green fee/cart at proshop)
# of players.....
(list names and handicaps at registration desk on-site)

Please make your check payable to "GSA."
Include this form with your check and mail to
1231 Collier Road, NW Suite J Atlanta, GA - 30318

For VISA/MasterCard payments please complete the following: (Note: by signing below you authorize payment for the amount written above for "Total"):

Name (as it appears on card) _____

Account Number _____

Expiration Date _____

Signature of Authorization _____

This form is for Meeting Registration ONLY.
Make your hotel reservations
by calling 888.607.2966 ext. 2
Immediately!
SAVE MONEY, Ask for GSA conference rate.

Secretary-Treasurer's Report

Yung-Fong Sung, M.D.
Secretary-Treasurer

Minutes of General Business Meeting - Jan. 21, 2006

Chateau Elan Winery and Resort, Braselton, GA

In recognition of her long tenure as Secretary-Treasurer, the GSA Board has honored Dr. Sung as *Treasurer Emeritus*

1. **Welcome -** Dr. Brian Thomas, President, called the meeting to order and thanked members for their attendance and participation in the conference.
2. **Review August General Business Meeting Minutes** (published in Winter 2006 Newsletter). Minutes were approved.
3. **Secretary-Treasurer's Report -** Dr. Sung presented the following report:
   - Financial Summary 2005 (Budgeted v. Actual) showing total income of $266,342.44 versus $267,000 budgeted. Also shown, total expense of $237,681.57 versus $255,000 budgeted. Net income was $28,660.87 versus $12,000 budgeted.
   - P & L Last Three Years Comparison
   - P & L for meetings, Last Three Years

   The Financial Report was accepted as presented.

   Special Recognition - Dr. Thomas presented a gift to Dr. Sung in recognition of her more than a decade of service in the Society as Secretary-Treasurer and for her focus on creating a sound financial structure for the Society during her tenure. A standing ovation occurred. Dr. Sung was awarded the designation "Treasurer Emeritus".
4. **Government Affairs Report -** Jet Toney presented a summary of top issues being considered in the current session of the Georgia General Assembly. Most prominent are the several scope of practice expansion bills being pushed by non-physician health care providers. Also under consideration by the General Assembly are bills that would reverse provisions in the 2005 medical liability reform act. He concluded by noting that several specialty societies, including and especially GSA, are joining with the Medical Association of Georgia to fight to preserve the tort reforms of 2005 and repel the scope of practice expansion attempts.
5. **GSA-PAC Report -** Dr. Sween reported that the Committee for Responsible Health Care Policy showed a net income of $12,450.03 in 2005 which would be applied to contributions to pro-patient safety candidates in the 2006 election cycle. Dr. Sween stated that GSA-PAC fund balance as of December 31, 2005 was $58,295.
6. **ASA Director's Report -** Dr. Sween urged officers to attend the ASA Washington Legislative Conference set for May 1-3, 2006. He summarized major points presented in his Winter 2006 Director's Report (see Winter 2006 Newsletter). Dr. Sween praised the work of ASA's Washington office and the ASA headquarters staff for their work, especially in re-organizing and moving the October annual meeting from New Orleans to Atlanta with effectiveness and organizational agility. He also noted that Dr. Tom Price, Congressman representing Georgia's sixth district, is well-placed to move up in the U.S. House leadership due to the solid district base he has earned. Dr. Sween encouraged attendees to support Dr. Price's re-election to Congress by sending a campaign contribution.
7. **Newsletter -** On behalf of Dr. Bannister, Dr. Thomas thanked contributors to the 2006 Winter edition of the Newsletter.
8. **Program and Education -** On behalf of Dr. Bannister, Dr. Thomas thanked Dr. Eddie Johnston for engineering a winter meeting program that has drawn excellent registration. The following list of future meetings was provided:
   - Summer 2006: July 28-30, Sea Pines Resort, Hilton Head Island, S.C, Bruce Hines, M.D., Program Director
   - Winter 2007, Kathy Stack, M.D., Program Director, Evergreen Conference Center
   - Summer 2007: King and Prince Hotel and Resort, St. Simon's Island, GA, Stan Plavin, Program Director, August 3-5
9. **Membership Committee Report/Approval of Applications -** Dr. Clark Driggers presented the list of pending membership applicants. The membership list was accepted. Dr. Driggers presented the following membership report which was also accepted:

Membership Report (as of 1/19/2006)

Active Members

Active	582
Affiliate	23
Life	1
Resident	74
Retired	81
Disability	1
TOTAL	762

Pending Members

Active	24
Affiliate	0
Resident	11
Retired	0
TOTAL	35

2005 Dues Report for Active

Paid	636
PAC Contributors	215
Museum Donation	120

2005 AA-C Dues Report

AA Total Members	52
AA Active	50
AA P-Active	1
AA In-Active	1

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2006 ASA Legislative Conference

Resident's Perspective

Ben McCurdy, M.D.
Secretary, GSA resident component
Chief Resident 2006-07, Medical College of Georgia

Dr. McCurdy

We're all there or have been at some point in the past. As residents, we are often overwhelmed by the demands on our time. We are narrowly focused on the tasks at hand, trying to stay ahead - daily and monthly schedules, conference attendance and examination performance. The last things we consider are government and legislation.

Many of us haven't thought of congressional issues since seventh grade civics. During residency, we often miss the big picture, neglecting the proverbial forest for the trees. I can speak from personal experience. I am currently finishing the CA-2 year of my training. To this point, like most residents, I have been focused on learning all of the facts - physiology, pharmacology, pathology – and delivering quality anesthetic care for my patients. While this is appropriate and reasonable, there is more to providing medical care today. As the majority of practicing anesthesiologists know, the climate of healthcare has changed. Unfortunately, as residents, we are often unaware.

Many, if not the majority, of residents are unfamiliar with the anesthesiology teaching rule, sustainable growth rate (SGR) formula, anesthesia conversion factor and rural pass-through. No matter how many times you read Miller's text, you won't find them there!

My recent trip to Washington, DC with the Georgia delegation served as an eye-opening reminder to educate myself outside the OR. Whether we like it or not, decisions are constantly being made that will direct the future of our specialty. Those of us in the midst of training will feel the repercussions of these decisions throughout our careers. So what's the big deal? Every profession endures change, right? The majority of changes being made in healthcare and anesthesiology are being directed by non-physicians. It is no surprise that many of these decisions are financially-based, sacrificing patient care and physician autonomy. According to many of our nation's decision makers, "doctors are rich enough, so what if they have to spend one less day on the golf course?" If this philosophy continues to drive healthcare reform, ultimately, our patients will suffer.

L-R: Dr. Tom West, Dr. Ben McCurdy, Dr. Al Head, , Ray Brees, Financial Director, MCG Anesthesiology and Dr. Howard Odom between Capitol Hill office visits on May 3.

What can we do? How can we change the current climate? I certainly make no claim to be a politician. I have, however, learned that all business is influenced by politics, and medicine has been forced to become a business. I sincerely love taking care of patients, and this will be my primary focus. At the same time, I do not want to practice anesthesia according to principles and guidelines established by someone who has never spent a day in medical training or touched a single patient. We don't have to give up clinical practice in order create change. I've learned that all we have to be is willing - willing to show up and be involved. Decisions regarding the business of anesthesia are inevitable. Only we can determine if anesthesiologists will be present and have a voice during the debate.

Only we can determine if anesthesiologists will have a voice during the debate.

A delegation from MCG's Anesthesiology training program met with Mr. Aaron Schmidt, veteran Legislative Director with Congressman John Barrow. Mr. Schmidt discussed GSA's concerns about the current underpayment for cases in teaching hospitals with Mr. Barrow, who later signed on to ASA's teaching rule parity legislation.

As residents, our time is limited, but we can establish habits now that will serve us well in the future. Spend one or two weekends a year at the GSA conferences where you can begin learning more about the "business" of our specialty and how we can have an impact. Participate in the GSA political action committee (PAC) and attend the 2007 ASA Legislative Conference with the Georgia delegation. It's easy to sit back and convince yourself that someone in Washington is fighting for our interests, but don't be deceived. We have to take responsibility for the future of anesthesiology. As they say in our nation's capital, "come to the dinner table or you'll be dinner."

Washington, D.C. May 1-3

1st Timer's Perpsective

Lee S. Davis M.D.

The trip to the ASA legislative meeting this spring was my first. It was with great anticipation that I headed to the Atlanta airport early Monday morning. Although I had heard great things from my partners who had attended this meeting previously, I would not be disappointed. I have certainly attended meetings that were more relaxing, and perhaps entertaining, but few if any have offered the education in politics I received from this meeting.

Two full days of lectures, question and answer sessions, and speeches by top politicians were exhausting and rewarding. We heard from Senator Pete Stark as well as from rising political star Congressman Eric Cantor. Ron Szabat, Director ASA Office of Governmental and Legal Affairs, was a highly entertaining and informative speaker. Tuesday's lunch presentation was by election analyst Larry Sabato who offered a fascinating prediction of the 2008 presidential race. You might not want to know who he thinks will win!

Monday and Tuesday were capped off by great dinners arranged by Jet Toney. At dinner I was able to talk with other GSA members and hear about their practices. Afternoon runs through Washington's beautiful parks and monuments eased the "fanny fatigue" and was a great way to better see the layout of the city.

Wedsnesday was probably the best part of the meeting. Armed with all the important "talking points" we headed out to meet our elected officials. This was a great new experience for me. We were warmly received at each office. We met with staff from Representatives Lewis, Marshall, and Gingrey.

On the Senate side we actually got to meet for several minutes with both Senators Chambliss and Isakson. Of course, my personal highlight was speaking to former Bulldog great Herschel Walker who was meeting with Senator Chambliss.

I would encourage all GSA members to attend this meeting in the future. Many thanks to Jet Toney for the great work he does for the GSA. He is well connected, and we are very fortunate to have him as our political consultant.

I hope to see you there next year!

(L-R) GSA President Eddie Johnston, GSA Government Affairs Chair Richard Muench, U.S. Senator Johnny Isakson, R-Georgia, and Dr. Lee Davis. Senator Isakson is a staunch supporter of laws protecting patient safety. His entire political career reflects a consistent pro-health care philosophy.

Dr. Tom Price, Member of Congress representing Georgia's Sixth District, has taken a lead in the national legislative discussions on health care and insurance reform. This GSA delegation met with Dr. Price to present a contribution to his re-election campaign which includes both a primary and general election challenge.

ASA in touch with 'real world'

Howard Odom, M.D.
Chair, Anesthesia Care Team Committee

This was my first visit to Washington for the ASA Legislative Conference. I expected a very different experience of Washington than during my previous tourist visits. There would be long-winded 'political speak' most of which was irrelevant to the problems of daily anesthesia practice with very few real solutions offered.

Well, I was right about the different experience of Washington! Thankfully, my cynical view was wrong about the relevance and practicality of the conference. ASA is in touch with the real world of daily practice. I was impressed by the depth of insight among ASA's leadership & the expertise on tap in the ASA Washington office. They are focused on the important issues and have worked to formulate solutions that make sense for our profession and also benefit us as individual members.

The Legislative Conference is immensely informative on both national and state issues. There were practical how-to sessions on lobbying visits to Congressional offices. Even as a first-timer, I felt prepared to state the issues clearly with specific suggestions for action. The banner issue was fixing the Medicare reimbursement rules for residency training – the "Anesthesia Teaching Rule." A real bill was introduced just as we were arriving in town which has already garnered significant bipartisan sponsorship. The visits to the Congressional offices were a memorable highlight of the trip.

State level issues were also addressed during the conference. One report from the North Carolina delegation on establishing Anesthesiologist Assistant practice was a particularly eye-opening chronicle of state society political action, the lessons learned and the ongoing effort required. Dr. Gerald Maccioli commented that "there is not a North Carolina legislator who doesn't know an anesthesiologist." By this measure, we must certainly have our work cut out for us in Georgia.

Overall, I learned that my perspective was much too small and short term.
Political action is a marathon, not a sprint. I don't have

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A Critical Time...

(Continued from page 1)

small number of anesthesia subspecialty fellowship training programs that have a mandatory requirement for research. Most anesthesia fellowships are clinical in nature and last only one year. This prepares the fellows to become excellent clinicians in a subspecialty (such as cardiac, obstetric, or pediatric anesthesiology, critical care, or pain medicine), but the fellowships are too short to permit the fellows to do meaningful research or learn the techniques necessary to become independent researchers. Additionally, the availability of high paying clinical jobs induces trainees into private practice, and most are unwilling to spend extra time to receive the training necessary for a successful academic research career.

If other specialties can do this, why not Anesthesiology?

To counter this argument, the authors note that in other medical specialties like cardiology, fellows are required to commit to two or three years and there is a requirement for research training during the fellowship. In spite of the extra time and research requirements, these fellowships (like cardiology) attract individuals who would otherwise be able to enter lucrative clinical practice. If other specialties can do this, why not Anesthesiology?

In April, I attended a retreat organized by the Foundation for Anesthesia Education and Research (FAER) which included representatives from academic and subspecialty organizations. After a very productive discussion, the group agreed to begin to work on a plan to encourage more research fellowship opportunities. This is a complex undertaking that will require agreement between anesthesiology department chairs, residency accrediting organizations such as ACGME and medical centers.

A solution to these problems must be found. Anesthesiologists have been leaders in the area of patient safety. To maintain this role and to continue to find new and better ways to protect our patients, we must ensure the health of our academic anesthesia departments. Our training programs are currently attracting excellent residents, the top students from the best medical schools. We now have the opportunity to interest these residents in academic careers and mentor them to be researchers. It is only through support of these efforts that anesthesiology will maintain its role as the leader in patient safety and that continued research will provide new discoveries to make our practices safer.

ASA in touch with 'real world'

(Continued from page 13)

any excuse for sitting in Georgia being cynical and whining about Washington. The three days in early May were only the beginning of my personal involvement. I have a new view of the process and will definitely be going back in the years to come.

Another 1st Timer's Perpsective

Scott Foster, M.D.

This was my first time attending the Legislative Conference and I will give you the following advice: GO TO THE ASA LEGISLATIVE CONFERENCE NEXT YEAR!

There is NO substitute. Find a way to go if you've never been before. If you've been before, offer to work for one of your colleagues so they can go. Encourage everyone in your practice to go at least once in their career. You will not regret it. In my practice group we pay the people who go just as if they were working in the O.R. It is that important.

What impressed me the most was how much the legislators want to meet and hear from the people in their own districts. In every legislator's office we were asked "Oh, are you from our district?" It was NOT just a coincidence that the AANA was in Washington the previous week. Your legislator wants to get his or her information about anesthesia issues from "someone who lives in the district." If they are visited by the CRNA's that live in the district and the Anesthesiologists in the district fail to make the effort to visit, who do you think the legislators will call when they have a question related to anesthesia or medicine? It won't be you. Think about it.

GO TO THE LEGISLATIVE CONFERENCE NEXT YEAR!

2006 ASA Washington Conference Attendees

Arnold Berry, M.D.
Scott Foster, M.D.
C. Alvin Head, M.D.
Benjamin McCurdy, M.D.
Howard Odom, M.D.
Steven Sween, M.D.
Thomas West, M.D.
Ray C. Brees
Lee S. Davis, M.D.
Rick Hawkins, M.D.
Eddie Johnston, M.D.
Richard Muench, M.D.
Keith Robinson, M.D.
Jet Toney
James R. Zaidan, M.D., M.B.A.

Secretary Treasurer's Report

(Continued from page 11)

10. Committee Reports

- **Bylaws -** Dr. Berry presented the proposed amendment regarding Retired members and noted that the information in the 2006 Winter Newsletter is not correct. He presented correct information and a motion was made and seconded to accept the recommendation to amend the bylaws regarding Retired Members.
- **Anesthesia Care Team -** Dr. Odom reported the following information:

  ASA Report on Care Team Issues

  The pathway to re-entry of ASA into sponsorship and involvement in Anesthesiologist Assistant (AA) education was completed at the 2005 Annual Meeting in Atlanta. The 2005 House of Delegates completed a more than three year process that included;
  - Endorsement of the profession by the House of Delegates,
  - Educational Membership status for AAs
  - Bylaws additions to institute standing committee oversight of ASA involvement in AA Education & Practice
  - Extended the CAAHEP sponsorship of Respiratory Therapy and EMT-Paramedic health professions to include the AA profession
  - Action to assume the role as sole physician Sponsoring Organization for the AA profession
  - Participation on the Accreditation Review Committee for AA Education (ARC-AA).

  The new chair of the ASA Anesthesia Care Team Committee is Jeff Plagenhoff from Alabama succeeding Art Boudreaux who was elected Assistant Secretary of ASA.

  Anesthetist Education Report

  New AA Programs
  - Nova Southeastern University in Ft. Lauderdale is the newest AA program.
  - Their site visit for possible initial accreditation was on January 13, 2006.
  - The program will launch this summer with 20-30 students.
  - First students will graduate in August 2008.
  - South University in Savannah will graduate its first class of 11 AAs this summer.

  Established Programs
  - Emory produces approximately 30 AAs per year presently and expects to increase to 34 in 2008.
  - Case Western produces 12-15 AAs per year. Total output beginning 2008 -- 90 AAs per year.
- **Nominating Committee -** Dr. Eddie Johnston presented the nominations for GSA Officers 2006 which were approved without contest by unanimous consent.
- **Crawford W. Long Award -** Dr. Peggy Duke explained the process for nominating a member for the distinguished service award and encouraged members to consider a nomination for the Society's most prestigious recognition. She stated that a nomination had been made and approved and would announced at a later date.
- **Representative to MAG -** Dr. Sween encouraged GSA members to join MAG.
- **Rep. to Medicare/Medicaid/Practice Mgmt. -** Dr. Chip Clifton reported on state and federal reimbursement issues and managed care contracting questions. He asked attendees if any of the practice groups had been told by their hospitals that they would have to accept any offer from a managed care company in order to practice in the hospital. No one responded in the affirmative.

11. Presidential Recognition -

Dr. Johnston presented an engraved crystal bowl to Dr. Thomas in recognition of his year of service as GSA president.

12. Adjourn

Committee Reports

Program & Education Committee

Carolyn Bannister, M.D., Chair

By popular demand, Dr. Bruce Hines has planned an ultrasound-guided hands-on regional anesthesia workshop at the upcoming summer meeting! Your feedback on course evaluations was greatly appreciated, and the addition of this workshop to the summer curriculum is Dr. Hines' response to member requests.

The workshop is scheduled for Friday afternoon at Sea Pines. There will be a minimum number of registrants required to offer the course so if you have not already done so, register as soon as possible.

Dr. Michael Byas-Smith and colleagues of Emory University agreed to conduct the workshop which will include a brief introductory lecture and then hands-on regional anesthesia stations with human models. Dr. Byas-Smith has conducted this workshop at Emory for the attending physicians and residents for several years and has presented this workshop at national meetings. It should be a valuable learning experience and a very timely workshop. We hope to see you there! Look for the registration information elsewhere in this newsletter.

The Program and Education Committee currently has enlisted program coordinators for the educational meetings through the summer of 2007. Please notify the committee of any interested members who you think would plan an appealing educational meeting.

As stated above the upcoming "Anesthesia by the Sea" meeting is being coordinated by Dr. Bruce Hines and is being held at Sea Pines Resort on Hilton Head Island. This curriculum promises to be a great educational opportunity and the meeting a lot of fun. Complete your registration (in this *Newsletter*) and make your hotel reservation today!

Dr. Kathy Stack will coordinate the winter 2007 meeting in January at Evergreen Conference Center, Stone Mountain Park. This will be a one-day meeting yielding approximately 8 CMEs; the General Business meeting will be held at lunch.

Dr. Stan Plavin has volunteered to coordinate the summer 2007 educational meeting. The meeting will be held August 3-5 at the King and Prince Beach Resort on St. Simon's Island, Georgia.

The committee appreciates all those who took time to respond to the educational survey conducted over the last year and those who respond to the course evaluations. The comments and suggestions for future meetings are collated and circulated to future meeting coordinators to help in planning meetings that meet the needs of the membership.

Continued on next page

Crawford W. Long Award Committee

Peggy G. Duke, M.D., Chair

The Crawford W. Long Award is given to a member of the GSA who has an outstanding history of service to the GSA. This award has been very infrequently given since its inception. Since the inception of the GSA, the award has been presented to only seven individuals. The award was presented to Drs. Volpitto, Steinhaus, Frederickson and Gramling. Then the award was not presented again for over ten years.

In August 1999, it was presented to Drs. Buck Hill and Joe Johnston. Dr. Ron Dunbar retired from clinical practice in 2000, and for his long and distinguished period as the editor of the GSA newsletter and other service contributions to the GSA he was awarded the Award in August of 2001.

As President of the GSA in 1998, I appointed a committee to ensure that we keep the membership aware that we do have this award to honor those among us who have made significant contributions to our society. That original committee worked to formalize a process to enable members of the GSA to nominate those candidates considered worthy of the award.

The following outlines the process.

1. Purpose: To honor people who have made exceptional contributions to the GSA. These contributions must have been made in the tradition of service as exemplified by the life and medical practice of Crawford W. Long, M.D.
2. Eligibility: Eligibility is established by making contributions that have furthered the aims of the Society and enhanced the professional status of the medical specialty of Anesthesiology. Under normal circumstances only GSA members are eligible, however, in cases of extraordinary contribution, the Award could be given to an individual who is not a member of the Society.
3. Frequency: The Award is not an annual award, but is given only when individuals who have made exceptional contributions to the Society are nominated. The committee felt that to routinely present the Award every year would dilute its significance.

Continued on next page

Program & Education Committee

(Continued from previous page)

The committee would like to hear from any members interested in coordinating one of the educational meetings held biannually for the GSA. We are fortunate to have the assistance of the staff at Cornerstone Communications. Their efforts on our behalf in securing desirable meeting locations, negotiating contracts for meeting facilities, coordinating speaker materials, advertising the meetings, registering attendees and awarding CME credits under the auspices of MAG are invaluable.

We welcome ideas for improvement of format, dates, location, content, agenda, and potential speakers for the educational programs. This is your society; one of the important missions is educational opportunities for life-long learning for our members. Please let us know what you wish to have presented in the educational meetings. Email me at carolyn.bannister@emoryhealthcare.org.

Crawford W. Long Award Committee

(Continued from previous page)

4. Nominations: Only members of the GSA can make nominations for this Award. Nominations must be by letter and must state the contributions of the nominee that qualify him or her for the Award. All nominations should be sent to a member of the Crawford W. Long Award Committee. Nominations may not be by telephone, E-mail or other form of communication. The nominations are recommended to the Board of Directors. The Board of Directors must approve a nominee by two thirds of the members present at that meeting.
5. The award: The President, who has the privilege of making the Award, may delegate this privilege. The time and place of the Award presentation are chosen by the President to be beneficial to the Society. Location and timing of the presentation ceremony should facilitate attendance by GSA members.

This award is designed to be the highest award the GSA can bestow on one of its members.

I encourage you to send to the Crawford W. Long Award Committee written letters of recommendations for a candidate you consider deserving of this award.

Winter Meeting 2007

January 20, 2007

Marriott Evergreen Conference Resort

Stone Mountain Park
www.evergreenresort.com
www.stonemountainpark.com

Program Director
Kathryn Stack, M.D.

Marriott EVERGREEN CONFERENCE RESORT

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