

GSA Version 2.0

By Howard Odom, M.D.
President



The Winter Meeting at Stone Mountain marked a notable occasion for GSA – our 60th anniversary as a chartered component society of ASA. Despite a threatening ice storm, the commemorative reception was a real highlight event for our Society. Dr. Kathy Stack organized the reception wonderfully. Dr. Yung-Fong Sung made her contribution as producer

of a slide show recounting the Presidents of GSA through the years including photographs of many of the past leaders. The scrapbook of contributed photos was a real crowd pleaser. Dr. Arnold Berry presided and introduced the Past Presidents who attended. In short, it was a very pleasant evening of food, friends and memories.

Historically, anesthesiology has attracted technologically minded, methodical people into a dynamic healthcare setting where reliability and safety are paramount. Georgia anesthesiologists have made many significant contributions to anesthesia care and the specialty of anesthesiology. The foremost example of the physician-led team approach to safe, accessible patient care is played out each day by Georgia groups who practice in the Anesthesia Care Team mode. National leadership as ASA President by Dr. John Steinhaus (1970) and Dr. John Neeld (1999) is evidence that Georgia anesthesiologists rise to the occasion and serve the entire specialty. Elections at the ASA Annual Meeting this October will see a bid by Dr. Steve Sween to become Vice Speaker of the House of Delegates. Steve has served GSA well as Director (our representative to the ASA Board of Directors) again elevating Georgia's profile nationally. The list of ASA Committee members is a long and strong one.

Since that evening marking the legacy of GSA, I have been thinking a lot about what milestones and landmarks could – and will – be added during the next several years. Today GSA members are facing challenges unimagined by our predecessors who founded the Society during the Korean War era. The social programs launched during the Viet Nam era carry on an outdated system today that threatens to wring the life out of the providers who are expected to push the level of service ever higher.

My belief is that **GSA must enter a new phase of our organizational life** – a sort of Version 2.0 – to best serve the interests of our members. What began as a cooperative of

pioneers defining modern scientific medical practice must now actively work to survive within a highly flawed healthcare delivery system and to extend our influence into the policy-making arena.

The tasks ahead are substantial and will require methodical strategies, consistent effort, and a continuity plan as leadership changes each year. A coherent organizational strategy can be constructed in annual installments for each leadership team. Consistent effort is in the DNA of our Society as our sixty-year legacy will attest. But where do we begin?

There are five areas that emerge when examining the various functions and roles of the society:

1. Society Administration – how we run our society
2. Education & Member Services – how we run our meetings and serve our members
3. Advocacy – how we represent our interests to policy makers
4. State Medical Relations – how we participate in the 'house of medicine' in Georgia
5. ASA Component Society – how we participate in our national professional society

Re-engineering the Society for 'continuum of leadership'

This list has been a bit overwhelming as I have considered the leadership agenda for this year. Of course, the fact is that only so much can be accomplished in any one year even with the deep resource pool we are fortunate to have in our society. So, my plan and hope for this year is to make some meaningful progress in each of these areas. In fact, some initiatives are already well underway. But what I believe is even more important is to set a course of sustainable progress and continuity in the years to come by working actively with Dr. Bruce Hines and Dr. Rick Hawkins who will be the Presidents in 2009 & 2010, respectively.

What will GSA 2.0 look like? What features and benefits

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Editor's Corner

Kathryn Stack, M.D.
Editor



Welcome to the spring issue of the *GSA Newsletter*. I hope the quarterly editions of the newsletter keep you informed and interested in the activities of the Georgia Society of Anesthesiologists. Many thanks to Dr. Carolyn Bannister and the officers of the GSA for their confidence in me as the *GSA Newsletter's* editorship gradually transitions. Dr. Bannister and Dr. Ron Dunbar, before her, have set the bar high! I deeply appreciate Dr. Bannister's commitment to remain Senior Editor and assist me in this transition. Special thanks to Jet Toney, Todd Holden, Cynthia Thomas and the staff at Cornerstone Communications Group who do the

bulk of the work in producing this newsletter. They are a staff of the most dedicated, professional, and kind-hearted people.

On the heels of Aetna's decision to postpone their policy of dropping coverage for anesthesia-administered propofol sedation for routine colonoscopy, I want to pass on a story told to me about a month ago. A close friend of the family, a "lay" person with no medical background, recently underwent a colonoscopy at an ambulatory facility. Included in his preoperative packet of paperwork was information about sedation for colonoscopy and a disclaimer that not all insurance companies would cover sedation provided by an anesthesiologist or anesthesiologist for colonoscopy. In that case, the endoscopist's nurse would provide sedation. Had there been no specific mention of different possible providers of the sedation for colonoscopy, my friend may have never raised an eyebrow at the issue. But, it was evident there were differences between the sedation protocols, although he did not know precisely what they were.

Having no direct medical knowledge to support his theory, my friend postulated that anesthesia-administered sedation might be better than sedation administered by the doctor's nurse. Although my friend preferred anesthesia-administered sedation, he was reluctantly satisfied to accept what mode of sedation his insurance company would cover. Fortunately, his insurance company did cover anesthesia-administered propofol sedation, and his experience with propofol was safe, unmemorable, uncomplicated and short-lived.

Precertification, medical necessity, primary care physician referrals – these are all insurance issues familiar to patients. While my friend's trust lay in the hands of his medical providers, the idea that this medically-indicated routine screening test was further subject to insurance scrutiny was disturbing. Whether an endoscopist deems anesthesia-administered sedation advantageous (or not), or anesthesia-administered propofol is significantly safer for routine colonoscopy (or not), or an anesthesia practice has enough personnel available to administer sedation for routine colonoscopy (or not) can be debated amongst the medical specialists. But, the pervasive intrusion of the insurance companies needs to be kept at a minimum. Patients are caught in the middle of a financially motivated, pseudo-medical algorithm between physicians and insurance companies. Maybe Aetna has heard a bit of the outcry from anesthesiologists, gastroenterologists, and patients/consumers, as they are "postponing" for now their policy to drop coverage for anesthesia-administered sedation for routine colonoscopy. But a policy postponed is not a policy scrapped. Keep up the fight for patient safety, as patients should expect medical specialists to determine the standard of care!

I hope that readers will submit their responses, opinions, and thoughts to any of the issues included in the *GSA Newsletter*. An expanded Letter to the Editor section could provide an effective forum for the exchange of ideas and experiences.

ASA Director's Report

Steven L. Sween, M.D.
ASA Director



The ASA Board of Directors (Board) met in Chicago on February 23-24, one weekend earlier than is our custom because of the meeting of the World Congress of Anesthesiology in South Africa during the first weekend in March. Weather always seems to be a factor for some to attend the interim meeting of the Board, and this year was no exception. However, most members of the Board or their

alternates were seated, and the meeting was productive. The very new Executive Director of the ASA Park Ridge office was introduced to the Board. Mr. John Thorne, a Certified Association Executive, brings extraordinary experience and a level of association executive potential to ASA that will very likely provide ASA huge returns and great advantage in our efforts to transform the organization and prepare for our future. As I reflect upon the many topics that were addressed at this meeting of the Board, I am compelled to discuss two of the most important and controversial motions brought before the assembly, and briefly describe the important ASA "branding" campaign that was presented for information to the members, but not requiring any action by the Board.

The first controversial motion heard by the Committee on Administrative Affairs was the Committee on Anesthesia Care Team (CACT) recommendation to approve the ASA Statement on Anesthesia Care

Team, as modified by the re-insertion of new sections defining "qualified anesthesia personnel" and addressing the issue of leaving non-physician students alone in an OR. This is a passionate issue that both the ASA Board and the House of Delegates (HOD) have repeatedly struggled with over the past couple years. To some, it is absolutely obvious and without compromise that a SRNA or AA student should never be left alone to care for an anesthetized patient. This was essentially the recommendation of a complex report from CACT, chaired by Dr. Jeff Plagenhoef, ASA

Director from Alabama, except that their statement did allow for very brief breaks in supervision such as a bathroom break or to acquire a piece of equipment from a nearby location. Other Board members believe that students can safely be left

in a room and assigned to cases at later stages in their training without continuous supervision. In fact, one of their arguments alleges that surely a more senior SRNA is at least as safe as a new junior resident, who is routinely placed in a position of intermittently supervised, direct patient care.

This complex patient safety, staffing, financial and political



Dr. Steve Sween, ASA Director from Georgia, addresses the House of Delegates during floor action last October at the ASA Annual Meeting in San Francisco (Image provided by Chad Wyatt Photography).

issue primarily impacts those institutions and anesthesia organizations involved in the formal training of non-physician anesthesia providers. I do not believe that block of voters

represents a majority of either the Board or the HOD, but it is important that a position of compromise be reached regarding this important and complex debate. It is interesting that this challenge to define what constitutes a qualified anesthesia provider arose when the Society of Cardiovascular Anesthesiologists (SCA) called upon ASA to condemn the practice of anesthesiologists leaving the OR while on cardiopulmonary bypass, entrusting the cardiac perfusionist to the anesthesia care of the patient. In fact, as this highly charged debate has evolved, the cardiac perfusionist as substitute anesthesia provider has

barely been mentioned. After more than an hour of testimony on this single Anesthesia Care Team statement, a substitute, less restrictive modification (compromise) was formulated by the

**I wouldn't be at
all surprised if
Board action is
disapproved in favor
of the original, more
restrictive statement.**

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In Memoriam



(Image provided by Chad Wyatt Photography)

Bertram W. Coffey, M.D., 1942-2008 Visionary led NCSA and ASA advocacy

Dr. Bert Coffey practiced medicine in North Carolina and served in leadership positions in the NC Society and American Society of Anesthesiologists, but he is remembered by Georgia anesthesiologists who marvel at his remarkable influence on elected

officials at the highest level of American government. An activist anesthesiologist, Dr. Coffey wrote the book on grassroots advocacy, advising politicians and policy makers on health care issues beyond even the scope of anesthesia.

“Bert Coffey’s relationship to and strong friendship with the honorable Senator Jesse Helms is legendary, and ASA leaned on that relationship many times, including during the very contentious Medicare COP battle,” ASA Director Dr. Steve Sween said. “Anesthesiology has lost a true friend.”

Bertram Watts Coffey, M.D. lost his battle with brain cancer on Thursday, April 10, 2008. He was 66.

“Anesthesiology has lost a valued friend,” said Dr. John Neeld, M.D., former ASA president.

He recognized the importance of relentless public sector advocacy and was a major contributor to the growth and success of ASA’s Washington office, Neeld said. “Through his friendship with Senator Jesse Helms he played a key and largely unrecognized role in the Bush administration’s decisions about physician supervision of CRNAs. He truly understood that great things can happen if one does not care who gets the credit.”

“He was the long-term chairman of one of the most respected anesthesia private practices in the South where he emphasized to his colleagues the importance of comprehensive involvement for anesthesiologists,” Sween reflected. “He was a former chairman of the (ASA) Southern Caucus, and without question, one of its most respected and respectful members and strongest voices.

“He was a true southern gentleman who happened to be an anesthesiologist.”

Dr. Coffey practiced medicine for 43 years, most of those years in North Carolina. He served on numerous state and national anesthesia committees.

As the treasurer of the re-election committee of U.S. Sen. Jesse Helms, R-North Carolina, Dr. Coffey earned a functional proximity and access to one of the nation’s most powerful federal officials. He leveraged such grassroots influence at the state level as well, serving as a mentor to politicians and to physicians seeking to impact government policy making on important health care issues.



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Secretary Treasurer’s Report (Continued from page 11)

questions and responses. He stated that he and Dr. Arora would work towards a Practice Management handbook based on member inquiries and prevalent issues.

- **Representative to MAG**

Dr. Sween reported that three anesthesiologists are serving on the MAG Council on Legislation. He noted the importance of strong working relationship with MAG and the importance of GSA members joining and participating in MAG.

Dr. Berry reported that Dr. Jud Cuttino represented GSA at the 2007 MAG House of Delegates. He stated that MAG is increasing its outreach to specialty societies.

- **CWL Museum**

Dr. Bill Hammonds reported that the museum in Jefferson, Georgia, has received a \$100,000 community development grant and that renovation work had already begun. He noted that fundraising efforts are in the works and that the city and business leaders have embraced renovation and

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Committee Reports

Practice Management Committee

Jason Williams, M.D.
Chair



The ASA hosts a conference each year that is dedicated solely to Practice Management. It was held this January in Tampa at the Marriott Waterside Hotel. The topics covered everything from the economics of ambulatory surgical centers, to employment of anesthesiologists, to even how to negotiate with hospital administrators.

One remarkable presentation by Norman Cohen, MD reviewed the decade long work of ASA's RUC committee (relative value scale update committee). This group of volunteers has been intimately involved in improving Medicare's reimbursements to anesthesiologists.

**we are able to
right some wrongs**

Many volunteer hours sitting with bureaucratic accountants and administrators have been dedicated by these key members of the ASA in correcting many of the flaws that were instituted back in 1991. That is when the Healthcare Financing Administration (HCFA) reduced payments by a calculated 40%. With the increasing number of payers moving to use Medicare rates as their benchmark measure of payments, there are several factors to understand about the present system and what additional work is before us.

The first point is that the grossly inadequate payments have only been slightly corrected bringing us up to where we were in 1992; a small but important step. (This is even more significant due to the fact that most physicians will have a 10% drop this year with programmed Medicare cutbacks.) Second, the work involved in this correction pointed out many of the flaws that CMS uses in their payment structure. For other payers to use CMS's plan as a "benchmark" of an adequacy for their payments just incorporates an already defective model. Third, it points out that when we stick together and put in some hard work and dedication, we are able to right some wrongs—even though we are not there yet.

The threat on the horizon is that **some of these gains will be eroded unless** Congress adopts further legislation this year. As of July 1st, there will be a 10.1% scheduled cut in Medicare payments. We must contact our congressmen not only to

remove the cut, but also to completely eliminate the flawed Sustainable Growth Rate payment structure.

The conference was well organized and worth the trip. A copy of the 2008 manuscripts and abstracts can be ordered online at www.asahq.org. Individual chapters like the one by Dr. Cohen above can be ordered as well. Next year's conference on practice management will be held in Phoenix Arizona on January 23, 2009.

Last, it is well worth the time to go online and visit GSA's and ASA's websites at www.gsaq.org and www.asahq.org. Everything from information on upcoming meetings to publications and practice advisories can be found and ordered from there. In particular, you can go to ASA's homepage and find pamphlets for patients to answer concerns for awareness under general anesthesia. These websites are actually pretty useful. Check them out when you get the chance!

Secretary Treasurer's Report (Continued from page 4)

promotion of the museum. Dr. Hammonds announced that the grand re-opening gala would be a fundraising event for the CWL Museum Foundation.

- **CWL Award nomination**

Dr. Peggy Duke announced that Dr. Yung-Fong Sung will be awarded the Crawford W. Long recognition at the GSA summer meeting. She said the rare honor is bestowed by the members on persons who have demonstrated considerable and exemplary service to the Society.

- **Committee on Reimbursement**

Dr. Berry reported that the Board has approved an expansion of re-imburement for expenses incurred on GSA business to more adequately reflect the out-of-pocket expense of participating in events and programs.

- **Nominating Committee**

Dr. Berry presented the proposed 2008 slate of officers as presented by the Nominating Committee. A motion was made to close nominations and elect the nominees by acclamation. The motion was seconded and passed.

Adjourn

Dr. Berry closed the business meeting by expressing his appreciation as President to those who had served the Society during his tenure. Dr. Odom presented Dr. Berry with a crystal recognition of his service as president. Dr. Odom adjourned the meeting

GSA

Summer Meeting 2008

July

25 - 27, 2008

Sea Pines Resort: Hilton Head Island, SC

Activity Director

Ellen W. Boney, M.D.
Preferred Anesthesia Consultants, LLC
Rome, GA

Lowering Your Handicap, Raising Your Revenue:

The Business of Anesthesia

Productivity, efficiency, and economics are common themes for the GSA Summer Meeting. Activity Director Dr. Ellen Boney has secured nationally-known speakers for **Lowering Your Handicap, Raising Your Revenue: The Business of Anesthesia**. The seminar and social events will be held July 25-27, 2008 at Sea Pines Resort on Hilton Head, South Carolina.

Amr Abouleish, MD, MBA, will speak on three topics: Responding to "You're Too Inefficient, Work Faster" (current ASA Refresher Course Lecture), "Working Hard, Hardly Working: Measuring Clinical Productivity for Individual Anesthesiologists" and "Incentives, Bribery, Behavior Modification, and Parenting Skills: A Primer for Anesthesiologists." Dr. Abouleish is a Professor of Anesthesia at University of Texas Medical Branch. His special interests include Economics and Management of Anesthesia Care and Operating Room Management.

Franklin Dexter, MD, PhD will be speaking on "Economics of Turnover Time Reduction" and "Principles of Anesthesia Institutional Support." Dr. Dexter is the Director of the Division of Management Consulting and is a Professor in the Departments of Anesthesia and Health Management and Policy at the University of Iowa.

David Mandell, JD, MBA will lecture on "Retirement and Practice Exit Strategies for Today's Anesthesiologist" and "Asset

Protection Strategies for Today's Anesthesiologist." Mr. Mandell writes for several medical journals, including *Anesthesiology News*. He has published several books on wealth protection for physicians. He is a partner in Jarvis and Mandell, LLC and now in O'Dell, Jarvis and Mandell, LLC which specializes in retirement planning and asset protection for physicians.

Roger Moore, MD will be giving the ASA Update talk. He is the President-Elect of the ASA. Dr. Moore specializes in pediatric cardiac anesthesia at the Deborah Heart and Lung Center in Brown Mills, New Jersey. He is Chairman of the Department of Anesthesia at Deborah.

The meeting will be in the world-renowned Harbour Town area of Sea Pines Resort on Hilton Head. Sea Pines is an upscale family beach, tennis and golf resort. The educational conference center overlooks the Harbour Town Golf Course at Sea Pines, which is home to the Heritage Golf Tournament each spring.

There will be family-oriented receptions Friday and Saturday evenings and a Saturday afternoon ice cream social for children of all ages. Plan to catch up with old friends and make some new friends.

Faculty

Amr Abouleish, M.D., MBA
Professor
The University of Texas Medical Branch
Galveston, TX

Franklin Dexter, M.D., Ph.D.
Professor, Dept. of Anesthesia
University of Iowa
Iowa City, IA

David Mandell, JD, MBA
O'Dell Jarvis Mandell, LLC
Cincinnati, OH

Roger A. Moore, M.D.
President Elect, ASA
Chair Emeritus, Dept. of Anesthesiology
Deborah Heart and Lung Center
Browns Mill, NJ

Register on-line at www.gsahq.org

Winter Meeting Review

Anesthesiology: Our Past to the Present

Thomas Fuhrman, M.D.
Activity Co-Director



The annual Winter Forum of the Georgia Society of Anesthesiologists was held on Saturday January 19, 2008. While the meeting was not “snowed-in”, the Evergreen Conference Center in Stone Mountain Park was covered in a blanket of white by day’s end. The reception in honor of the history of the GSA that evening completed

an excellent educational experience. The theme for the meeting was *Anesthesiology: Our Past to the Present*.

The *Present* (and future!) was well represented by the initial presentations by resident/fellow representatives of the two anesthesiology programs in Georgia. They discussed research from both Emory University and the Medical College of Georgia. Even if you are not a research oriented practitioner, the knowledge that Medicare will pay for time spent educating patients in the preoperative period regarding smoking will certainly benefit your practice.

Seven other presentations were given by a renowned group of invited speakers. One of the distinguished presenters was by **Robert E. Johnstone, MD** who is the Professor of Anesthesiology at West Virginia University and the newly elected Vice President for Professional Affairs of the American Society of Anesthesiologists. He first spoke about the *Airway in Trauma*. By definition, a lecture on the Airway given to anesthesiologists is a review, but nonetheless it is a topic that every anesthesiologist should reassess often. It is always interesting to listen for little pearls that may come in handy for the next difficult airway case.

Dr. Johnstone’s second presentation, *Anesthesia Practice in the Future* was both enlightening and thought-provoking for the audience. His term in office as Vice President for Professional Affairs of the ASA will be interesting and challenging.

Eugene Fu, MD, Associate Professor of Anesthesiology and Chief of Neuroanesthesia at the University of Miami discussed two topics from his specialty. These were *Anesthetic Challenges in the Patient with Parkinson’s Disease* and *Medicolegal Issues in Neuroanesthesia*. From his presentations, it was easy to see that even those practices that

do not include neuroanesthesia are held to the same standards of knowledge and patient care.

Brian W. Carlin, MD, FCCP, FAARC, and Associate Professor of Medicine at the Allegheny General Hospital of Pittsburgh, PA presented two lectures on aspects of sleep apnea. There are varying estimates of the incidence of sleep apnea. Articles quote numbers stating that 12 to 18 million Americans have sleep apnea. Dr. Carlin is a Pulmonologist and an expert in sleep medicine. He is a representative of the American College

of Chest Physicians to the National Board for Respiratory Care and will help coordinate the upcoming examination for the credentialing of respiratory therapists in polysomnography. His two topics were *Sleep Disordered Breathing and Anesthesia: What should I do?* and *Sleep and the heart: Implications for Anesthetic and Surgical Management*. While sleep apnea may seem like just an airway and possible postoperative problem, it was interesting to learn that 30% of cardiac disease patients, 50% of



A historical drawing of an Apothecary's shop.
Early 19th century.

CHF patients, and 83% of drug resistant hypertensive patients have sleep apnea. The more we learn about this condition, the more we are aware of its significance to anesthesiologists.

It might have made several in the audience wonder what was going on when William Hammonds, MD, MPH of the Medical College of Georgia started his presentation.

However, it did not take him long to show how relevant the analogy between physicians and apothecaries is to our present situation. George Santayna, a philosopher, essayist, poet and novelist said: “Those who cannot learn from history are doomed to repeat it.” History can provide solutions, increase understanding, and almost always provide a better perspective to problems. The last several decades have seen the development of a difficult struggle between nurse anesthetists and anesthesiologists, which has impacted every anesthesiologist in some way. Hopefully Dr. Hammond’s short review of a previous past conflict will help us to better understand our present situation.

From all accounts, including the audience responses and critiques, the meeting was an educational success. In addition to the presentations, many vendors from many different companies exhibited at the meeting. Without their support the meeting could not have been possible. Please remember to thank these supporters when they visit your practice.

Member Grassroots Advocacy

Member perspective: Is grassroots political work easy?

By John H. Stephenson, M.D.
Atlanta, GA



Editor's Note:

The mission of GSA includes advocacy at the state and federal level on issues which impact the practice of medicine, patient safety and patient access to health care. The following article captures the personal perspective of a GSA member who has chosen to overtly impact the development of public policy by actively supporting

one of the country's most pro-medicine elected officials.

On March 27th, I attended a local fundraiser for Georgia Congressman John Lewis (D-5th District), a reception at the home of Mrs. Lucy Cabot-Smethurst. My business partner and Georgia ASA Director Steve Sween accompanied me to the event, one of a couple that I have or will attend for Lewis this spring as his primary race heats up. Usually thought of as unbeatable, the congressman has a viable primary opponent this time, and he believes that he needs support.

Why do I support John Lewis? First, he has been a regular and steady supporter of medicine, anesthesiology, and the ASA/GSA. Second, I live in Lewis' 5th Congressional District. That makes it natural for me to support him personally and to take it further by being an ASA/GSA key contact.

We always like to know who is "with us" when our backs are against the wall. It is equally important to our elected officials that they know who is "with them" when they need help. "Grassroots" means "driven by the constituents of a community." Grassroots support of these elected politicians is how you show locally that you are "with them" when they need it. And it is one big way to get our message to Atlanta and Washington, DC. Hopefully, by offering your support to the officials, they will be "with us" when we need it. In order to get our message heard, however, you must be a player and participate.

Participation takes several forms: letters, phone calls, emails, and attendance at fundraising and other events for the

official. While PAC membership is the engine of our advocacy machine, your personal campaign contributions are vital to make you more visible to your local officials, especially over time. Mind you, one does not need to "go broke" making these personal contributions. A few hundred dollars per election cycle will get you at least on the radar screen of the official and their staff. (N.B., it is extremely important to avoid mention of contributions or fund raising when speaking with or contacting the lawmaker or their DC staffers! By law, they must keep their fundraising and political work separate. But they will know who you are over time.)

Most importantly, regular support and contact over a long time is better than unpredictable or inconsistent support and contact. Get to know the staffers and make your name familiar.

Let them know when you have thoughts about an issue, so as not to always be begging for something. Add to your credibility by sending congratulatory and appreciative messages after any victories or accomplishments, even non-healthcare related ones.

Is grassroots advocacy enjoyable? Not really. All of us would rather spend time making money, with our loved ones, or enjoying our avocations than doing work for our specialty. However, the email and phone work can be done at discreet and

convenient times and the event attendance can be enjoyed with your spouse or fellow colleagues to make it a pleasant social opportunity.

Is grassroots advocacy easy? Yes. It is especially easy to support those who have championed our causes, and it is so vital to the success of ASA/GSA. The help of our expert advocacy professionals at GSA and ASA makes it even easier. I used to think, "Someone smarter and more important than me at GSA/ASA will do this job." Well, no one is lining up for this work and your help is needed. You can really achieve results.

How do you start? Make a small donation to your local official, get the name of a key staffer, make a few calls or emails (ASA email blasts will cue you when there is work to do), and



U.S. Congressman John Lewis, GA-5, met with GSA members during the 2007 ASA Washington Conference: (l-r) Dr. Bruce Hines, Dr. Tom West, Lewis, Dr. Rick Hawkins, Dr. Arnold Berry (Image provided by Cornerstone Communications).

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ASA Director's Report (Continued from page 3)

Administrative Affairs Committee and approved by the Board. However, Board action will need to be affirmed by the HOD in October, and this question is certainly not yet resolved. I wouldn't be at all surprised if Board action is disapproved in favor of the original, more restrictive statement.

A second question that was vigorously deliberated was the request from the ASA Administrative Council for the Board to represent to the American Board of Anesthesiology (ABA) its position (support or oppose) the application by the Society of Pediatric Anesthesiology (SPA) to the ABA for subspecialty certification in pediatric anesthesiology. Should the ASA support the creation of another subspecialty certification opportunity for some of its members? Subspecialty certification currently exists for critical care medicine and pain medicine, but that's a credential that is shared by other medical specialties. An ABA

certified specialist in Pediatric Anesthesia would not be offered by any of the other American Board of Medical Specialty bodies. If Pediatrics is granted its request for subspecialty certification in Anesthesia, then certainly Cardiac Anesthesia will not be far behind in its pursuit of the same. Perhaps specialists in orthopedic anesthesia, obstetric anesthesia, or ambulatory anesthesia would pursue their own ABA certification process.

Obviously, the arguments pro and con for subspecialty certification are complex and often depend upon which side of the

fence you live, but the process clearly has the potential to divide ASA membership and that is not a good thing. Many, including the Chair of ASA's Committee on Pediatric Anesthesia, appropriately and vigorously offered testimony in favor of the SPA proposal. Unfortunately, the current President of SPA was unable to testify because he was delayed in a NYC airport for weather. The current ABA President offered her wise and rather unbiased perspective from the credentialing body, and Dr. Jeff Apfelbaum, ASA President and others clearly articulated the many concerns that ASA has for the possible creation of Pediatric and other subspecialists in anesthesia. Indeed, there was some high-powered and influential debate on all sides of an important question. Ultimately, the ASA Board voted to not support the SPA application to the ABA for subspecialty certification in Pediatrics. As always, this decision of the Board will be reconsidered by the HOD at the ASA Annual Meeting in October. I fully expect that this Board action will be approved, but the consideration for additional areas of subspecialty certification in anesthesia has not seen its last day.

Finally, I am pleased to report the decision by ASA to embark on a fairly aggressive branding campaign regarding our specialty, highlighting the important services that we bring to the patients and communities that we serve. To accomplish this important and necessary public affairs project, ASA has engaged FD, a leading research and communications firm. In its presentation materials, FD stated, "A refreshed brand for ASA and an assertive marketing communications strategy targeting key ASA stakeholders will help ASA mitigate misconceptions and stereotypes about anesthesiologists generated by the media; inspire patients to advocate for their own safe care; enlist members' and other physicians' support; and exert pressure on legislators." At the Board meeting, FD (representatives) presented its approach, their objectives and the results of some preliminary research that they have already conducted. I strongly believe that this branding campaign for our specialty is a valuable and overdue public affairs project that will bring tangible reward and great respect to our specialty and to our extraordinary medical association (ASA).

Finally, I am pleased to report the decision by ASA to embark on a fairly aggressive branding campaign

The strength, defense and century-long solutions of Medical Protective.
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— from Warren Buffett's Letter to Shareholders, February 28, 2006

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— from Warren Buffett, April 26, 2006

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— from Warren Buffett, May 30, 2006



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Capitol Hill Advocacy/State

Editor's note: During the 2008 session of the Georgia General Assembly, GSA leaders invested shoe leather and vacation days to advocate on behalf of GSA members, patients and the facilities in which those citizens are treated.

Among the health care issues considered by the 236 members of the legislature were the following:

- Protecting recent tort reforms (accomplished)
- Attacks on physician-led healthcare (prevented scope of practice expansions by non-physician providers)
- Efforts to require prompt pay by insurers (failed to pass)
- Trauma care funding (no new funding sources adopted but \$60 million in state funding added)
- Grady Hospital funding (modernization of the organization structure and additional funding)

- Therapeutic substitution by pharmacists (defeated)
- CON reform (appropriate updates to the regulations adopted)
- Care Management (Medicaid) Reform (passed)
- Tax on Professional Services (removed from consideration)

Among the GSA members at the State Capitol were the following officers:

- GSA President Howard Odom, M.D.
- President-elect Bruce Hines, M.D.
- Vice-President Rickard Hawkins, M.D.
- Government Affairs Chair Steve Walsh, M.D.

(Images provided by Cornerstone Communications)



Dr. Howard Odom (c) offers the GSA perspective to Brian Looby (r), Assistant General Counsel of the Medical Association of Georgia. Donald Palmisano (l) is MAG's General Counsel. GSA and MAG interests are mutually aligned on 95 percent of health care and related issues.



Dr. Steve Walsh (r) explains GSA's position in the Grady Hospital debate to state Rep. Harry Geisinger, R-Roswell. Rep. Geisinger authored legislation to create additional sources of trauma funding to enhance traumatic ER services statewide.



Dr. Odom took advantage of a rare opportunity to visit the back shop working area of the Office of Legislative Counsel where bills, resolutions and amendments are drafted. Veteran legal counsel Jeff Lanier discussed a proposed amendment on a health insurance bill with Odom during the 40th and final day of the 2008 Session.



GSA Government Affairs Chair Dr. Steve Walsh (right) met state Sen. Don Thomas, R-Dalton. Dr. Thomas has practiced medicine for more than nearly 50 years. He chairs the Senate Health and Human Services Committee and is the only physician in the General Assembly at this time.



GSA President Howard Odom, M.D., (left) shares a lighter moment with state Rep. Ron Stephens, R-Savannah, who authored HB 455 to create a prescription drug monitoring program. Jim H. McNatt, MD, MBA (center) is Medical Director of the Composite State Board of Medical Examiners.



Much of the grassroots advocacy accomplished by GSA members is in less formal settings. Dr. Alan Kaplan (right) expresses his concerns to U.S. Representative Tom Price, R-GA-6 during a 2007 fundraiser for the Congressman. Former GSA President Tom West (center) serves on the GSA Government Affairs Committee.

Secretary-Treasurer's Report

Jay Johansen, M.D.
Secretary-Treasurer

Minutes of General Business Meeting - January 19, 2008
Marriott Evergreen Conference Center, Stone Mountain Park, Georgia



Welcome/Prior Minutes

Dr. Arnold Berry, President, called the meeting to order. The August 5, 2007 General Business Meeting minutes were published in the Winter edition of the 2007 GSA *Newsletter*. A motion was made and seconded to accept the minutes as published. Motion passed.

Secretary-Treasurer's Report

Dr. Jay Johansen presented financial statements for fiscal (calendar) year 2007 showing net income of \$11,359.23 compared to \$19,863.98 for 2006. The 2007 Balance Sheet showed Total Liabilities and Equities of \$182,992.09 compared to \$158,528.83 for 2006.

Membership

Dr. Johansen presented the following report for 2007:

- Active (608)
- Affiliate (22)
- Life (1)
- Disabled (0)
- Resident (102)
- Retired (85)
- Total members (819)

Dr. Sanjeev Kapuria presented the list of applicants for approval. A motion was made and seconded to accept the applications. Motion passed.

Dr. Berry reported that the Executive and Membership committees will create a procedure for more frequent approval of applications.

Director's Report/Federal Update

Dr. Steve Sween referenced his Director's report in the recent winter *Newsletter*. Dr. Sween reported that ASA hired Mr. John Thorner to serve as Executive Director. Dr. Sween stated that Mr. Thorner has a Georgia connection having formerly worked at the Atlanta Journal-Constitution. Dr. Sween said that administrative leadership at ASA headquarters had become complacent and that the hiring of a skilled professional association executive such as Mr. Thorner would improve headquarters performance.

Dr. Sween recognized Dr. John Neeld for his leadership in the ASA.

Committee Reports

GSA-PAC/Government Affairs

Dr. Steve Walsh reported 2007 PAC contributions of \$34,635 by 220 members. Interest income earned on the fund was \$3,169. Political contributions in the off-election year were \$15,000. Fund balance as of 12/31/2007 was \$58,186. Dr. Walsh stated that the number of contributors

has fallen and that the effects of inflation have reduced the potential impact of the treasury.

Dr. Walsh enumerated the priority issues for medicine in the 2007 Georgia General Assembly:

1. Blocking scope of practice expansion by non-physician providers
2. Protecting recent tort reform advances
3. Protecting against a lessening of the liability standard in the ER
4. Passing prompt pay legislation (MAG priority issue)
5. Expanding funding for statewide trauma care
6. Expanding funding for Grady Hospital

Newsletter/Communication

Dr. Carolyn Bannister reported that Dr. Kathy Stack has accepted the responsibilities of Editor. She reported that the newsletter is scheduled for four editions a year. Dr. Bannister has been awarded Senior Editor status.

Program and Education

Dr. Bannister reported that GSA has earned re-certification to provide CME credits.

Dr. Bannister presented the following list of future meetings:

1. Summer 2008, July 25-27, Sea Pines Resort, Hilton Head, Activity Director: Ellen Boney, MD "Lowering Your Handicap - Raising Your Revenue: Business of Anesthesia"
2. Winter 2009 TBD
3. Summer 2009 King and Prince, St. Simon's Island, July 31- August 2, 2009, Activity Director, Mary Arthur, MD, Medical College of Georgia.

Anesthesia Care Team

Dr. Howard Odom presented a brief summary of existing and emerging AA education programs regionally and nationwide. (full report available upon request) Dr. Odom stated that with the increase in AA providers has come an increase in scope of practice issues. He also reported that AAs are now allowed to practice in VA facilities.

Resident Section/Liaison

Dr. Chari Stovall, Resident Section Secretary-Treasurer, Medical College of Georgia, stated that the Resident Section met. Among the priorities is increasing resident participation in the state and federal PACs and increasing communications within the section, especially for CA-1 physicians.

Practice Management Committee

Dr. Williams stated that a number of inquiries had been received by the PMC. He stated that responses were vetted and final responses sent. He stated that the bulletin board feature on the website would be a suitable tool to post

Continued on page 4

Committee for Responsible Health Care Policy

During the 2006-2007 election cycle, GSA members contributed more than \$89,000 to 72 different state level candidates through the Committee for Responsible Health Care Policy (GSA-PAC). Your political action committee pools members' resources that are distributed to elected officials who have demonstrated support for pro-patient,

physician-led health care.

Your contributions are important! GSA enjoys tremendous standing in the state political arena that must be re-earned every two years as state lawmakers run for re-election. By contributing to GSA-PAC, Anesthesiologists prove they support policy makers who are committed

to the best health care for Georgians statewide.

To join your peers in GSA's critical grassroots advocacy effort go online to the Members section of www.gsahq.org. Or, mail your contribution to GSA-PAC, 1231 Collier Rd. Suite J, Atlanta, GA 30318.

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Continued on page 15

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Capitol Hill Advocacy/Federal

GA Reps Sign Anesthesia Teaching Rules Legislation

James E. "Jet" Toney
Executive Secretary, Lead Lobbyist



The following members of Georgia's Federal Legislative Delegation have signed onto legislation that would reinstate full payment to anesthesiologists who teach students on cases that overlap:

- Senator Johnny Isakson,
- Senator Saxby Chambliss,
- Representative David Scott (13th),
- Representative Tom Price (6th),
- Representative John Lewis (5th),
- Representative Phil Gingery (11th), and
- Representative Sanford Bishop (2nd).

Representative Xavier Becerra (CA) is sponsor of H.R. 2053 and Senator John D. Rockefeller (WV) is the sponsor of S. 2056, which is identical legislation. Both bills, if passed, turn back revisions made to the Social Security Act in 1994 that slashed payments in half to teaching Anesthesiologists if more than one student is being taught in cases that overlap.

SB 2056 Teaching Rule/Medicare Anesthesiology Teaching Funding Restoration Act of 2007

Senator John D Rockefeller (D-WV)
GA Co-Sponsors: Chambliss and Isakson

SUMMARY AS OF:

9/17/2007--Introduced.

Medicare Anesthesiology Teaching Funding Restoration Act of 2007 - Amends title XVIII (Medicare) of the Social Security Act with respect to part B (Supplementary Medical Insurance) to set forth a special payment rule of 100% of the fee schedule amount for teaching anesthesiologists involved in the training of physician residents, if certain presence and availability requirements are met.

As of 9/17/07, the bill was referred to the Senate Committee on Finance.

HR 2053 Teaching Rule/Medicare Anesthesiology Teaching Funding Restoration Act of 2007

Representative Xavier Becerra (D-CA)
GA Co-Sponsors: David Scott (13th), Tom Price (6th), John Lewis (5th), Phil Gingery (11th), Sanford Bishop (2nd)

SUMMARY AS OF:

4/26/2007--Introduced.

Medicare Anesthesiology Teaching Funding Restoration

Act of 2007 - Amends title XVIII (Medicare) of the Social Security Act with respect to part B (Supplementary Medical Insurance) to set forth a special payment rule of 100% of the fee schedule amount for teaching anesthesiologists involved in the training of physician residents, if certain presence and availability requirements are met.

The resolution has been referred to House Energy and Commerce, and House Ways and Means. As of 4/30/07 the resolution was referred to the House Energy and Commerce subcommittee on Health.



U.S. Rep. Tom Price, R-GA-6, (left) discusses health care policy with GSA member Keith McClendon, M.D. at a 2007 fundraiser. An Atlanta-area practice group sponsored the fundraiser for Rep. Price, one of two physicians representing Georgia in the U.S. Congress (Image provided by Cornerstone Communications).

Member Grassroots Advocacy (Continued from page 8)

then just keep it up. Notify the ASA Washington or GSA Atlanta office when there is a local event for your official and they may sponsor you to attend and bring a PAC contribution. This PAC check "supercharges" your personal involvement and leverages the weight of our specialty's entire advocacy program with you.

Get involved in local, state, and national anesthesiology advocacy by getting down to the "grassroots." Start with your own local elected officials and build those relationships. It will greatly benefit all of us in GSA and ASA.

2008 Leadership Agenda

- 1. Society Administration** – how we run our society
 - Leadership Handbook – **draft completed** – Develop an organized compendium of bylaws, excerpts & narrative explanations to clarify the leadership roles, and interactions of Officers, the Board of Directors, and Committees
 - Administrative Procedures – **draft in development** – Define processes to bring consistency across society administrative actions including membership, educational, financial, etc.
 - Bylaws Changes – **drafting updated language** – Revise sections dealing with membership approval process
Update several Committee sections
MAG House of Delegate – new section
- 2. Education & Member Services** – how we run our meetings and serve our members
 - Membership Region Structure – **draft completed** – Improve society responsiveness to members in the population centers across the state
Identify all anesthesiologists practicing in Georgia
 - Anesthetist Supervision Guide – **draft in development** – Practice Management and Anesthesia Care Team aspects of employing anesthetists
 - Expansion & improvement of GSA website – **draft in development** – Downloadable resources for members
Bulletin board hub communications
- 3. Advocacy** – how we represent our interests to policy makers
 - Reorganization of the Governmental Affairs Committee – **completed** – Develop advocacy strategies
Legislative issue lobbying
Payor relations
 - Officer's Days at the Legislature – **completed** – Odom, Hines, Hawkins – 5 days during the 2008 Session
 - Prepare for 2008 election season – **in process** – Choose candidates for GSA-PAC support
Identify GSA members as candidate contacts
Develop local & national advocacy resources for GSA members
- 4. State Medical Relations** – how we participate in the 'house of medicine'
 - MAG House of Delegates – **select two Delegates to HOD** –
 - Emphasis on parallel MAG membership & participation
- 5. ASA Component Society** – how we participate in our national professional society
 - Southern Caucus participation
 - ASA Committee representation

GSA Summer Meeting 2008
Register on-line at
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GSA 2.0

(Continued from page 1)

will it provide? Who of our membership will step forward to contribute to the effort? What will be our legacy to those who look back to our period of leadership and stewardship? Though I am honored and willing to be your President, I cannot take your place in the work to be done. The world (and GSA) is run by those who show-up, step-up, pay-up and speak-up. We all seek a sense of daily balance personally and professionally, each acting as both providers and consumers. As you consider the professional investments you can make, I encourage you to seek your own individual contribution as together we define, install, and implement the next version of GSA.

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