

Resident Perspective: Advocacy

Matthew A. Klopman, M.D.

GSA Resident Liaison to Government Affairs Committee

In what seems like a whirlwind of activity, I've just wrapped up my first ASA Legislative Conference. Arriving in DC Monday morning as a "newbie," my first course consisted of Congress 101. After a quick review of the basics, we learned how to talk to a member of Congress. But I already knew that, I thought. I would simply walk into their office, introduce myself, and tell the member of Congress what we as Anesthesiologists and Anesthesiology Residents desperately need to continue our excellent work. It would be a piece of cake, right? Not exactly.

For example, I learned that the first thing a representative wants to hear after your name is where you live. And I don't mean just Atlanta, Augusta, or Americus. They want a street



Washington, D.C. – Resident Dr. Matthew Klopman (l) and Dr. Jim Zaidan outside the Capitol Hill office of U.S. Representative Paul Broun, GA, R-7. (Photo by Al Head, M.D.)

address. Why, you ask? So they can quickly determine whether you are a constituent or whether you belong down the hall in someone else's office. I won't bore you with every detail, but suffice it to say that this primer in congressional communication made us all more effective.

Once we'd been educated in effective congressional communication and had a chance to practice on each other, it was time to rejoin the "pros" and receive our briefing on the issues. I was stunned. I'd heard about the teaching rule, but that was only the beginning. While bills to address our issues had already been introduced in the House and Senate, our challenge would be getting those bills *passed into law*. I've included a brief summary of the issues we were to bring before congress below.

- **SGR:** By the time this newsletter reaches you, I doubt anyone will need an education about this. But just in case you've been on an extended summer vacation, physicians face a **10.6% Medicare payment cut on July 1**, with added cuts projected for subsequent years.
- **Medicare Anesthesiology Teaching Rule:** In 1994

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By-laws amendments reflect GSA Version 2.0

The GSA Executive Committee has proposed changes to the Society's guiding document that will equip the Board of Directors to streamline the membership process, respond more quickly to member needs, conform the By-laws to ASA procedures and engineer efficient state-level administrative procedures.

GSA members who attend the July 27 General Business Meeting at the Summer Educational Conference (Sea Pines Resort, Hilton Head Island, SC) will vote on the By-laws amendments. Inside this newsletter is a general summary of the proposed changes and a section-by-section detail of the impacted Articles.

Vice-President Rickard Hawkins, M.D., Chair of the By-laws Committee, and President Howard Odom, M.D.

have directed the update effort. The Executive Committee reviewed the By-laws in response to a Winter Meeting Board directive to examine the guidelines.

The current By-laws were written and adopted in the late 1990s with annual amendments. If adopted, the amended By-laws will be complimented by provisions in a new Administrative Procedures Manual. Dr. Odom has stated that the amendments and the administrative procedures will undergird a "continuum of leadership" by creating written guidelines for use by successive officers and board members.



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Editor's Corner

Kathryn Stack, M.D.
Editor



Summer appears to have quickly descended upon us. I hope you are able to take some time to enjoy the summer. Plan now for a weekend

break to attend the annual GSA Summer Meeting – *Lowering Your Handicap, Raising Your Revenue: The Business of Anesthesia*. Mark your calendars and come join friends and colleagues on July 25-27, in Harbour Town at Sea Pines Resort on Hilton Head Island, SC. Enjoy the fantastic beach surroundings, great lectures, family-oriented receptions, golf, and tennis.

Dr. Ellen Boney, MD from Lighthouse Anesthesia LLC in Savannah, GA is the Activity Director. She has assembled an impressive group of guest speakers who will provide valuable insight into protecting and managing a profitable and efficient anesthesia practice, as well as maximizing your personal financial future.

Lots of other “anesthesia business” is included in this edition of the *GSA Newsletter*. Look for proposed bylaw changes and reports from the ASA

Legislative Conference in Washington, DC. Sincere thanks to the GSA leadership and to the many members of the GSA who take valuable time away from their practices and families to advocate for the Georgia Society of Anesthesiologists and the citizens of Georgia. Special thanks also to Jet Toney and the Cornerstone staff for all they do to support the GSA.

As the GSA continues to celebrate the 60th anniversary of its founding, a special part of this newsletter (and the fall newsletter) is dedicated to the reflections of those who have helped to shape our society and the practice of Anesthesiology. Some of the GSA's Past Presidents have submitted recollections

and reflections from their time in leadership and practice. Their perspectives are inspiring, their accomplishments extraordinary, and their legacies remarkable. Under the leadership of these and other great individuals, the practice of Anesthesiology and the Georgia Society of Anesthesiologists



Washington, D.C. – (l-r) Drs. Bruce Hines, Lee Davis, Scott Ballard and Al Head walked Capitol Hill to ask Georgia lawmakers to reverse a 10.6 % cut in Medicare physician payment. (Photo by Cornerstone Communications Group)

has made enormous strides.

It is also evident in the writings of these Past Presidents that many of their concerns, struggles, and triumphs are as relevant and pertinent today as they were during the time of their leadership... Now is the time for “GSA Version 2.0” to carry the torch into the next 60 years.

SAVE THE DATE - September 27, 2008
Resident and Young Physician Financial Seminar
Cuscowilla Resort, Lake Oconee

President's Report

By Howard Odom, M.D.
President

The Next Step



In the spring issue of the *Newsletter*, I identified the five areas that comprise the necessary activities for GSA and gave a few examples of what we are doing to function as the professional society of anesthesiologists in Georgia. The activity areas are:

- Society Administration – how we run our society
- Education & Member Services – how we run our meetings and serve our members
- Advocacy – how we represent our interests to policy makers
- State Medical Relations – how we participate in the ‘house of medicine’ in Georgia
- ASA Component Society – how we participate in our national professional society

Since then I have been considering how each of the descriptions might be rephrased into questions. In addition to describing what we do, our Society needs measures of how well we are serving the interests of members.

Given that these are the activity areas of our Society, any leadership plan must include pathways of feedback that drive us to systematically think about the day-to-day workings of our Society and the value to members. Transforming the statements into questions is a simple tool to begin the process of self evaluation.

There is no doubt that leadership is charged with – well, leading. But it is foolish for leaders to think that the membership will thoughtlessly and gratefully follow into territory where they don't want to go or value accomplishments that solve no problems. In the same way that the Society needs leadership, leaders need to view their plans through a lens that focuses on making the society more responsive and effective. Where do we begin?

- Evaluation
- Communication
- Engagement
- Service

These are key variables in any equation likely to define an effective professional society. The anesthesiologists of Georgia will not perceive any value in membership if any of these four variables is neglected.

A good place to look first is to our Society's mission of education. What do you think about the meetings GSA puts on each year? Do you attend? How are the educational programs?

For many members, the meetings are the most tangible benefit of GSA. Success in the area of education usually translates into recruiting acknowledged national authorities to present at our CME activities. I can confidently state that the upcoming Summer Meeting will do exactly that by bringing Drs. Franklin Dexter and Amr Abouleish to share their Practice Management expertise. These perennial speakers at the ASA Practice Management Conference are reason enough for you to beat the rush and get your registration in early.

Since Georgia is the largest state east of the Mississippi, do you and your partners feel isolated as you struggle to be heard amid the political noise? GSA is the designated collective advocate for all anesthesiologists in Georgia. Through the superb lobbying resources of our management and advocacy company (Cornerstone Communications Group), I believe GSA has done a credible job of presenting our interests to policy makers. But do you feel that GSA is not representing your issues or doesn't value the same things you do? Have you ventured to tell anyone of your concerns? Realistically, GSA advocacy cannot correct all the myriad of problems, political

we are committed to work toward a more solid, strategy-based, benefit-rich GSA.

maneuvering and payor hassles we face as we endeavor to provide the care patients request, need and deserve. But together we can work toward more favorable solutions. There is no chance of even small victories if you are not engaged in the process to inform the Executive Office staff or GSA officers of your issues.

Today, GSA is the beneficiary of a heritage of insightful leadership by past officers and skillful implementation by Cornerstone. More than ever, GSA must serve the interests of its members each day. As for myself and the two upcoming Presidents, we are committed to work toward a more solid, strategy based, benefit-rich GSA. We are proceeding forward with updates to the Bylaws and developing Administrative Procedures, but the next step is yours.

Offer your evaluation of GSA and its leadership. Communicate with us. Get engaged in the process. As this year continues and plans are made for 2009, I encourage you to consider GSA's performance. Offer a suggested solution for any deficiency. As a result, the GSA we will pass to our younger colleagues at the end of our watch will be stronger, more effective and meaningful to our care of patients.

Committee Reports

Membership Committee

Membership Campaign Begins

Sanjeev Kapuria, M.D.
Chair



First, I would like to thank those members who are making our Society more vibrant by continuing to support GSA with renewed vigor and by increasing their participation in various valuable and enriching activities.

I look back on GSA's start with 20 active members and five junior members and marvel at the Society's growth over 60 years to approximately 900 members. This gives the feeling that with the same strength and strong ideas our leaders demonstrated in the past, we shall continue our tradition of positive influence in the ASA and in the State of Georgia on legislative and legal issues.

Let us look again at the various prominent benefits of GSA membership:

- **CME programs** – Members enjoy discounted registration fees for the GSA-conducted CME meetings which provide top quality continuing medical and professional education with other anesthesiologists.
- **GSA committees** – Members enjoy opportunities to represent the profession and protect patient safety through service on various committees.
- **GSA Newsletter** – The quarterly report supplies members with relevant news and updates on the latest activities and developments at the state and federal level
- **GSA website** access with member login – In addition to news updates and access to a wealth of information, the website allows members to pay dues and register for meetings online.
- **Practice management clearinghouse** – GSA members submit inquiries on daily practice questions for response from the Practice Management Committee.
- **Government affairs and professional advocacy** – The Society, through staff and member involvement, boldly advocates for the profession and for health care policy that protects patient safety and promotes the highest quality health care.
- **Federal/national coordination** – As a component state society of the ASA, GSA enjoys a dynamic and effective relationship with the national organization, sharing resources and assuring consistency of policy across state lines.
- **Headquarters geography and staffing** – GSA members enjoy quick response from a central location

and staff who are trained in association and event management, government affairs advocacy and grassroots communication.

I invite each one of our members to vigorously participate in the GSA cause and further promote Society membership in those areas of the state and those practice groups where full participation is not the norm.

To join, go to www.gsahq.org or contact GSA Member Services Manager Cynthia Thomas at Cynthia.thomas@politics.org or 678-222-4224. For more information on the benefits of membership, please feel free to contact me (see email above) or the GSA Executive Secretary Jet Toney at jet.toney@politics.org or 678-222-4222.

If you would like for me to contact a prospective member, please provide their contact information by emailing to skapuria_us@yahoo.com or skapuria@mail.mcg.edu.

Membership Statistics

Active	585
Affiliate	15
Life	1
Disabled	3
Resident	124
Retired	94
Educational	17
Student	4
Total	843

Committee Reports

Government Affairs Committee

Formulating 2009 legislative agenda

Steve Walsh, M.D.

Chair

During the 2008 General Assembly, I had the opportunity to spend a day “shadowing” our lobbying team at the State Capitol. This provided me the opportunity of fast tracking introductions with some of the legislators who draft the bills and vote on the issues affecting anesthesiologists and our patients.

It was such a pleasure to meet state Senator Don Thomas, MD, Chair of the Health and Human Services Committee. What a valuable position he holds. Within an instant, I felt like I was in the presence of a gentle giant of Georgia medicine. A glimpse of his MCG ring of ‘57 speaks to

A glimpse of his MCG ring of ‘57 speaks to his experience

his experience and service to the patients of Georgia. I understand, that while in session and unable to see all patients during the week, Dr. Thomas sees patients on Saturday. Indeed, he does raise the bar of advocacy for all physicians of Georgia.

I can not help but think of the saying, “does a falling tree in the forest make noise if nobody is there to hear it?” My recent experience made apparent that the legislators are all ears waiting to hear from the house of medicine, which I am afraid is a tree that too infrequently makes little noise.

Thank you to our lead lobbyist Jet Toney for speaking out on our behalf. Imagine the synergy Georgia anesthesiologists could provide his daily advocacy if we let our opinions be known to our local district legislators.

I want all GSA members and doctors within the state to know how easy it is to obtain the legislators contact information and advocate our agenda. I must complement the GSA board regarding the association’s website design. For GSA members the government affairs link is located under the membership tab at www.gsaq.org. To determine the names of local legislators a member needs their 5 + 4 zip code information. Place the contact information in a cell phone or blackberry and, bingo, we can advocate our agenda in



State Sen. Don Thomas, M.D., (left) with Dr. Steve Walsh during 2008 Georgia General Assembly session.

...legislators are all ears waiting to hear from the house of medicine....

between patients.

The Government Affairs Committee, in coordination with the Executive Committee, is currently formulating the 2009 legislative agenda. It is through your ideas and recommendations that issues affecting doctors and their patients can be heard.

Please feel free to contact me at stevenwalsh@bellsouth.net.

GSA

Summer Meeting 2008

July

25 - 27, 2008

Sea Pines Resort: Hilton Head Island, SC

Activity Director

Ellen W. Boney, M.D.
Lighthouse Anesthesia LLC
Savannah, 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

GSA

Summer Meeting 2008

8 CME hours maximum

Educational Objectives

Physicians are challenged to maintain levels of quality patient care given restrictions of managed care, higher patient volumes and declining CMS payments. *The Business of Anesthesia* educational meeting offers registrants strategies and procedures to close the "efficiency gap." Learners will be exposed to core strategies for improving efficiencies of time management, productivity and staff behavior. On a personal level, learners will receive updated recommendations for asset protection, retirement planning and hospital contracting.

From the national perspective, ASA President-elect Roger Moore will report on health-care issues and challenges specific to Anesthesiologists and their patients.

Lecture Learning Goals

Principles of Anesthesia Institutional Support

Dr. Franklin Dexter

- What precisely are bases for payment in agreements?
- Why most common basis for payment is and should be reasonable rate per hour for non-clinical time
- What undesirable precedents can be produced for hospital or multi-specialty groups by poor agreements
- Why payments should be at a fixed monthly rate, not based on achieved workload

Economics of Turnover Time Reduction

Dr. Franklin Dexter

- How to increase OR efficiency on the day of surgery by reducing over-utilized OR time
- How to increase OR efficiency, even if there is under-utilized OR time, by reducing staffing
- Rationale of reducing turnover times to increase numbers of cases
- Reasons for focusing not just on setup and cleanup times, but also on prolonged turnovers

Asset Protection Strategies for Today's Anesthesiologist

David Mandell, JD, MBA

- Where you have liability

- Which assets need protection
- Possible techniques for asset protection
- How to use captive insurance companies to manage risk

You're Too Inefficient, Work Faster" (Current ASA Refresher Course Lecture)

Dr. Amr Abouleish

- How surgical duration effects clinical productivity of anesthesiologists
- The differences and similarities of turnover time and OR throughput
- What determines staffing requirements for anesthesiology departments

Working Hard, Hardly Working: Measuring Clinical Productivity for Individual Anesthesiologist

Dr. Amr Abouleish

- How confounding factors make comparisons of anesthesiology productivity difficult
- What activities each measurement promotes and demotes
- That each group must determine what is the best system for the group

Incentives, Bribery, Behavior Modification, and Parenting Skills: A Primer for Anesthesiologists

Dr. Amr Abouleish

- What an incentive is and when to use it
- Many of the lessons learned parenting can be applied to teaching or management
- That you should always understand what is promoted by an incentive system

Retirement and Practice Exit Strategies for Today's Anesthesiologist

David Mandell, JD, MBA

- Retirement planning
- Exit strategies for retiring anesthesiologists
- How to leverage an exit in a group practice

ASA Update

Dr. Roger Moore, ASA President-Elect

- Hot topics affecting the ASA

For Sea Pines Resort Information, go to www.seapines.com. For Room and Villa Reservation, dial 1-888-607-2966, ext. 2. Ask for the GSA Room Block to receive your discounted conference rate. The GSA rate ends July 2nd.

Reserve your room immediately!

GSA 60th Anniversary

An Anesthesiologist for Every Georgian

Julius N. "Buck" Hill, M.D.
GSA President, 1991-92

I was privileged to serve as GSA President in 1991-92. I felt that this was an especially exciting time to be anesthesiologist in Georgia and a GSA member. At the time, anesthesiologists in community practice were beginning to realize many of the ambitions and goals that we had been striving toward for several decades. Many of us were among the second generation of anesthesiologists who had entered community practice during the 1960s, '70s, and '80s, and who were disciples of the two great pioneers and visionary leaders of anesthesiology in Georgia -- Dr. John Steinhaus and Dr. Perry Volpitto.

We were totally dedicated to the proposition that anesthesiology is the practice of medicine and that if anesthesia is administered by non-physician practitioners, it should be administered with medical direction by an anesthesiologist within an anesthesia care team structure.

Those of us who entered community practice of anesthesiology in Georgia between 1960 and 1985 also found ourselves to be pioneers, as had Dr. Steinhaus and Dr. Volpitto. Initially we found that we were not always welcomed with open arms, our new ideas were not always readily accepted, and we were often opposed by entrenched interests especially among some nurse anesthetists, surgeons and obstetricians. There were many "turf battles" to be fought. However, throughout the '70s and '80s these battles made us stronger, and gradually we proved our mettle by our commitment to continual physician improvement of patient care and our unwavering belief that anesthesiology is the practice of medicine.

By the 1990s anesthesiologist-led departments had become the accepted mode of practice throughout the urban areas of Georgia. Increasingly anesthesiologists were achieving recognition as leaders of medical staffs as well as local medical societies. These were opportunities which had been rarely afforded them in the early years.

Other developments in anesthesiology during the 1980s

contributed to great gains for anesthesiology practice in Georgia. Our specialty enjoyed a surge in popularity among graduating medical students, and we experienced a concomitant surge in talented young physicians graduating from our residency programs. As these increasingly well-trained and talented young anesthesiologists entered community practice, they contributed enormously toward the achievement of the goals and ambitions that many of us had held for years for our specialty.

The 1980s also brought the widespread clinical availability of new monitoring technologies (particularly important was capnography and pulse oximetry) as well as vastly improved

designs in anesthesia machines and infusion equipment, and new drugs. With the founding of the Anesthesia Patient Safety Foundation under the leadership of Dr. Ellison Pierce, there were also great forward strides in the systematic scientific study of anesthesia-related patient injuries and subsequently in the development of more effective strategies to reduce these often preventable and tragic patient injuries.

Coincidentally, in 1986 there was a crisis of availability of medical liability insurance in Georgia. Several insurers were leaving the professional liability

insurance market. Prior to that time anesthesiologists had been accustomed to being rated among the highest risk specialists and were charged correspondingly very high insurance premiums. The Georgia Society of Anesthesiologists, in partnership with MAG Mutual Insurance Company, worked to establish minimum standards for patient monitoring during anesthesia which were modeled after those previously advocated by the ASA.

These standards were embraced as minimum standards of anesthesia care almost immediately (by anesthesiologists and non-physician anesthesia providers alike) throughout Georgia.



Dr. Julius N. "Buck" Hill (right) and Dr. Joe Johnston (left) were awarded the Crawford W. Long Award in 1999. The CWL Award recognizes outstanding service to the Georgia Society of Anesthesiologists and is determined by member nomination and ratification by the Board of Directors. Dr. William Hammonds (center), a former GSA president and ASA director, presented the award.

Remembering Past Success

1973: Assembly designates Anesthesiology 'Practice of Medicine'

George P. Sessions, M.D.
GSA President, 1972-73

When I first read the *Newsletter* Editor's request for input from past presidents of the GSA about activities during their respective tenures, I could not recall anything of importance happening during my watch. A subsequent night when sleep would not come did produce something worth recalling as well as being important to today's practice.

The year 1972 was a stressful one for me because of several factors. The ordinary work at Dekalb General Hospital continued at its usual pace along with equally shared night and weekend calls. The time demands required for being chief of the anesthesia departments at both Dekalb General as well as Scottish Rite Hospital in Decatur remained unabated. There was the added responsibility of being president and CEO of Dekalb Anesthesia Associates, P.A.

That also was the year when I was trying to find someone to take over the anesthesia department of Scottish Rite because it was moving from Decatur to its present locale. (Thank God for Tom Tidmore, and may he rest in peace). Then we needed to

open Decatur Hospital and start its anesthesia department. Not inconsequential was my mother's moving from South Georgia to our home in Atlanta where she died in October of inoperable gastric cancer. (Thank God for my wife, Martha).

The only noteworthy thing I can recall about my presidency of the GSA was the successful effort by John Steinhaus and me to get the Georgia legislature to designate the practice of anesthesia as the practice of medicine. Consequently anesthesia had to be administered by an anesthesiologist or a nurse anesthetist under the supervision of an anesthesiologist or another physician (translate "surgeon"). The nurse anesthetists were trying to have the administration of anesthesia considered a nursing service with no physician involvement. GSA's successful legislative initiative therefore thwarted the nurse's attempted power play.

Clearly, the GSA has held patient safety and the provision of quality health care at the forefront of its public policy advocacy throughout the organization's history.

GSA 60th Anniversary

(Continued from page 8)

In my opinion, this single accomplishment did more to advance our goals of improved patient care and safety than any other. An additional secondary benefit was a lowering of our professional liability insurance premiums and also nation-wide public recognition of the contribution of anesthesiology to improved patient care and safety.

All of these accomplishments were a source of great pride for me during my year as GSA President. Not that they represented a personal accomplishment; indeed my personal contribution was meager compared to that of many others. Rather they were a result of our shared beliefs and the realization of common goals shared by many of us within the GSA for several decades. We were the "true believers", the followers of the vision of John Steinhaus and Perry Volpitto.

Of course there were many other Georgians who have made great contributions to the GSA and to the specialty more generally and who deserve mention. Dr. Evan Fredrickson deserves special mention. Dr. Steinhaus and Dr. Fredrickson were giants in their mentoring and commitment to the nurturing of our small and fragile society during its formative years. I have mentioned here only those I consider to be our "Founding Fathers"... to attempt recognition here of all of our great GSA leaders and those who have made valuable and lasting

contributions would be impossible. Inevitably I would fail to recognize many who have made worthy contributions.

Lastly, I wish to note that although it has been a decade since I have been a part of the mainstream of anesthesiology practice; it is readily apparent, even from the sidelines, that there have been many challenges and that many more remain ahead for the specialty. I have noted with some concern that the Georgia Nurse Practice Act has been amended during the last decade to exclude the requirement for medical direction by a physician with training or experience in the administration of anesthesia. In my view this is a serious setback and substantially weakens the hand of anesthesiologists who seek to establish physician-led practices in more rural areas of Georgia. Furthermore, it strengthens the hand of CRNAs who reject the anesthesia care team concept and prefer to maintain independent fee-for-service practice arrangements.

Many of the same battles we were fighting thirty years ago in the large and small cities of Georgia to advance anesthesiology as the practice of medicine have yet to be fought today in the more rural areas. For example, in the rural North Georgia county where I have chosen to spend my retirement years, there is no availability of an actively

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Bylaws Amendments

Editor's Note: The following outline summarizes proposed GSA Bylaws amendments which will be considered for adoption at the Summer Meeting, July 25-27. For details and a marked-up version showing proposed changes to each Article, go to www.gsahq.org and click on the "Forms" link.

NO CHANGES

Article 1 – General Provisions

Article 2 – Relationship to ASA

Article 3 – Offices

Article 4 – Membership

1. Educational Member
 - a. Add location of principle professional activity requirement for AAs (4.02 i)
2. Eliminate Provisional Membership Status (4.03)
3. Renumber sections 4.04 – 4.15 with elimination of 4.03 (new 4.03 – 4.14)
4. Application and Approval process for new members
 - a. Amend endorsement for AA Educational Affiliate Member to reduce requirement from two (2) to one (1) active GSA member (4.06 a)
 - b. Revise Approval Process
 - i. identify Executive Committee as approval body
 - ii. place process in Admin Procedures (4.06 b)
5. Disapproval of Application
 - a. Clarify the disapproval appeal process to Judicial Comm. (4.07)
6. Amend Annual Dues & Assessments
 - a. Delegates functions to Cornerstone staff per Admin. Proc. (4.09)

Article 5 – Meetings of the Members

1. Rules of Order (5.09) – change to Sturgis (current standard for professional associations)
2. Add MAG Delegates as (5.11)

Article 6 – Directors

1. Amend to require GSA active membership (6.02)

Article 7 – Meetings of the Board of Directors

1. Quorum (7.04) – simplify to conform to Standard Code
2. Add Delegation of Authority to enable Administrative Procedures (7.06)

Article 8 – Officers

1. Strike the word "District" and the phrase "District 25" (8.02 f & g) [No longer ASA terminology]
2. Specify "ASA" for Director and Alternate Director (8.02 f & g)

Article 9 – Committees

1. Committee on Membership (9.03 c)
 - a. Eliminate endorsement requirement by two active members
2. Committee on Representation to the MAG Interspecialty Council (9.03 d)
 - a. Redefines as new Committee on Representation to the MAG
 - b. assigns membership as MAG Delegates and Alternates
3. Governmental Affairs (9.03 e)
 - a. Reassigns Rep. to MAG Committee on Legislation to Gov. Affairs
4. Committee on Communications (9.03 l)
 - a. Specific assignment of oversight of GSA website to replace EMIT duty
5. Eliminate EMIT Committee (9.03 n)

NO CHANGES

Article 10 – Sections and Foundations

Article 11 – Miscellaneous

Article 12 – Notices

Article 13 – Emergency Bylaws and Powers

Article 14 – Amendments

For more information go to 'Forms' at www.gsahq.org.

GSA 60th Anniversary

(Continued from page 9)

practicing anesthesiologist. This is a rapidly growing county with a current population of 35,000 people located just outside the metropolitan Atlanta area. While there is an excellent medical center with a fine anesthesiology staff within thirty minutes drive, still there is substantial surgical and obstetrical care provided within the county. Given the current rate of population growth and proximity to Atlanta, the need for one or more anesthesiologists can be expected to become even more acute. At the present time, an application by an anesthesiologist for staff privileges at our county hospital would represent an

intrusion on an exclusive franchise of an independent fee-for-service group of nurse anesthetists. In the present environment this is not likely to be an easy obstacle to surmount. I am sure this is not a unique situation in rural Georgia

We should never surrender our goal of making anesthesiologist administered or directed anesthesia care available to every Georgian. This remains as one of many challenges for the GSA and our new generation of anesthesiologists.

"One person with a belief is equal to a force of ninety-nine who have only interests." - John Stuart Mill

Resident Perspective: Advocacy

(Continued from page 1)

academic Anesthesiologists were singled out from the rest of their colleagues when Medicare enacted an administrative rule that cuts payments to teaching anesthesiologists in half when they supervise residents on overlapping cases, even if the overlap is only one minute.

- **Rural Pass-Through:** Medicare allows, on a pass-through basis, more generous Part A payments for anesthesiologist assistants and nurse anesthetists—but not anesthesiologists—working in rural areas.
- **Truth and Transparency:** Some non-physician providers misrepresent their education, skills and training. In these cases, patients may believe they are seeing a medical doctor or doctor of osteopathy when they are not.
- **Pain Care:** Pain is the leading cause of disability in the United States and is the most common reason Americans access the health care system. More research, education, training, access, and outreach are needed.

Now that we were armed with our newly acquired (at least for me) knowledge and skills, we were ready to take our message to the Hill. This year “we” consisted of over 400 Anesthesiologists and Anesthesiology residents. Because the Georgia delegation was 15 people strong, we were able

to break into four groups to see our 15 Representatives and Senators. The meetings, which represented my first foray into national politics, were enlightening. Perhaps most surprising to me was that when members weren’t familiar with an issue, they truly wanted us to explain it to them. We had an opportunity to educate a member of Congress!

And so it is that I now come to the title of my article. As I sit in the airport and gaze over the Potomac River at the Capitol, I realize what it takes to truly and meaningfully shape the policies that affect us as Anesthesiologists and physicians: advocacy. The American Heritage Dictionary defines advocacy as “the act of pleading or arguing in favor of something, such as a cause, idea, or policy; active support.” It is unreasonable to think that we can all drop everything and run to the Capitol to plead or argue every time a policy that affects us is debated. I would argue, though, that it is also unreasonable to expect that our goals will be achieved and our needs met if nobody is there to represent us.

We must actively support the efforts of our societies if we expect to succeed. We have tremendous resources in Jet Toney

Continued on page 14



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Catherine Meredith, M.D.
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GSA members are within striking distance of reaching an incredible milestone in the history of the Society. With the addition of only 28 new PAC contributors, GSA-PAC can reach 50 percent participation. The previous annual participation record is 43 percent, an impressive rate of political involvement compared to almost any professional association in the nation.

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.

Please contact me if you wish to discuss participation in GSA-PAC or you wish to propose a political contribution for a state level candidate in the primary or general elections this year.

For more information, you can email Catherine at katiemeredith@yahoo.com.

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Resident Perspective: Advocacy (Continued from page 11)

at the state capitol and Manuel Bonilla in DC. But they cannot win the battle alone. We must remain involved. Write letters to your Members of Congress when key legislation is being considered. Call their offices. Maintain your memberships in your professional societies and contribute to their PACs. If you have the time, make an appointment and engage your senator or representative directly. No matter how you choose to advocate, remember one thing: If you're not at the table, you're probably on the menu.

If you're not at the
table, you're probably
on the menu.

ASA Director's Report

Steven L. Sween, M.D.
ASA Director

ASA 2008 Legislative Conference 'A Unique Opportunity'



As we engaged in a serious, hopeful and meaningful discussion with the member of Congress explaining our dismay regarding the looming 10.6% Medicare physician payment cut and the inequities and unfairness inherent to the "Anesthesiology Teaching Rule," it suddenly occurred to him. Fortuitously, seated immediately in front of him was the Cardiac

Anesthesiologist who had safely guided and cared for him during his open- heart surgery about two years earlier. The congressman proceeded to elaborate on how well he is feeling, and the proud expression of his active participation on the congressional baseball team.

What a unique opportunity we shared in the halls of the U.S. Congress. Advocacy and political involvement hinges upon building trusting, strong and enduring relationships. Who could possibly speak louder and more convincingly to this congressman about the merits of our specialty than the talented, skillful anesthesiologist who had expertly shepherded him through his most critical hours?

I have attended all but one of the past 15 ASA Legislative Conferences, and the 2008 event was unique in several ways. One, the conference was held in early June (9-11) rather than its traditional slot in early May. As a consequence of this change, the cherry trees were way past full bloom and the late spring heat was rather oppressive for the first two days. Furthermore, the city and its many extraordinary attractions were busy with more children than you would ordinarily see in early May. Finally, this year's GSA delegation to the conference; a sophisticated, dedicated and mostly experienced group of 15 anesthesiology advocates seemed uniquely qualified and confident to deliver our strong message to the offices of the United States Senators and Representatives from Georgia.

This year's conference was particularly unique and timely due to the immediately pending and important proposed

legislation just introduced in the U.S. Senate, the "Medicare Improvements for Patients and Providers Act of 2008." If enacted, S.3101 would block Medicare physician payment cuts for 18 months through 2009, and provide for a 1.1% positive Medicare payment update for 2009. Included in this important proposal is language that appropriately restores full Medicare payment to anesthesiology teaching programs. This is a critical provision that **must** be included in the final Medicare payment reform package, with specific and extraordinary relevance to the success and even the survival of our specialty.

If S.3101 or an acceptable and similar compromise package is not enacted, we all face a 10.6% reduction in our Medicare payments after July 1, 2008, based upon the flawed SGR formula utilized to determine the Medicare physician fee

schedule. That outcome will be devastating and absolutely unacceptable. If legislation can be agreed upon in just the next several days that nullify the steep Medicare reductions, provide for full and proper consideration of Anesthesiology Teaching Programs, and provide time for Congress to consider a more comprehensive and appropriate methodology for determining physician payment under the Medicare system, we will have contributed to a huge success.

Every specialty, every U.S. physician, every anesthesiologist, everywhere

will benefit from this important proposed legislation. What an extraordinary and unique opportunity to be directly involved in advocating in the halls of Congress for our specialty, our profession, our life's work. Can we count on you for your support and participation?



Washington, D.C. – U.S. Representative Phil Gingrey, M.D. (GA-R-11), center, discussed Medicare physician payment with GSA members (l-r) Steve Sween, M.D., Catherine Meredith, M.D., Peggy Duke, M.D., and Arnold Berry, M.D., MPH.

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